

Annual Report and Accounts 2014/15



Royal visit to the Worcestershire
Oncology Centre and Meadow
Birth Centre

Monday 13 April 2015



Patients | Respect | Improve and innovate | Dependable | Empower

Taking **PRIDE** in our healthcare services

Worcestershire Acute Hospitals NHS Trust Annual Report and Accounts 2014/15

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The Trust is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the risk register. This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.

Welcome

Harry Turner, Chairman and Chris Tidman, Acting Chief Executive

Welcome to the Annual report for 2014/15. Within this document, you will see the work of the organisation and the dedication shown by our staff and volunteers in caring for our patients across the county.

The highlight for the year has been the opening of the Worcestershire Oncology Unit in January 2015. This £25m Unit, based on the Worcestershire Royal Hospital site means that 95% of patients requiring radiotherapy treatment for their cancers and nearly 100% needing chemotherapy can now be treated in Worcestershire. This is fantastic news for the people of the county and will save travelling to Cheltenham, Coventry and Birmingham and sometime further afield. We were delighted that the Princess Royal formally opened the Unit on 13 April 2015.



In common with most other NHS organisations, the last 12 months have been challenging for us. We have seen a growing number of elderly patients with more than one clinical condition attending our hospitals. One result of this has been an increase in the number of emergency attendances and admissions of those aged over 75 years. We have also seen tight financial pressures, linked to the need to provide extra capacity to care for these patients.

We achieved most of our local and national targets. We have not however achieved key targets such as the four hour wait in the emergency department. Again, this is a similar position to other NHS Trusts. We had a very small number of *clostridium difficile* infections during the year and have contained norovirus outbreaks. We are helped in this by our local population who have heeded our plea to avoid visiting, unless absolutely necessary, to enable us to fight the infections effectively.

Once again, we have placed quality at the heart of everything we do. This year's Quality Account can be found in Section 4 of this report.

We have seen changes within our Trust at Director level with the departure of Bev Edgar our Director of Human Resources and Organisational Development to take up a similar role in Swansea. Denise Harnin joined us in September to replace Bev. The five clinical divisions, which commenced in April 2014, have ensured that we have put clinicians at the heart of Trust decision making. The divisions are each led by a senior doctor, a nurse and a manager.

We continue to operate a county wide urology service at the Alexandra Hospital. We were pleased to open the modular theatre at the Alexandra Hospital in May, 2015. This will increase the number of planned operations carried out within the Hospital.

Kidderminster Hospital and Treatment Centre continues to be a valuable asset for the people of Worcestershire. We have recognised that we could undertake more theatre sessions at Kidderminster and we have transferred sessions from both the Alexandra and Worcestershire Royal Hospitals. This will enable our patients to have a better experience with less cancelled operations.

We, in common with partners and stakeholders, have been disappointed with the slow progress of the Future of Acute Hospital Services programme across Worcestershire. We will continue to work with Commissioners to ensure the delivery of safe high quality services and we hope that the work will increase in pace during the next financial year.

We have instigated a series of lectures from national leaders during the year. These have been Sir Mike Richards, Sir Bruce Keogh, Professor Tim Evans and Stephen Dorrell. Each has spoken about their passion for improving the quality of care and the lectures have stimulated active debate amongst the health economy. We are looking forward to more lectures during 2015/16.

An annual report is a report of the previous 12 months but it is also right for us to set out what we hope to achieve over the next 12 months and in the years to come.

We have refreshed our two year strategy. Our goals are shown below. These make it really clear for staff, patients and the public what we are working towards:

Goal 1	<i>Deliver safe, high quality care</i>
Goal 2	<i>Design healthcare around patient need</i>
Goal 3	<i>Realise staff potential to give compassionate care</i>
Goal 4	<i>Ensure financial viability</i>
Goal 5	<i>Develop and sustain our business</i>

These overarching priorities provide the framework for the development of the annual plan objectives.

We need to change the way we deliver services in order to tackle the challenges facing us - these include an ageing population with more long term conditions, increasing public expectations of healthcare services, the necessity to meet national guidance on seven day services, and pressure to meet financial challenges. There will be difficult decisions to make and difficult conversations to be

had; but we will be open and honest with our staff, patients and the public about the challenges we face.

We continue to be an active participant in delivering the Urgent Care Strategy for Worcestershire. Our most challenging performance issues have been as a result of the number of patients attending and being admitted from our emergency departments. In September the Trust supported the development of the Worcestershire Patient Flow Centre which supports the discharge of patients. Additionally, the Trust welcomed external reviews into the systems and processes within the hospitals and will be in 2015/16 embedding the recommendations from those reviews. However, there remain a significant number of patients (about 70 a day) who would be better cared for out of hospital and we are keen to continue to work with our partners to ensure that patients are cared for in the right place at the right time by the right staff.

The Care Quality Commission carried out an unannounced inspection of the Alexandra and Worcestershire Royal Hospitals Emergency Departments in March 2015. The Trust responded immediately to concerns raised by the inspections and continues to work with the CQC, TDA and partners to ensure high quality safe services. Additionally, the Trust was disappointed to receive resignations from the four Emergency Department consultants at the Alexandra Hospital in February. We are pleased however that we have recruited to these posts and the service will continue uninterrupted at the Alexandra Hospital.

We are delighted that our relationship with the University of Worcester has developed over the past 12 months and we are looking forward to continue to strengthen this partnership. We have developed a number of clinical programmes such as the Therapies Degree, a Senior leadership programme at Masters level and Emergency Nurse Practitioner competencies and a Physicians Associate programme. In addition we are looking at joint staff appointments in Knowledge Management Services and Educational/Research posts plus a much closer sharing of resources in clinical training.

Despite our challenges, we remain very proud to lead an organisation which is determined to fulfil its mission of being the safest, most patient-centred and efficient Trust, and take its place amongst the top ten per cent of highest performing Trusts in the country.

We are indebted to our staff. In recognition of this, we held a service of appreciation in Worcester Cathedral led by the Bishop of Worcester and a Staff Appreciation Day in September. Board members spent the day and evening thanking staff on all sites. Numerous activities were put on and feedback was very supportive of holding another such event in 2015/16.



Chief Nursing Officer Lindsey Webb handing out treats to MAU housekeepers

Our staff work under considerable pressure to deliver excellent patient care. Everyone who works for Worcestershire Acute Hospitals NHS Trust, from those on the front line in our wards to the people who work in the background to keep the hospitals running, are vital to the service we provide. We would like to put on record our thanks for their commitment and professionalism.

We would also like to pay tribute to our 450 volunteers who support us in so many ways, from manning coffee shops to meeting and greeting. Thank you for all your support during the year.

A stylized, dark blue ink signature of Harry Turner, featuring a large, looped initial 'H' followed by a series of horizontal strokes.

Harry Turner
Chairman

A light blue ink signature of Chris Tidman, consisting of a cursive 'C' followed by a long, sweeping horizontal line.

Chris Tidman
Acting Chief Executive

Section 1

Message from the Acting Chief Executive: Strategic Report

Worcestershire Acute Hospitals NHS Trust was formed on 1 April 2000 following the merger of Worcester Royal Infirmary NHS Trust, Kidderminster Healthcare NHS Trust, and Alexandra Healthcare NHS Trust. Facilities are distributed across the three sites; the Alexandra Hospital, Redditch; the Kidderminster Treatment Centre, and the Worcestershire Royal Hospital. In addition the Trust operates services from three Community Hospitals: Princess of Wales Community Hospital, Evesham Community Hospital and Malvern Community Hospital. The Trust has 954 beds, over 5,800 employees and has an annual income of £350 million. The gender breakdown for our staff is as follows:

Category	Male	Female	Total
Directors (Trust Board)	9	5	14
Other senior managers	38	66	104
Employees	960	4890	5850

The Trust predominantly serves the population of the county of Worcestershire with a current population of almost 580,000, providing a comprehensive range of surgical, medical and rehabilitation services. This figure is expected to rise to 594,000 by 2021; taken as a whole, the Trust's catchment population is both growing and ageing. Life expectancy continues to rise above the national average and contributes towards the forecast growth in activity due to the increase in over 75s in the local population. Signs suggest that the extra years are being spent in poor health with long term conditions such as diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease (CVD) which are worsening health outcomes¹. Also the number of older people with dementia is expected to double in the next 20 years. Of note is the rate of population growth which is greatest in the very old age groups who present the greatest requirements for 'substantial and critical' care.

The Trust's catchment population extends beyond Worcestershire itself, as patients are also attracted from neighbouring areas including South Birmingham, Warwickshire, Shropshire, Herefordshire, Gloucestershire and South Staffordshire. This results in a catchment population which varies between 420,000 and 800,000 depending on the service type. Referrals from GP practices outside of Worcestershire currently represent some 13% of the Trust's market share.

The Trust has in place a number of contracts with external organisations which are essential to the day-to-day operations of the Trust. These include the contract for the provision and operation of the PFI Hospital with Worcestershire Hospital SPC plc (formerly Catalyst Healthcare (Worcester) PLC); two contracts with Steria Ltd (through a joint venture with the Department of Health) for the provision of financial systems and accounting services, and payroll and pensions services on behalf of the Trust (the payroll and pensions service switched to Capita from 1st April 2013 but reverted back to Steria from 1st February 2014); a contract with

¹ Worcestershire Health and Well-being Board (September 2013 Final Draft) JSNA Summary: Intelligence Update on HWB Priority Areas.www.worcestershire.gov.uk/jsna

HealthTrust Europe (formerly the Healthcare Purchasing Consortium) for the provision of Procurement and Supplies systems and services for the Trust; a contract with Coventry and Warwickshire Audit Services for the provision of Internal Audit and Counter Fraud services; and a contract with Xerox for a

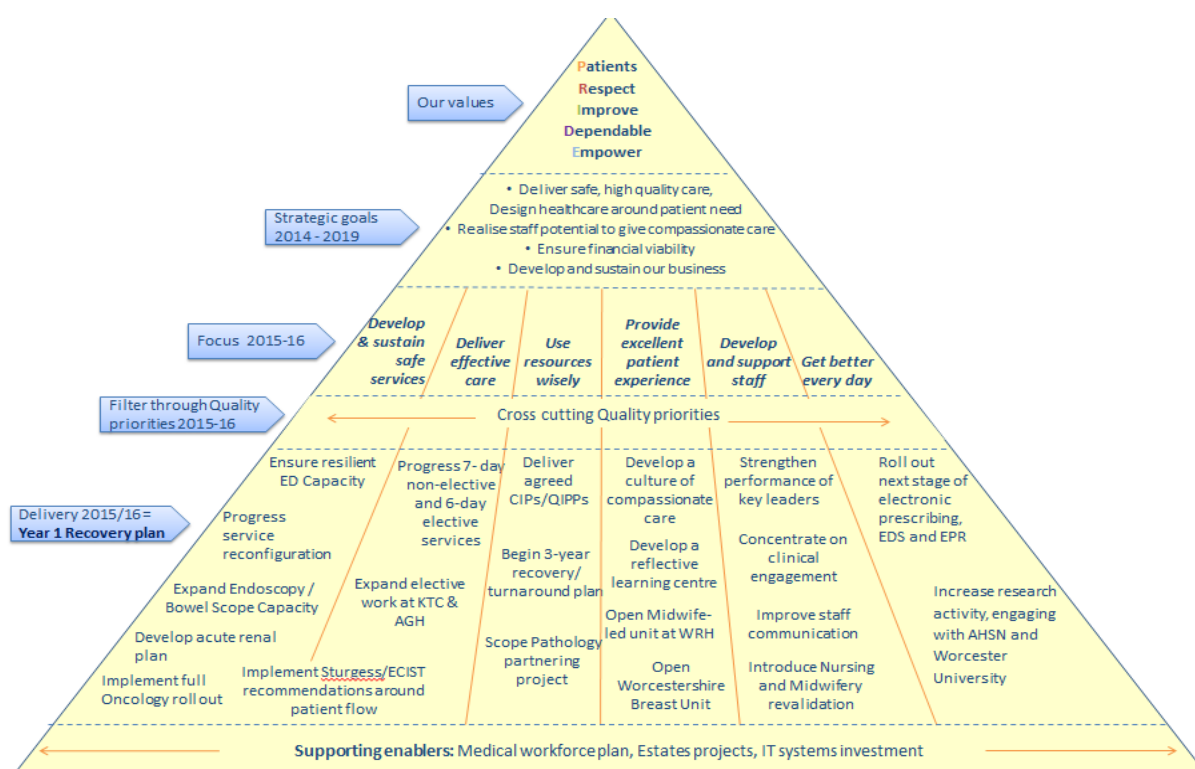
Managed Service relating to the provision of patient records.

The Trust's Values, Strategic Goals and Objectives are shown below.

Our Mission is:
'Working together with our partners in health and social care we will provide safe, effective, personalised integrated care for local people, delivered consistently across all services by skilled and compassionate staff'.

This is supported by our five PRIDE values (Patients, Respect, Improve, Dependable, Empower) and our five strategic goals. Our focus for 2015/16 is on the following:

Develop and sustain safe services	Use resources wisely	Develop and support staff
Deliver effective care	Provide excellent patient experience	Get better every day



The Trust continues to be an equal opportunities employer committed to fair and equitable treatment of all our staff and all job applicants;

- Equality is about making sure everyone is treated fairly and given the same opportunities. It is not about treating everyone the same way as they may have different needs to achieve the same outcomes.
- Diversity means 'difference'. When used in the same context as 'equality', it is about recognising and valuing individuals as well as group differences. It also means treating people as individuals and placing positive value on diversity within the community and within the workforce.

The Trust is committed to equal opportunities in carrying out our various activities and we are opposed to any form of negative discriminatory or unfair treatment in all aspects of employment.

The Trust has continued to ensure that all of our employment policies and services are developed and reviewed in conjunction with our staff side colleagues and subject to an equality impact assessment.

The Trust remains dedicated to ensure that our workforce are committed to the elimination of discrimination on the basis of gender, race, age, disability, religion, belief or sexual orientation, and are given the necessary training to support our efforts in this respect. Further details regarding Equality and Diversity matters are contained within section 5 of this Annual Report.

In respect of our patients, the Trust is committed to fairness, respect, equality, dignity and patient autonomy/choice. We recognise that areas such as nutrition and hydration are fundamental to the human rights of patients. We continue to address concerns raised in the Francis report and we learn from other national investigations relating to care and dignity.

Within Section 2 of the Annual Report details are provided of the Trust's performance in 2014/15 against its corporate targets and the Trust also highlights with work undertaken by the five divisions.

The Trust's financial statements have been prepared on a going concern basis. Going concern is a fundamental principle in the preparation of financial statements. Under the going concern assumption a Trust is viewed as continuing in operation for the foreseeable future with no necessity of liquidation or ceasing trading. Accordingly the Trust's assets and liabilities are recorded on the basis that assets will be realised and liabilities discharged in the normal course of business. A key consideration of going concern is that the Trust has the cash resources to continue to meet its obligations as they fall due in the foreseeable future.

The Trust's Summary Financial Statements are included within Section 8 of the Annual Report.

The Trust recognises its responsibilities with regard to the impact of our business activities on the social, economic and environmental wellbeing of the communities of Worcestershire and the surrounding area. Consequently the Trust has produced a 5 year Sustainable Development Strategy and Implementation Plan which provides the framework for our journey towards delivering our healthcare business objectives in a sustainable and green manner. Both the Sustainable Development Strategy and Implementation Plan have been developed to align with and secure absolute compliance with the Departments of Health's Sustainable Development Unit model requirements for NHS organisations.

The Strategy takes into account previous initiatives to improve environmental performance whilst remaining focused on maintaining core business activities and continued delivery of high quality patient care services now and into the future. During the year, a working group was formed to oversee

the implementation of the Strategy. Further developments during the year include a Trust wide Travel Plan and Energy Management Plan and an Environmental Management Strategy and Plan which includes a Sustainable Procurement Strategy.

We have also undertaken a self-assessment in the area of sustainability which shows that we are strong in the area of patient care and workforce, but weaker in community engagement, facilities management, procurement and buildings.



Chris Tidman
Acting Chief Executive

Section 2

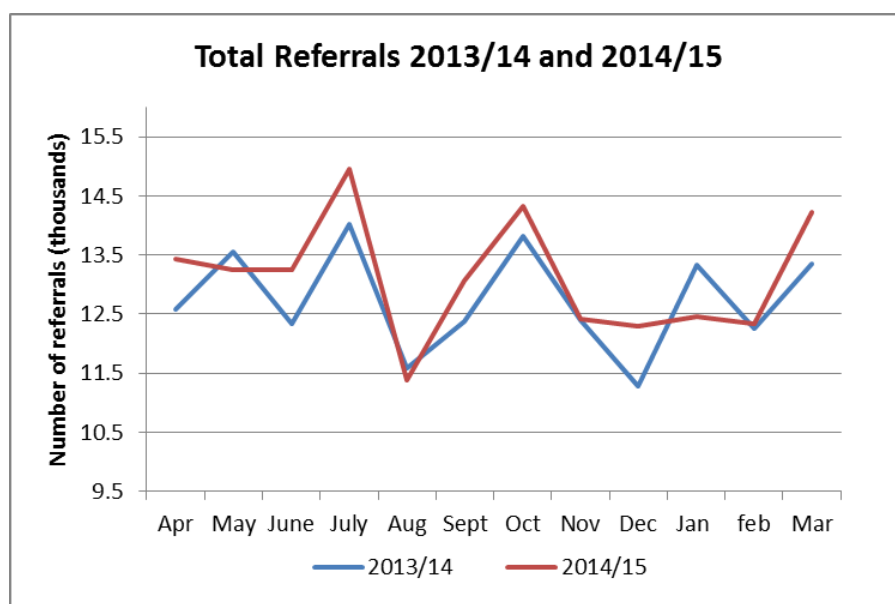
The Year's Performance at a Glance

The Trust's year-end performance for 2014/15 is shown below:

Description of Target	Indicator	2014/15 Target	Year End
Quality			
Mortality	HSMR - Hospital Standardised Mortality Ratio (Apr – Dec 14)	<=100	108
	SHMI - Summary Hospital level Mortality Indicator (Apr–Nov 14)	<=100	105
Infection Control	Clostridium Difficile	<=41	36
	MRSA	0	1
Prevention	VTE - Venous Thromboembolism Risk Assessment	>=95%	95.01%
Patient Experience	Mixed Sex Accommodation Breaches	0	0
CQC Registration	CQC Conditions or Warning Notices	0	1 condition, 3 warning notices
Operational			
Cancer	31 Days: Wait For First Treatment: All Cancers	>=96%	96.64%
	31 Days: Wait For Second Or Subsequent Treatment: Surgery	>=94%	95.87%
	31 Days: Wait For Second Or Subsequent Treatment: Anti-Cancer Drug Treatments	>=98%	100.00%
	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers	>=85%	82.39%
	62 Days: Wait For First Treatment From National Screening Service Referral: All Cancers	>=90%	91.40%
	2 Week Wait: All Cancer Two Week Wait (Suspected cancer)	>=93%	93.13%
	2 Week Wait: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	>=93%	91.72%
18 Weeks waiting time	RTT - Referral to Treatment : Admitted - 90% in 18 Weeks	>=90%	83.43%
	RTT - Referral to Treatment: Non-Admitted - 95% in 18 Weeks	>=95%	96.05%
	RTT - Referral to Treatment : Incomplete 92% in 18 Weeks	>=92%	91.90%
6 Wk Waiting Time	Diagnostic Waits (% of waiting list)	<=1%	1.03%
A&E waiting time	4 Hour Waits (%) - Trust	>=95%	90.22%
Stroke	80% of Patients spend 90% of time on a Stroke Ward (Final)	>=80%	85.57%
	Direct Admission (via A&E) to Stroke Ward	>=70%	78.94%
	TIA - Transient Ischaemic	>=60%	69.39%
Patient Experience			
Friends & family	Acute Wards & A&E (Score)	>=71	76.6
	Acute Wards & A&E (Response Rate %)	>=15%	22.2
	Maternity (Score)	<67	83.0
	Maternity (Response Rate %)	<30%	22.5
Finance			
Financial Risk Rating	I&E Surplus Margin %	>1.5%	

The Trust's performance against key operational metrics was as follows:

- The volume of attendances at Accident and Emergency increased in 2014/15 by 5.3% compared to 2013/14. The number of non elective admissions decreased showing a reduction of 1.3% in 2014/15 compared to the previous year.
- The volume of outpatient referrals continued the 2013/14 trend by increasing during 2014/15 by 2.2%. This has contributed to the growth in the outpatient waiting list to 15,692 (year end 2014/15) from 13,210 (year end 2013/14). The inpatient waiting list has slightly increased by 264 to 7962 compared to 2013/14.
- The number of elective inpatient admissions remained consistent for the third year in a row at 10,097.
- Day case numbers continued to increase for the second year; during 2014/15 the increase was 12.8% on top of the 24.9% increase experienced in 2013/14.
- The Referral to Treatment (RTT) target for admitted patients (90% of patients seen within 18 weeks) continues to be challenging with year end performance for 2014/15 being 83.4% declining further from the 87.3% in 2013/14. The incomplete RTT performance narrowly missed its 92% target with a 2014/15 performance being 91.9%.
- The 95% target for Referral to Treatment for non admitted patients was achieved with year end performance of 96.1%.
- The Trust lost 23,610 bed days due to Delayed Transfers of Care during 2014/15. These delayed days contribute towards delays in patient flow within the hospital. Performance for cancelled operations has continued to decline to 61% (2014/15) from 67% (2013/14) for surgical operations cancelled on the day of the surgery in Worcestershire Royal, although the Alexandra site has improved slightly to 86.5% (2014/15) from 84.2% (2013/14).



Divisional performance

The five clinical divisions have been operational since April 2014 and have made a tremendous impact on the clinical direction for the Trust. This section outlines their achievements for 2014/15 and aspirations for 2015/16.

2014/15 Achievements

Clinical Support



Chris Catchpole
Divisional Medical
Director



David Burrell
Divisional Operations
Director



Best Interface Project at the National Pharmacy Awards: the pharmacy team won this award for helping to prevent unnecessary admissions by working with the Emergency Department (ED) and the Acute Medical Unit. The work is now informing national strategy on the use of pharmacists within the ED.

<ul style="list-style-type: none">• Good rating was achieved by the pharmacy department by the General Pharmaceutical Council	<ul style="list-style-type: none">• A dedicated Medicines Safety Officer in post to work with other divisions and enable a greater focus on learning from incidents
<ul style="list-style-type: none">• Centralised Histopathology technical services on the Worcester Royal site.	<ul style="list-style-type: none">• Fully computerised Pathology services
<ul style="list-style-type: none">• Maintenance of the Ultrasound performance despite a national shortage of staff in this area	<ul style="list-style-type: none">• Women living in Herefordshire can now receive breast screening services at Wye Valley NHS Trust as part of the Herefordshire and Worcestershire Breast Screening Service, managed by the Trust.

Theatres, Ambulatory Care and Outpatients (TACO)

National recognition for the Ophthalmology department as the best glaucoma ophthalmology unit the UK



Julian Berlot
Divisional Medical
Director



Carole Brooks
Divisional Nursing
Director



Inese Robotham
Divisional Operations
Director



- Achieved the Joint Advisory Group (JAG) accreditation for the Endoscopy Unit at Worcestershire Royal Hospital
- Embedded county wide working in the specialties of Critical Care, Endoscopy, Rheumatology and Ophthalmology
- Achievement of the 18 week access target across Ophthalmology, Rheumatology and Pain Management

Surgery



Graham James
Divisional Medical
Director



Sarah King
Divisional Nursing
Director



Val Doyle
Divisional Operations
Director

- Recommencement of the Dermatology Phototherapy service at the Alexandra Hospital
- Implementation of an interim Emergency Surgery pathway for very seriously ill patients between the Alexandra and Worcestershire Royal Hospitals with improved mortality and morbidity outcomes
- A new Surgical Decisions Unit on the Worcester site leading to shorted waiting times for patients
- Introduction of a new bariatric surgery service
- A new county-wide breast reconstruction service based at the Alexandra Hospital
- Implementation of aortic aneurysm stenting
- Delivered one of the best clinical outcomes for vascular surgery in the Country
- One of the highest patient uptakes for the Herefordshire and Worcestershire National Aortic Aneurysm Screening Programme
- An overall increase in harm-free care recorded by the Safety Thermometer tool

Medicine



Tony Scriven
Divisional Medical
Director

- Development and opening of the Worcestershire Oncology Centre; incorporating the development of Radiotherapy and Oncology services (see page 17)
- Appointed the Trust's first substantive consultant neurologist into post.



Ann Carey
Divisional Nursing
Director

- Introduction of the Fibroscan diagnostic test at WAHT. This test allows our clinicians to test for liver cirrhosis which would have previously been sent to other trusts.
- Commenced the development of a 5 year renal strategy for Worcestershire, gaining commissioner support.



Robin Snead
Divisional Operations
Director

- Stroke services were successfully centralised at the Worcester Royal Hospital site in July 2014 and continue to meet all of the stroke patient quality standards.
- Developed Ambulatory Emergency Care Clinics to support Acute and Emergency Medicine activity flows.

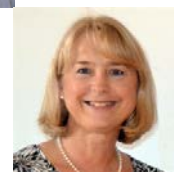
Women and Children



New Neonatal Unit wall decorations donated by BLISS



Andrew Short
Divisional Medical
Director



Patti Paine
Divisional Nursing
and Midwifery
Director



Cathy Garlick
Divisional Operations
Director

- Achieved 204 of 248 required standards with an overall score of 82% for the West Midlands Quality Review Service, Peer Review Visit of Children's Services, Critically Ill Child, May 2014. Areas of *Good Practice* included:
 - Arrangements for feedback from children, young people and families
 - Multi-disciplinary scenario training at Worcestershire Royal Hospital
 - A clear Bereavement Policy, including the needs of different faiths and covering the death of children.
- | | |
|---|---|
| <ul style="list-style-type: none"> • Set up the Trust-wide Children's Board to ensure that all aspects of children's care, in any department, are meeting high quality standards of care | <ul style="list-style-type: none"> • Improved gynaecology inpatient and outpatient services across the county as a result of a re-structure of the Gynaecology senior nursing team |
|---|---|

Considerable time was spent planning and developing the Meadow Birthing Centre and on April 13, Her Royal Highness the Princess Royal toured two of the new birthing rooms in the new Centre, before unveiling a plaque in the family room marking the occasion of the visit.

The Princess was presented with a posy of flowers by student midwife Zoe Barnett after being the first to sign the new visitor guest book in the centre before it opened to mums-to-be the next day.

Introducing the centre, Patti Paine, Divisional Director of Nursing and Midwifery said: "We have tried to create a warm and welcoming environment where women and their families feel at home and can safely birth their babies in a centre that promotes active birth."

After unveiling the plaque, HRH the Princess Royal said: "I hope the queues aren't too long for you here as I can see this will be a very popular facility."

"Congratulations on what you have achieved here and thank you all for your hard work."

The Meadow Birth Centre has four birthing rooms and up to 500 women are expected to give birth in the unit this first year. It is run by experienced midwives and offers a safe place to give birth for 'low risk' women who have had no complications or medical problems during their pregnancy.



Divisional Objectives for 2015/16

Women and Children

- Implement a monthly quality improvement initiative as a result of patient feedback
- Publish 12 newsletters and hold 10 staff engagement sessions resulting in implementation of at least 4 service or process improvements during the year
- Develop and embed midwife-led care with the utilisation of the Meadow Birthing centre
- Improve theatre utilisation by using at least 80% of allocated theatre lists

Clinical support

- Integrate the directorate of haematology/oncology and palliative care including the new Worcestershire Royal hospital radiotherapy centre
- Continue to support developments within other divisions
- Expand the pharmacy service and develop new ways of working
- Upgrade and modernise the current pharmacy stock management system
- Develop and implement an approach to sustain pathology services through a partnership with another organisation
- Modernise the radiology booking process for investigations moving to a visible, responsive, countywide electronic system

Theatres, Ambulatory Care and Outpatients (TACO)

- Open the modular theatre at the Alexandra Hospital
- Develop a theatre admission suite at Worcestershire Royal Hospital to smooth patient flows on the day of surgery
- Commence countywide Bowel Scope Screening Programme
- Ensure accreditation for the endoscopy units at Malvern and Kidderminster Treatment Centre
- Review the existing outpatient clinic capacity and implement an outpatient scheduling system.

Surgery

- Open the Worcestershire Breast Unit in Autumn 2015
- Improve county Dermatology services by working with the CCGs and further develop the Specialist Nurses' role
- Carry out more theatre schedules at the Kidderminster Treatment Centre to enhance patient experience by improved efficiency
- Establish an ambulatory emergency care on Alex site
- Increase the number of emergency theatre sessions at Worcestershire Royal
- Reorganise the general surgery on-call rota ensuring Consultant-led triage of all surgical emergencies

Medicine

- Deliver Emergency Access Standard across all 3 WAHT sites
- Clarify the future estate requirements for Emergency and Acute Medicine; providing short / medium and long term solutions.
- Deliver a Medicine workforce plan that includes progress towards 7 day services and sustainable models of service delivery.
- Recruit substantive Consultants to vacant posts across medicine specialties to provide high quality services whilst reducing financial expenditure.
- Provide capacity for oncology inpatient beds based on the Worcester Royal Hospital site.
- Expand the specialist respiratory services inpatient bed capacity.
- Formalise the detail of the Worcestershire Renal strategy
- Replace dialysis equipment at Kidderminster
- Develop a clear strategy for the frail elderly

Section 3

Working with Stakeholders

Our work and relationships with stakeholders is vitally important in the delivery of our services, as demonstrated by the final section of the Quality Account (Section 4). The Trust is committed to strengthening its work with partners and seeking new alliances which will support the improvement of safety, quality, effectiveness and experience of services for its patients.

A highlight of the year has been the opening of our £25m Worcestershire Oncology Centre. This was possible because of our strategic alliance with University Hospitals Coventry and Warwick. The Centre will enable 95 per cent of radiotherapy to be delivered within Worcestershire. For patients, their families and their carers, who previously had to travel to Coventry, Cheltenham or Wolverhampton for radiotherapy treatment, cancer services will be more accessible than ever, saving an estimated one million miles of travel every year.

HRH the Princess Royal officially opened the Unit on 13 April 2015. She was welcomed by a crowd of staff, patients and children from Smileys nursery. She was then given a tour of the state-of-the-art facilities and met with staff who had been involved in the development of the centre, as well as those now working in the unit.



During her speech, the Princess Royal congratulated us on all our achievements. She said: "Congratulations to all those involved in getting you here. I'm very impressed by the speed this centre has been put together with and the quality of the facilities here."

"It's difficult adding travel to anything we try and do. This centre will make a huge difference to local patients undergoing treatment."

"It's also great to see so many volunteers here in the centre, hopefully many more will come and join in the future."



Volunteers

A crucial partner in our work is the contribution of our volunteers. We have over 450 volunteers who undertake a range of activities and without them; the hospitals would not be the places that they are now. We are very grateful for the support it has received from patients, their families and the general public during 2014/15.

Volunteering significantly helps us improve patient experience through the provision of facilities and services on our sites and through individual work with patients on wards. It also builds closer relationships between hospitals and communities. It can also assist with tackling health inequalities, promoting health in harder to reach groups and projects such as our new Side by Side initiative with the Alzheimer's Society also supports integrated care. Volunteers also help us improve our services by undertaking a huge range of fundraising work for us.

Thanks should also go to the local businesses, volunteers and community groups and associations that have also supported the Trust. Over £435,000 has been raised by Worcestershire Acute Hospitals NHS Trust Charitable Fund and this has helped to fund various projects across the trust, including purchasing state of the art equipment and improving hospital environments. Volunteer fundraisers help us provide these enhancements, which are over and above current NHS provision, so supporting patients and families from across Worcestershire.

Volunteers also work with the Trust directly helping us to improve services either as members of our various Panels or as members of specific project groups. The Trust are indebted to the huge support we get from the local people of Worcestershire who care passionately about the future of their hospitals.



The starters for Rory the Robot sponsored bike ride from either Worcester to Redditch and return or Redditch to Worcester and return in September 2014. A total of £8500 was raised.





The Well Connected programme brings together all the local NHS organisations, Worcestershire County Council, key representatives from the Voluntary Sector and service user representation through HealthWatch. Together the programme aims to join up and co-ordinate health and care for people more effectively and support them to stay healthy, recover quickly following an illness and ensure that care and treatment is received in the most appropriate place.

As well as concentrating on big picture stuff like how to join up health and care information systems, how to use the combined budgets more effectively and how to plan a workforce for the future, staff have been out and about listening to patients, service users, families, carers, staff, voluntary groups and many other interested groups and spreading the word about Well Connected.

“You plan your care with people who work together with you to understand you and your needs, allow you control and co-ordinate and deliver services that support you to achieve the outcomes important to you”.

(National Voices narrative)

In November 2013 the programme was named one of just 14 national Pioneers for integrated care. This means that the Well Connected programme is recognised as “blazing a trail” for more joined up care.

20:20 Vision

Individuals, families and communities will be supported in taking control of their own health and wellbeing and in looking after themselves and each other so that by 2020 those over 65 are living as healthy lives as possible.

- All people over 65 or those under 65 living with long-term conditions or complex needs, will have their own personalised ‘joined up’ care plan where the priorities set by the individual are supported by the care that they receive.
- The plan will be ‘owned’ by the individual and supported where needed by a member of their family or someone acting as a care coordinator under the auspices of their GP team.
- The person and everyone involved in providing care and support will be able to access and contribute to the individual’s care plan.
- If a person needs specialist care, their GP will share responsibility for their care with their named consultant and, with help from integrated community teams and community support, will facilitate their return home as soon as possible.

Turning this vision into action will require all sectors of our health and social care economy to work differently, through the Well Connected Programme, Worcestershire Acute Hospitals NHS Trust is committed to playing its part.

The Future of Acute Hospital Services in Worcestershire

The 'Future of Acute Hospital Services in Worcestershire' (FOAHSW) programme was established in September 2013, with the purpose of taking forwards the work of the Joint Services Review (JSR). It is led jointly by the three Worcestershire CCGs (NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG).

During the year the Future of Acute Hospital Services in Worcestershire Programme progressed the plans for reconfiguration.

Development of the proposed clinical model

The proposed clinical model for women's and children's services, planned care and emergency care was developed by the Programme's Board Clinical Sub Committee which is chaired by Dr Jonathan Wells, chair of Redditch and Bromsgrove CCG. Three working groups, chaired by GPs, were established to develop the detailed models. The model was accepted by the Programme Board, the three CCGs and the Acute Trust and was submitted to the West Midlands Clinical Senate for an independent clinical review as part of the NHS England Assurance process

- Overnight children's services move from Redditch to Worcester. New children's assessment units at both hospitals.
- Doctor-led births move from Redditch to Worcester. All other maternity care to remain where it is now. Redditch and Bromsgrove CCG to consult on a new standalone midwife-led birth centre in the north of the county.
- More planned surgery including orthopaedics and benign upper GI, move from Worcester to Redditch.
- Emergency care should be networked across the county with a consultant-led emergency centre at the Alexandra hospital and a major emergency centre at the Worcestershire Royal

NHS England Assurance

Before any proposed reconfiguration can be put out to public consultation it has to complete the NHS England Assurance process. The FOAHSW programme passed the first stage of the NHS England Assurance process in May 2014 but was judged to need more work at the second stage in July 2014. As part of the second stage NHS England required the clinical model to be independently reviewed by the West Midlands Clinical Senate. At the end of March 2015 this review was on-going.

Maintaining safe services

The Programme Board has established a Quality and Service Sustainability committee under the chairmanship of Mark Wake, Chief Medical Officer of the Acute Trust. The committee's membership includes the Chief Nurses of the three CCGs, hospital clinicians and GP quality leads. The committee is responsible for identifying quality

sustainability trigger points and mitigating actions to ensure that existing services remain safe. During the year the committee was concerned about the safety of children having emergency surgery at the Alexandra Hospital and recommended that all emergency surgery on children should take place at the Worcestershire Royal.

Pre-consultation engagement

A comprehensive programme of pre-consultation was undertaken during the year primarily with those groups which will potentially be most affected by the proposals and those representing the nine protected characteristics.

More than 50 meetings were arranged with groups ranging in size from two to 70+. Among the groups that have been engaged are teenage mothers, pregnant women and new mothers, the elderly, people with learning disabilities, individuals with mental

health problems, the homeless, gypsies and travellers, representatives from faith groups and groups from the lesbian, gay, bisexual and transgender community, carers including young carers and people with disabilities.

At each meeting the group was given a brief presentation on the proposed clinical model by a member of the programme team followed by a discussion and question and answer session. Notes were taken at each meeting and these have been analysed being analysed and turned into a report which will be submitted to the Programme Board and its Patient, Public and Stakeholder Advisory Group.

The meetings have enabled the programme to hear from service users who are seldom heard in traditional public consultation arenas.

Equality Impact Assessment

The Programme appointed Mott MacDonald to carry out an equality impact assessment to consider the potential impact of the proposed new models of care.

This work ensures the three CCGs fulfil their statutory obligations under the Race Relations (Amendment) Act 2000, Disability Discrimination Act 2005 and the Equality Act 2006 to assess the impact of its policies, strategies and services on the population affected by them to ensure that no group suffers detriment as a result and that positive action to improve community cohesion is taken wherever possible.

The assessment considered the possible impact of the proposed models of care on the local population according to nine protected characteristics - age, disability, race, religion and beliefs, marriage and civil partnerships, gender, sexual orientation, transgender, pregnancy and maternity. Issues of socio-economic deprivation have also been considered given deprivation is a determinant of health and can lead to health inequalities.

Travel

A Transport group under the lay chairmanship of Margaret Jackson was established during the year. It consists of transport experts and lay members and it scrutinised the feedback on transport issues from the pre-consultation engagement meetings and prepared proposals for transport to be considered as part of the public consultation.

Engaging with stakeholders

The programme's Patient, Public and Stakeholder Advisory Group met throughout the year under the chairmanship of Colin Beardwood. Their remit was to scrutinise consultation materials and advise the programme board on the plans for public consultation. The programme published regular stakeholder briefs throughout the year.

Public consultation

Public consultation on the Future of Acute Hospitals in Worcestershire is expected to take place in the Autumn of 2015.

University of Worcester

We are delighted that our relationship with the University of Worcester has developed over the past 12 months and we are looking forward to continue to strengthen this partnership. We have developed a number of clinical programmes such as the Therapies Degree, a Senior Leadership Programme at Masters level and Emergency Nurse

Practitioner competencies

In addition we are looking at joint staff appointments in Knowledge Management Services and Educational/Research posts plus a much closer sharing of resources in clinical training.

Our Regulators

The Trust has worked alongside the Care Quality Commission, NHS England and the NHS Trust Development Agency throughout the year.

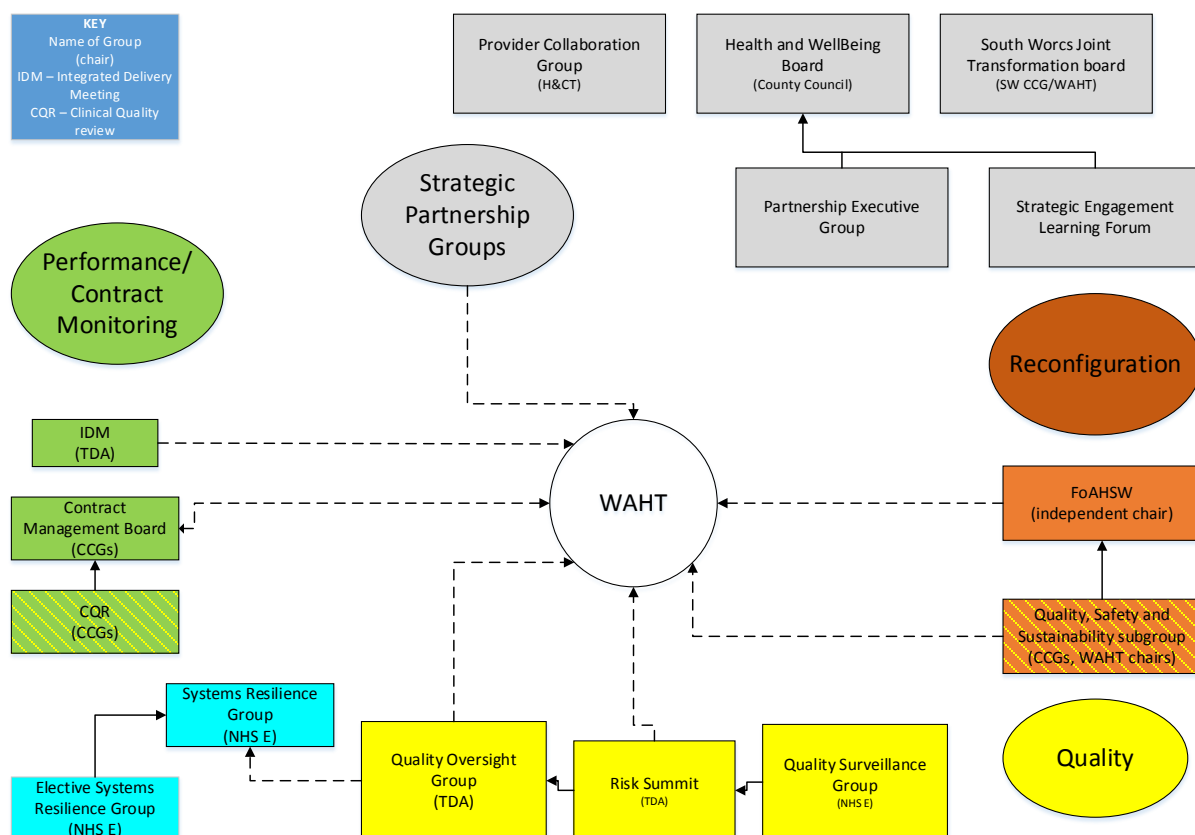
The Care Quality Commission carried out an unannounced inspection of the Worcestershire Royal Hospital in March 2015. The CQC found that the Trust needed to improve its services within the Emergency Departments. Our staff have worked tirelessly to ensure that the ED service meets the quality standards expected of it and have improved the patient experience since the visit by the CQC. The Trust continues to prepare for the Chief Inspector of Hospital's planned visit in July 2015.

The Trust works actively with the NHS Trust Development Agency (NTDA) and is monitored as part of the NTDA performance escalation systems.

The Trust has also sought to foster and support good working relationships with HealthWatch in Worcestershire and the Worcestershire County Council Health Overview and Scrutiny Committee. It is an active partner in the Health Leaders' Forum.

Multi Agency Working

The Trust participates in many partnership forums throughout Worcestershire and beyond. Some of these partnerships are shown below:



Quality Account

2014/15



Patients | Respect | Improve and innovate | Dependable | Empower

Taking **PRIDE** in our healthcare services

1.1 Statement from the Chief Executive

I am delighted to present my fourth Quality Account for Worcestershire Acute Hospitals NHS Trust which aims to share the progress we have made on improving quality and safety across our three hospitals over the last year, as well as highlighting where we still have work to do, and what our priorities are moving into 2015/16.

The safety and experience of all our patients, their relatives and carers, and the effectiveness of our treatments remain central to what we all do at the Trust and this account hopefully illustrates the progress we have made so far in our journey to improve services as well as outlining the further priorities we want to address.

2014/15 has been a successful year on many fronts. We've seen a significant reduction in the number of patient falls across our three hospitals, we've achieved our C. difficile target and, although we did not meet the zero target for MRSA blood stream infections, we further reduced our number of cases to just one.

Despite an increase in the number of cancer referrals coming into the Trust, we met the majority of our cancer waiting time targets, narrowly missing the symptomatic breast 2 week wait, and the 62-day wait. A comprehensive action plan is in place to tackle these and ensure we get back on track.

The four hour A&E access target has remained a challenge. Although emergency admissions have reduced, A&E attendances and conveyances to A&E by ambulance have both increased. The complexity and frailty of patients we are treating is also much higher than it has ever been. This is also leading to longer hospital stays, which has had an adverse effect on our 18 week referral to treatment target.

The Trust received an unannounced, but not unexpected visit, from the Care Quality Commission to its two emergency departments in March. The CQC identified a number of areas which needed improving. At the time of writing this Quality Account, the Trust had actioned most of them and identified plans to ensure all the CQC's recommendations are carried out. Full details of the enforcement action taken, and the actions taken by the Trust are available in Section 2.3.5

We continue to work with our partners across the health and social care economy on a number of initiatives to help improve patient flow through our hospitals and, moving into 2015/16 there will be further actions that will be taken. This includes the opening of a mobile theatre on our Alexandra Hospital site in the spring, and the opening of a GP-led Urgent Care Centre at Worcestershire Royal Hospital in the summer.

Highlights of the past 12 months have undoubtedly been the long-awaited opening of our £25 million Worcestershire Oncology Centre, and the completion of our Meadow Birth

Centre - both offering brand new services to county patients. There will be a chance to celebrate these significant achievements in April when we will welcome HRH The Princess Royal who is visiting both services.

I am also delighted that a number of our staff and services have been shortlisted for or won national awards. We have received recognition for excellence in ophthalmology, procurement, HR, anaesthetics and our chaplaincy services. Our own awards ceremony in September – which formed part of a wider Staff Appreciation Week – also recognised 17 members of staff and teams for their outstanding achievements.

The next 12 months will see the opening of Worcestershire's dedicated breast care unit, marking the culmination of many years of fundraising from dedicated supporters. The unit will also contain a Haven centre which will enable people with breast cancer to benefit from free one-to-one emotional support and complementary therapies to help relieve the side-effects of treatment.

A whole host of plans are also in place to improve efficiency and patient experience across the Trust, including making improvements to our pre-operative assessment service, developing a theatre admissions unit at Worcestershire Royal and expanding our pharmacy service.

Following the General Election in May we are also expecting to receive the West Midlands Clinical Senate's report of the clinical model put forward by the Future of Acute Hospital Services in Worcestershire programme board, and we are looking forward to having an agreed clinical model which can be taken forward.

I would like to take this opportunity to thank all our patients, their carers, staff and stakeholders for helping us formulate our quality improvement programme. I know that we have a committed workforce dedicated to delivering high quality care to our patients and we will continue to work closely with them and the public going forward to deliver the improvements outlined in this Quality Account.

I am pleased therefore, to present our Quality Account for 2014/15 to you which I believe to be a fair and accurate report of our standards of care across the Trust.



Chris Tidman

Acting Chief Executive

(PP: Penny Venables, Chief Executive

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Glossary of Terms

WAHT is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board.

Identified risks and relevant mitigation measures are included in the WAHT risk register.

This report is the most complete and accurate position available.

Work continues to ensure the completeness and validity of data entry, analysis and reporting.

Section 2 – Priorities for improvement 2015/16 & Statements of Assurance from the Board

The Trust's Annual Plan for 2014/15 set out how we would deliver further improvements in the quality of care provided to our patients and how our services would be developed over two years. This year has also seen some significant challenges to the Trust and changes in the way we manage ourselves. These arrangements, challenges and our quality performance for the past year are described below.

2.1 Priorities for improvement for 2014/15 & 2015/16 – progress

We identified seven improvement priorities where a particular focus was required to drive further improvement over a two-year period to 2015/16. Our progress with these in their first year and amendments made are described below:

1. Reduce the incidence of <i>Clostridium Difficile</i> (CDI) and Meticillin-resistant <i>Staphylococcus aureus</i> bloodstream infections (MRSA BSI)	Partially Met
<p>Overview of achievement:</p> <ul style="list-style-type: none"> <i>C.difficile</i> trajectory achieved for 2014-15 Target of zero trust attributable MRSA bacteraemia not met with one case reported in March 2015 <p>Taking it forward:</p> <p>This improvement priority continues into 2015/16 under the Sign up to Safety priority and the following actions will be taken to maintain improved performance and promote zero tolerance:</p> <p><i>Clostridium difficile</i>:</p> <p>A more challenging trajectory of no more than 33 hospital attributable cases is set by NHS England for 2015-16. The Trust will endeavour to achieve this with measures including:</p> <ul style="list-style-type: none"> Further antimicrobial stewardship A sustained programme of hydrogen peroxide environmental decontamination both in response to cases and as part of routine environmental cleaning Timely review of individual cases to ascertain new lessons to be learned Health economy review of both hospital attributable and community <i>Clostridium difficile</i> cases to ascertain further lessons to be implemented <p>MRSA:</p> <ul style="list-style-type: none"> Continued universal screening for emergency and elective admissions Improved reporting of MRSA screening to select for high risk locations and procedures to ensure a focus in these areas 	

2. Improve the number of patients waiting less than 4 hours in A&E to >95%	Not Met
Overview of achievement: <ul style="list-style-type: none"> For the whole of 2014/15, the Trust achieved 90.22% of patients waiting less than 4 hours in A&E 	
Taking it forward: <p>This improvement priority continues into 2015/16. To maintain safety and improve patient experience it has been agreed that we will take a number of immediate and radical short term measures to minimise risk and extend this activity to include other clinical standards underpinning the Emergency Access Target.</p>	

3. Improve mortality in outlying specialities to the national average	Partly Met
Overview of achievement: <ul style="list-style-type: none"> A trust wide method to review each patient death in hospital has been introduced and is maturing Directorates are holding mortality and morbidity review meetings and are continuing to develop The usage of the Health Evaluation Data (HED) tool to enable more detailed analysis at a Speciality level or Site of Hospital Standardised Mortality Ratio (HSMR) Summary Hospital Mortality Index (SHMI) within all Divisions is yet to be implemented 	
Taking it forward: <p>This improvement priority will be carried forward into 2015/16</p>	

4. Improve outcomes and experience for patients with fractured neck of femur (hip)	Partly Met
Overview of achievement: <ul style="list-style-type: none"> 80% of patients are now operated on within 36hrs of admission compared with the target of 90%. This is a considerable improvement from the range of 40-60% prior to the improvement programme. A visible and encouraging improvement has been seen in timeliness of surgery along with a change in culture and attitudes developed through a multi-disciplinary approach and cross-site monthly meetings using teleconferencing. 	
Taking it forward: <p>This improvement priority will be carried forward into 2015/16</p>	

5. Reducing harm from medicines incidents	Partly Met
Overview of achievement: <ul style="list-style-type: none"> The e-prescribing project has been delayed due to supplier issues with roll-out. The Trust has invested in medicines safety by appointing a Medicines Safety Officer and additional support to improve the reporting and learning from medicines incidents. The Trust Medicines Safety Committee (MSC) receives quarterly Medicines Risk reports from all Divisions, summarising medicines incidents, actions and learning at Divisional level. MSC meets 	

monthly and reviews all medicines related serious incidents to identify and share Trust-wide actions and learning.

- In addition to the publication of Medicines Safety Bulletin on the Trust's Daily Brief, a Medicines Management Link Nurse scheme has been set up so that learning can be shared as soon as possible throughout the nursing workforce.
- The Medicines Safety Committee has ensured that 100% of all F1 doctors working in the Trust have completed a core number of e-learning modules, concentrating on the prescribing of identified high risk medicines.
- Medicines Management training has been reviewed across most staff groups to identify key priorities and ensure consistency between staff groups undertaking the same medicines-related tasks, and to ensure this training is recognised and documented.

Taking it forward: 2015/16

- This improvement priority will be carried forward into 2015/16

6. Reducing variation in mortality between week days and weekend working

Partly Met

Overview of achievement:

- HSMR - The value for weekend emergency admissions is 104.8 for the Trust (AGH 110.1 =WRH 102.1) and for weekday emergency admissions 108.2 for the Trust (AGH 105.4 WRH 108.7).
- SHMI - The SHMI value for the first quarter of 2014/15 (the latest information available) is 103.4 which lies within expected variation.

Taking it forward:

This improvement priority will be carried forward into 2015/16.

7. To work with Partners to ensure services are commissioned to meet the needs of children, young people and adults with mental health needs

Removed

Overview of achievement:

- The Trust continues to work with other partners to improve services in this area and is pleased to see an increasing focus on the need for improvement in this area.

Taking it forward:

This remains an important ambition in support of which the Trust will continue to work proactively with commissioners and other partners.

- County wide strategy for the delivery of mental health care to patients in the acute setting
- Service Level Agreement in place with Worcestershire Health & Care Trust identifying levels of support provided by the mental health teams
- Confirmation from CCGs on the commissioning of mental health services

2.2 Priorities for improvement 2015/2016

Our Quality Improvement Priorities were identified in 2014/15 and designed to be delivered over a two year period. These were developed with the input from the organisations described in 3.3 and 1, 2 and 3 were carried forward from 2012/13.

The priorities have been reviewed at year-end and revised to focus improvement activity for 2015/16. The changes are described below:

Quality Priorities 2015/16	Quality Dimensions			Additional CQC Quality domains	
	Safe	Effective	Caring	Responsive	Well-Led
1. Restore operational performance with a specific focus on Emergency Departments	✓			✓	
2. Sign Up to Safety Campaign	✓				✓
3. Improve outcomes and experience for patients with a fractured hip	✓	✓	✓		
4. Improve Mortality Surveillance	✓				✓
5. Reducing variation in mortality between week days and weekend working	✓	✓			
6. Reducing harm from medicines incidents	✓				✓

1. Restore operational performance with a specific focus on Emergency Departments	
CQC Domain: Safe, responsive	
Why this is a priority	Capacity constraints and compromised triage and assessment processes in the Worcestershire Royal Hospital Emergency Department leading to action by the Regulator (CQC) at the end of 2014/15
How we will deliver the improvement	Delivery of internal action plan to address the issues leading to the CQC concerns and conditions
Measures:	Compliance with the standard of triaging patients within 15 minutes Emergency Access Standard – 95% of patients seen within 4 hours Patient outcomes
Targets:	Emergency Access Standard and associated clinical standards
Reporting route:	Urgent Care Operational Team / Trust Management Committee Trust Board
Responsible Officer:	Chief Operating Officer

2. Sign Up to Safety Campaign	
CQC Domain: Safe, well – led	
Why this is a priority	The Secretary of State for Health set out the ambition of halving avoidable harm in the NHS over the next three years, and saving 6,000 lives; delivered through the Sign up to Safety Campaign
How we will deliver the improvement	<ul style="list-style-type: none"> The Trust has developed a set of goals to support each of the five Sign up To Safety Campaign pledges over the next three years. These will be turned into a safety improvement plan
Measures:	<p>Number of harm events</p> <p>Staff attending appropriate training</p>
Targets:	Reduce by half the number of harm events reported whilst remaining, overall, high reporting organisation
Reporting route:	<p>Safe Patient Group</p> <p>Quality Governance Committee</p>
Responsible Officer:	Chief Medical Officer

3. Improve outcomes and experience for patients admitted with a fractured hip	
CQC Domain: Safe, effective, caring	
Why this is a priority	To ensure we continue to build on the progress made during 2014/15 on this important indicator of quality of care
How we will deliver the improvement	<p>Reconfiguration of theatre lists to improve timely access</p> <p>Delivery of urgent care strategy</p> <p>Improve utilisation of Trauma & Orthopaedic lists</p> <p>Improve access to orthogeriatrics and rehabilitation</p>
Measures:	<p>Improved utilisation</p> <p>Improved access to theatre session</p>
Targets:	More than 90% of patients arrive in theatre within 36 hours of admission
Reporting route:	Quality Governance Committee
Responsible Officer:	Chief Operating Officer/Chief Medical Officer

4. Improve Mortality Surveillance	
CQC Domain: Safe, well-led	
Why this is a priority	The Trust acknowledges the need to make further progress to have in place a robust system of mortality surveillance.
How we will deliver the improvement	<p>Following re-launch in March 2015, Directorates and Divisions will hold effective mortality and morbidity (M&M) meetings and act upon the findings, reporting the outcomes to the Safe Patient Group</p> <p>Widen the usage of the Health Evaluation Data (HED) tool to enable more detailed analysis of mortality at a speciality level or hospital level within all Divisions</p> <p>Triangulation of quality indicators to identify factors that lead to harm</p> <p>Undertake targeted case note reviews</p> <p>Introduce systematic death certification reviews</p>
Measures:	<p>Divisional Mortality & Morbidity reporting</p> <p>Number of applicable Directorates using the HED tool</p> <p>Divisional level HSMR and SHMI Reporting</p>
Targets:	Achieve a mortality ratio within the expected range for all diagnostic groups
Reporting route:	<p>Divisional Quality Committees</p> <p>Safe Patient Group</p>
Responsible Officer:	Chief Medical Officer

5. Reducing variation in mortality between week days and weekend working

CQC Domain: Safe, effective

Why this is a priority	In line with the publication of the Francis Report, Keogh's 10 Clinical Standards and other patient safety focused publications, all Trusts need to work towards providing safe and effective care 7 - days a week to maintain the trend of improvement for relative mortality risk for weekend admissions
How we will deliver the improvement	Review job plans in partnership with Consultants and HR, to enable routine weekend working including Consultant ward rounds Medical workforce plan to provide 7 day working Investment in development of roles such as Physician's Associate and Associate Nurse Practitioners. Re-introduce 'Hospital at Night'. Increase in diagnostic services
Measures:	Regularly review and compare weekend mortality rates with weekdays Hospital Standardised Mortality Ratio (HSMR) Summary Hospital Mortality Indicator (SHMI)
Targets:	First draft of Medical Workforce Plan in April 2015 Rolling job plan reviews at Divisional level
Reporting route:	Safe Patient Group
Responsible Officer:	Chief Medical Officer/Chief Operating Officer

6. Reducing harm from medicines incidents

CQC Domain: Safe, well-led

Why this is a priority	The Trust aspires to deliver harm free care and is committed to improving the system and processes for identification, monitoring and reduction of medication errors
How we will deliver the improvement	The implementation of an electronic prescribing system across the Trust, to reduce user error, aid medicines management and generate reports As part of the electronic prescribing system, introduce a patient discharge module that will produce electronic 'To Take Out' drugs (TTOs), to reduce the risk of error between primary and secondary care Developing a Medicines Optimisation Strategy to ensure our medical workforce are supported in the correct usage of medicines and have reliably safe practices and processes Target higher risk medications such as anticoagulation and insulin Introducing direct pharmacy support to the Emergency Departments Ward based medicines management supported throughout the Trust
Measures:	Harm associated with medicines Divisional reporting of harm / incidents
Targets:	Implementation of electronic prescribing Increase compliance with policies (e.g. antibiotics) and drug formulary

	Reduce adverse drug events / incidents
Reporting route:	Divisional Quality Committees Medicines Safety Committee, Safe Patient Group Quality Governance Committee
Responsible Officer:	Chief Medical Officer

2.3 Assurance Statements

2.3.1 Review of Services

During 2014/15 the Worcestershire Acute Hospitals NHS Trust provided and/ or subcontracted 45 NHS services.

Worcestershire Acute Hospitals NHS Trust has reviewed all the data available to them on the quality of care in 45 of these NHS services.

The income generated by the NHS services reviewed in 2014/15 represents 100% per cent of the total income generated from the provision of NHS services by the Worcestershire Acute Hospitals NHS Trust for 2014/15.

2.3.2 Participation in Clinical Audits and National Confidential Enquiries

During 2014/15, 45 national clinical audits and 4 national confidential enquiries covered relevant NHS services that Worcestershire Acute Hospitals NHS Trust provides.

During that period Worcestershire Acute Hospitals NHS Trust participated in 75% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Worcestershire Acute NHS Trust was eligible to participate in during 2014/15 are as follows (see Table 1 & 2 below).

The national clinical audits and national confidential enquiries that Worcestershire Acute Hospitals NHS Trust participated in and for which data collection was completed during 2014/15, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry

National confidential enquiries

- NCEPOD (National Confidential Enquiry into Patient Outcome and Death)

- MBRRACE-UK (mothers and Babies: Reducing risk through audits and confidential enquiries across the UK)

	Worcestershire Acute NHS Trust Participation	Percentage of required number of cases submitted
NCEPOD		
• Gastrointestinal Haemorrhage	Yes	88%
• Sepsis	Yes	100%
• Lower Limb Amputation	Yes	88%
• Tracheostomy care	Yes	100%
MBBRACE	Yes	100%

No other confidential enquiries were carried out in 2014/15

National Clinical Audits

Name of National Audit	Trust Participation	Comments
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	✓	100% Action plan being monitored
Adult Community Acquired Pneumonia	✓	On-going
British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing	✓	100% Fully Compliant with the standards
Bowel cancer (NBOCAP)	✓	95% Action plan being monitored
Cardiac Rhythm Management (CRM)	✓	100% Action plan being monitored
Case Mix Programme (CMP)	✓	100% Compliant with the standards
Chronic Kidney Disease in primary care	✓	Only done in Primary Care
Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	N/A	Do not provide this service
Coronary Angioplasty/National Audit of PCI	✓	100%

Name of National Audit	Trust Participation	Comments
Diabetes (Adult)	N/A	Did not run this year
Diabetes (Paediatric) (NPDA)	N/A	The directorate is waiting until 2015 for national peer review allowing time for full implementation of action plan and embedding good practice so progress can be assessed in more meaningful manner.
Elective surgery (National PROMs Programme)	✓	Further information in section 3.5
Epilepsy 12 audit (Childhood Epilepsy)	✓	100% Actions being monitored
Falls and Fragility Fractures Audit Programme (FFFAP)	✓	96.9%
Fitting child (care in emergency departments)	✓	100% Alexandra 100% WRH
Head and neck oncology (DAHNO)	✓	91%
Inflammatory Bowel Disease (IBD) programme	✓	100%
Lung cancer (NLCA)	✓	100%
Major Trauma: The Trauma Audit & Research Network (TARN)	✓	37%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	✓	Further information in table below
Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Further information in table below
Mental health (care in emergency departments)	✓	100% Alexandra 100% WRH
National Adult Cardiac Surgery Audit	N/A	Do not provide this service
National Audit of Dementia	N/A	Nationally not started
National Audit of Intermediate Care	N/A	Do not provide this service
National Cardiac Arrest Audit (NCAA)	✓	51 cases started submitting data

Name of National Audit	Trust Participation	Comments
		June 2014
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	✓	100%
National Comparative Audit of Blood Transfusion programme	✓	100%
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	N/A	Do not provide this service
National Emergency Laparotomy Audit (NELA)	✓	85%
National Heart Failure Audit	✓	56%
National Joint Registry (NJR)	✓	104%
National Prostate Cancer Audit	✓	70% (Network figures)
National Vascular Registry	✓	100%
Neonatal Intensive and Special Care (NNAP)	✓	100%
Non-Invasive Ventilation - adults	✓	Nationally didn't take place
Oesophago-gastric cancer (NAOGC)	✓	>80%
Older people (care in emergency departments)	✓	100% ALX 0% WRH (not taking part)
Paediatric Intensive Care Audit Network (PICANet)	N/A	Do not provide this service
Pleural Procedure	✓	100%
Prescribing Observatory for Mental Health (POMH)	N/A	Do not provide this service
Renal replacement therapy (Renal Registry)	N/A	Do not provide this service
Pulmonary Hypertension (Pulmonary Hypertension Audit)	N/A	Do not provide this service
Rheumatoid and Early Inflammatory Arthritis	✓	100%

Name of National Audit	Trust Participation	Comments
Sentinel Stroke National Audit Programme (SSNAP)	✓	70-80%

The reports of 13 national clinical audits were reviewed by the provider in 2014/15 and Worcestershire Acute NHS Trust intends to take the following actions to improve the quality of healthcare provided.

Action plans received for the following national audits

Audit Title	Response
Bowel cancer (NBOCAP)	The trust was an outlier in the outcomes for retained stoma rate of 72% compared to 51% nationally. The data reported is retrospective from April 2011 – March 2012. In 2013 the fusion of the two colorectal MDT's occurred and therefore the Surgeons are confident by using the information from an in-house Enhanced recovery database, that the Trust can provide assurance that there is a less than 50% stoma retention rate for this subset of Trust patients
Falls and Fragility Fractures Audit Programme (FFFAP)	<p>WAHT compliance rates in meeting the standards set by British Orthopaedic Association, British Geriatric Society and BPT set by DH for Hip fracture care has improved in meeting most of the standards over the last 4 years. Surgery within 36 hours has shown steady improvement but remained below the national average.</p> <p>Provision of weekend operating lists and ring fencing of bed for hip fracture patients has helped and this is likely to result in sustained improvement.</p> <p>There have not been major structural changes so far. The improvement reflects leadership, change in culture and improved staff engagement. Regular Multidisciplinary countywide meeting video-linked with all sites including medical, nursing staff and managers is an important step towards consistency high quality care. Pathways have been developed and implemented. A new Trauma Nurse Practitioner appointed. The Hip fracture group led by clinical director for trauma and orthopaedic are committed to improving standards of care.</p>
British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing	The National audit results provide assurance that Worcestershire Acute NHS Trust is fully compliant with the national guidance for Ulnar Neuropathy at Elbow Testing.
Epilepsy 12	The results showed that Worcestershire Acute NHS Trust was

Audit Title	Response
	compliant in all 12 performance indicators for Epilepsy in children.
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	As a result of the results for the Secondary Care work stream of COPD the Trust is part of the selected few that have been approached to take part in a national initiative to implement COPD care bundles.
SSNAP Sentinel Stroke National Audit programme	The results have helped focus the stroke team and as a result there is a monthly stroke specialty meeting to discuss domains where actions are needed to make improvements and share new ideas and put into practice. There is investment in a new stroke management system that will alleviate pressures and ensure timely data entry for each stroke patient.
NELA (National Emergency Laparotomy Audit)	The National audit shows nationally that there is an issue managing emergency laparotomy patients. In our Trust a pathway is being developed and put in place between Anaesthetists and Surgeons to ensure appropriate management of emergency laparotomy patients.
NNAP	The Trust neonatal unit has been identified for good performance where all babies had temperature records and all were within one hour of admission. Only half of the national neonatal unit took the temperature of all their babies on time and recorded it.

Local Clinical Audits:

The reports of 117 local clinical audits were reviewed by the provider in 2014/15 and Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

The Clinical Audit Forward Plan is now an established part of the clinical audit process and it has helped the Trust over the last year provide focus around the priority areas of care. It is regular monitored via the Divisions and the Clinical Effectiveness Committee. It has enabled us to assurance to our regulators the Commissioners that we are continuously improving the quality of care provided to our patients.

To ensure that lessons learnt from the outcome of clinical audits are shared across the divisions.

Examples of clinical audits that have shown improvement in patient care are provided below.

Audit Title	Outcome	Improvement
Sepsis – Improving Management Dr Sumitra Kafle (FY1)/ Dr Mirella Ling (Consultant)	Antibiotics administration within an hour has risen. Lactate was performed in (87%) patients presenting with sepsis compared to 47% in the pre-intervention group. Similarly, identification of severe sepsis, and administration of intravenous fluids also showed improvement ultimately improving patient care.	The Sepsis six care bundle will be developed into new clinical guidelines A reaudit will be undertaken in April 2015.

Audit Title	Outcome	Improvement
<p>NICE guidelines CG108 Chronic Heart Failure in Cardiology</p> <p>Dr Ismail Badran (FY1)/</p> <p>Dr Dzifa W Abban (Consultant)</p>	<p>The audit has revealed that many patients referred for open-access echo as “query heart failure with raised BNP” actually have undiagnosed AF.</p>	<p>A referral protocol has been put in place between GP and WAHT</p>
<p>Reversal of Warfarin for Patients Undergoing Neck Of Femur (NOF) Surgery Re- Audit</p> <p>Dr Arul Ramasamy (STR)/</p> <p>Dr Chris Hill (ST5)/</p> <p>Dr Peter Grice (FY1)/</p> <p>Dr Karan Mangat (ST7)/</p> <p>Dr Oliver Shastri (FY1)</p>	<p>Re-audit demonstrates that there is generally good compliance with Trust Guidelines and NICE guidelines on reversal of Warfarin for patients undergoing NOF fracture surgery</p> <ul style="list-style-type: none"> Only 1 patient potentially did not receive Vit K which could have delayed surgery No patients had surgery delayed due to high INR 	<p>To re-iterate trust guidelines during departmental induction to ensure that new junior doctors working in Trauma & Orthopaedics are aware of the importance of Warfarin reversal for patients with a fractured hip</p>
<p>Audit of post-operative analgesia administration in patients with fractured neck of femur: with dementia</p> <p>Dr Stephanie Shayler (Career Grade)</p> <p>Dr Nicola Heron (Consultant)</p>	<p>The results show excellent adherence to the recommendations by NICE and WAHT that all patients admitted to acute settings due to a fractured neck of femur should undergo assessment of their mental state. They also demonstrated that such patients were prescribed paracetamol regularly (unless contraindicated) and most received a form of opioid in the 3 day post-operative period for analgesia. However, there was a marked discrepancy found in the medication received by patients with dementia compared to those without.</p>	<p>Use of an appropriate pain assessment tool for patients with dementia to ensure pain is recognised and recorded appropriately (ie, Abbey Pain Score)</p> <p>Consider prescription of paracetamol by alternative routes in all patients who have experienced a fractured neck of femur (ie, oral and intravenous)</p> <p>Consider the use of analgesia prescribed on a regular basis and incorporate the use of transdermal opioid patches such as Buprenorphine.</p>
<p>Identification and process for referral of urgent radiological findings to 2 week wait office (Adherence to NPSA standards)</p> <p>Dr Peter Holland (Consultant)</p> <p>Julian Freshwater (PACS)</p>	<p>To demonstrate that the processes put in place by radiology across the Trust complied with NPSA guidance 16, and that they are robust.</p>	<p>The standard of 100% was achieved. The results reassure us that there is no risk to patient safety with regard to a failure to act on radiological imaging reports, and that the current process for referral to the 2 Week Wait office is robust.</p>

Audit Title	Outcome	Improvement
Support Officer)		The evidence that referrers and referral sources have received and responded to an emailed report, and that all non-response is followed up by the Communicator team, provides the required 'safety net' to meet NPSA guidelines.

There is a new structured national audit process currently being developed within Worcestershire Acute NHS Trust to enable accurate and timely reporting on national clinical audits.

A new clinical audit management system will be available in summer 2015 this will enable clinicians and other clinical staff to manage their own clinical audit activity and provide real time monitoring reports and dashboards for the Divisions. It will provide assurance that the Trust has robust processes and procedures for following up the actions arising from clinical audits.

Clinical Audit Publications in 2014/15

Surgery:

How accurately does CRP predict anastomotic leak after laparoscopic colorectal surgery?

Published by: Dr P Waterland, Dr J Ng, Dr V. Decaro, Dr K Goonetilleke, Mrs D Nicol, Mr S Pandey in colorectal journal

An audit of enhanced recovery analgesia guidelines in colorectal patients.

Published by: Dr V.Decaro, Dr J.Marriott, Mrs D.Nicol, Dr L.Bone,

Presented in at the Euroanaesthesia 2015 Congress in Berlin.

Using Clinical Audit to Improve Sepsis Rates Post TRUS Biopsy

Published by: Dr N Gill, Mr V Koo, Dr A Dyas, Dr P Holland

Abstract in BAUS annual meeeting June 2014

TownHall PSA testing

Published By: Mr P,H. Rajjayabun

Presented at Royal College Surgeons (Edinburgh) Audit day March 2015.

Pinnaplasty outcomes and complications

Published by: Mr S Mitchell, Mr Hollis

Presented at Midlands institute of otology meeting 16 Jan 2015.

Women & Childrens:

Antenatal Management of Women over the Age of 40 years

Published by: R, Imtiaz, R.Salt

Presented at RCOG national conference in Manchester in Nov 27th and 28th 2014.

Clinical Support:

Documentation of Conclusions and TNM Assessment on Initial Staging CTs

Published by: S.Ali, U,Udeshi

European Society of Radiology in Vienna and UK

TACO:

A safer epidural service: an audit of compliance with standard monitoring of patients with epidurals for labour

Presented at GAT Annual Scientific Meeting 11-13th June 2014 – won prize for best oral presentation

Beard L, Stacey K, Millett S, Marriott J

2.3.3 Participation in Research

The number of patients receiving NHS services provided or sub-contracted by Worcestershire Acute Hospitals NHS Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 999.

This increasing level of participation in clinical research demonstrates Worcestershire Acute Hospitals NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

There were 93 clinical staff leading or actively participating in research approved by a research ethics committee at Worcestershire Acute Hospitals NHS Trust during the financial year 2014/15. These staff participated in research covering 18 medical specialties.

Our engagement with clinical research also demonstrates Worcestershire Acute Hospitals NHS Trust's commitment to testing and offering the latest medical treatments and techniques.

2.3.4 Goals agreed with commissioners – the CQUIN payment framework

A proportion of Worcestershire Acute Hospitals NHS Trust income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between Worcestershire Acute Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

We had 7 CQUIN targets agreed with our main Commissioners, NHS Worcestershire, in 2014/15. They covered one or more of the domains of quality as shown in the table below. Our performance against each goal is given below: See **Appendix 1**

Further details of the agreed goals for 2014/15 and for the following 12 month period are available on request from The Director of Resources.

CQUIN – Specialist Commissioners

Our Specialist Commissioners, Prescribed Services agreed 5 CQUINS also provided in **Appendix 1**:

2.3.5 Registration with the Care Quality Commission (CQC)

Worcestershire Acute Hospitals NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered with conditions.

Worcestershire Acute Hospitals NHS Trust has the following conditions on registration:

- Usual conditions: the regulated activities that WAHT has registered for may only be undertaken on our registered premises.
- Section 31 of the Health & Social Care Act: (See table below)

The CQC has taken enforcement action against Worcestershire Acute Hospitals NHS Trust during 2014/15.

- See the table below

Worcestershire Acute Hospitals NHS Trust participated in special reviews or investigations by the CQC during the reporting period (see table below).

Worcestershire Acute Hospitals NHS Trust intends to take the following actions to address the points made in the CQC's assessment.

Worcestershire Acute Hospitals NHS Trust has made the following progress by 31st March 2015 in taking such action (see table below).

Date	Inspection body	Type of inspection	Outcome	Actions taken
24/3/2015	CQC	Unannounced inspection of Emergency Departments	Section 31 condition - ensure every patient attending the emergency department at WRH has an initial assessment within 15 minutes of arriving at the hospital	<ol style="list-style-type: none"> 1. Increased the number of assessment cubicles in the Emergency Department from 18 to 30 2. Reengineered patient flows enabling direct referral by GPs with specialist assessment units for appropriate patients. 3. Increased triage capacity to enable rapid assessment during periods of heavy demand. Regular scheduled review of any patient waiting in the department. Enhanced management of staffing numbers in Emergency Care through both prospective and retrospective review, 4. Introduction of the Emergency Department Assistant role to support clinical teams 5. Development of escalation policies to ensure effective
			Warning Notice – Regulation 15 – unsafe or unsuitable premises	
			Warning notice – Regulation 16 – unsafe equipment	
			Warning Notice – Regulation 22 – sufficient numbers	

			of suitably qualified, experienced persons employed	management of patient flow during periods of peak demand. 6. Additional checks and audits of patient care are in place Weekly & monthly reports are made to the CQC on progress.
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2.3.6 Quality of Data

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. Improving data quality, which includes the quality of ethnicity and other equality data, will thus improve patient care and improve value for money.

The Trust is committed to pursuing a high standard of accuracy, completeness and timeliness within all aspects of data collection in accordance with NHS Data Standards.

The Trust has always put and continues to place high emphasis on recording and using good quality data to support patient care. Data Quality is integrated into the Trust's business processes and there is a structure of reporting throughout the organisation and to the Board. All staff are accountable for recording data accurately and supported by training, guidance and feedback on an ad-hoc basis and via internal and external audits. Regular monitor of key data is undertaken and issues are addressed promptly. The Trust liaises closely with the Clinical Commissioning Groups (CCGs) on any data quality concerns they may have from their commissioner role or raised by General Practitioners (GPs).

Worcestershire Acute Hospitals NHS Trust submitted the following number of records during 2014/15 to Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published date:

- A&E records 136349
- Inpatient records 151221
- Outpatients 589491

The percentage of records in the published data are below.

Patient's valid NHS number was:
99.6% for admitted patient care;
99.7% for outpatient care; and
97.8% for accident and emergency care."

Patient's valid GP was:
100% for admitted patient care;
100% for outpatient care; and
100% for accident and emergency care."

Inpatient valid Ethnic Origin was:
96.9% for admitted patient care

Information Governance Toolkit Attainment

The Toolkit score for 2014 increased from 76% to 78% and has remained as an overall satisfactory level, with all of the standards achieving a minimum of a level 2. The overall score is likely to increase for the final submission at the end of March 2015 as the Trust has sufficient evidence in place to move from three standards from a 2 to a level 3. A recent external audit of the Toolkit standards covered secondary use assurance and corporate assurance and also included the three standards

moving to a level 3. There are some recommendations from the audit which the Information Governance team intend to implement them before the end of March.

Worcestershire Acute Hospitals NHS Trust has taken the following actions to maintain and improve data quality in the Trust.

Data Steering Quality Group

During 2014/15, the Data Quality Steering Group has been reviewed in line with the Data Quality Policy. An Executive Lead is being appointed and there will be senior level division representation on the Group. The group will receive national guidance, comparative data quality reports, audit reports, and reviews Patient Administration System (PAS) enhancements and operational procedures to ensure data capture is completed in an accurate and timely manner. It will also support the data assurance element of the Information Governance (IG) toolkit.

NHS Number

One of the elements of IG and national standards is completeness of the NHS number. Our NHS number compliance averages 99%.

Board assurance around data quality is received through the Audit and Assurance Committee. Papers giving an overview of monitoring and improvement of data quality were presented in May 2014 and February 2015. The latter also covered recommendations for moving the data quality agenda forward in 2015/16.

A range of audits has been carried out by external auditors on behalf of the Trust to provide internal and external assurance regarding the accuracy and timeliness of its data. These include;

- Continuous audit cycle - In order to meet the requirements of the IG toolkit 506 standard, an auditor was employed by the Trust to conduct a continuous process of auditing case notes against the Trusts PAS. This process is documented in the Data Quality Policy and reports are included as a standing agenda item for the Information Governance meeting. The findings will be reported back to the Divisions as part of the IG reporting system due to be implemented in April.
- Clinical Coding / IG audit - In order to meet the IG Toolkit 505 requirements; an audit of 200 case notes was conducted in January 2015.
- Internal coding audits - A coding internal audit schedule is in place and the coding auditor has conducted several clinical and staff audits.

Clinical Coding Error Rate

In line with the requirements of the IG toolkit standard 505, a coding audit which included auditing 200 sets of case notes, was undertaken by an external coding auditor and the Trusts qualified coding auditor.

The table below shows the overall percentage of correct coding.

Primary diagnosis	90.2%
Secondary diagnosis	88.2 %
Primary procedure	81.3%
Secondary procedure	94.4%

The overall conclusion was 'The Clinical Coding is of a generally high standard, but it was recognised that a reduction in the percentage for primary procedures needs to be addressed.' 50% of the case notes audited were medicine, therefore by the nature of the specialty there are less procedures included in the audit which has increased the overall percentage of errors and omissions. Additionally the trust selected April 2014 data and the latest version of OPCS4.7 had just been introduced which did not provide sufficient time for the staff to be fully trained in its use. To address these issues a further batch of 100 sets of notes are to be audited and results recorded as an addendum to the report.

2.4 NHS Outcomes Framework Mandatory Indicators

All trusts are required by the Department of Health to provide a core set of indicators relevant to the services they provide using a standardised statement.

The eight indicators relevant to Worcestershire Acute Hospitals NHS Trust are provided below using information from the Health & Social Care Information Centre and cover the last two reporting periods where the data is available. They are set out under the NHS Outcomes Framework domains.

NHS Outcomes Framework Domain 1

Title	Indicator	2013/14	2014/15	National Average	Highest and lowest NHS Trust and Foundation Trust scores for the reporting period
Summary Hospital Mortality Indicator (SHMI)	a) the value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period;	107.99 Banding 3	103.4 Banding 2 (Q1 2014/15)		50.70 112.04 (Q1 2014/15)
	b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.				

	The Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:	2014/15 Data from the HSCIC is only available for Q1 at this time. The SHMI data for 2013/14 was revised during the year and is provided here.
	The Worcestershire Acute Hospitals NHS Trust has taken the following actions to improve this number, and so the quality of its services, by:	See section 2.1 and 2.2

NHS Outcomes Framework Domain 3

Title	Indicator	2013/14 Adjusted average health gain	2014/15 (provisional data –) Adjusted average health gain	National Average (provisional data -) Adjusted average health gain	Upper and Lower 95% control limit for the Trust (provisional data –) Health Gain
Patient Recorded Outcome Measures (PROMS)	PROMs casemix-adjusted scores				
	(i) groin hernia surgery	0.427	0.085	0.081	Lower 0.036 Upper 0.126
	(ii) varicose vein surgery	No Data	No Data	0.100	
	(iii) hip replacement surgery	0.427	<30 records	0.442	
	(iv) knee replacement surgery	0.337	0.360	0.328	Lower 0.249 Upper 0.406
	The Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to November 2014			

		With the data provided, surgery are in line with average health gain for these procedures
	The Worcestershire Acute Hospitals NHS Trust has taken the following actions to improve this number, and so the quality of its services, by:	<p>Improve collection of data for varicose veins</p> <p>Improve participation rates for hip replacement surgery</p>

Title	Indicator	2013/14	2014/15	National Average	Highest and lowest NHS Trust and Foundation Trust scores for the reporting period
Readmission rates	The percentage of patients aged (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	<p>i) 0.0%</p> <p>ii) 8.8%</p> <p>(emergency 28 day readmissions)</p> <p>i) 0.0%</p> <p>ii) 4.2%</p> <p>(Total 28 readmissions)</p>	<p>i) 0.0%</p> <p>ii) 9.4%</p> <p>i) 0.0%</p> <p>ii) 4.1%</p>	Not available in required bands	Not available
	The Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:	Full year data.			
	The Worcestershire Acute Hospitals NHS Trust has taken the following actions to improve this number, and so the quality of its services, by:	Improved discharge arrangements, communication and packages of care across Worcestershire's health and social care organisations			

NHS Outcomes Framework Domain 4

Title	Indicator	2013/14	2014/15	National Average	Highest and lowest NHS Trust and Foundation
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					Trust scores for the reporting period
Patient Survey – Responsiveness to patient's needs	The trust's responsiveness to the personal needs of its patients during the reporting period		Information not available from the HSCIC at this time		
	The Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:				
	The Worcestershire Acute Hospitals NHS Trust has taken the following actions to improve this number, and so the quality of its services, by:				

Title	Indicator	2013/14	2014/15	National Average	Highest and lowest NHS Trust and Foundation Trust scores for the reporting period
Staff recommending the trust as a provider of care	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.		Information on the survey results is provided in the text – comparative data not available from the HSCIC at this time		
	The Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:				
	The Worcestershire Acute Hospitals NHS Trust has taken the following actions to improve this number, and so the quality of its services, by:		See section 3.6 of this report		

(There is not a statutory requirement to report this indicator)

Title	Indicator	2013/14	2014/15	National Average	Highest and lowest NHS Trust and Foundation Trust scores for the reporting period
Patients who would recommend the Trust to their family or friends	The Trusts score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.	96.1%	96.4%	2013/14 91.1 2014/15 90.9	Not available
	The Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:	Limited information available for comparison from the HSCIC at this time			
	The Worcestershire Acute Hospitals NHS Trust has taken the following actions to improve this number, and so the quality of its services, by:	Our responses have been good but we continue to seek improved completion rates and more comprehensive feedback. To do this we are utilising volunteers to help staff with distributing and collecting proformas to help maintain and improve completion rates, regularly visiting wards and meeting with staff to promote the F&FT and raising regularly with staff and patients and utilising data at ward level on our Patient information Boards to promote improved services and increase staff and patient morale. Regular oversight by our Patient Experience lead and reports to the Patient and Carer Committee to ensure oversight and support to increase completion and identify and respond to any issues / causes for concern all aimed at			

	ensuring enhanced patient experience across our hospitals.
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NHS Outcomes Framework Domain 5

Title	Indicator	2013/14	2014/15	England Average	Highest and lowest NHS Trust and Foundation Trust scores for the reporting period
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Venous thromboembolism Risk assessments	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period	95.60%	95.20%	95.9% (Q3 2014/15) (NHS England website)	100% (Q3 2014/15) 81% (Q3 2014/15) (NHS England website)
	The Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:		WAHT VTE data for full year. England average only available for Q3 as 2014/15 NHS England Annual Report not yet published		
	The Worcestershire Acute Hospitals NHS Trust has taken the following actions to improve this number, and so the quality of its services, by:		Education of junior doctors and redevelopment of the paperwork required for the admission of patients to ensure VTE risk assessment is performed and recorded correctly.		

Title	Indicator	2013/14	2014/15	National Average	Highest and lowest NHS Trust and Foundation Trust scores for the reporting period
C. difficile infection	The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	14.02 Trust Dashboard & Reporting Services	12.66 Trust Dashboard and Reporting Services	39.00 (2013/14) (GOV.uk website)	85.50 (2013/14) 0.00 (2013/14) (GOV.uk website)
	The Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:		Indicator taken from C. diff number of occurrences over relevant financial year, divided by total number of bed days for relevant financial year. National average for 14/15 not available.		
	The Worcestershire Acute Hospitals NHS Trust has taken the following actions to improve this rate, and so the quality of its services, by:		A continued focus on antimicrobial stewardship and environmental cleanliness.		

Title	Indicator	2013/14	(Apr – Sep 2014) The latest data available	National Average (April – Sep 2014) The latest data available	Highest and lowest NHS Trust and Foundation Trust scores for the reporting period
Incidents	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period,	Number of incident reports: <u>April 13 – Sept 13</u> 5276 <u>Oct 13 – Mar 14</u> 4970 <u>Rate of patient safety incidents:</u> <u>April 13 – Sep 13</u> <ul style="list-style-type: none"> 8.26 per 100 admissions <u>Oct 13 – Mar 14</u> <ul style="list-style-type: none"> 7.79 per 100 admissions 	Number of incident reports 4536 Rate of patient safety incidents 36.21 incidents per 1,000 bed days	Number of incident reports 4196 (average) The median reporting rate for this cluster is 35.1 incidents per 1,000 bed days	For the cluster used by the NRLS: Highest number = 12,020 Highest rate = 61.2 Lowest number = 35 Lowest rate = 0.24
	the number and percentage of such patient safety incidents that resulted in severe harm or death	<u>April 13 – Sept 13</u> Number: 22 <ul style="list-style-type: none"> 16 severe harm 6 deaths Percentage: <ul style="list-style-type: none"> 0.3% Severe harm 0.1% deaths <u>Oct 13 – Mar 14</u> Number: 22 <ul style="list-style-type: none"> 13 severe harm 8 deaths Percentage: <ul style="list-style-type: none"> 0.3% Severe harm 0.2% deaths 	Number = 27 <ul style="list-style-type: none"> 18 severe harm 9 deaths Percentage: <ul style="list-style-type: none"> 0.4% severe harm 0.2% deaths 	Number =(averages) <ul style="list-style-type: none"> 15.5 severe harm 4.87 deaths Percentage: <ul style="list-style-type: none"> 0.4% severe harm 0.1% deaths 	Number Highest: 74 severe harm Lowest: 0 severe harm Highest: 25 deaths Lowest: 0 deaths Percentage: Highest: 2.3% severe harm Lowest: 0% severe harm Highest: 0.8% deaths Lowest: 0% deaths
The Worcestershire Acute Hospitals NHS Trust			<ul style="list-style-type: none"> The national comparison data is provided by the National Reporting and Learning system 		

	considers that this data is as described for the following reasons:	<p>using data that we export incident data, which is checked before it is released.</p> <ul style="list-style-type: none"> • We are compared against a 'cluster' of similar large Acute Trusts so that the comparison is meaningful. • The National Reporting & Learning System changed its reporting method in 2014 and increased the Trusts included in the comparison of Acute non-specialist Trusts from 39 to 140
	The Worcestershire Acute Hospitals NHS Trust has taken the following actions to improve this rate (for incident reporting) and number (of incidents that result in severe harm or death) and so the quality of its services, by	<ul style="list-style-type: none"> • We continue to promote incident reporting and an increase has been seen in the second half of 2014/15. • We have introduced our mortality and morbidity reviews to include every patient death in hospital to better understand underlying issues and learn from them. We have improved our investigation process and trained additional staff in investigation techniques. Other activities are described in this Quality Account

Monitor - Risk Assessment Framework indicators	14/15	14/15 Target
% of Patients Referred and Treated within 18 Weeks - admitted	83.43%	90.0%
% of Patients Referred and Treated within 18 Weeks - non-admitted	96.05%	95.0%
% of Patients Referred and Treated within 18 Weeks - incomplete	91.90%	92.0%
% of A&E Patients Being Seen, Admitted, Discharged or Transferred Within 4 Hours of Presentation to ED	90.22%	95.0%
% of Patients having their first treatment within 62 days from urgent GP referral for suspected cancer ¹	82.43%	85.0%
% of Patients having their first treatment within 62 days from NHS Cancer Screening Service Referral ¹	91.36%	90.0%
% of Patients having their second or subsequent treatment within 31 days for surgery	96.28%	94.0%
% of Patients having their second or subsequent treatment within 31 days for anti-cancer drug treatments	100.00%	98.0%
% of Patients having their first treatment within 31 days from diagnosis	96.69%	96.0%
% of Patients seen within 2 weeks for all urgent referrals	93.13%	93.0%
% of Patients seen within 2 weeks for symptomatic breast patients	91.72%	93.0%
Clostridium (C.) difficile – number of occurrences	36	40.8

Source : Board Report QGC 12032015 - Quality & Outcomes

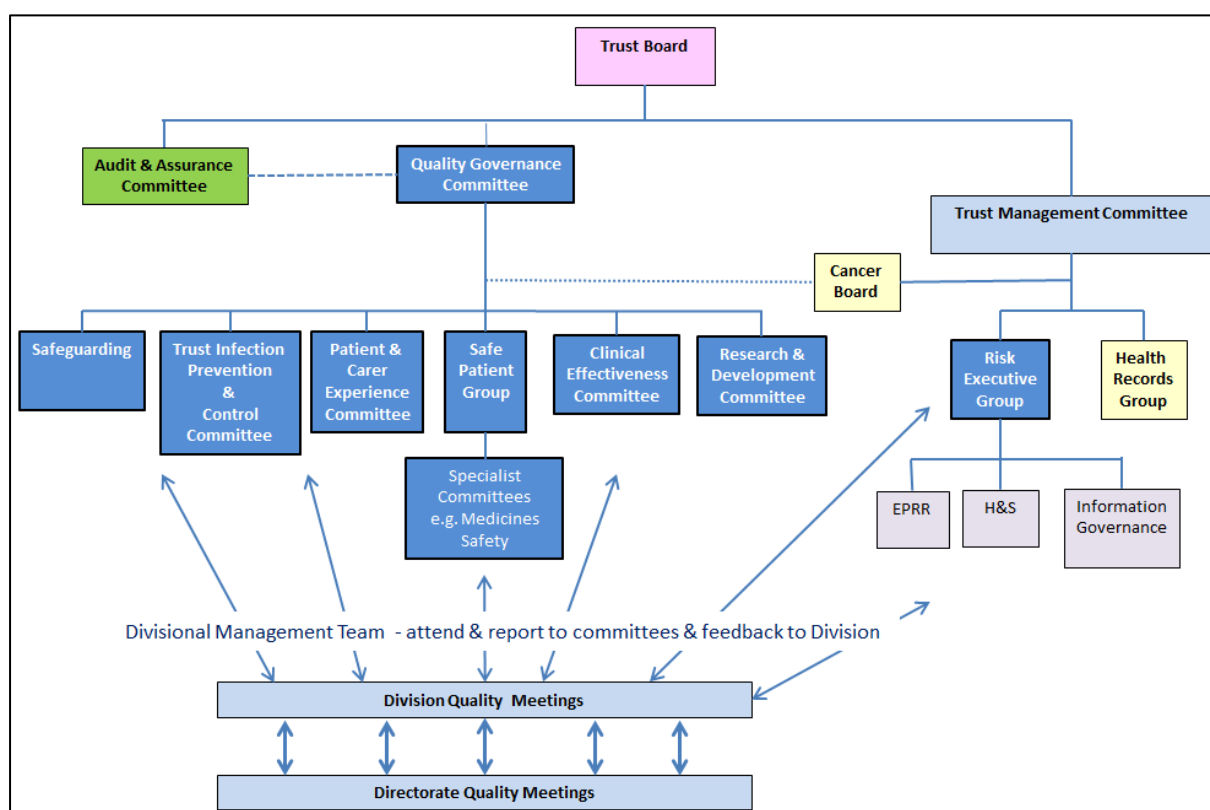
(Based on Apr 14 - Mar 15)

¹ The 62 day target does not include shared treatments and breaches

Section 3 – Review of Quality Performance

The Quality Governance Committee monitors the Trust's quality performance through a range of supporting specialist committees and reports. It reports to the Trust Board after each meeting. The development of supporting structures and teams in the Clinical Divisions after their creation in late 2013 has been an important feature of this year.

Worcestershire Acute Hospitals NHS Trust - Quality Governance Committee Structure



3.1 – Quality Highlights and Headlines

There have been many instances of quality and system improvements, successes and staff achievements that we have celebrated in this year. Some of these are provided below:

Nominations and Awards for Trust departments and staff:

Human Resources - National Healthcare People Management Awards (HPMA)

- **Reverend David Southall** – Winner in the innovations category for his good news blog at www.revdavidsouthall.com
- **The Human Resources team** – runner up for the best contribution to organisational change. The team has been recognised for its work to manage locum doctors more efficiently.
- **Bev Edgar - runner up for HR Director of the year**, after being nominated by staff for outstanding leadership skills and the positive impact she had during her time at the trust

Consultant Anaesthetist, **Dr Sally Millett** has been presented with the **Evelyn Baker medal for outstanding clinical knowledge and skill**.

She received the national award from the Association of Anaesthetists of Great Britain and Ireland (AAGBI). The Evelyn Baker medal, instigated by Dr Margaret Branthwaite in 1998, dedicated to the memory of one of her former patients at the Royal Brompton Hospital, recognises the 'unsung heroes' of clinical anaesthesia and related practice.



Barbara Kavanagh, leader of the Redditch community midwives, was **shortlisted** for the **NHS Community Leader of the Year Award**.



Ophthalmology team – 'Best glaucoma ophthalmic unit in the United Kingdom' International Glaucoma Association (IGA) annual awards

The IGA chose the ophthalmology team as their winner after nominations from both patients and from the IGA regional managers who visit hospital eye departments across the country.

Mr Sharma was also awarded the **Development Champion of the Year** in the NHS regional awards



Safe

- There has been a significant reduction in number of patients falling and sustaining a serious injury in hospital from 44 in 2013/14 to 23 in 2014/15
- To improve the way we investigate and learn from patient safety incidents, Investigation / root cause analysis (RCA) training is being provided for over 100 staff - Human factors training is also being rolled out to help to design systems to be resilient to human failure.
- We have taken action to ensure that we now meet the turnaround time of 45 working days for investigations into serious patient safety incidents to provide timely reports.
- We have further invested in Clinical Governance support teams within each Division to assist clinicians and managers

Effective

- More than 1,500 patients showing the warning signs of a stroke have benefited from Worcestershire's centralised stroke service. Since stroke services across Worcestershire were centralised at Worcestershire Royal Hospital, in July 2013 the service has exceeded its performance targets for all but one month.
- People living with diabetes in Worcestershire have seen health improvements after attending group education sessions to help manage their condition. Worcestershire Acute Hospitals NHS Trust, has received a national X-PERT Health award for the second year in a row, for the impressive number of patients attending diabetes education sessions
- Patients with irregular heart rates are benefiting from a nurse-led service now offered by Worcestershire Acute Hospitals NHS Trust's cardiac assessment nurses. The team has been running nurse-led cardioversion sessions at Worcestershire Royal Hospital, once a week since September 2013. These sessions have led to over 80 patients receiving treatment from the team, with a 90% patient success rate
- We have introduced a review of every death of a patient in hospital to understand any contributory factors – our mortality review process
- We have improved our screening of admitted patients for dementia to meet the 95% target
- The Accident and Emergency Department Survey 2014 report found that A&E departments at both the Alexandra Hospital and the Worcestershire Royal Hospital run by Worcestershire Acute Hospitals NHS Trust, scored higher than the national average on privacy, communication, comfort and aftercare among others areas.
- On-line Treatment Pathways – We are bringing together national standards with local guidelines, policies, procedures and patient information in an easily accessible and intuitive form to all care providers in Worcestershire.
<http://www.worcsacute.nhs.uk/healthprofessionals/worcestershire-treatment-pathways/>

Caring

- We have seen a reduction in the number of complaints made and we have improved the timeliness of our response
- Nearly ninety per cent (88%) of cancer patients rated their hospital care as excellent or good, according to latest figures. The National Cancer Patient Experience

Programme's 2013/14 survey of 794 cancer patients treated at Worcestershire Hospitals NHS Trust, shows performance has been maintained in several key areas, with improvements in 21 out of 62 areas.

- Patients have branded the Hereford and Worcester Abdominal Aortic Aneurysm (AAA) screening programme 'first-class' in a recent satisfaction survey. The service, offered to patients across Herefordshire and Worcestershire, invites all men for AAA screening during the year they turn 65, that's over 5000 men a year. Men over 65 can request screening by contacting the service directly. Out of the 291



patients surveyed, 99% said they would recommend the AAA screening service to their male friends or relatives aged 65 or over. 100% stated they were happy with their screening experience

Responsive

- The new Worcestershire Oncology Centre with Radiotherapy facilities opened in January 2015. With the support of our partners Coventry and Warwickshire NHS Trust, the centre provides state of the art radiotherapy services to county patients. This will reduce travel time for patients and their families who currently have to travel out of the county and will mean more local accessible cancer services.



- The Patient Flow Centre is a joint initiative that will co-ordinate and support the early discharge of patients through one referral for health and social care. This integration of care across different organisations is designed to improve patient experience and flow by planning discharge and care arrangements when a patient is admitted.

Fundraising:

- **Rory the Robot** - An appeal to change the future of prostate cancer surgery in Worcestershire has raised £42,000 towards its £1.6 million goal.

Well-led

- Members of the Trust attend and actively support events with stakeholders from across Worcestershire to improve a Culture of quality in healthcare
- We have invested in our risk management support to help better identify and manage risk to patients, staff and the business of the Trust, including the assessment and management of sustainable safe services for patients.
- Each non-executive director is linked to a Division to work alongside them offering support and challenge and enabling them to triangulate information presented to them

Caring for staff:

Trust welcomes publication of Freedom to Speak Up report

The Board fully supported Robert Francis' 'Freedom to Speak Up' report and reaffirmed and strengthened the existing role of Non-executive Director Stephen Howarth who says-

"Anything that can be done to make staff feel more at ease with raising concerns has to be a positive thing. There can never be too many channels in place for staff to be able to speak up."

The Big Thank You

This is our internal scheme to recognise staff for their outstanding contribution and hard work. The monthly award recognises frontline staff, and gives them the opportunity to meet with senior managers informally.

"Big Thank You's" in 2014/15:

- Out of Hours nurse practitioners
- On-call managers and matrons
- Birch and Cedar Day Units
- WRH obstetric physiotherapists
- Ward 10 (Alexandra Hospital)
- Emergency departments
- Worcestershire Royal Hospital Obstetric theatre team



Staff surgeries - The Chairman, Chief Executive and Chief Nursing Officer all hold confidential one to one 'staff surgeries' with staff to talk about their experiences at the Trust

2015 - year of the Healthcare Support Worker - Throughout 2015 we will be celebrating the excellent work that our care support workers do across the Trust

Dragon's Den

Nurses from across the Trust pitched their quality improvement ideas to our very own (friendly) 'dragons' in a Dragon's Den event to celebrate International Day of the Midwife and International Nurses Day in May 2014. Six ideas - all based around the 6Cs and enhancing patient experience – were presented to Chief Executive Penny Venables, Chief Nursing Officer Lindsey Webb, Director of Human Resources and Organisational Development Bev Edgar, and Assistant Director of Finance Rob Pickup, with the aim to get funding to take them forward. The pitches were so impressive all were 'bought into'!

- a pilot of different water jugs and bottles to prevent dehydration of inpatients
- a patient hand-held wallet for advanced care planning documentation around end of life care;
- the development of an e-learning package on respiratory failure and oxygen safety
- improving the acute hospital environment for patients at the end of their life;
- reducing the risk of falls with further investment in Sara Steady's (walking aids)
- Pop up Reminiscence Pods or 'RemPods' to turn clinical care space into a therapeutic and calming environment for elderly patients

The “Dragons”!



Staff Appreciation Week

A series of events took place during the week of 29th September to show appreciation for the amazing work carried out around the clock by dedicated hospital and wider NHS staff

- Hundreds of NHS staff, volunteers, local dignitaries and members of the public packed into Worcester Cathedral for a Service of Celebration of local NHS workers on Sunday 28 September.
- A Staff Appreciation Day was held across all three hospitals on Tuesday 30th September
- Staff Achievement Awards were held on Friday 3rd October.

Staff Awards Winners 2014

Nurse of the year	Rebecca McCubbin, Respiratory Nurse Specialist
Midwife of the year	Nichola Wilcox, Midwife
Doctor of the year	Mr Adel Makar, Consultant Urologist
Health care assistant of the year	Freddie Davies, Health Care Assistant
Allied health professional of the year	Sandra Finch, Occupational Therapy Assistant
Non-clinical employee of the year	Veronica Smith, Fast Response Supervisor
Leader / manager of the year	Mr Tarun Sharma, Clinical Director For Ophthalmology
Team of the year	Supervisors of Midwives
Enhancing patient experience award	Ward 5 and respiratory nurses
Patients' choice award	Kate Baldwin, ENT nurse practitioner
Apprentice / student of the year	Laura Moore, Theatre Admin Support
Volunteer of the year	Jeffrey Harley, Patient Support Group
Rising star	Rosie Harper, Clerical Assistant

Friends and family award	Clare Bush and Lisa Spencer, A&E sisters
Lifetime achievement award	Dave Thombs, Theatres Charge Nurse
Chief Executive's special award	Rachel Montgomery, Pharmacist
Chairman's special award	David Southall and Elaine Bevan-Smith, COPD choir leaders

3.2 Reports from our Clinical Divisions:

3.2.1 Surgical Division

Services provided:

The Division manages the following services:

- Trauma and Orthopaedics - services which help with problems in bones and muscles
- Hand services - services which help with problems in the bones and muscles in the hand
- Vascular services - for example, treatment of varicose veins or other blood vessel problems
- Upper gastro-intestinal tract - services which help with problems in the upper part of the gut, for example: oesophagus, stomach
- Lower gastro-intestinal tract - services which help with problems in the lower part of the gut, for example, small and large bowels
- Services which help with problems in the breast
- Urology - service which helps with problems in the parts of the body that produce and carry urine
- Services which help with problems in the ear, nose and throat
- Maxillofacial surgery and orthodontics - service which helps with in the face, jaws or teeth
- Dermatology - service which helps with disorders in the skin

Quality performance in 2014/15:

The Division of Surgery has been further developing its surgical pathways with the aim of continuing to improve patient safety and quality of care by ensuring patients are treated at the site most appropriate to their care needs. There has also been a focus on developing sub-specialities on the other sites i.e. vascular services at the Alexandra Hospital

The Division has further improved its “Emergency Surgery Pathway” that was introduced in February 2014 so the more acutely ill patients are treated at Worcestershire Royal Hospital. This has seen an improvement in patient safety and a reduction in the clinical risk to this group of patients.

Work has been progressing to improve the experience for those patients who attend our service with a fractured neck of femur (hip) with the aim that patients attend the operating theatre within 36 hours of admission by implementing 7 day working. This

remains a challenge due to multiple factors and a multi-disciplinary Fractured Neck of Femur Group has been established to help further improve service delivery. The improvement is noticeable with 89% of patients presenting with a fractured hip being seen since implementation in 2014.

We have demonstrated a much improved performance in infection control and prevention during the year with a reduction in hospital acquired infections within the Division. Surgical site surveillance of patients undergoing orthopaedic operations has shown that the orthopaedic service has a significantly low rate of post-operative infections when benchmarked with other Acute Trusts.

The Division remains challenged in delivering the national 18 week referral to treatment target (RTT), which measures the waiting time from a patient being referred to them receiving hospital treatment. The pressures on all in-patient beds have affected our ability to achieve this target and alternative ways of delivering this are being explored. The Division is meeting all targets for breast services.

As part of its review of services, the Division has been reviewing its theatre capacity and realigning its operating lists across all 3 sites, to ensure maximum use of its theatres. Once this reconfiguration is completed, the Division should see a marked improvement in its treatment times and a reduction in the number of patients being cancelled at short notice due to capacity issues.

Recruitment of trained nurses has continued to be a challenge for the Division. Actions taken to improve this have included; participating in recruitment days both within the Trust and in conjunction with external organisations, commencing staff rotation and giving staff the support and mentorship required in order to progress in their careers.

Currently we have a number of additional acting Band 6 posts to help succession planning for the future. The Division has also produced a 'talking heads' style recruitment video which is available to view on social media.

The Division has worked hard to improve both its response times to complaints and improve upon the content and quality of its responses; now above 90% responded to within timescale. These include the actions that are taken, such as purchasing a fridge to cool fortified drink supplements and sharing taped interviews with patients and their families with the staff involved in their care.

At the start of this year there were a large number of outstanding serious incidents attributed to the Division that had not been closed. The Directorate and Governance team within the Division have now investigated and closed all of these and there are currently no outstanding Serious Incidents open. To achieve this Division has changed its internal processes, engaged clinical leads in each specialty and ensured that training and support is available.

Improvement aims for 2015/16

Improvement priority	Why is it a priority?	Target(s)	How will we measure it?
<p>To meet the 18 week RTT target and cancer waiting times by:</p> <ul style="list-style-type: none"> increase efficiency for elective short stay and day case patients by realigning theatre services at KTC To expand the theatre complex at AGH to deliver its surgical strategy via a mobile unit Introduce patient admission on day of surgery 	<p>Ability to stream-line patients according to acuity</p> <p>More flexible use of surgical expertise and resources</p> <p>To reduce number of cancelled operations due to capacity issues Improved patient flows; less anxiety to patient by avoiding prolonged hospital stay</p>	18 week Referral to Treatment and Cancer waiting times	<p>Performance Reports</p> <ul style="list-style-type: none"> 90% patients admitted on the day
To progress with surgical pathway through implementation of a county-wide surgical rota	Improved patient care		
Reduce the number of complaints by improving communication at ward level to address concerns before they arise.	To improve patient experience of care	To reduce the number of complaints per month by 20% within the year	Monthly complaints report

3.2.2 Medical Division

Services Provided

The Division provides the following services:

- Acute Medicine – Emergency Departments and Medical Assessment Units
- Specialist Medicine – Cardiology/Respiratory/Renal/Neurology/Infectious Diseases/Endocrinology /Diabetes
- General Medicine – Elderly Care/Acute Stroke Unit/Gastroenterology/Neurophysiology/Therapies
- Haematology/Oncology – Specialist Palliative & End of Life Care/Radiotherapy (from Jan 2015)

Quality performance in 2014/15:

- The Trust and its partners have been concerned about the flow of patients through our hospitals, particularly at the Worcestershire Royal. The Emergency Department is the focus of attention because it is where patients enter the system. However, although there are actions we can take in the emergency departments we also need to change the way we work throughout the hospital to keep patients safe. That includes identifying patients who can be discharged at an early stage each day and ensuring that senior specialist doctors assess patients in the emergency departments as soon as possible after their arrival. Given the high numbers of patients who no longer need an acute bed we are also continuing to work closely with partners on ensuring that patients are moved more swiftly into more appropriate care settings.
- The Trust has been open about the problems of treating nearly 70,000 patients a year in Worcestershire Royal Hospital's Emergency Department which was designed for only 45,000 patients. When its 18 major (for the more seriously ill) patient cubicles were full during 2014/15 it routinely treated patients in the emergency department corridor and increased its staffing levels to cover the corridor nursing. The need to use the corridor to nurse and treat patients arose when the hospital itself was full and more patients were being admitted than being discharged. Although the Trust opened additional capacity by re-opening old wards and turning assessment areas into bedded wards it was not enough to keep patients flowing through the hospital and back to their normal place of residence. We saw the number of delayed transfers of care double to more than 100 at peak times and worked closely with its health and social care partners to speed the flow of patients through the hospital.
- In February 2015 the four emergency department consultants at the Alexandra Hospital and one from the Worcestershire Royal Hospital resigned after being offered consultant positions in the emergency department at Warwick Hospital. The five consultants are all working their notice periods and will be leaving the Trust between May and the end of July. The Trust has recruited two substantive emergency department consultants and three locums to the vacant positions.
- The Care Quality Commission carried out an unannounced inspection of both emergency departments in March 2015 and identified a number of areas which needed improving under Section 31 of the Health & Social Care Act. The Trust has made a number of immediate changes and identified plans to ensure all the CQC's recommendations are carried out and these are described in section 2.3.5.
- The Emergency Departments and the provision of urgent care throughout the county have been the subject of other reviews including:
 - An NHS England risk summit

- An NHS Trust development Authority-led review by a nationally-renowned emergency department doctor
- Clinical Commissioning Group reviews and inspections
- The Division has overseen the Development of the Worcestershire Oncology Centre and was officially opened by HRH the Princess Royal April 2015. The facility will help to ensure that Oncology patients receive care that includes Radiotherapy from specialist staff closer to home to improve the quality of their experience.
- Service redesign of AMU that has included the development of the Silver Unit for frail elderly patients aged over 75 years to support the reduction of the length of stay and improved patient experience in supporting patients to be returned home within 72 hours.
- The Specialist Palliative and End of Life Team have responded to 'One chance to get it right' (DH 2014) by creating an End of Life Care Plan that addresses the five priorities of care for the dying person – the need to recognise dying, to then be able to communicate, involve, support, plan and do. The team has been operating a 7 day service since February 2014 to enhance the service provided to patients, relatives and carers.
- The Trust continues to support the use of the VOICES Questionnaire receiving feedback from bereaved relatives/carers about a patient's experience where they died within the Trust.
- The Trust has made significant progress with Dementia screening and assessment this year and will aim to demonstrate how this has improved care for this patient group in 2015/16.

Achievement of the quality aims for 2014/15

- The Stroke targets have been achieved since centralisation resulting in an improved quality of care for patients who have suffered a stroke. The Division will however need to carry over the need for a seven day TIA (mini-stroke) service delivery
- The 4 hourly Emergency Access Standard remains a challenge within the division going into 2015/16. One of our main aims is to improve the Emergency Patient Pathway for both patients and staff

The Divisions quality improvement aims for 2015/16

- The improvement of the Emergency Department in response to the CQC inspection is a Trust level improvement priority.
- We are committed to delivering the right care to the right person at the right time with a committed and appropriate workforce. The division aims to expand its services locally to improve access for the county below are the top three improvement aims that the Division is working on to of how the division is working to provide services locally and improve patient experience.

Improvement aims for 2015/16

Improvement priority	Why is it a priority?	Target(s)	How will we measure it?
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Improvement priority	Why is it a priority?	Target(s)	How will we measure it?
<ul style="list-style-type: none"> Develop Frailty services and pathways and a redesign of Acute Medical Assessment pathways 	The development of Frailty services and pathways and a redesign of Acute Medical Assessment pathways will support this year's redesign of Acute Medical Unit has included a frailty unit to support the reduction of the length of stay and improved patient experience in supporting frail elderly to be returned home within 72 hours.	Improving the emergency patient pathway	<p>Improved Emergency Access Standard performance</p> <p>Reduction in patient complaints through an improved patient experience for patients requiring emergency assessment</p> <p>Improved staff experience</p>
<ul style="list-style-type: none"> Development of an Urgent Care Centre 	Need to improve the provision of urgent care for patients	Development of the Kings Court Site and expansion of the current Emergency Department at WRH	Improved experience for patients requiring urgent care
<ul style="list-style-type: none"> Develop Worcestershire Renal Services 	To ensure patients receive timely and appropriate care as required by a dedicated Renal Team when required	<p>Appointment of a locum Renal Consultant at the Alexandra Hospital</p> <p>Renal Clinical Nurse Specialist appointed</p>	Data on mortality for patients with renal disease

3.2.3 Women and Children Division

Services provided:

The Women and Children Division brings together countywide services across gynaecology, maternity, paediatrics and neonates.

Our Maternity Service provides continuous care during pregnancy, birth and the postnatal period within Worcestershire. We have two Consultant led delivery suites,

one at Worcestershire Royal and one at Alexandra Hospital sites. The Midwife-led **Meadow Birth Centre** opened at Worcestershire Royal Hospital on 14th April 2015.



We provide a full range of children's care throughout the county, including a level 2 neonatal unit for sick and premature babies on the Worcestershire Royal site and level 1 at Redditch sites. We also provide Childrens in patient wards at both Worcester Royal and Alexandra hospitals. Childrens Outpatient clinics are available across the county.

We offer Outpatient, ambulatory and inpatient gynaecology services across the county on the Kidderminster Treatment Centre, Worcestershire Royal, and Alexandra and Evesham Community Hospital sites.

Quality performance in 2014/15:

Maternity

This year 5676 mothers gave birth to 5741 babies which is slight decrease from 2013/14. We are measured on the following "Key Performance Indicators" (KPI) which aims to measure and improve the quality of care we provide from Maternity services.

Key Performance Indicator	2014/15 target	2014/15 results	Comments
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Key Performance Indicator	2014/15 target	2014/15 results	Comments
Women booked for antenatal care before 12 weeks and 6 days of pregnancy	90%	87.8	Women should contact Maternity Services as soon as they are aware of their pregnancy to ensure appropriate advice and care options as soon as possible to improve their own and their babies health
Normal Vaginal Birth rate	63%	60.7%	This is an important measure as it indicates appropriate use of interventions
Caesarean section rate	27%	27.3%	This is an important measure as it indicates appropriate use of interventions and future maternal health
Breast feeding initiation rate	70%	74.2%	It is important to encourage mothers to breast fed as it provides the best nourishment for new born infants and is beneficial to the mother
Smoking at delivery	13.5%	14%	Mothers should be encouraged to stop smoking during pregnancy to reduce the risks to their unborn baby and the impact on her own health
Percentage of women receiving Midwife Led Care	35%	35.3%	We aim to increase the percentage of women receiving Midwife Led Care to improve normal birth rates

The appointment of a Bereavement Support Midwife in 2014 has improved the support received by bereaved families within maternity and gynaecology services.

Gynaecology

We have appointed a new Gynaecology ward sister and Matron this year. The Matron role is designed to strengthen and develop the services. During the year it has been a challenge to meet the national target of 18 weeks Referral to Treatment (RTT) target. The pressures on all in-patient beds, because of the increased number of emergency admitted patients and reduced theatre capacity at Evesham Hospital, have affected our ability to achieve this target. We ended the year achieving 79% of women having their operations within 18 weeks of referral from their GPs, against a national target of 90%. We have met the national standards for gynaecological cancer targets.

Neonatology

We have a level 2 Neonatal Intensive Care Unit which cares for sick and premature new born babies with eighteen cots on the Worcester Royal Hospital site, and an 8-cot Special Care Baby Unit at the Alexandra Hospital. We have cared for a total of

987 neonatal babies in 2014/15 (577 in the neonatal units, 181 in Transitional Care and 229 babies requiring additional support on the Post natal wards)

We have opened a new 6 bedded "Transitional Care Unit" which added an additional bed for mothers and babies to remain together whilst receiving care. This means that babies who require additional support and treatments, not full neonatal care, can be cared for in this area. Mothers have welcomed the opportunity to stay in hospital with their babies and participate in their care. The Neonatal Outreach service enables early discharge for preterm babies who may still require additional support at home.

Paediatrics

We have achieved the national recommendations for Diabetes Care in Children as stipulated nationally with Diabetes Best Practice. These recommendations aim to provide better care and additional support to children and families, improving the long term health outcomes for children with diabetes. We have increased the number of children and young people who can receive Cystic Fibrosis care at Worcester Royal rather than travelling to Birmingham Children's Hospital this year through an agreement with the Children's hospital and our Specialist Commissioners.

We have had 7573 child admissions to the paediatric in-patient wards during 2013/14. We offer a service to support care at home for sick children in conjunction with Worcestershire Health and Care Trust.

Divisional Objectives and Improvement aims for 2015/16

Improvement priority	Why is it a priority?	Target(s)
Develop and embed midwife-led care, establishing the baseline numbers of women booking with midwife lead professional.	To improve the woman's birth experience, increase the normal delivery rate which in turn will impact on and decrease the caesarean section rate.	A minimum 10% improvement in year and achieving 35% midwife-led births by 31 st March 2016
Each directorate will implement the principles of the 'Sign up to Safety' campaign	Sign up to safety's objective is to reduce avoidable harm by 50% and save patients' lives.	Introduction of robust training, systems and audit to reduce avoidable harm, evidence the Duty of Candour and improve patient outcomes.

Improvement priority	Why is it a priority?	Target(s)
		Train 25% of staff in Human factors.
Introduce assessment models/pathways of care in all directorates	Improves patient experience, pathways and efficiency flows	Gynaecology (GAU) by 30 th September 2015 Maternity (DAU expansion) by 31 st December 2015 Paediatrics (PAU) by 31 st March 2016

3.2.4 Clinical Support Division

Services provided:

The Clinical Support Division provides pathology, pharmacy, and radiology services, not only for the Acute Trust - but also the community hospitals and GP practices across Worcestershire.

From April 2015 the Haematology and Oncology Directorate will become part of the Clinical Support Services Division (moving from the Medical Division). This will result in a significant expansion of our Division with the inclusion of out-patient and in-patient services related to haematology, oncology and palliative care.

Quality performance in 2014/15:

Pathology

- Assurance that the pathology laboratories provide a safe and high quality service to defined standards is provided by participation in various external accreditation processes including the Clinical Pathology Accreditation (CPA) scheme, the Medicines and Healthcare Products Regulatory Agency (MHRA), and the Human Tissues Authority (HTA). In 2014/15 accreditation was granted or renewed to the blood bank and cellular pathology. We learnt from these external assessments and as a consequence have made improvements to our services. From 2015 the laboratories move to a new more exacting accreditation standard (ISO 17025), and inspections are due to take place during the year.
- Following a long consultation, a decision was made to centralise histopathology technical services on the Worcestershire Royal Hospital site. A project to achieve

this, together with revised ways of working is due to conclude before the end of May 2015.

- The directorate has supported the Trust roll out of electronic reporting and requesting for pathology using the ICE system, and this project is on track to deliver electronic reporting by May 2015 with electronic requesting to follow later in 2015/16.
- The directorate has actively supported multiple Divisional and Trust developments and new initiatives (e.g. the Bowelscope cancer screening programme).

Pharmacy

- Clinical pharmacy services have supported the Emergency Department and the Acute Medical Unit seven days per week to help prevent unnecessary admissions and facilitate discharge. This initiative has attracted positive interest from the Chief Pharmacist from NHS England. Teams from several NHS Trusts have visited to learn from this enterprise and to attempt to emulate this service within their own organisations.
- The directorate was able to showcase new ways of working with clinical teams as part of the perfect week initiative. The model of aligning pharmacists to ward rounds was recognised as the change that effected the greatest impact on patient flow.
- External inspections of pharmacy by both the MHRA and a Farwell visit showed only minor improvements were required. A Wholesaler Dealers license was granted following the inspection.
- The Trust has agreed and supported the recruitment of a dedicated Medicines Safety Officer post.
- The directorate has responded positively to winter pressures, providing pharmacy cover for additional bed capacity, extended opening hours of the dispensary at weekends and evenings together with prioritising ward areas to support patient flow.
- The directorate continues to support the e-prescribing (safemeds) project and with the recent recruitment of an experienced e-prescribing pharmacist, is now better placed to support this Trust project.

Radiology

- The directorate has responded to increased demands and expectation of improved turnaround across all of its services. Of particular note was the challenge around the ultrasound service where a shortage of staff both locally and nationally has made maintaining waiting times and national targets difficult. However with a combination of outsourcing, flexible working and managing demand, the directorate is currently maintaining performance.
- The Trust-led breast screening service has commenced at the Wye Valley NHS Trust. This has enhanced patient experience by providing a local, modern and accessible facility for the ladies of Herefordshire and the surrounding area. In addition the breast screening service has successfully implemented the expansion of the programme to include a wider age range, and is now offering the service for the benefit of more women across Worcestershire and Herefordshire.
- In response to the on-going national recruitment difficulties for both radiologists and radiographers, the directorate has agreed to fund alternative posts to support our services, including sonographer training posts and an initial consultant radiographer reporting post. The directorate has also appointed radiologists from outside of the EU and has secured an additional deanery training post.

- Reporting of plain x-rays continues to provide a challenge, however there has been significant progress this year, and currently all GP and chest x-rays are routinely reported, and recruitment is underway for a reporting Consultant Radiographer to further support this service.

Improvement aims for 2015/16

Improvement priority	Why is it a priority?	Target(s)	How will we measure it?
Pharmacy			
Establish a substantive senior management structure including the appointment a Director of Pharmacy.	To provide high quality leadership to the Directorate	Director of pharmacy recruited by September 2015	Successful recruitment
To expand the service and new ways of working based on experiences from the 'perfect week', together with a review of 7 day working requirement and feasibility.	To support the clinical services provided by the Trust, particularly in acute pathways	Paper to TMC by July 2015. Support required from other divisions to fund.	Number of wards or teams adopting the new collaborative model. Impact on Length of stay and percentage of early discharges. Impact on junior doctor's role.
To upgrade and modernise the current stock management system for pharmacy.	This is essential to support high quality medicines management and avoid failures of current system with potential business continuity risks.	System to be in place as soon as feasible. (currently scoping)	Upgrades system in place and meeting the needs of the service.
Pathology			
To further roll-out the rules-based demand management initiative in collaboration with clinical divisions.	This will support a reduction in unnecessary duplication of pathology tests	Supporting advice for all relevant test requesting on ICE system.	Decrease in requesting or decrease in rate of requesting against predicted trajectory prior to demand management.

Improvement priority	Why is it a priority?	Target(s)	How will we measure it?
To gain ISO 17025 accreditation for the laboratory service (replaces CPA accreditation).	It will soon be a requirement that all laboratories are assessed against these standards, failure to meet these standards may result in closure of the laboratory.	Become compliant with ISO 17025 laboratory standards by 2015.	Successful assessment of the laboratories by the relevant external bodies against ISO 17025.
Radiology			
To further the process of integrating to a single countywide service. This will include work towards achieving accreditation under the Imaging Services Accreditation Scheme (ISAS).	Better use of county-wide resources and provision of practices, to nationally recognised quality standards.		As per ISAS scheme assessment plus improved utilisation of cross county capacity.
To undertake a service wide review to inform a strategic plan for the next five years.	To ensure that we continue to provide high quality services into the future with a growth in demand but limited resources.	To produce a strategy, supported by the Trust	Completion of actions identified by timescales set.
Ensure all plain films are reported in a timely way	To ensure any pathology is identified as soon as possible.	100% plain films reported ideally within 1 week	Using data from Radiology Information System (RIS)

3.2.5 Theatres, Ambulatory Care, Critical Care and Outpatients Division (TACO)

Services Provided

The TACO Division encompasses a diverse range of clinical services - from routine Outpatient and Ambulatory activity to some of the most complex patients on our premises in Critical Care. The key aim of our Division is to facilitate equitable, safe, countywide patient care, delivered by a united, skilled and appreciated workforce.

A significant component of the Division's work relates to provision of appropriate resources – theatre and outpatient clinic capacity, access to critical care and diagnostic endoscopy - to support patient care delivery undertaken by other Divisions.

Quality performance in 14/15

Since its establishment in 2013, the TACO Division has been setting up and implementing robust governance and monitoring processes. As a result there have been a number of significant quality improvements during 2014/15 -

- The Division has achieved excellent performance in relation to the investigation of serious incidents and complaints. All serious incidents and complaints assigned to the division have been investigated within timescales set both nationally and locally since July 2014. This has enabled timely identification and completion of actions.
- The Division is using *human factors* training to continually improve how we investigate incidents and identify the causes of these incidents and ultimately what we do to reduce the risk of similar incidents reoccurring in our services.
- Last year an improvement priority was identified to redesign an equitable and standardised pre-operative assessment service. The Division has assigned a clinical project lead to co-ordinate this work over an 18 month period. This project will remain a priority during 2015/16.
- The Division identified a need to improve efficiency in Theatres through robust scheduling processes and standardised operating procedures. During the past year guidelines have been standardised allocating unutilised theatre scheduling across the county. This encourages early uptake of available theatre sessions across specialities to ensure Theatres within the trust are used effectively. Theatre scheduling data is available to all trust staff and this data is regularly presented at board level.
- The Division set an improvement priority for 2014/15 to provide a streamlined, accessible countywide endoscopy service and enhance the county's Bowel Screening Programme. The focus over the past year has been on achieving Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation at the Worcestershire Royal Hospital. JAG accreditation provides formal recognition that a service has demonstrated competence to deliver against the measures in Endoscopy Standards. The Worcestershire Royal Hospital achieved JAG accreditation in October 2014. All of the policies and procedures used have been accredited as countywide documents.
- The Division identified that creating a theatre admissions area at Worcestershire Royal Hospital would enhance privacy and dignity, improve patient experience and ensure timely access to theatre is maintained. The Division have continued work to implement a theatre admissions unit and have instructed architects to develop plans. This will remain an improvement aim for 2015/16
- Last year an improvement priority was identified to work collaboratively with primary care colleagues to ensure patients receive a high quality Rheumatology service. An education and support programme has been completed by the Division and is available for nurses within primary care to access upon request.

Improvement Aims for 2015/16

The Division is committed to delivering the right care to the right person at the right time with a valued and appropriate workforce. It is the intention of the TACO Division to continue to develop and embed countywide services and to ensure adequate clinical support and the provision of standardised pathways and equipment. The main improvement strategies for 2015/16 are:

Improvement priority	Why is it a priority?	Target(s)	How will we measure it?
Redesign an equitable and standardised pre-operative assessment service	Introduce standardised process for patient assessment across the Trust	Development of standardised working processes across sites Improvement in patients' experience of the service Decreased waiting times	Standard processes implemented Survey of patients and collating feedback
Provide a streamlined, accessible countywide Endoscopy service. Enhancement of the Bowel Cancer Screening Programme	Equity in patient experience and access to this service by improving accessibility and capacity throughout the county.	Implement a centralised booking function to improve waiting times and access for patients across the county. Commence Bowel Scope Screening Programme.	Pathway implemented on all sites
Create a theatre admissions area on the Worcestershire Royal Hospital site	To enhance privacy and dignity, to improve patient experience and ensure timely access to theatre.	To open a dedicated admissions area	Admissions area open and functional
Ensure patient feedback is systematically reviewed and appropriate action plans made as a result of feedback and other Clinical Governance activity.	To ensure the Division continues to enhance people's experience of services the Division provides.	Development of a process for capturing and monitoring actions taken as a result of clinical governance activity including incidents, patient experience information, complaints etc.	Evidence improvements the division has made as a result of patient feedback.
Improve efficiency in Outpatients through robust scheduling processes and standardised operating	To ensure efficient, safe and cost effective utilisation of resources.	Establishment of transparent outpatient capacity ensuring all available outpatient rooms	Reduction in the number of unused outpatient

procedures	Streamlining the booking process will improve the patient experience by giving our patients more notice of their outpatient appointments and by reducing waiting times.	are used.	facilities
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3.3 Patient Safety

The Safe Patient Group continues to be the lead committee for all patient safety matters. Chaired by the Chief Medical Officer, its membership includes a patient representative, junior doctors and the clinical Divisions. A range of sub-committees provide a focus on specific areas of risk including medicines, blood transfusion, patient falls, pressure ulcers, resuscitation & the deteriorating patient and medical equipment.

We strive to make care safer for patients but despite this things sometimes go wrong. To assist learning we continuously encourage all our staff to report all types of incidents, near misses and accidents so that we know what goes wrong, can investigate both trends and single events, to understand what happened and take actions to deal with the causes. We use an on-line incident reporting system (Datix) to capture incident reports, escalate them to senior staff to investigate and to identify trends and hot-spots.

To provide better feedback to staff on the outcome and learning from incidents we have introduced a patient safety '**Lesson of the Month**' for generalised learning. Topics covered include: the use of checklists for safety, safe blood transfusion, checking the placement of naso-gastric feeding tubes and penicillin allergy. Other methods to provide relevant feedback to staff are being developed with Divisional and Directorate management teams.

Over 100 senior clinicians and managers are receiving training in **investigation** techniques based on **root cause analysis** to improve the quality of investigations. This will be extended to a wider group of staff in 2015/16.

Sign up to
SAFETY
LISTEN LEARN ACT

Worcestershire
Acute Hospitals NHS Trust

NHS

LESSON OF THE MONTH

Penicillin allergy


46 patients have been
inappropriately prescribed or administered a penicillin in 1 year
4 of these occurred in November 2014

The nature of the error varies, for example

- Penicillin allergy not documented on the prescription chart
- A penicillin prescribed despite a documented history of allergy
- A penicillin prescribed and/or administered despite allergy recorded on the drug chart
- Failure to recognise a medicine contains a penicillin
- Red wrist bands not in place
- Red Wrist bands not checked at the time of administration

CHECKLIST

- Allergy status has been confirmed and documented in clinical notes and on the drug chart prior to prescription or administration (except in a life threatening emergency)
- The nature of the reaction is clearly described in the clinical notes and on the drug chart
- You are aware which medicines contain a penicillin



Inappropriate administration of a penicillin to an allergic patient could result in fatal anaphylaxis

December 2014

Integral to the development of a patient safety at WAHT is the development of the **Human Factors Programme**. The programme will increase awareness of the impact of human factors on safety, quality and efficiency. Driven by demanding regulatory requirements the aviation industry has pioneered the study and practical application of human factors knowledge to achieve extraordinary levels of safety alongside enhanced quality and efficiency. WAHT is working alongside aviation experts to develop the programme.

Trust wide roll out is planned throughout 2015. The approach will combine teaching and practical aspects of Human Factors Training with the behavioural and change management skills required to ensure effective implementation

A legal **Duty of Candour** was introduced in November 2014. This strengthens the '*Being Open*' principles already in place and requires NHS providers to contact patients who have suffered significant harm during the delivery of healthcare, apologise for the harm, explain what went wrong, why and what will be done to stop it happening again. Providing any necessary support to the harmed patient and their families is also an important element of this. The principal is right and universally supported. To ensure that we get it right, we are working with our clinical specialties to understand the requirements of the law, how they are applied in each service and set in place local procedures that capture significant harm incidents and trigger the Duty and the effective connection with the Patient. Each serious incident investigation report includes a section on the Duty of Candour and a review of the effectiveness of the processes will be undertaken in early 2015/16.

3.3.1 Patient Safety Incidents

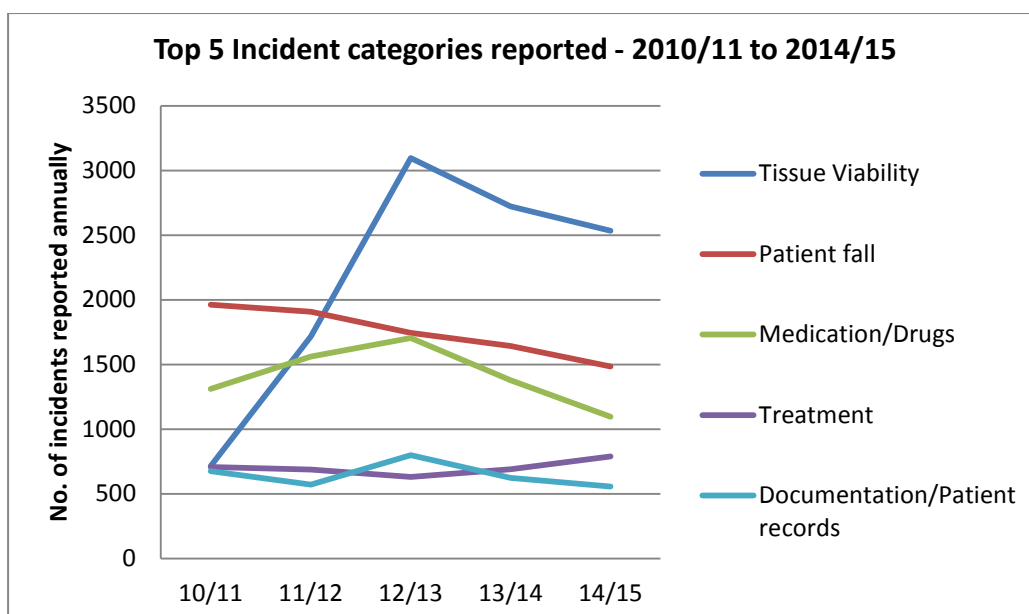
Reporting rates – comparison with other Trusts

Our incident reporting rate is 36.62 per 1000 beds days, similar to the 36.60 in 2013/14. This places us in the middle 50% of reporters.

Incident Categories

A reduction in incident reporting to a three-year low in quarter 2 was reversed in quarters 3 and 4. Incidents related to tissue viability, patient falls, medication, (delay in) treatment and in particular (unavailability of) staff, admission/discharge and bed management have contributed to the increase. It is likely that this is a symptom of the increased level of emergency admissions, patient flow and discharge and the pressure placed on acute hospital services.

This increase in reporting rates is also seen more at the Alexandra Hospital. The number of pressure ulcers (Tissue Viability) reported included those detected on a patient's admission to hospital which accounts for 64% of the total. 922 pressure ulcers and other skin damage were reported as occurring while the patient was in hospital.



Severity

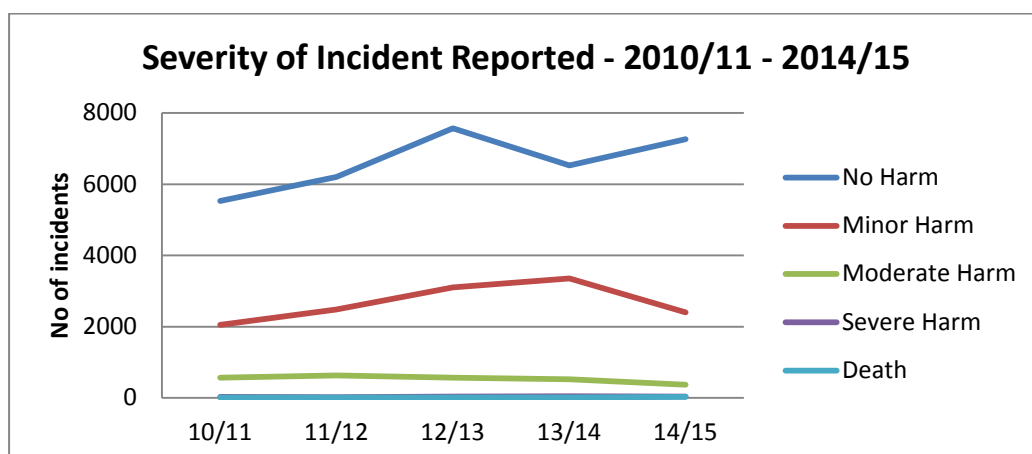
Following the advice of the National Reporting and Learning System (NRLS) we changed the definitions of harm from incidents in October 2014 to match theirs to make it clearer when the Duty of Candour should be triggered. This change has affected the classification of incidents and makes comparison in-year and between years more difficult and may explain the increase in 'no harm' incident reports.

Severity of incident reported	13/14	%	14/15	%
No Harm (previously 'insignificant')	6528	62.3%	7263	71.8%
Minor Harm	3358	32.1%	2406	23.8%
Moderate Harm	526	5.0%	368	3.6%
Severe Harm	49	0.5%	41	0.4%
Death (*unconfirmed for 14/15)	14	0.1%	25*	0.3%
	10475	100.0%	10109	100.0%

*The number of incidents currently recorded as having caused a patient's death is being verified through investigation and will reduce in number.

A small reduction in incidents rated 'minor' and 'moderate' has also been seen.

The NRLS require Trusts to quality assure their reporting and ensure that incidents that caused a death are reported as such.

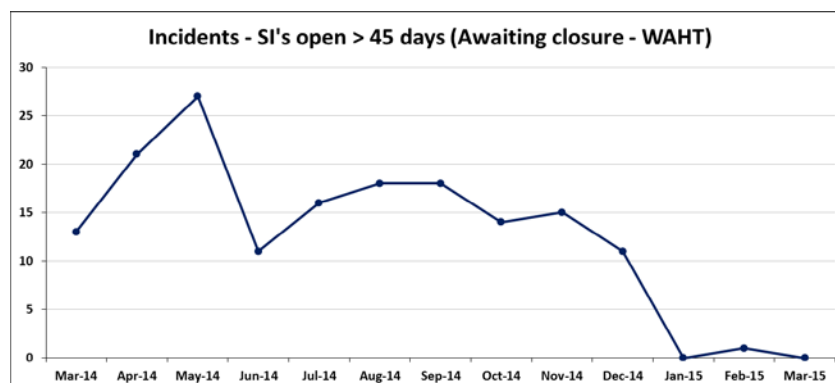


Serious Incidents

We recorded 131 serious incidents requiring investigation in 2014/15. Each of these is investigated and reviewed by the weekly Serious Incident Group chaired by the Associate Medical Director for Patient Safety. Hospital acquired pressure ulcers were the highest recorded category.

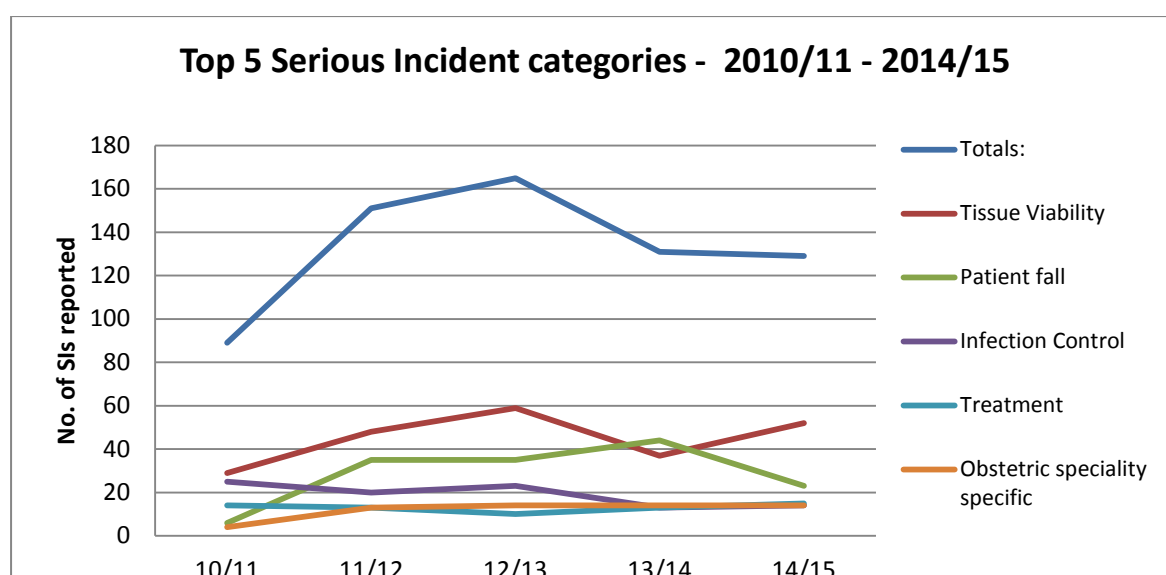
Serious incident categories	Total	%
Tissue Viability (pressure ulcers)	52	39.7%
Patient fall	23	17.6%
Treatment	15	11.5%
Infection Control	14	10.7%
Obstetric speciality specific	14	10.7%
Diagnosis	4	3.1%
Bed Management	3	2.3%
Communication and Consent	1	0.8%
Equipment	1	0.8%
Neonatal specialty specific	1	0.8%
Radiology Triggers	1	0.8%
Slips, trips and falls	1	0.8%
Totals:	131	100%

A period of 45 working days is allowed to investigate serious incidents (60 days for Never Events). We turned around our under achievement of this target and by the end of January had no investigations open beyond 45 days thanks to the hard work of the Patient Safety Team and the Divisional teams.



The graph below looks back over the last 5 years at the top 5 most commonly reported serious incidents.

- The impact of reporting grade 3 and 4 pressure ulcers (tissue viability) as part of the zero tolerance campaign on the overall number of serious incidents can be seen.
- An on-going reduction in serious incidents associated with infection control (MRSA blood stream infections and C. difficile).
- The significant reduction in patient falls resulting in serious harm is partly due to fewer incidents and partly due to a change in definition.



Learning from serious incidents

Each serious incident investigation report contains an action plan to reduce the likelihood of similar incidents occurring again and to share learning. The work on pressure ulcers and patient falls is described later in this section. Some of the other changes we have made include:

- Two near miss events where juniors prescribed Methotrexate in Emergency Department (ED) led to the development of the Methotrexate Prescribing Guidance by an ED Consultant for use across the organisation
- The investigation an incident where a nasal pack was left in place following surgery highlighted that different stickers were in use across the trust that are used to document the insertion and removal of throat packs in theatre. The TACO Division have standardised these stickers in order to minimise the risk of misinterpretation occurring again.
- A number of incidents where penicillin was administered to patients who were thought to be allergic, TACO Division has remove all penicillin based drugs from anaesthetic rooms and required that prescription of these drugs is discussed and agreed between surgeon and anaesthetist as part of the '5 steps to safer surgery' process.

Never Events

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

We have regrettably had two never events in 2013/14, one in each of the following categories:

- Wrong site surgery – vascular laser surgery
- Misplaced naso or oro-gastric tubes

Each incident was disclosed to the patient, investigated by a senior clinician and immediate changes were made in surgical practice, the working environment and the type of naso-gastric tube used across the Trust to prevent reoccurrence of similar incidents. Learning has been shared as safety 'Lessons of the Month' and actions have been followed up to ensure their completion and effectiveness.

Patient Falls in Hospital

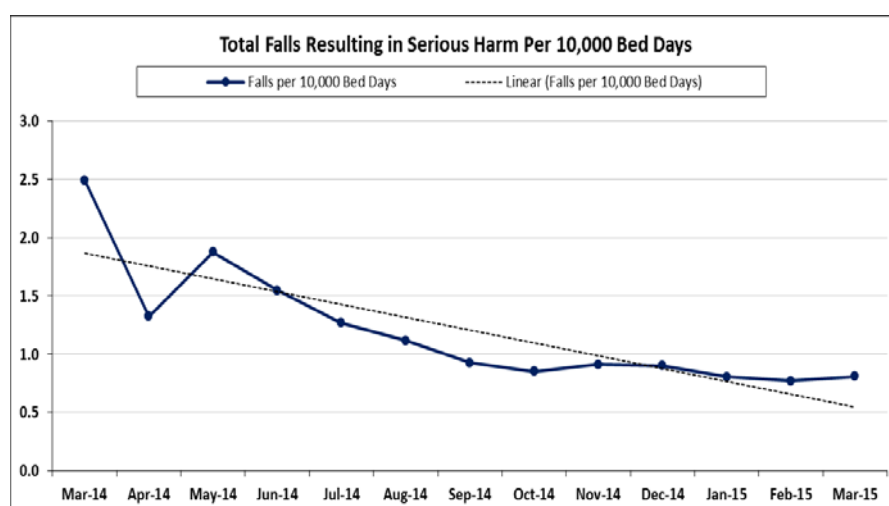
We held a 'Falls Prevention Conference' at Worcestershire Rugby Club In May 2014 which was attended by a cross section of professional groups within the trust as well as colleagues from the Worcestershire Health and Care Trust and local Clinical Commissioning Groups. This allowed staff to come together to showcase their good practice and also provide an opportunity to hear how other trusts have progressed with their falls prevention work. We have held regular Falls Champion events to further develop some of the ideas raised at the conference.

The following actions have been completed following the conference: -

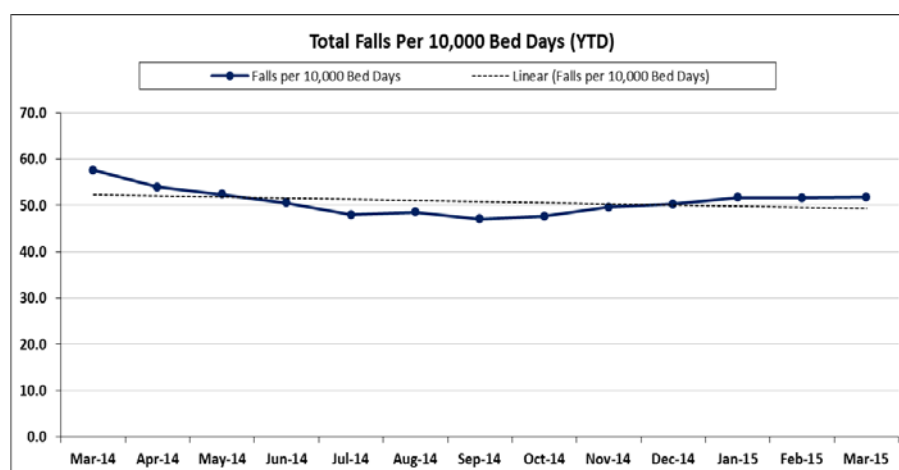
- Changing the wrist band colour to identify those at high risk of falling
- Having a standardised Falls Prevention Board
- Reviewing and simplifying the documentation
- Implemented Falls Prevention Monitors
- Teaching on using scoops for suspected cervical spine injuries
- Purchase of further hover mats and hover jacks for the WRH site.
- Yellow leaf identifier for those patients still requiring a lying and standing blood pressure.

We will be working other ideas to prevent falls such as the layout of bathrooms and portable nurse's stations for making it easier for nurses to work more closely with the patients in the bays.

This year we have reduced our number of serious harm falls from 44 in 2013/14 to 23 in 2014/15. The rate of reported patient falls also continues to reduce.



We have also reduced our average number of inpatient falls reported from 2013/14 from 134 per month to 124 inpatient falls in 2014/15 although we saw an increase over the winter period.



Our 'falls champions' continue to be pivotal in our work to reduce the number of falls and educating staff on the ward areas. We have continued to have the support from all of our multidisciplinary team colleagues. In particular some of the junior medical staff have been actively involved in auditing all the serious harm falls and also in the completion of post fall medical reviews. The pharmacy teams have commenced a programme of medication reviews for all high risk of falls patients and this continues as a work in progress.

Pressure Ulcers

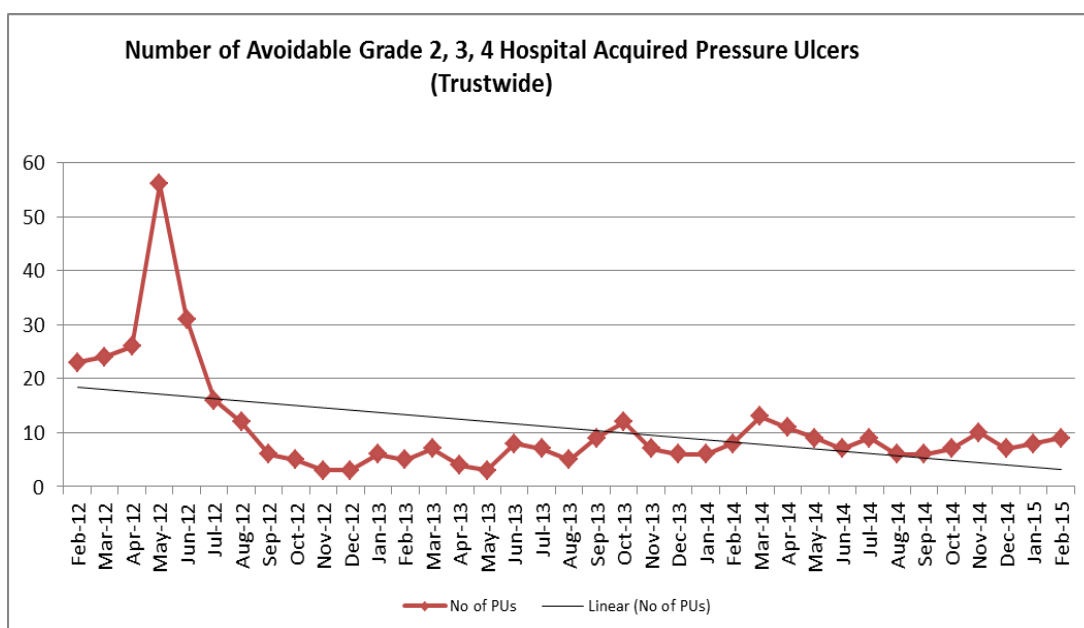
Pressure ulcers are injuries caused when an area of skin is placed under pressure, leading to breaking down of the skin and the underlying tissue. There are 4 grades of pressure ulcers, depending on their severity. Grade 1 is the lowest (patches of discoloured skin) and grade 4 the highest (open wounds that expose the underlying bone or muscle).

It is not always possible to prevent pressure ulcers in particularly vulnerable people. However many pressure ulcers are avoidable if the appropriate prevention and treatment measure are given. In the NHS, the prevention of avoidable pressure ulcer is seen as a key indicator of quality of nursing care.

Since 2012, the Trust has been implementing a number of measures to reduce the occurrence of pressure ulcers. Below are some of these measures:

- We have implemented a SKIN "care bundle" with a collection of five interventions that are aim to manage pressure ulcers
- We undertake in depth investigations and have accountability meetings with nursing staff for all cases of grades 3 and 4 pressure ulcers to learn from any errors or omissions made
- We conduct monthly audits on pressure ulcer prevention. When wards do not achieve the standards set, they are monitored and action plans are put in place.
- We have improved our staff education by targeting "hot spot" areas.
- We adopt the use of effective appliances and equipment, for example, the Trust have purchase "off-loading" devices to help to relieve pressure on patient's heels

The graph below shows the number of avoidable pressure ulcers per month since February 2012.



The peak in May 2012 was relating to an improvement programme within the Trust, resulting in an exceptionally high level of reporting in that month. The subsequent reduction in the number of pressure ulcers is due to the measures described above becoming embedded in the clinical areas. We have seen a reduction in grade 2 pressure ulcers but increase in grade 3 and 4.

From our root cause analysis of pressure ulcers we have identified the following themes and are taking the actions described below:

Gaps in care and patients allowed to sleep and/or not repositioned was noted on Trauma and Orthopaedic ward WRH

- Accountability/Round table meetings now include ward staff who were on duty when PU developed. They are reminded of their personal accountability.
- Daily audits of pressure ulcer documentation are being undertaken to ascertain when and why gaps in care appear to be occurring and which staff are responsible
- Lead Nurse – Patient story at ward meeting

Staff not documenting when patients are refusing to move, or if the patient has capacity

- Staff advised to show patients a picture of a PU to try and help them understand what can happen to their skin if they don't move
- TV team to be utilised to discuss prevention options with patient

Pt's admitted – cachexic and malnourished – skin and tissues rapidly deteriorating

- MUST tool guidance reinforced – The MUST tool is a nutrition screening tool to identify adults who are malnourished or at risk of malnourishment. It includes management guidelines and a care plan is devised from the results
- Recording patients who are admitted cachexic and malnourished to be highlighted on new dashboards part of PUPs audit

Patients Fasting for Theatre but surgery is postponed

In Q4 it has been identified that 2 patients with Hip Fracture had their surgery cancelled. A pathway is being developed with the dieticians to offer patients a nutritious meal, as soon as the cancellation occurs, if less than half is eaten to offer supplements, also a nutritious meal/supplements to be given, early on the morning of surgery. (this is important because skin condition deteriorates in elderly patients who fast quickly and can lead to an increased risk of developing pressure ulcer.

Completed actions

- Pressure relieving mattresses deflating – gaps in care highlighted – no issues in quarters 3 & 4
- Bandages left on patients and heels not assessed - no issues in issues quarters 3 & 4

CQUIN Target on Pressure Ulcers

The CQUIN target requires the Trust to reduce the number of patients developing hospital acquired pressure ulcers and then being sustain that reduction. The ultimate aim is to eliminate all avoidable pressure ulcers. We successfully met this target month on month for the year 2013/14.

3.3.2 Infection Control

We have continued to work hard during 2014/15 to minimise risk from Healthcare Associated Infection (HAI) and meet nationally set targets for *Clostridium difficile* and Meticillin resistant *Staphylococcus aureus* (MRSA).

Clostridium difficile

The Trust has achieved the target set for 2014/15 of no more than 41 Trust attributable cases having a total of 36 cases. These are cases where the specimen has been taken more than 48 hours after admission to hospital.

The achievement has been due to a continued effort in antimicrobial stewardship both within the Trust and in primary care; and the decontamination of the environment following cases at the Trust using hydrogen peroxide vapour. However, there is no room for complacency and all cases are thoroughly investigated to ascertain if further lessons can be learned.

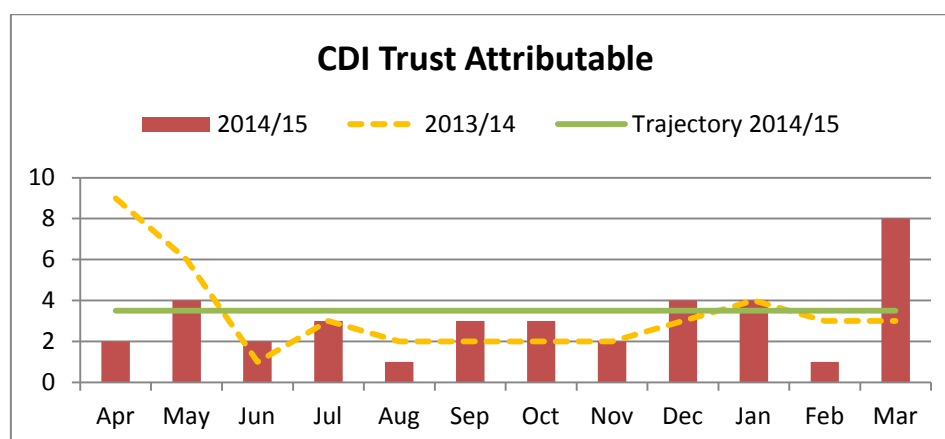


Figure 1: Trust attributable *Clostridium difficile* monthly totals showing trajectory and against 2013-14 totals.

There has been no evidence of direct cross infection with *Clostridium difficile* within the Trust during the year.

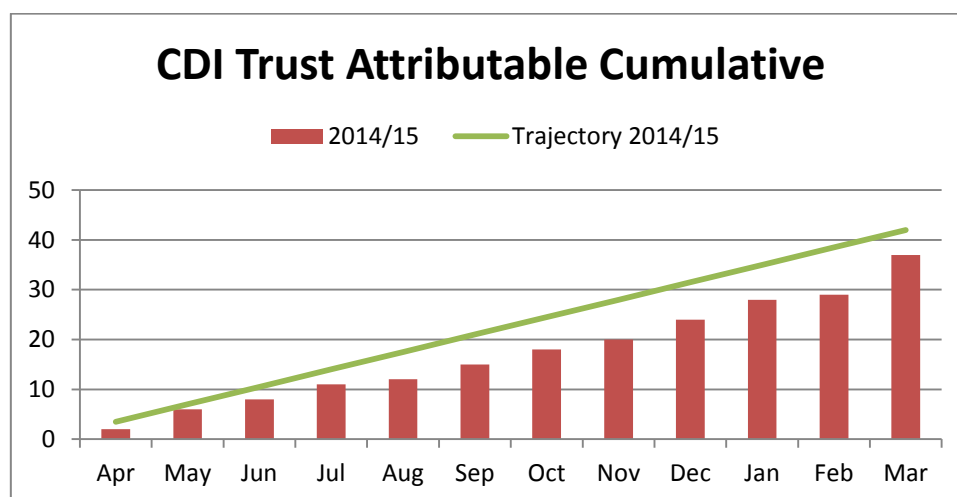


Figure 2: Cumulative Trust attributable *Clostridium difficile* by month showing trajectory.

Meticillin resistant *Staphylococcus aureus* (MRSA)

There is a national zero tolerance of hospital attributable bacteraemia; that is blood stream infection with MRSA where the specimen has been taken more than 48 hours following admission to hospital. Unfortunately, there has been one case during the year reported in March 2015 which was thoroughly investigated.

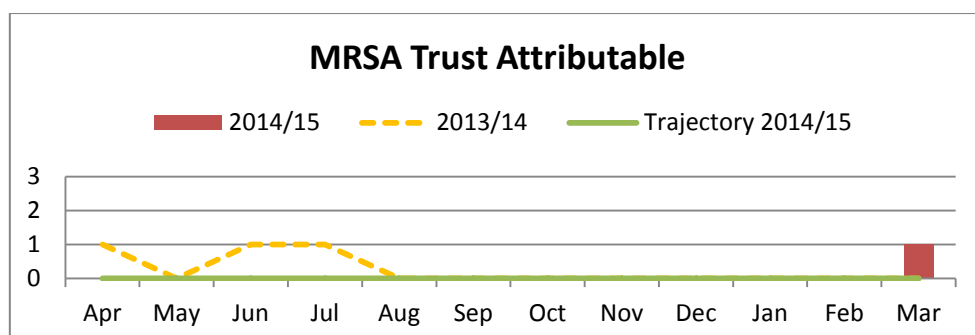


Figure 3: Trust attributable MRSA bacteraemia 2014-15 showing 2013-14 position and trajectory of zero.

3.3.3 Safety Thermometer

The “Safety Thermometer” is a survey tool, developed by the NHS, to provide a “temperature check” on the proportion of patients that are free from harm at a point in time.

The tool measures four types of harm:

- Pressure ulcers
- Falls
- Urine infection in patients with a catheter
- Blood clots in a vein (also known as venous thromboembolism)

Our ward staff collect data on the four types of harm on a monthly basis and this data is sent to the NHS Information Centre. More information, including the data quality reports, can be accessed on the following website: <http://www.ic.nhs.uk/thermometer>.

Our overall achievement against the 95% ‘harm free care’ overall was 93.11%. In 2013/14 it was 94.4%

Month	Apr-14	May-14	Jun 14	Jul14	Aug14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar15
No. Surveys	782	829	784	777	762	755	785	815	855	843	829	813
No. Harm Free	726	771	728	746	706	712	747	742	793	784	774	757
% Harm Free	95.19%	92.84%	93.06%	92.86%	95.88%	92.55%	94.30%	95.16%	91.04%	93.00%	93.37%	93.11%

This year we did achieve above 95% for new harm free care. This is the percentage of harm free care that our patients have received whilst they have been an inpatient with us.

3.3.4 Claims made against the Trust

All clinical negligence claims made against the Trust are managed through the Legal Services Department and in accordance with the NHS Litigation Authority scheme guidance and the Pre-Action Protocol for the Resolution of Clinical Disputes.

New Claims

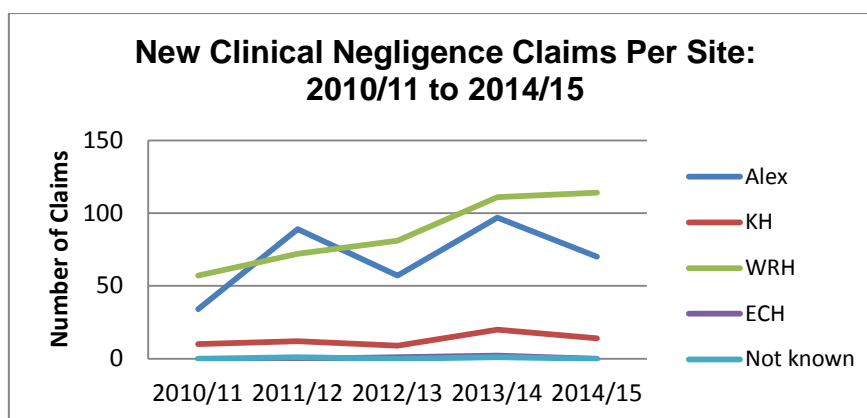
198 new claims were received between 1 April 2014 and 31 March 2015.

This is a decrease on the number of claims received in 2013/14 however that included 30 claims that were notified as a second group of cases following the CQC report in 2011 and 17 cases relating to the colorectal surgeon under review. The higher number of cases received in 2011/12 also included 39 cases relating to the first group of cases following the CQC report. Therefore the general trend is a continuing increase in the number of claims being received.

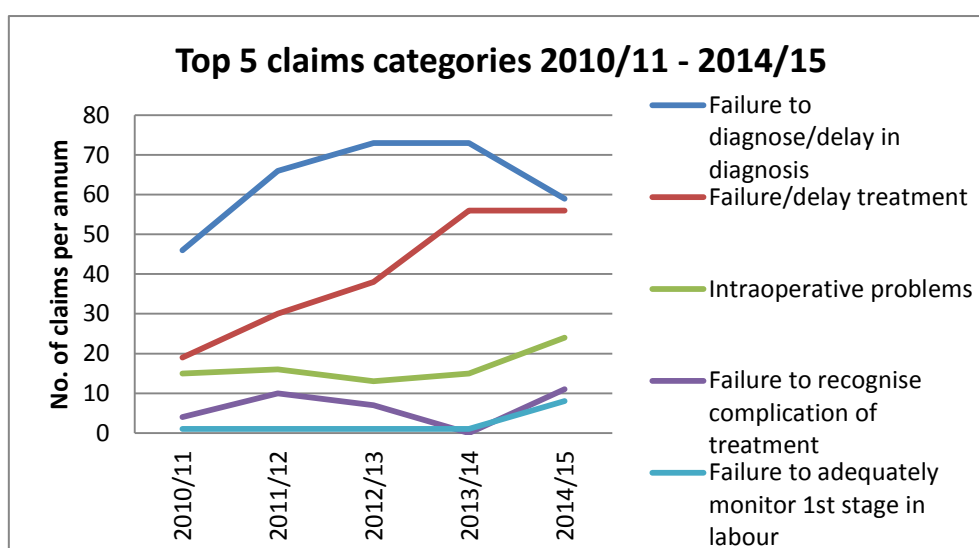
Number of new claims per site

	2010/11	2011/12	2012/13	2013/14	2014/15	Total
Alex	34	89	57	97	70	347
KH	10	12	9	20	14	65
WRH	57	72	81	111	114	435
ECH	0	0	1	2	0	3
<i>Not known</i>	0	1	0	1	0	2
Total	101	174 (135)*	148	231 (184)*	198	852

*This is the number of new claims received which were not part of the CQC or colorectal cases.



Prior to notification of the claims 67 (29%) received in 2014/15 had been investigated as a complaint, which is a small reduction on previous years, and 69 (30%) had been investigated as an incident, which is a slight increase.



Closed Claims

There were 250 claims closed between 1 April 2014 and 31 March 2015.

- 111 (44%) claims were settled and 139 (56%) were withdrawn or the files closed following review where there had been no activity for more than 12 months.
- The cost of damages of the claims that were settled was £4,709,196.
- The date of the incident of the settled claims ranged was between January 2000 and September 2013 with the claims being notified between March 2008 and April 2014.
- 25 of the settled claims had initially been investigated as an incident; 38 had been investigated as a complaint and 14 had been investigated as both an incident and a complaint.

- The majority of claims are not pursued beyond the initial disclosure of records or following receipt of supportive expert evidence
-

2.5.3 Safeguarding patients

Safeguarding Adults at Risk

There has been much activity related to safeguarding adults in the Trust since the last Quality Account. The Lead Nurse, Safeguarding Adults through the Safeguarding Adults committee have been involved in embedding changes in practice throughout the organisation. Trust staff have continued to make regular contributions to the Worcestershire Adult Safeguarding Board and its sub groups.

During the year 2014/15 the Trust has

- increased the number of staff trained in the principles of Safeguarding Adults to 84%
- introduced awareness raising around PREVENT (the government initiative to stop people becoming terrorists or supporting terrorism) and has a 3 year plan to ensure all clinical staff have attended a workshop to raise awareness of Prevent
- continued to deliver Mental Capacity Act and Deprivation of Liberties Safeguards (DoLS) training

The impact of this increased awareness has been seen in:

- an increase in the number of staff bringing cases for Safeguarding supervision
- an increase in the number of applications under the Deprivation of Liberties Safeguards that have been supported.

Preparation work has taken place to ensure the Trust is ready to respond to the Safeguarding Adults elements of the Care Act from 1 April 2015.

The Mental Capacity Act, DoLS provide protection for vulnerable people who are accommodated in hospitals or care homes in circumstances that amount to a deprivation of their liberty and who lack the capacity to consent to the care or treatment they need. Those people who need this protection tend to be those with more severe learning disabilities, older people with any of the range of dementias or people with neurological conditions such as brain injuries.

The Law provides that deprivation of liberty:

- should be avoided whenever possible
- should only be authorised in cases where it is in the relevant person's best interests and the only way to keep them safe.

Ward managers and matrons are authorised to undertake the initial application following a prescribed assessment of the situation. This application is then subject to review by Best Interest Assessors from the relevant Social Services Team. The individual patient will have a personal representative appointed who provides independent support, acting only in the best interests of the person involved, rather than in the interests of service providers.

Safeguarding Children

Children & Young People (defined as those who have not yet reached their 18th birthday) access services from many areas within the Trust, the highest contact areas being Paediatrics, Maternity and Emergency Departments. It is staff within these areas that are often responsible for raising issues relating to the welfare and / or child protection concerns of the children that they have contact with.

The Trust has statutory responsibilities (Children Act 1989 & 2004) to safeguard and promote the welfare of children. These responsibilities are monitored by the Care Quality Commission, Clinical Commissioning Group and Worcestershire Safeguarding Children Board.

During the year 2014/15 the Trust has

- Continued to strengthen multiagency working
- Participated in all local Case Reviews, Homicide Review and Multi Agency Case File Audits
- Attended Worcestershire Safeguarding Children Board meetings and its subgroups.
- Continued to embed changes into practice following learning from multi agency case reviews, Case Reviews and Serious Case Reviews at a local level, as well as acting on the learning and changes to practice required following Governmental Reports where abuse and maltreatment of children and young people has been identified.
- Continued to promote safety / safeguarding of children & young people as a Trust wide responsibility of all staff.
- Re visited the Section 11 Audit and made significant improvement in areas previously rated – Requires Attention. The uptake of safeguarding children training on a Trust wide basis has risen from 43% at the beginning of 2014 to 72.2% at end of February 2015.
- Expanded the Safeguarding Children & Young People Team by appointing a part time Associate Nurse for Safeguarding Children and also attaining financial agreement to fund a part time Named Midwife post.

Identified issues that are being addressed during 2015/16

- The action plan formulated in 2014/15 to achieve a 95% uptake of mandatory training for safeguarding children will continue and be further developed in line with the requirements of 'Safeguarding Children and Young People : Roles and Competences for Health Care Staff' (March 2014). The training uptake figures continue to be monitored on a monthly basis.
- Work will continue with the Training and Development Team to ensure production of accurate and detailed safeguarding children training data and reports, which capture the data required for audit and assurance reporting.
- Changes to practice, policy and procedures will continue to be made following dissemination of learning from ongoing and pending Governmental Reports where abuse and maltreatment of children and young people has been identified.
- Finalisation and adoption into practice of two revised policies; 'People who work in a Position of Trust with Children and Young People / Allegation against a Member of Staff Policy'; and 'Safeguarding Supervision Policy'.
- Recommendations made following a Care Quality Commission (CQC) visit to Emergency Department in March 2015.

3.4 Clinical Effectiveness

3.4.1 Medical Revalidation / HED tool

Medical revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practise in the UK. Revalidation aims to provide greater assurance to patients and the public, employers and other healthcare professionals that their doctor is being regularly checked and remains up-to-date and fit to practise. Licensed doctors have to revalidate usually every five years, by having annual appraisal based on the GMC's guidance for doctors, *Good Medical Practice*. The appraisal combined with information taken from the Trust's clinical governance systems forms the basis of the Responsible Officer (RO) making a recommendation to the GMC regarding the doctor's revalidation.

At 31 March 2015, there were a total of 364 doctors with a prescribed connection to the Trust, with 186 doctors successfully revalidated by the GMC since April 2013. 33 doctors were deferred (to a future date) however 21 of 33 doctors have since been revalidated.

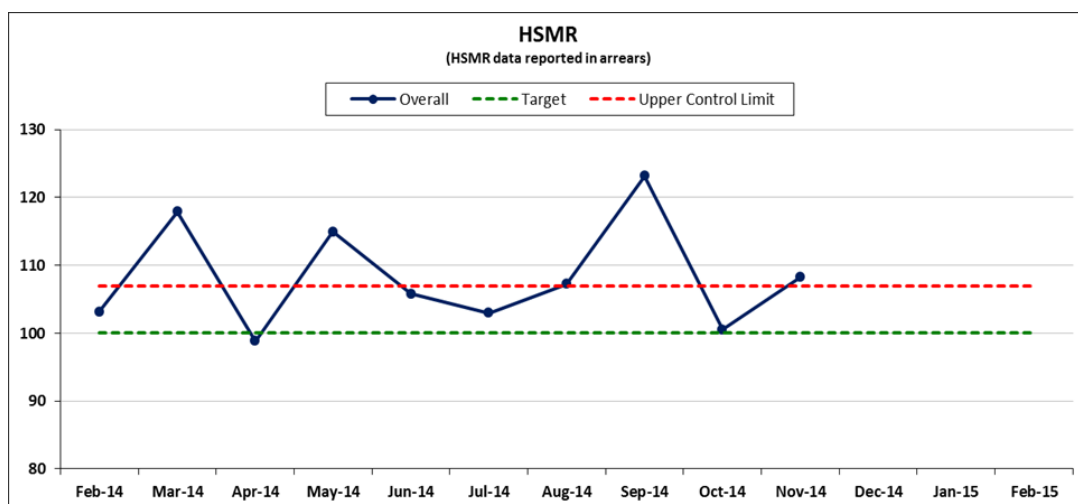
On-going training, support and guidance provided by the Responsible Officer, Trust Appraisal Lead and Human Resources Department has continued to show a positive impact. The increased engagement with medical appraisal is reflected by the increase in rate of medical appraisal from 63.7% in April 2014 to 78.9% in 2015.

3.4.2 Mortality overview

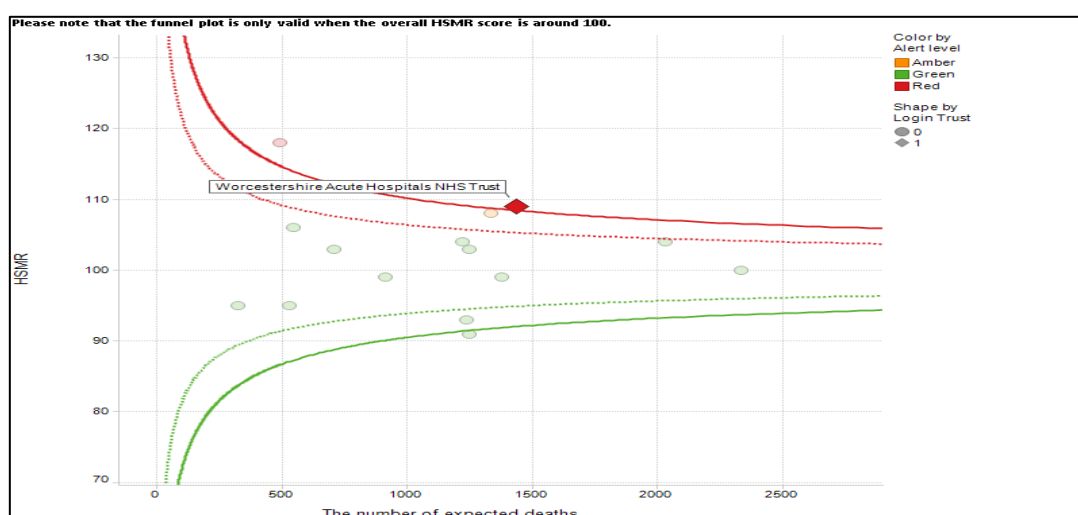
Hospital Standardised Mortality Ratio (HSMR) : April 2014 – November 2014 = 109

The latest data available shows that for the first two quarters of 2014/15 the HSMR is 109. Case note reviews have been commenced in diagnostic groups with higher than expected mortality to understand whether this is a real effect or whether other factors such as coding have an impact. The findings of case note reviews are reported to the Safe Patient Group.

The details of patients from two groups (Prostate cancer and Peritonitis) have been shared with the CCG in order that primary care colleagues review the pre-hospital care delivered to these patients.

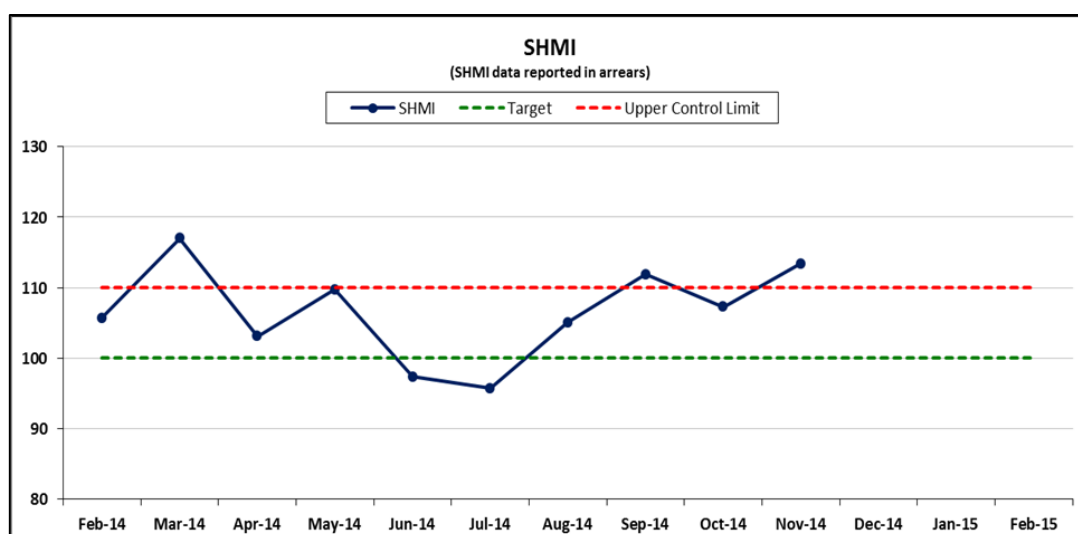


The funnel plot for HSMR April – September 2014, following a data upload at the end of December demonstrates a value of 109 which falls just outside 2 standard deviations from the expected rate.



Summary Hospital-level Mortality Indicator (SHMI) : April – December 2014 = 108.2

The SHMI at year end is also above the upper control limit. There have been some data quality issues experienced by the Health & Social Care Information Centre and HED during the year and this information is currently under review for its accuracy.



The mortality review process was re-launched in March 2015

3.4.3 Research and Development Services

Services provided:

The Trust has a Service Level Agreement for a Research Management and Governance service to be provided by West Midlands (South) Comprehensive Local Research Network. This is renewed annually and has been in place since 2008/09. Through helping to develop a more robust infrastructure throughout the Trust the Research and Development department supports researchers to become involved in and recruit to National Institute for Health Research (NIHR) portfolio studies.

Alongside promoting and encouraging the growth of research activities within the Trust, the main responsibility of the R&D Department is to ensure that Research Governance is maintained to a high level in all research projects in the Trust. The R&D Department, along with the R&D Committee, also has a responsibility in ensuring that the safety of all patients participating in research and the interests of the Trust are protected at all times.

Quality performance in 2014/15:

Each year the Trust agrees a target to increase recruitment into NIHR portfolio studies with West Midlands Clinical Research Network. The target has increased year on year and has been met for the last two years and the Trust is currently on track to meet the target for 2014/15.

This year has seen the opening a new Oncology centre within the Trust and a number of new oncology consultants have been recruited. This has meant an increased interest in research and greater potential with now the possibility of recruiting to radiotherapy studies and treating these patients locally.

Improvement aims for 2015/16

Improvement priority	Why is it a priority?	Target(s)	How will we measure it?
A key priority for Department of Health, Trusts and Research Networks is to engage with the Life Sciences Industry	DH priority	An increase in commercial studies compared to last year	Number of patients recruited into commercial studies and number of commercial studies open
Increase recruitment into NIHR portfolio studies during a year of transition	It is imperative that recruitment rates continue to meet or exceed target to secure funding	Recruitment target has been set at an increase of 10% of 14/15 target for 15/16	Number of patients recruited into portfolio studies
Work more collaboratively with HEIs and other NHS organisations, to improve the Trust ability to lead and initiate research and innovation. As well as being an active member of West Midlands Academic Health Science Network (WMAHSN)	It is essential that the Trust engage with other organisations including working together with other NHS organisations to support new hosting arrangements. It is vital for the future success of the organisation that the Trust makes every effort to maintain a stable and secure research workforce.	Collaborative working and involvement with HEI's other Trusts and WMAHSN	Number of collaborative projects

3.4.4 End of life care plan

The *Liverpool Care Pathway* was discontinued in July 2014 and each healthcare organisation had to develop its own replacement tool. Using the advice provided in “More Care, Less Pathway” and subsequent publications to develop it, the Trust’s new End of Life Care Plan comprises the following components:

1. A nursing assessment/monitoring chart for use at the end of the bed.
2. “Optimising Care at the End of Life”, a basic documentary framework that is placed in the clinical notes of the patient.
3. Improved information/literature for patients and carers.
4. A “carer’s diary”, for the facilitation of information exchange with ward staff.

Our review after 6 months of use showed the following:

- *Audit of use of “Optimising Care at the End of Life”*
General uptake could be improved, as could the completion of each section.
- *Online survey, open to all Trust doctors, nurses and AHPs:*
“Optimising Care at the End of life” was helpful but a bit wordy.
- *Review of formal complaints received by WAHT relating to any aspect of end-of-life care:*
Formal complaints during the 6-month study period had **reduced by 70%** (60% in the year full year comparison from 20 to 8) from the level that had been received during the same six-month period one year earlier when we were still using the Liverpool Care Pathway.

We have removed virtually all the guidance from “Optimising care at the End of Life”, which has now become a simple framework for the documentation of key aspects of any end-of-life care dialogue with patients and/or carers.

National End of Life Care Audit 2015

The WAHT End of Life Care Plan will be re-launched during April 2015. This should optimise the quality of end-of-life care within WAHT during the all-important national audit study period. Members of the Palliative and End of Life Care will spend the subsequent three to four months auditing every set of hospital notes relating to an inpatient death. Our findings from this mandatory exercise will be submitted to the Royal College of Physicians and our Trust’s performance will be benchmarked against regional and national averages.

The AMBER Care Bundle

This simple tool is used by general ward staff whenever a patient with advanced chronic disease and a prognosis of about a year or less develops an acute health problem that makes their immediate recovery uncertain. It serves as a prompt to the team to:

- Provide the patient and carers with a realistic clinical perspective of the situation.
- Explore patient preferences for care (perhaps including the introduction of Advance Care Planning and Advance Decisions to Refuse Treatment documents), including preferred place of care and preferred place of death.
- Consider what level of escalation in care is appropriate (e.g. transfer to Intensive Care Unit)
- Agree cardiopulmonary resuscitation status.
- Most importantly, ensure that daily dialogue takes place between health professionals

Repeated audits of the AMBER Care Bundle within this Trust have shown that its use dramatically reduces the rate of hospital readmission within the subsequent 30 days when compared to an equivalent cohort of patients for whom it is not used.

Workshop for Consultants

We believe that there have been several other exciting developments within the Trust's Specialist Palliative Care and End-of-Life Care Teams in recent months and we plan to provide a palliative care/end-of-life care workshop on each hospital site, primarily intended for Consultants, in late summer. We intend for these workshops to be very practical in nature, exploring things such as:

- How best to engage with advance care planning/end-of-life care topics at various steps along the patient journey.
- How the different specialist palliative care services within the county fit together.

Referrals to the service have increased at least 58% since 2011-2012: Alongside this, patient contacts by the specialist palliative care team have grown at least 126%.

3.5 Patient Experience

We are committed to working with our patients and their families / carers to ensure they are engaged in all aspects of their care, that their experiences are as positive as possible and that their feedback informs ongoing service development and delivery. The last year has seen some changes to the structure of the Patient Experience team with the bringing together of our Complaints, Patient Advice and Liaison Service (PALS) and patient experience staff under one Associate Director in January 2015. This has been undertaken to support the achievement of the objectives in our '2013-17 Patient, Public and Carer Experience Strategy' through clearer accountability, focussed support to our Divisions and to reflect our commitment to ensuring that public, patient and carer voices remain central to our healthcare services.

The Patient and Carer Experience Committee meets bi-monthly and monitors our complaints, compliments, patient experience feedback and improvement activities. The

Committee's annual work plan covers all aspects of patient experience including equality and diversity issues and reports to our Quality Governance Committee.

Significant improvements have been made to our complaint handling processes during the last year and we are looking to develop this further and improve patient information during the forthcoming year.

3.5.1 Complaints

We have seen a reduction in complaints received and a significant improvement in the timeliness of our responses during 2014/15.

Having previously engaged an external consultant to review our complaints process, this year we revised and published our new policy and procedure. This was accompanied by a *'Listen, Act, Learn'* event in November 2014, supported by The Patients Association, which was attended by Trust leaders and frontline staff to look at what could be put in place in the Divisions to improve response times and ensure that any learning from feedback could be more systematically shared throughout the organisation. This well-attended event was followed up in February 2015 with a *Feedback Forum* where each Division was able to demonstrate that by concentrating on the problem and putting new processes in place they could considerably improve their response times. This feedback, and the follow up report from The Patients Association, is now contributing to a further review of our complaints processes and staffing structure to ensure that these improvements can be built on and sustained into the future.

Our Divisions have been working hard to ensure that they have more local ownership of complaints and staff are empowered to resolve concerns locally. The Trust has continued to provide "ACE with Pace" customer care training and also full day workshops for resolving complaints, with a drama based training company.

All complaints are monitored by categories and the areas that they relate to down to ward level. When patterns and trends are detected the Divisional Management Teams are expected to undertake in-depth reviews and to address any underlying causes and share best practice initiatives across the organisation.

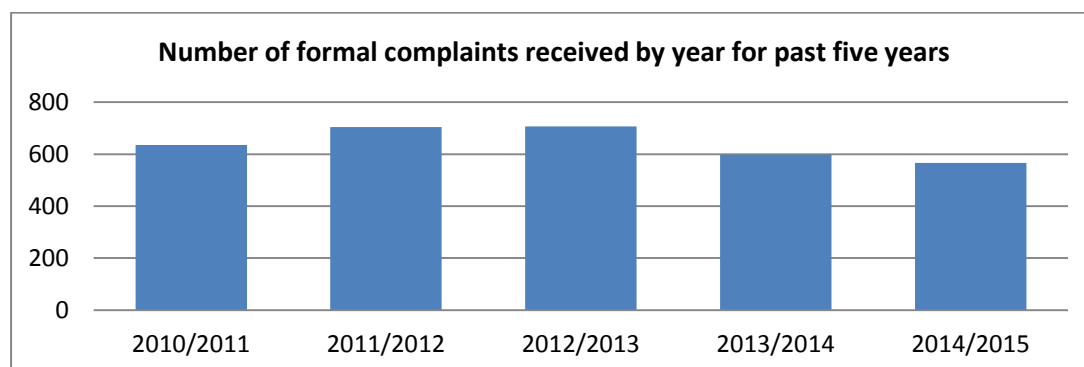
Work will continue into 2015/16 to improve the complaints process and ensure that the principles of *'My Expectations'* (Parliamentary and Health Services Ombudsman/Healthwatch) are incorporated into our complaints management processes.

Complaints are allocated to one of three categories to ensure a proportionate response.

- **Category 1** complaints are those that can be resolved quickly, and we aim to respond within five working days.
- **Category 2** complaints are the vast majority, and we aim to reply within 25 working days.
- **Category 3** complaints are more serious matters which may involve a serious incident investigation and as such response time is negotiated with the complainant.

Complaints received

The changed process has seen an impact with the number of formal complaints received in the past financial year reducing to 566 from 598 in 2013/14 and 707 in 2012/13.



Categories of complaints received in 2014/2015	Total
Category 1	6
Category 2	555
Category 3	5
Total	566

Complaints are monitored by national codes (KO41a) and also by locally agreed subject coding which allows identification of themes. This year's key areas are detailed below:

Top 5 complaints codes (KO41a) 2014/15	Total
All aspects of clinical treatment	345
Attitude of staff	59
Appointments, delay/cancellation (outpatient)	38
Communication	29
Appointments, delay/cancellation (in patient)	28

Top 5 sub-subjects codes for complaints in 2014/15	Total
Lack of communication	145
Patient Comfort	114

Attitude of medical staff	102
Medical Treatment	100
Delay receiving treatment	99

In 2015/2016 the KO41a codes will be changing and the Trust will be required to report to the Department of Health quarterly instead of annually.

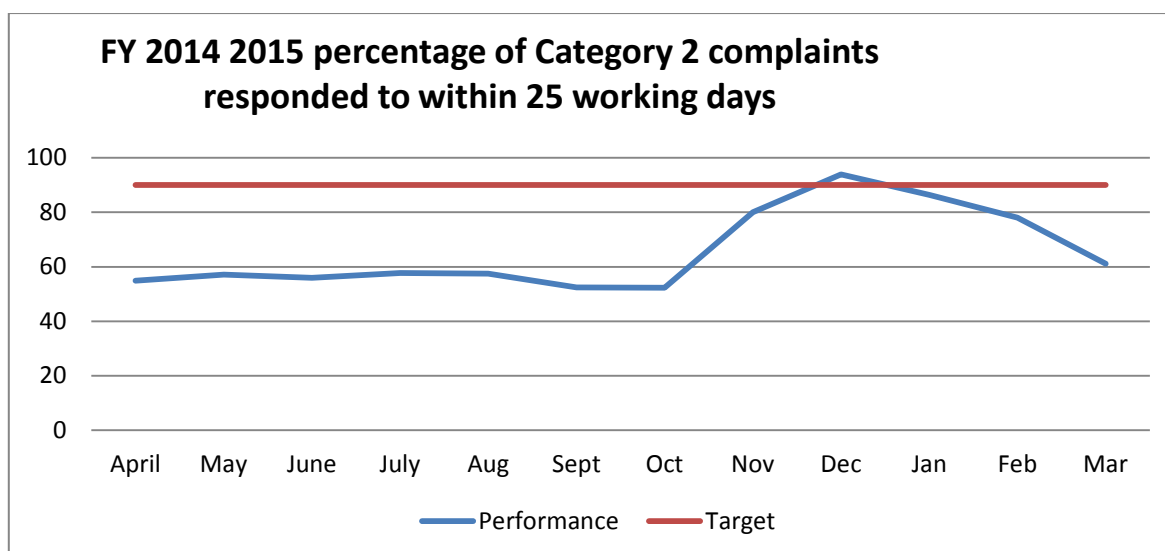
The table below shows the number of complaints received for each of the Divisions.

Complaints received by each Division – 2014/15

	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Total
Med	16	16	23	18	15	19	19	19	18	16	19	26	224
Surg	17	12	20	16	11	14	15	18	21	14	13	17	188
W&C	8	5	6	4	7	2	3	10	3	7	4	7	66
TAC O	6	1	7	4	3	3	2	1	4	2	3	3	39
CS	2	0	1	1	1	2	3	2	1	3	0	2	18
Oth	3	1	3	2	4	4	3	2	3	2	2	2	31
Total	52	35	60	45	41	44	45	52	50	44	41	57	566

Response times

We have set our own response target for complaints which requires 90% of Category 2 complaints to be responded to within 25 working days. Following our '*Listen, Act, Learn*' event and subsequent follow up, our response times improved significantly and the target was met in December but has disappointingly fallen back.



Further training is being planned in the coming year to resolve issues before they become complaints, but also how we investigate to ensure that the root causes are identified, that our response covers the issues raised and our responses are empathic and clear.

Divisions are provided with regular reports on their performance, and delayed responses are escalated at 22 days to the Associate Director of Patient Experience.

Learning from complaints

One of the most important aspects of monitoring complaints is to ensure that the Trust learns from them and takes action to ensure that the situation that led to the complaint in the first place is not repeated. To support this, the Divisional Quality Governance Leads are working with the Complaints Team to improve action planning and shared learning.

Some examples of learning from complaints:

Lack of Communication / Miscommunication

- Changes to the amniocenteses information leaflet to include asking the question 'do you want to know the sex of the baby?'
- Ward Sisters are giving patients business cards with their direct contact number for better communication.
- Care plans will be completed with more input from the patient, or relatives, or both. If appropriate, the 'About Me' booklet will be completed for patients with dementia and providing the opportunity for patients and their carers to have an orientation visit to the ward to provide reassurance and ensure that there is a degree of familiarity for them once they are admitted.

Patient Comfort

- The nurse in charge of the bay will document food intake prior to food trays being taken away. Dietician recommendations will be clearly displayed at the bedside.
- Blue badge holder spaces along the roadside to the main entrance have been re-provided on level ground within the main car park as close as possible to the main entrance.

- All relevant staff are undertaking training with the radiology department to become competent in caring for and redressing the nephrostomy tubes. Documentation is being introduced by the radiology department for ward staff, as well as patient information sheets for troubleshooting and caring for nephrostomy tubes for patients on discharge.

Delays in receiving treatment

- Medical presence across the Worcestershire Royal Hospital and the Alexandra Hospital has been improved with further investment in consultant posts.
- Staffing levels reviewed - there is now a Ward Sister or Junior Sister on each day to provide senior cover
- The number of Health Care Assistants on a ward has increased to improve the response to call bells

Attitude of staff

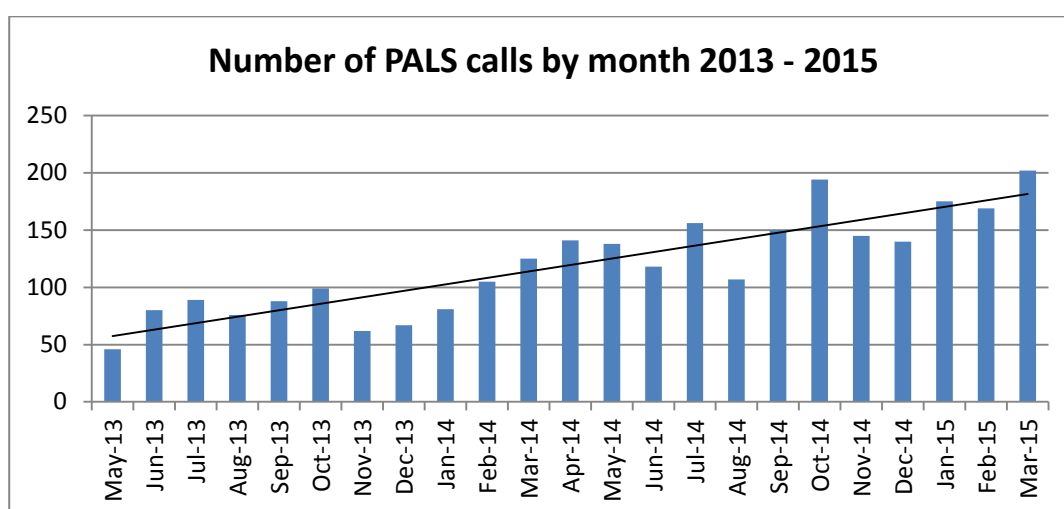
- Listening workshops will be used to increase staff understanding and engagement in the act of communication with patients and relatives.
- Matron monthly quality Patients' and Relatives' Clinics have been introduced
- We have produced an anonymised presentation to share with the midwives and maternity support workers to facilitate reflection, learning and awareness of the importance of attending to all care elements holistically.

Parliamentary and Health Service Ombudsman

In the last financial year there were 5 cases referred to the Parliamentary and Health Service Ombudsman. Complaints usually go to the Ombudsman after all other avenues have been exhausted. The Ombudsman will ask the Trust for information about a case, and based on that information will decide whether or not to proceed to investigation. 3 cases proceeded to formal investigations in 2014/15 and 1 was upheld. The Trust was required to provide £300 in redress.

3.5.2 Patient Advice and Liaison (PALS)

The Trust currently has one PALS officer covering all three sites and the number of PALS calls received has increased steadily throughout the year.



The PALS Officer works primarily with Matrons to ensure that callers concerns are addressed within 24 hours, thus reducing possible anxiety and distress. They also follow up calls to ensure that contact has been made and the caller is satisfied. The main themes resulting in PALS calls during the year are as follows:

Top 5 subject matter of PALS calls in 2014/15	Total
PALS providing information or sign posting	498
Medical Treatment	163
Delay in receiving treatment	126
Delay in outpatient appointment	125
Lack of communication	110

3.5.7 Compliments

The Trust receives far more compliments than complaints with 5297 received during the past year. Positive feedback is regularly shared with teams to reinforce good practice and positive patient experience including:

'I just wanted to pass on my thanks to the MRI team at Kidderminster and CT at Worcester. On arrival I was quite nervous. However, your staff noticed I was nervous and took time to ask me what I liked and didn't like and made me feel at ease quickly as they had a number of strategies to keep me focussed and calm. I know I will be returning in 3 months for a repeat scan but don't think I will be nervous at all. I was absolutely dreading it but because of their approach and how they interact with their patients (not just me I noticed excellent compassion with an elderly lady) my fears have completely gone. What a team. Thank You!'

'I want to put on record my thanks for the excellent service I received during 3 recent visits to the Alex. Experiencing chest pains I visited the A&E Departments walk in GP centre and saw a really helpful GP. The service was swift and the staff were really professional. I know there is a lot of bad publicity around hospitals these days but my experience has shown that this is a good place to be treated'

3.5.8 Friends and Family Test

The Friends and Family Test (F&FT), introduced in 2012 is a national initiative designed to help service users, commissioners and practitioners ensure services measure patient experience. Since April 2012, we have been asking our patients whether they would recommend hospital wards to their friends and family if they needed similar care or treatment. This provides a simple way for every patient to give feedback on the quality of the care they receive and helps us improve our services.

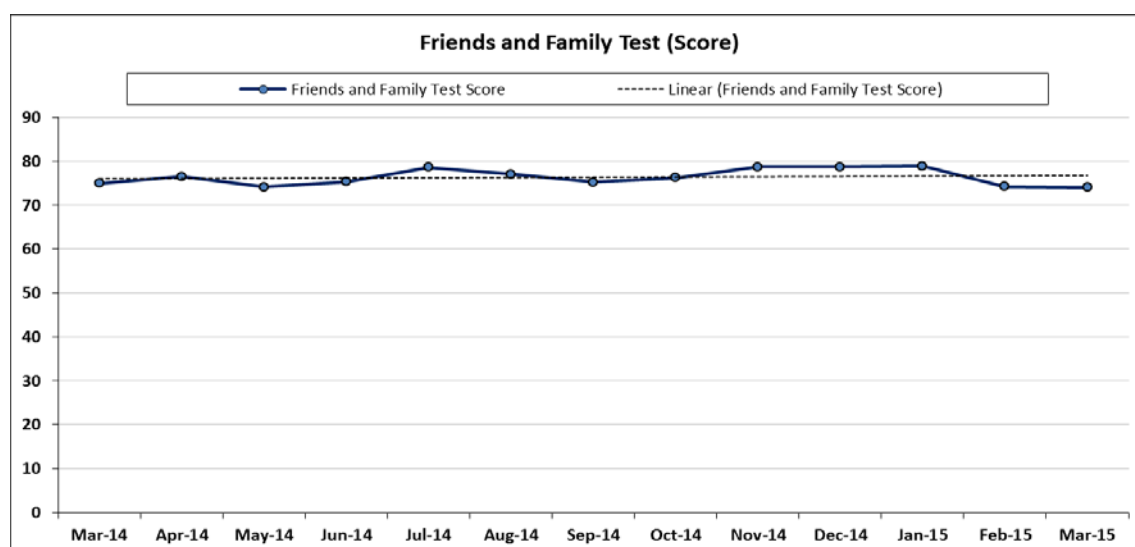
When patients are discharged, or within the 48 hours that follow, we ask them the following question:

'How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?'

The patients respond to the question by choosing one of six options, ranging from 'extremely likely' to 'extremely unlikely'.

The scores are then calculated which gives a score between -100 and +100.

The graph below shows the "Friends and Family Test" score for all our wards, Accident & Emergency Department at Worcester Royal Hospital and Accident & Emergency Department at Alexandra Hospital. This is based on 32,332 responses (2014/15)



Friends and Family gives us an indication of whether our services are meeting patient needs and whether they are being delivered in an acceptable way. This is supplemented by a number of other more detailed surveys based on specific service areas. The F&F forms are given out by staff and volunteers.

The Friends & Family Test also forms one of the Trusts Commissioning for Quality and Innovation (CQUIN) targets. In 2014/15 the Trust was required to achieve completion rates of at least 20% in A&E, 30% in inpatients and 30% in maternity services. This has been partially achieved.

More information on the NHS Friends and Family Test can be found at:
<http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/07/Publication-Guidance.pdf>

3.5.3 National Inpatients Surveys 2014/15

The Trust has undertaken a variety of national patient surveys during the year covering: Day Cases; Inpatients; and Accident and Emergency services with further local surveys conducted using the Hospedia patient entertainment system which is available in ward areas across the Redditch and the Worcester sites (with the exception of Aconbury wards). As well as providing entertainment options it also provides hospital information and is used to capture near real time patient feedback.

Day Case Patients – Conducted by Picker – December 2014			
Overview:	<ul style="list-style-type: none"> Survey of 10 Trusts - Response rate 59% compared with average of 51% 		
14 Questions scoring significantly better than the Picker average	Questions showing significant improvement since 2012:	2 Questions scoring significantly worse than the Picker average	
Including: <ul style="list-style-type: none"> Arriving: had to wait a long time before operation or procedure Surgery: not told how to expect to feel after operation or procedure Nurses: sometimes, rarely or never enough on duty Discharge: not fully told of danger signals to look for 	<ul style="list-style-type: none"> No previous data for comparison 	<ul style="list-style-type: none"> Before visit: not given choice of appointment dates Discharge: did not receive copies of letters sent between hospital doctors and GP 	

Actions	<p>In response to these results we are looking at ways to improve the availability and choices appointment dates.</p> <p>We do not send copies of letter between hospital doctors and general practitioner routinely</p>
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Accident & Emergency Survey – Conducted by Picker - September 2014			
Overview:	<ul style="list-style-type: none">Survey of 73 Trusts - Response rate 38% compared with average of 32%		
7 Questions scoring significantly better than the Picker average		3 Questions showing significant improvement since 2012:	0 Questions scoring significantly worse or worsening score than 2012
Including: <ul style="list-style-type: none">Arrival: not enough privacy when discussing condition with receptionistCare: not reassured by staff if distressedPatient not clearly told why they needed these testsHospital: unable to get suitable refreshmentsLeaving: not told who to contact if worried		<ul style="list-style-type: none">Emergency department not very clean or not at all cleanfelt bothered or threatened by other patientsLeaving: not fully told about the danger signals to look for	The Trust did not score worse on any question compared with the previous survey from 2012
Actions	A&E issues are described elsewhere in this Quality Account.		

Inpatient Survey – Conducted by Picker - September 2014			
Overview:	<ul style="list-style-type: none">Survey of 78 Trusts - Response rate 49% compared with average of 45%(This survey is part of the CQC Inpatient Survey 2014)		
4 Questions scoring significantly better than the Picker average		3 Questions showing significant improvement since 2012:	1 Question scoring significantly worse or worsening score than previous survey
<ul style="list-style-type: none">Surgery: results not explained in clear wayward sleeping areas mixed sex not single sexpatients in more than one ward, sharing sleeping area with opposite sexDischarge: Staff did not discuss need for additional equipment or home adaptation		Including: <ul style="list-style-type: none">Admission: had to wait long time to get to bed on wardDoctors: did not always have confidence and trust	<ul style="list-style-type: none">Planned admission: should have been admitted sooner
Actions	In response to the these results we have taken the following actions: <ul style="list-style-type: none">Developed actions regarding the admissions procedures at Divisional levels which ensure patients are kept informed regarding the availability of beds for planned procedures. If a cancellation cannot be avoided patients receive a letter apologising and giving a possible date for admission.The Surgical and Theatres, Ambulatory Care, Critical Care and Outpatients department (TACO) divisions are reviewing the pre-admission process across the Trust and looking at timely preparation of patient's pre-operative psychologically and physically. This also includes a review of pre-operative patient information.Issues regarding feedback on food are being led by the catering teams across the trust. Mini-		

	Patient Led Assessment Clinical Environment (PLACE) assessments are being undertaken where the quality of food provision, choice and patient feedback is collected and local actions taken. Also, a Food and Drink Task and Finish group is being established to review food and drink provision for patients across the hospital.
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CQC Inpatient Survey - <http://www.cqc.org.uk/provider/RWP/surveys>

The CQC also undertook a benchmarking survey for inpatients in 2014 incorporating the views of over 62,000 people who were admitted to NHS hospitals in 2013. 850 patients from each individual Trust were selected with 438 Worcestershire patients completing and returning their surveys. The responses were then compared and benchmarked.

The Trust compares similarly in all areas to other Trusts. However we recognise that in some areas scores were poor particularly regarding information provision and opportunities for feedback. Significant work is now taking place going forward into the forthcoming year to improve our Patient Information across the organisation and ensure that all patients / families and carers understand what opportunities there are for ensuring that their views are taken into account.

CQC – Accident & Emergency Survey

During January, February or March 2014, a questionnaire was sent to 850 people who had attended an NHS accident and emergency department (A&E). Responses were received from 307 patients at Worcestershire Acute Hospitals NHS Trust.

The Trust compares similarly in all areas to other Trusts except for Leaving A&E / being told about danger signals to watch for after going home for which we were rated 'Better' than other Trusts.

3.5.4 Hospedia Feedback – local surveys

The surveys conducted via Hospedia gave these results:

Hospedia Survey	Results	Actions
Friends and Family Test (started 16/10/14)	84% of respondents stated that they were 'Extremely Likely' or 'Likely' to 'recommend our ward to friends and family if they needed similar care or treatment?'	
Carer Survey (started 19/06/13)	Positive experiences: <ul style="list-style-type: none"> carers are welcomed onto the wards. Staff introduce themselves and their roles. 	This feedback is being taken forward as part of our on-going work with carers. Working jointly with Worcestershire Carers Unit

	<ul style="list-style-type: none"> carers feel that they have opportunities to discuss concerns/observations with ward staff and that these are acknowledged or dealt with. carers are informed where they can go for refreshments or to have a rest. <p>Less positive feedback includes:</p> <ul style="list-style-type: none"> The "About Me" booklet is not always completed. If it was then it could help staff better understand the person the carer cares for. Carers could be more actively included in the planning for discharge. Carers should be given adequate notice of the day and time of discharge. Carers would like to be given information about carer's service and support. 	we have produced a Carers Information leaflet which will be launched in April as part of our commitment to supporting carers and ensuring that they are aware of where they can access appropriate advice and support services.
Patient Satisfaction (started 01/07/13)	<p>86% of respondents said that 'staff listened to their concerns when they first attended?'</p> <p>Positive feedback also included:</p> <ul style="list-style-type: none"> ward staff were friendly and approachable. patients were seen every day by a doctor. patients felt involved as much as they wanted to be in decisions about their care and treatment. patients were given enough privacy when discussing their condition or treatment. patients felt they were treated with respect and dignity while in hospital. <p>Less positive feedback includes:</p> <ul style="list-style-type: none"> Noise at night 	Work is under way to reduce the noise at night on wards.
Cleanliness Poll (started 05/02/14)	<p>When patients were asked</p> <p>"In your opinion, how clean was the hospital room or ward that you were in?"</p> <p>only 5.4% responded with "Not very clean" or "Not at all clean".</p>	We are continuing to address the areas identified as concerns and are being ably assisted by our Patient Public Forum in taking this forward.
Learning Disability Survey (started 08/07/13)	110 patients with Learning disabilities and / or their carers completed this survey with 73% stating hospital staff were "friendly and helpful"	See section 3.5.11

3.5.5 Learning Disabilities

The Trust is a member of the Worcestershire Learning Disability Partnership Board and has forged strong working relationships within the Boards Health Sub Group which has successfully led on developing the 'My Worcestershire Health Plan'.

The Trust also contributed to the Worcestershire's Adult Learning Disability Strategy 2015 – 2018 and has introduced an e-learning package for Learning Disability which was launched in January 2015. Additionally we also have some 42 ward / department based learning disability champions who are helping us deliver the 'My Worcestershire Health Plan'.

Healthcheckers Visits

The Trust has developed an effective partnership with Healthcheckers who have undertaken two audits at both Worcester and Redditch during the past year. The visits were both largely positive finding:

- That reasonable adjustments were made for patients with learning disabilities
- The 'About Me' booklet was completed
- Staff were kind and caring
- Learning Disability Champions / Liaison nurses were clearly identifiable and known.
- Red wristbands were worn by patients who needed assistance with eating and drinking

Areas for improvement included:

- Hospital signage
- A lack of Easy Read leaflets in some areas

Follow up actions are being undertaken including improving Trust wide access to Learning Disability information and leaflets and on-going training and development for staff.

3.5.6 Patient Experience Stories

Patient stories are regularly shared throughout the Trust at Board and ward level. One such story was shared a patient with learning disabilities who gave a talk to theatre staff at Kidderminster on his hospital experiences. Another Patient, shared his experiences of a lengthy period of hospitalisation which included preparing him and his family for the fact that he may not recover. An article relating to this was also published in the local paper. These stories are extremely powerful in ensuring patients experiences remain firmly at the heart of everything we do and by sharing these it helps all staff remember why we do the work we do and the impact that we each have individually on those that we treat and their families.

3.5.7 Patient Opinion

More people are now using the internet to record their experiences of care in our hospitals. The NHS Choices (www.nhs.uk) and Patient Opinion (www.patientopinion.org.uk) websites allow patients and visitors the opportunity to comment on our services and are the sources of the majority of our online feedback.

We now also see a large amount of patients using Twitter and Facebook to give us feedback on services. Throughout 2014/15 patients commented on a wide range of services, including A&E, maternity and surgery.

143 patients posted comments on NHS Choices

187 patients posted comments on Patient Opinion

Worcestershire Royal Hospital received the most comments, followed by the Alexandra Hospital and then Kidderminster Hospital and Treatment Centre.

All comments are passed to the manager of the area mentioned, and a response is posted back. Where there are concerns about care, the comments are also passed to the Patient Services Team for follow up action where required.

For social media, as with other online comments, all feedback is passed directly to the manager concerned. Patients providing negative feedback are contacted and this is followed up as required.

The majority of comments on both NHS Choices, Patient Opinion and those found on social media have been positive, with the trust scoring 4.2 stars (out of 5) on Facebook, 4 stars (out of 5) on Patient Opinion and 4 stars (out of 5) on NHS Choices.

Positive comments themes are:

- Reassuring
- Calming
- Professionalism
- Caring
- Personalised care
- No delays

Negative comments themes are:

- Miscommunication
- Staff attitude
- Cancelled operations
- Car parking

3.5.8 Patient & Public Forum

The Trust has a very active and committed Patient and Public Forum which helps us with a wide range of activities aimed at improving patient experience and services across all our sites.

These activities include ward and clinic visits, contributing to specific areas of work such as reviewing documents and sitting on a range of Trust Committees.

- They have helped to support Patient Led Assessment Care Environment (PLACE), Mini PLACE and Quality Reviews and taken part in a Peer Review on Discharge.
- The Forum have completed 38 visits up to 20 March 2015, with more planned. During the visits they observe practice including cleanliness, ask patients/carers about their experiences of care, privacy and dignity and nutrition and hydration.

- Reports of these visits are sent to senior managers and executives. Wards and clinics prepare action plans which are reviewed by the Patient and Public Forum who then make follow – up visits to observe and comment on improvements. We act as a critical friend to the trust.
 - Two Forum members have been actively involved with all the planning groups involved in delivering the recently opened Oncology Centre and are now helping progress with the Acute Chemo expansion planned for the first floor and in monitoring service continuity as the treatment is moved from out of county to Worcester Royal Oncology Centre..
 - Forum members sit on all our main committees and groups reflecting s our commitment to taking on board user feedback and using this to continuously improve our services. To assist them with this they have attended lectures and training sessions which in the past year have included: Root Cause Analysis; Listen, Learn Act Complaints Conference; CQC Inspections by Prof. Sir Mike Richards, and NHS Change by Rt Hon. Stephen Dorrell.
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3.5.9 Same Sex Accommodation

The Trust is pleased to confirm that we remain compliant with the requirements regarding eliminating mixed sex accommodation unless it is in the patient's overall best interest, or reflects the patient's personal choice. We have had no breaches in this requirement in 2014/15.

3.5.10 Privacy & Dignity

The Trust has a Privacy and Dignity working group which includes nurses, housekeeping staff, our volunteer Manager, Patients and Public Forum members and matrons which meets bimonthly. During the past year we have had announced and unannounced visits from the CCGs and the Patient & Public Forum and Healthcheckers. None of these visits revealed any major areas of concern in relation to privacy and dignity however with the pressures on A&E resulting in patients in corridors we have continued to remain vigilant and raise awareness to ensure that we continue to improve privacy and dignity for patients in our care.

Dignity Champions

As part of our commitment to this we have a number of Dignity Champions throughout the Trust. A “dignity champion” is a member of health or social care staff, who volunteers to help ensure that patients are treated with dignity and respect; a basic human right. We work closely with the Royal Voluntary Service and Age Concern to recruit volunteers across all wards and departments.

The Dignity and Nutrition Link nurse study days are now delivered on a quarterly basis and incorporate:

- Compassionate care
 - Chaperoning patients
 - Dignity pledges
 - “Hello my name is....”
 - The power of Empathy
 - Dignity at End of Life
 - Dignity & Dementia care
 - Keep me dry....(continence and dignity)
-

3.5.11 Improving Nutrition and Hydration

There has been a wide range of activity this year aimed at improving hydration and nutrition and we have made the following changes based on what our patients tell us:

- Improved the quality of sandwiches provision on one of the hospital sites by changing the providers.
- Dragon’s den bid new jugs and cups to aid hydration of elderly frail patients.
- Focus on hydration by promoting the ‘drink up ‘campaign promoted by nutrition/hydration link nurses.

Nutrition/Hydration Link Nurse programme 2014/15 covered the following topics:

- Malnutrition & wound healing.
- Nutrition & Liver Disease
- Special diets e.g. vegan , halal & gluten free menus
- Hydration assessment tool and care plan
- Hydration and End of life care
- Modified diets- Food Texture Descriptor
- Dysphagia and nutrition
 - Developed hydration training for link nurses and plan to roll out e-learning hydration training.
 - Fluid balance training

The Fluid Audit in December identified some remaining issues in working out patient’s fluid inputs and outputs. We are providing further training for staff and awareness raising and this will continue on-going development and review at the Nutrition & Hydration Group.

3.5.12 PLACE Assessment

Patient-led assessments of the care environment (PLACE) were introduced in 2013 and are conducted in April / May each year. The results from 2014 are provided below.

Organisation Name	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance
Worcestershire Acute Hospitals NHS Trust	96.14%	83.42%	88.91%	90.56%

Site Name	Site Type	Cleanliness	Food Overall	Ward Food	Organisation Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance
The Alexandra hospital	Acute	96.96%	83.68%	85.14%	78.62%	83.61%	86.97%
Worcestershire Royal Hospital	Acute	96.38%	83.15%	82.76%	84.91%	95.89%	94.93%
Kidderminster Hospital	Community	92.17%	83.68%	86.67%	78.06%	77.57%	84.42%

3.6 Staff Experience

3.6.1 Staff Survey

The 2014 NHS National Staff Survey was undertaken for the Trust by Quality Health². Questionnaires were sent to 850 staff which was the official random sample number for the Trust. Of these 320 staff completed the survey making our response rate at 38% (compared to 42% last year). The national Acute Trust average has reduced this year to 42% (from 48%).

[Data taken from CQC Staff Survey Report 2014]

Our Top 5 ranked scores (where we scored most favourably with other acute trusts):

	Questions/Key Findings	WAHT score 2013	WAHT score 2014	National average for acute Trusts 2014
KF27	Percentage of staff believing the trust provides equal opportunities for career progression or promotion	89%	91%	87%
KF2	Percentage of staff agreeing that their role makes a difference to patients	91%	92%	91%
KF6	Percentage of staff receiving job-relevant training, learning or development in last 12 months	80%	82%	81%
KF12	Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	38%	32%	34%
KF10	Percentage of staff receiving health and safety training in last 12 months	76%	79%	77%

² Quality Health is an independent provider who has experience in carrying out staff and patient surveys for the NHS.

Our Bottom 5 ranked scores – where we scored least favourably with other Acute Trusts)

	Questions/Key Findings	WAHT score 2013	WAHT score 2014	National average for acute Trusts 2014
KF20	Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell	35%	34%	26%
KF1	Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	77%	73%	77%
KF29	Percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department	n/a – new question	48%	56%
KF18	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	31%	32%	29%
KF4	Effective team working (scale of 1 – 5 with the higher score the better)	3.56	3.69	3.74

Our 5 most improved responses from last year are:

	Questions	WAHT 2013 score	WAHT score 2014	% Improvement	National average for acute Trusts 2014
KF26	Staff having equality and diversity training in the last 12 months	45%	53%	8%	63%
Q8c	Satisfied with the freedom given to choose their own method of work	61%	68%	7%	65%
KF12	In the last month witnessed errors or near misses that could have potentially hurt patients	38%	32%	6%	34%

Q2c	Agreed training helped to deliver a better patient/service user experience	62%	69%	7%	65%
Q12d	Agreed that they would be happy with the standard of care for friend/relative	62%	67%	5%	65%

The 5 areas that have declined the most from last year are:






	Questions	WAHT 2013 score	WAHT 2014 score	% deterioration	National Average for acute Trusts 2014
Q8d	Satisfied with support from work colleagues	80%	74%	6%	78%
Q15a	Staff attending work despite feeling unwell	68%	72%	4%	66%
Q21b	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	21%	25%	-4%	23%
Q11a	Agree that they know who the senior managers are where they work	80%	75%	5%	81%
Q16	Percentage of staff saying they have felt unwell in the last 12 months as a result of work related stress	35%	39%	4%	37%

“Friends and Family Question” for staff

For the questions that asked staff if they would recommend the Trust as a place to work or to receive treatment, which is measured by responses to the following 4 questions and marked on a scale 1-5:

- The score showed a small improvement (0.03) compared to our 2013 results as shown in the chart below, although this is below the national average. The national







average reduced marginally this year so our improvement does seem to be going against the trend.

	Question	WAHT 2013 score	WAHT 2014 score	Average Acute Trust 2014
KF24	Staff recommendation of the trust as a place to work or receive treatment (higher the better) this measure is taken from responses to 4 questions listed below:	3.60	3.63 	3.67 (reduced from 3.68 in 2013)
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	62%	67% 	65%
Q12c	I would recommend my organisation as a place to work	59%	58% 	58%
Q12a	Care of patients / service users is my organisation's top priority	66%	67% 	70%
Q12b	My organisation acts on concerns raised by patients /service users"	73%	67% 	71%


Staff Engagement

There is a section in the survey concerning staff engagement. This is made up of three areas:

	Key Finding	WAHT Score Scale	Improved or declined	Average Acute Trust benchmark	Average Acute Trust improved or declined
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		1 – 5 2014			
KF22	Perceived ability to contribute towards improvements at work (Q7a, 7b, 7c)	67%	 2%	68%	 0%
KF24	Willingness to recommend the Trust as a place to work or receive treatment	3.63	 0.03	3.67	 0.01
KF25	Motivation and engagement at work	3.87	 0.03	3.86	 0

Our staff engagement score has improved by 3 points but is still marginally below average for acute trusts. However the national acute Trust average score did not improve this year which would indicate that our improvement is positive against the national trend. Our response is higher than the overall national average for ALL types of Trusts which is 3.70.

Question	Trust's 2013 score	Trust's 2014 score	Average Acute Trust 2014	National response 2014 (All Trusts)
Staff engagement (higher the better)	3.69	3.72 	3.74 (no change from 2013)	3.70

3.6.2 Progress from the 2012/13 staff survey Action Plan

Our Staff told us	What we said we would do about it	Progress so far
Staff Satisfaction and Engagement	We will work directly with staff within Divisions to understand why 40% have not said that they would recommend the organisation as a place to work, and 38% said that	Divisional managers worked with colleagues to produce their own staff engagement action plans. These were shared with staff within divisions. We have also introduced the national Friends and Families test whereby every member of staff has had the opportunity to tell us whether they would recommend the Trust. This was opened to Women's and Childrens, Corporate, and Clinical Support

Our Staff told us	What we said we would do about it	Progress so far
 Staff Friends and Families Test	<p>they would not recommend as a place to receive treatment. We will take action accordingly.</p>	<p>Division in June, Medicine ICT and Asset Management in September and Surgery and TACO in March. Results have been shared through the divisions and when we have completed the final Quarter will be collated and published via Daily Brief.</p> <p>The 2014 staff survey indicates that there has been a (5%) improvement in staff reporting that they would recommend the trust for treatment which is now 67% (2% higher than the national average)</p> <p>We have had a 1% decline in staff who would recommend the Trust as a place to work – although this is the same as the national average at 58%</p>
Leadership	<p>We will ensure all staff receive clear feedback on how well they have performed their work on a regular basis. This is a management/supervisors duty and will be monitored through appraisal rates as well as results of the next survey.</p>	<p>Appraisal rates are monitored on a monthly basis at Trust Board and the Learning and Development Department send out monthly reports to managers so that they are aware of appraisals outstanding, and chase them for progress.</p> <p>Our appraisal rates are currently at 77.7% against a target of 85%</p> <p>Our results in the 2014 survey would indicate that we have improved in the area of clear feedback. 86% of our staff said that they had had an appraisal in the last 12 months which is 1% higher than national average. 36% said that the appraisal was well structured which was 2% improvement on last year but is still marginally below the average of 38%.</p>
Leadership Development	<p>We will explore why some staff do not feel supported in difficult tasks by their managers, and develop a culture of management support for complex tasks, through supervision, coaching and enablement. This will form part of the Leadership Development programme.</p>	<p>We have launched a Coaching Programme in the Trust and Coaches are now available for staff to access.</p> <p>Leadership Development programmes have been on-going.</p> <p>Our results in the 2014 survey would indicate that staff's perception of feeling supported by their managers has improved from 3.57 to 3.62 against a scale of 1-5 with 5 being best. National average is 3.65 so there is still work to do in this area.</p> <p>However, staff reporting that they can count on their manager for help with a difficult task has worsened by 1% from 68% to 67%. The average trust response is 69%.</p>
Team objectives	<p>We will ensure there are arrangements in place to support staff and teams to have shared objectives that are communicated effectively and understood. This will be supported through a review of the Chief Executive's brief process as well as appraisals</p>	<p>The Chief Executive/Team brief has been reviewed and re-launched.</p> <p>The appraisal paperwork and policy has been reviewed and published on the intranet.</p> <p>Manager should ensure that teams have shared objectives that link into the aims and vision of the Trust.</p> <p>Our results in the 2014 survey show that 78% of our staff agree that they have shared team objectives. This is a 1% improvement on last year and is the same as the national average. 78% agree that team members have to communicate closely which is a 4% improvement on last year and is only 1% behind national average acute trusts.</p>
Equality and Diversity Training	<p>We will review the provision of equality and diversity training across the organisation with a view to</p>	<p>Equality and Diversity modules are included in Privacy and Dignity training, Ace with Pace, Learning Disability training, Deaf Direct training as well as other general training. On line training is available on the course directory.</p>

Our Staff told us	What we said we would do about it	Progress so far
	making this mandatory to complete once in working life, with online updates.	Our results in the 2014 show an improvement of 8% in this area from 46% to 54%. Although we are making progress this is still below the national average of 63%. As we will not require annual updates it is difficult to see how this will ever reach the national level.
Health and Safety	We will ensure that feedback from patients and learning points from incidents is consistently used for identifying ways to improve patient/service user safety.	This has been published through Daily Brief, How Was It For You Sessions, and patient stories. However, the 2014 staff survey included new questions around patient experience which show that there is more work to do. Questions included "I receive regular updates on patient / service user experience feedback in my directorate / department" where we had a disappointing score of 47% against national average of 59%. 46% of our staff agree that "Feedback from patients / service users is used to make informed decisions within my directorate / department" as opposed to 56% nationally.
Incident reporting	We will ensure that staff feel it is their responsibility to challenge practices that they feel are not working, and remind everyone of how they should report incidents through Datix, as well as to their manager/supervisor, and if necessary through the Raising Concerns policy.	<p>We have been publicising the use of Datix through daily brief and through Team Brief.</p> <p>The message has been "Please ensure that all incidents are reported. Don't assume that someone else has already reported it. We would rather have the incident reported twice than not at all".</p> <p>57% of our staff say that "When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again". This has reduced 1% from last year against a national average of 63%.</p> <p>There has been an improvement from 34% to 39% in staff who report "We are informed about errors, near misses and incidents that happen in the organisation"., against a national average of 45%. Also a 2% improvement to 39% on staff who say "We are given feedback about changes made in response to reported errors, near misses and incidents", although national average is 45%.</p>
Long Shifts	We will review the use of Long Shifts to ensure that they are not causing an impact on staff health and wellbeing or patient safety.	<p>We have reviewed the Flexible Working Policy and Divisions are reviewing their shift patterns both as part of 7 Day Services and Future of Acute Hospital Services review.</p> <p>Staff have been advised that if they feel long shifts is having a negative impact they should report this to their manager or the Occupational Health Department.</p>
Staff Wellbeing	We will review sickness absence procedures to understand why staff are feeling pressure to come to work when they are unwell. We will focus on helping staff to maintain their own wellbeing.	<p>Sickness absence procedures are regularly reviewed and we are working with divisions to support staff in maintaining their own wellbeing.</p> <p>Staff are advised that if they are feeling under pressure they should speak to their manager or the Occupational Health Department.</p> <p>We have been reviewing the Stress at Work policy and have publicised access to staff counsellor for all types of home related</p>

Our Staff told us	What we said we would do about it	Progress so far
		<p>or work related stress.</p> <p>Our response to the 2014 survey indicates that our staff still feel under more pressure than average trusts to come into work when unwell. 72% of our staff report that they have gone to work in the last three months despite feeling unwell compared to 68% last year and 66% national average. This has marginally improved in respect of pressure from their manager and themselves, but pressure from colleagues has worsened by 1%. We would expect that this may be directly correlated to the Emergency Access pressures but further analysis and action will be taken in this area.</p>
Staffing	We will work with the divisions to understand why some staff feel that there are not enough staff	<p>Staffing levels are now published on a ward by ward basis for NHS Choices, and shared with the Trust Board.</p> <p>Our staff survey response in 2014 shows this position has worsened with only 27% of staff saying that they feel there are enough staff compared to 29% last year, and 29% national average. This will be analysed further to see if there are particular staff groups affected.</p>

3.6.3 Workforce Indicators

As at 31st March 2015:

- 77.8% of our staff (not including medical staff) had an appraisal
 - 84.7% of medical staff had had an appraisal
 - 88.8% of Consultants had had an appraisal
 - 78.3% of our staff had completed their Fire Safety training
 - 73.2% of staff had completed their Information Governance Training
 - 91.5% had completed Hand Hygiene training
 - 79.4% had completed their infection control training
 - 79.7% had completed their manual handling update training
 - 82% had completed resuscitation update training
-
- The cumulative sickness rate for 2014/15 as at March 2015 was 4.09% against Acute Trust benchmark of 4.1% (December 2014)
 - The monthly sickness rate for March 2015 was 4.25%, compared to 3.88% at the same period last year.
 - We were 11th lowest out of 17 acute Trusts in the LETC (based on December 2014 figures)
 - Turnover for 2014/15 as at 31st March 2015 based on a rolling 12 month period was 10.42% which is an increase compared with 9.85% for the same period last year.

Sickness rate for past 3 years

Worcestershire Acute Trust		Acute Trust Benchmark
Cumulative 12 month Sickness Rate		
	<i>Cumulative % rate</i>	<i>Cumulative % rate</i>
Apr 2014 – Mar 2015	4.09%	4.10% (as at December 2014)
Apr 2013 – Mar 2014	3.84%	4.02%
Apr 2012 – Mar 2013	3.89%	4.26%

In the winter of 2014 we have experienced for the first time in 3 years marginally higher rates of sickness absence than average for acute Trusts in our LETC. This correlates with the pressure that staff said they were feeling following winter pressures, problems with the efficacy of the flu vaccination, and Norovirus in the community which has affected wards on all sites.

Worcestershire Acute Trust Turnover Rate		Acute Trust Benchmark –
(rolling 12 months) – excluding Medics		Turnover excluding Medics
	<i>Cumulative % rate</i>	<i>Cumulative % rate</i>
2014/15	10.42%	10.1% (as at December 2014)
2013/14	9.85%	8.1%
2012/13	9.19%	9.8%

3.6.4 Staff Engagement

We know that there is a strong correlation between the extent to which staff feel engaged and mortality rates so the people working for the Trust are critical to delivering the highest quality care. Engaging with staff to understand what works well and what concerns they have helps to seize opportunities to share good practice and deal with any issues that

threaten safety, effectiveness, or the patient and staff experience. We have continued with staff engagement initiatives that were put in place in 2013/14 to build on this. These include:

- 8x8s – this is a monthly informal meeting for eight middle and senior managers to meet with the Chief Executive and discuss matters of their concerns
- “How Was It For You” – these are sessions for staff who have been a patient or carer to tell us their own experiences
- Monthly “Big Thank You” events to formally recognise the work of teams within the Trust
- Annual staff achievement and long service awards.
- Regular surgeries run by the Trust’s Chairman, Chief Executive, Director of HR and OD, and Chief Nursing Officer for staff to raise any issues or concerns.
- launching the Staff Friends and Families Test
- Staff Engagements events in relation to Service Review

3.6.5 Independent review commissioned by NHS Trust Development Authority

The NHS TDA has commissioned the Good Governance Institute to lead an independent review to investigate allegations around bullying and harassment at Worcestershire Acute Hospitals NHS Trust.

The review will look at the handling of the concerns raised and the application of trust policies on whistleblowing and raising concerns, dignity at work and grievances with a focus on best practice for investigations. If necessary, the review will make recommendations on how the trust applies its own policies, in line with any national guidance, as well as how it should implement best practice in future.

3.6.6 Staff Recruitment

The Trust continues to actively recruit to frontline clinical posts. There has been a steady increase in the number of qualified and unqualified staff employed by the Trust due to increased investment to ensure that staffing levels match acuity under Safer Staffing guidelines. Overall turnover is consistently around 10%, with 11% being the average in Health Care Assistants and Non-Clinical staff (Admin, Estates and Facilities).

Challenges remain in some areas in the recruitment of experienced medical/emergency nurses and theatre staff particularly at the Alexandra Hospital, as well as with Middle Grade Doctors in Emergency Medicine, Acute Medicine, Obstetrics and Gynaecology, and Paediatrics.

A number of targeted recruitment initiatives have been taking place such as the use of our partners at HCL Workforce Solutions, Recruitment Assessment Days, local advertising,

Recruitment Open Days, and a review of the recruitment and interview processes/skills in these areas.

Values Based Recruitment was formally implemented for Band 5 nursing posts and healthcare support worker posts in 2013/14. This will be extended to all nursing posts by March 31st 2015.

We have opened a State of the Art Oncology Centre for Worcestershire and recruited 45 professional staff from all over the United Kingdom on a phased basis working in partnership with University Hospital Coventry and Warwickshire. These are “hard to recruit” posts and we are proud of our success in attracting high calibre staff.

3.6.7 Pre and Post Registration Education

The Trust has close links with the University of Worcester for both pre and post Registration Education in nursing and midwifery. The Trust employs over 90% of newly qualified registrants on graduation.

Health Education West Midlands commissions pre-registration nursing and midwifery education on behalf of the Trust from the University. We provide clinical placements in our hospitals for student nurses and midwives which accounts for half of their pre-registration training programmes. The University of Worcester has been voted by students in the National Student Survey as the University of choice for pre-registration nursing and midwifery programmes. The Trust has a dedicated team of education and practice facilitators whose role is maximise the learning experience of students whilst undertaking clinical placements.

The University also now provides pre-registration physiotherapy and occupational therapy training. Several Trust staff contribute to pre-registration training and some hold honorary lecturer posts.

We also have a large portfolio of continuing professional developments with the University for nurses, midwives and Allied Health Professionals. These include a senior leadership programme, physicians associate programme and practice development project on the wards.

3.7 Engagement with stakeholders

The Trust is committed to engaging with its stakeholders who include MPs, councillors, Healthwatch, patient groups and health and care partners. It sends a regular brief out to all its stakeholders and holds regular meetings with key individuals in the local community. Before undertaking any reconfiguration or major service change the Trust develops a communications and engagement plan which details how stakeholders will be engaged and communicated with.

The writing of this Quality Account and the setting of priorities for 2015/16 has drawn upon engagement with the Trust's internal and external stakeholders through 2014/15 including:

- Worcestershire's three Clinical Commissioning Groups through regular Quality Review Meetings,
- The Health Overview and Scrutiny Committee through regular correspondence and engagement
- Healthwatch
- The Patient & Public Forum, who have an active role in local inspections
- The public, through the Acute Services Review consultation
- Our staff

We have used our nominated Non-executive Director and patient representative to review our Quality Account and ensure that it is an accurate reflection of the quality of our services.

In addition to this we asked our key external stakeholders what they would expect to see in this Quality Account. Our key stakeholders include:

- Healthwatch
- Worcestershire Health Overview and Scrutiny Committee
- Clinical Commissioning Groups

Specific engagement around service changes during the year included:

Neonatal Care

We established a neonatal care task and finish group in response to concerns that we might have needed to alter the pathway for women who were between 34 and 37 weeks into their pregnancy due to serious staffing issues. The group consisted of a range of stakeholders including the CCGs, West Midlands Ambulance Service, the Trust Development Authority and NHS England. All partners agreed the steps which would need to be taken and were involved in the mitigating actions. The Trust actively engaged with its key stakeholders including Worcestershire County Council's Health Overview and Scrutiny Committee, Healthwatch, MPs and councillors, the media, patient groups and the public to explain what the staffing problems were, what was being done to overcome them and what contingencies were in place if the

staffing issues could not be resolved. The staffing issues were resolved and the contingency plans did not have to be activated.

Paediatric Surgery

In December 2014 serious safety concerns necessitated immediate temporary changes to the paediatric surgery pathway. These concerns were raised with the Future of Acute Hospital Services in Worcestershire Quality and Sustainability Committee which was established earlier in the year to monitor the safety and sustainability of clinical services and to identify trigger points at which action needed to be taken. The committee is led by Mr Mark Wake and its membership includes a range of stakeholders including the CCGs, the Trust Development Authority and NHS England. Once the emergency decision to temporarily move all emergency paediatric surgery from the Alexandra to Worcestershire Royal Hospitals was taken on clinical safety grounds key stakeholders were immediately contacted. These included the Health Overview and Scrutiny Committee, Healthwatch and MPs. The wider stakeholder group including the media was subsequently informed of the temp

Future of Acute Hospital Services in Worcestershire

The Future of Acute Hospital Services in Worcestershire (FOAHSW) programme is led by the county's three CCGs. Worcestershire Acute Hospitals NHS Trust is a member of the (FOAHSW) programme board. The FOAHSW programme has developed a clinical model which is currently being reviewed by the West Midlands Clinical Senate as part of NHS England's assurance process. The final clinical model will be put out to public consultation once it is agreed but in the meantime the programme has carried out extensive engagement with the groups representing the nine protected characteristics and those who are most likely to be affected by the proposed changes. More than 50 groups were engaged over a three-month period and their views have been incorporated in a report which will be considered by the FOAHSW programme board before the formal public consultation.

Appendix 1 – CQUIN

Goal Name	Goal Description	Achieved	Quality Domain			
			Safety	Effectiveness	Patient Experience	Innovation
Friends and Family Test	To improve the experience of patients in line with Domain 4 (Ensuring that people have a positive experience of care) of the NHS Outcomes Framework. The Friends and Family Test will provide timely, granular feedback from patients about their experience.	Partially Achieved			Yes	
NHS Safety Thermometer	To reduce the amount of harm the patients experience through reduction in the prevalence of 'new' Pressure Ulcers.	Achieved	Yes		Yes	
Dementia	To incentivise the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions, to prompt appropriate referral and follow up after they leave hospital and to ensure that hospitals deliver high quality care to people with dementia and support their carers	Achieved			Yes	
Reduction of surgical site infection for patients undergoing surgery	To reduce the incident rate of surgical site infection for Caesarian Sections (emergency and planned) and other surgical procedures which show an increased incidence rate of SSI. They can contribute to extended length of stay and increased morbidity and mortality as well as increased prescribing costs in primary care.	To be confirmed. Audit results available end of May 2015.	Yes		Yes	
Hydration and Fluid Management	Promotion of hydration and fluid management in all in-patient settings through implementation and embedding of a hydration bundle. A number of reports have identified dehydration in patients as a contributory factor to sustaining injury from falls, developing pressure ulcers or increasing the risk of developing infection or deep vein thrombosis (Royal College of Nursing and National Patient Safety Agency 2007). This is evidenced particularly in the care of older people, as a continued failure in patient care (Health Service Ombudsman 2011)	Achieved	Yes		Yes	
Safe Care	Reducing falls in all adult Inpatient areas including the Accident and Emergency (A&E) Department.	Partially Achieved	Yes		Yes	
Improving Patient Flow	To improve the flow of patients through the health system, improving patient experience and provider performance. Improving patient flow is recognised as critical to increasing patient safety by supporting the patient to receive the right care, in the right place at the right time.	Partially Achieved		Yes	Yes	

CQUINS agreed with Specialist Commissioners

Goal Name	Goal Description	Achieved*	Quality Domain			
			Safety	Effectiveness	Patient Experience	Innovation
Retinopathy of Prematurity (ROP)	Retinopathy of prematurity is one of the few causes of childhood visual disability which is largely preventable. Many extremely preterm babies will develop some degree of ROP although in the majority of babies this does not progress beyond mild disease which resolves spontaneously without treatment. A small proportion develop potentially severe ROP which can be detected through retinal screening. If untreated severe disease can result in serious vision impairment and consequently all babies at risk of sight-threatening ROP should be screened (RCPCH 2008).	Partially Achieved		Yes	Yes	
Breast milk in preterm infants	There is evidence to show that maternal breast milk has particular advantages for preterm infants. It is associated with reduced incidence of necrotizing enterocolitis and infection which significantly contribute to preterm morbidity and mortality as well as increased hospitalization. It is also important for maternal bonding in a particularly vulnerable patient group.	Achieved		Yes	Yes	
Parenteral Nutrition	During early postnatal life, the nutritional needs of preterm infants is usually met through parenteral nutrition. This indicator aims to improve the proportion of preterm babies who start TPN by day 2 of life. It excludes babies who undergo surgery on day 1 or 2 of life.	Achieved		Yes	Yes	
NHS Safety Thermometer	To reduce the amount of harm the patients experience through reduction in the prevalence of 'new' Pressure Ulcers.	Achieved	Yes		Yes	
Dementia and delirium care (FAIR)	To incentivise the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions, to prompt appropriate referral and follow up after they leave hospital and to ensure that hospitals deliver high quality care to people with dementia and support their carers	Achieved			Yes	

7	Improving safety culture- human factors training	Local
8	Midwifery Led Care	Local
9	Medicines Management-Implementation of Blueteq	Local

2015/16 CQUINs - detail and financial value still being negotiated

Goal Name	Goal Description	
Acute Kidney Injury (AKI)	This CQUIN focuses on AKI diagnosis and treatment in hospital and the plan of care to monitor kidney function after discharge, measured through the percentage of patients with AKI treated in an acute hospital.	National
Sepsis	<p>This CQUIN focusses on patients arriving in the hospital via the Emergency Department (ED) or by direct emergency admission to any other unit (e.g. Medical Assessment Unit) or acute ward.</p> <p>It seeks to incentivise providers to screen for sepsis all those patients for whom sepsis screening is appropriate, and to rapidly initiate intravenous antibiotics, within 1 hour of presentation, for those patients who have suspected severe sepsis, Red Flag Sepsis or septic shock.</p>	National
Dementia	This indicator forms part of the national CQUIN which aims to incentivise providers to improve care for patients with dementia or delirium during episodes of emergency unplanned care. The CQUIN has been in place for several years and covers dementia screening, training for staff and support for carers.	National
Urgent and Emergency Care	Detail to be confirmed. CQUIN will cover key improvement areas within the urgent and emergency care pathway.	National
Prevention of falls for patients on the delirium	Across England and Wales approximately 152,000 falls are reported in acute hospitals each year. A significant number of falls result in death, or severe or moderate injury at an estimated cost of £15 million per annum for immediate healthcare treatment. Falls occurring in older adults are much more likely to result in serious injury due to medical conditions including delirium. This CQUIN aims to reduce the number of falls for patients	Local

pathway	on the delirium pathway.	
Patient Experience- 'Small things matter'	<p>Patient experience is a key element of quality alongside providing clinical excellence and safer care. The way the health system delivers its care and support services has an impact on the experience the patient has - from the way the phone is answered, to the way the GP examines them or the nurse explains what was happening...if safe care and clinical excellence are the 'what' of healthcare, then experience is the 'how'.</p> <p>When it comes to medical and nursing care, sometimes it is the small things that make a huge difference to the patient's experience. This CQUIN aims to incentivise local initiatives to improve patient experience.</p>	Local
Improving safety culture-human factors training	<p>Human factors encompass all those factors that can influence people and their behaviour. In a work context, human factors are the environmental, organizational, job factors and individual characteristics which influence behaviour at work. Awareness of human factors can help to:</p> <ul style="list-style-type: none"> • Understand why healthcare staff make errors and in particular, which 'system factors' threaten patient safety • Improve the safety culture of teams and organisations. • Enhance teamwork and improve communication between healthcare staff • Improve the design of healthcare systems and equipment. • Identify 'what went wrong' and predict 'what could go wrong' • Utilise national guidance and tools to lessen the likelihood of harm. <p>This CQUIN covers provision of human factors training in various areas of the Trust.</p>	Local
Midwifery Led Care	<p>Nearly 700,000 babies were born in England and Wales in 2013/14, of whom 40% are having their first baby. Studies have shown that 45% of women giving birth in NHS settings are at low risk of complications. Evidence from NICE guidelines shows that midwifery led units are safer for women having a straight forward (low risk) pregnancy due to lower rates of intervention, flexibility in patient choice and a reported improved birthing experience.</p> <p>This local CQUIN incentivises WAHT to ensure that the new Midwife Led Unit, which opened in April 2015 at Worcestershire Hospital, is utilised appropriately.</p>	Local
Improving Patient Flow	Implementation of best practice ward rounds and nurse/therapy led discharge	Local

Appendix 2

Statements from Commissioners, Local Healthwatch and Overview & Scrutiny Committee

Worcestershire Health Overview and Scrutiny Committee (HOSC) Comments

Worcestershire Acute Trust Hospitals Trust Quality Account 2015

The Health Overview and Scrutiny Committee (HOSC) gather information about the Acute Hospital provision throughout the year. This is done through:

- Presentations and examination at (HOSC) meetings – the CE and/or Chairman have attended on several occasions.
- Lead members attending board meetings and providing feedback.
- Meetings between the HOSC chairman and vice chairman and key board members; to help with agenda setting and prioritizing work.
- Meetings with the operational managers of the CCGs.

This helps ensure that the HOSC is relatively up to speed with developments in the Trust and can assess whether the information in the Quality Account (QA) is consistent with what is reported elsewhere. It is the opinion of HOSC members that this is the case.

The HOSC appreciates the chance that some members had to discuss an early draft of the QA, and notes that some of the members' suggestions have been adopted – e.g. to include more information on the Care Quality Commission unannounced inspection and on the Trust Development Authority's investigation into allegations of bullying.

Overall Worcestershire HOSC considers that the Quality Account is a fair and balanced reflection of the services provided by the Trust.

The HOSC statement in the QA last year expressed concern about 'patient flow' and A&E performance. Concerns about these areas remain and we welcome the Trust's frankness about the problems with capacity, consultant resignations and use of the corridor. The HOSC is fully supportive of the Trust's decision to make restoring operational performance in A&E its number one priority for quality improvement next year. We will be keen to track the progress of the improvement strategies being carried forward to address these issues.

We note that the number of patient safety incidents is higher than average, although has fallen against the same period last year. Issues of patient safety and mortality rates are of public concern so the committee is pleased that improvements in these areas are an area of focus. Partnership working, including the availability of social care will be important in reducing the variation in mortality between week days and weekend working, and this should be referred to in the QA. There is concern that it is difficult to discern mortality rates in outlying specialist departments or to establish whether these lie outside a standard deviation. It would be helpful if this information could be made more accessible to the non-expert reader and if the comparison between the ratios of weekday/weekend mortality could be made clearer.

HOSC will continue to monitor the on-going Review of Acute Hospital Services in Worcestershire and has considerable concerns about the length of time it is taking, the uncertainty this creates for public and staff and the potential impact on quality and sustainability of services. In our view the QA should be more explicit about the potential impact of the Review on some service provision, such as neonatal care, although it is acknowledged that the outcome of the Review is in the hands of the service commissioners.

There have been media reports during the year suggesting overbearing management techniques/ bullying. This is not borne out by the results of the results of the staff survey, and we await the outcome of the investigation commissioned by the Trust Development Authority.

Looking at quality performance in 2014/15 (3.2.1), it would be helpful to have further explanation about what alternative ways are being looked at to overcome the challenge in delivering national 18 week referral to treatment target.

Achievement of stroke targets has been recognised by HOSC, following centralisation of services, and it is hoped that 7 day services will bring further improvements.

The Trust's new Oncology Centre for Worcestershire is very much welcomed and feedback to the HOSC has been very positive.

At about 30,000 words the committee feel that the document would be a challenge to members of the public although it is appreciated that the audit regime is a factor in this.

The response of NHS Redditch and Bromsgrove Clinical Commissioning Group (CCG), NHS Wyre Forest CCG and NHS South Worcestershire CCG to Worcestershire Acute Hospitals NHS Trust Quality Account 2014/15.

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 quality assurance role of the CCGs also includes steps to assure the public of the content of this Quality Account.

This year has seen a number of significant challenges for Worcestershire health and social care economy. There has been particular concern and inconsistent assurance regarding a number of issues. Concerns have included the sustainability of some services, workforce capacity and poor patient flow through the acute hospital. Since the autumn of 2014/15 to the end of the financial year the position with achievement of the four hour wait target has deteriorated and the trust had been on consistent high levels of escalation, with a more specific concern for the number of patients waiting on a trolley for more than 12 hours at the Emergency Department at Worcester Royal Hospital site. This is despite an overall position of reduced attendances and admissions and increased complex discharges numbers to the acute trust for the same time period particularly on the Worcester Royal site.

The Quality Account contains some acknowledgment of these concerns, including the warning notices issued by the CQC and initial action already taken.

Actions in the following areas of concern are of priority for Worcestershire CCGs in reducing avoidable harm and ensuring a positive patient experience:

- **Key areas of performance for Accident and Emergency Department waiting times, particularly for Worcester Royal Hospital site.**
- **Elective Referral to Treatment times.**
- **The sustained achievement of cancer standards.**
- **Improvements in timely intervention to reduce the length of stay of patients and increase efficiency, patient awareness and patient involvement in discharge processes.**
- **Strengthening of the Mortality Review process and the embedding of learning following reviews to improve outcomes.**
- **A continued commitment to embed improvement methodologies including Human Factors training.**
- **The recognition of impaired cognition (including dementia) for vulnerable patients and its contribution to patient safety incidents**

In areas where commissioning supported focused activity upon quality improvements (CQUIN) some achievement has been seen, particularly for the collection of information to evaluate patient experience including the implementation of Friends and Family Test questions in ward areas. Other areas of achievement have included work to support improved fluid management for patients. The Trust made significant improvements to reduce the number of falls resulting in serious harm, but marginally failed to reach the

agreed target reduction across 2014-15 for all falls. Schemes to improve aspects of patient flow have had varied success. Some improvements have been seen in the timely assessment of frail, elderly patients. Other aspects of patient flow, including the implementation of best practice ward rounds, were not sufficiently progressed and the CCGs are in agreement for the Trust to continue to focus upon aspects of patient flow as a priority and CQUIN scheme for 2015/16.

In 2014-15 Commissioners continued to monitor a number of Contract Query Notices including some which were issued in 2013-14. Commissioners would wish to see a continuation of initial progress made for completion levels of staff mandatory training and the reviewing of diagnostic results. There is an expectation that responses to required Contract Query Notices are progressed in a timelier manner.

Areas of success are to be congratulated and include continued success to meet the challenge of reductions in the number of *Clostridium difficile* cases. Recognition attributed to specific services and clinicians, including Ophthalmology and anaesthetics, by national awarding bodies, is a reflection of the commitment of staff to continue to strive for excellence on behalf of the patients they support. By February 2015, the time taken to support patients with hip fractures to have surgery had improved following focused intervention. There is no reference however to the outcomes of the recent Trauma Peer Review. Commissioners would welcome a partnership approach to continuing improvement in this area.

Significant improvements have been seen in complaints management processes and the timeliness of completion of serious incident investigations. The CCGs acknowledge the commitment that has been made by the Trust, under the Sign up to Safety campaign, to reduce the number of harm events.

Detail of the actions being taken by the Trust to improve the extent to which staff members are likely to recommend the Trust as a place to work or as a place to receive treatment, is welcome. The percentage of staff experiencing harassment, bullying or abuse from other staff increased, as reported in the Trusts 2014 staff survey, and this is concerning. Worcestershire CCGs welcome the NHS Trust Development Authority commissioned independent review of processes for the raising and handling of concerns expressed by staff and awaits detail of the final report. Concerns regarding workforce capacity and experience were one of the indicators that culminated in a Risk Summit being held in March 2015 and this is given only marginal reference within the Quality Account.

Worcestershire CCGs consider that most data provided within the Quality Account appear accurate. There are potential discrepancies between the most recently available Summary Hospital-level Mortality Indicator (SHMI) data and the detail contained within the report. In addition there is no evidence within the Quality Account to support the detail within the Chief Executive introduction that performance for the Trust has been influenced by an increase in the complexity and frailty of patients, to any greater extent than any other acute trust. Whilst Commissioners agree with most priorities for improvement identified, there appears to be minimal reference to the impact of urgent care pressures on delayed referral to treatment and elective surgery and the corresponding impact on the quality of care and patient experience. Future Quality Accounts may benefit from specific detail relating to individual hospital sites.

Response from Worcestershire Acute Hospitals NHS Trust:

Thank you for the comments which are welcome. We have provided a response to two items raised in this commentary:

1. Whilst we recognise a reduction in attendances towards the end of the year overall during 2014/15 there was a 5.6% increase in ED attendances from the previous year. Overall admissions for the period were down by 1.6% however admissions in the >75year old age group were up by 3.2% reflecting an older and frailer population.
2. We have addressed the chain of events that started with the resignation of Consultants at Redditch on 13th February in Section 1.1. The Trust approached the TDA to commission an external review on 23rd February. The TDA commissioned the Good Governance Institute to undertake an independent review which took place in April. We are still awaiting the report from the GGI review as at today (17 June).

The 2014 staff survey indicates that there has been a (5%) improvement in staff reporting that they would recommend the trust for treatment which is now 67% (2% higher than the national average)

We have had a 1% decline in staff who would recommend the Trust as a place to work – although this is the same as the national average at 58%. We will continue to work with staff through the divisions and monitor our Staff Friends and Families results around this area.

The Trust was concerned to see that areas around stress at work, abuse and bullying from patients and colleagues had deteriorated this year. These are areas that the Trust takes very seriously, and we have historically always been better than average Trusts in the staff survey. We will work with divisions and staff, and staff side to understand why staff are reporting that they feel under more pressure this year and why more incidents are occurring. We have already increased access to counselling and occupational health support and have commenced reviews of our Dignity at Work and Whistleblowing policies. We will review our zero tolerance policy to ensure that staff feel safe at work.

The Risk Summit took place at the very end of March and although mentioned in the Quality Account in the spirit of openness, we did not have any detail to include.

Healthwatch Worcestershire

Reference: Worcestershire Acute Hospital Trust Quality Account 2014/15

One of Healthwatch Worcestershire's principle roles as the champion for those who use publicly funded health and care services in the county is to use the experiences of patients, carers and the public to influence how NHS organisations such as Worcestershire Acute Hospitals NHS Trust provide services.

Nationally, the NHS 5 Year Forward View which was published by the Chief Executive of NHS England in October 2014 commits the NHS to engaging with patients and the public to ensure their views shape the design and delivery of health and care services. Whilst locally, Worcestershire Acute Hospital NHS Trust, as a partner in the county's 'Well Connected Programme' which aims to integrate health and care services, has committed to place the views of patients, service users and carers at the heart of service design and delivery.

Therefore Healthwatch Worcestershire has commented on the Quality Accounts of the Worcestershire Acute Hospitals NHS Trust for the period 2014/15 in that context. The process of involving patients, service users and carers in the design and delivery of their services is called 'Co-Production'

1. Do the priorities of the Trust reflect the priorities of the local population?

- We welcome the Trust's commitment to ensuring that public, patient and carer voice remains central to the provision of its healthcare services and we are aware that the Trust has recently appointed a Director to improve its performance in this area of its business.
- However, we note that whilst there are numerous priorities identified in the body of the Quality Account, some of which have been identified through engagement with patients or carers, the majority appear to have been identified by performance against NHS targets or as a consequence of regulatory activity.
- Whilst we recognise the public priority accorded to A&E and mental health services, which reflect in the work of Healthwatch Worcestershire, we would appreciate information as to the extent to which the 7 identified 'Priorities for Improvement for 2015/16 which are featured in section 2 of the plan have been identified by patients and the public.
- We note that the 'Priorities for Improvement' were identified in 2014/15. Given the recent CQC unannounced inspection of A&E services that is referred to in the Quality Account, we suggest a review of the 'Priorities for Improvement', with a broader focus on the Trust's responses to that

inspection so that 'Priorities for Improvement' would more accurately reflect the public's priorities for improvements in safety and quality.

- In Section 3.5 we note there are a number of references to opportunities to improve communication between patients, carers and the Trust, and that the Trust is undertaking significant work to improve communication. We suggest the Trust considers identifying this work as a 'Priority for Improvement'.
- Healthwatch Worcestershire acknowledges the transparency associated with the content of the Quality Account in relation to the NHS risk summit and CQC unannounced inspection.

2. Are there any important issues missed in the Quality Account?

- The Trust's Patient Public Forum and its work is described in the Quality Account. We suggest the Trust considers publishing more information about the constitution of the Patient Public Forum, its membership and detail of its activities in the Quality Account.
- We also suggest the Trust should support the Forums' activities with references to the impact and influence those activities have had on the Trust's performance.

3. Has the Trust demonstrated it has involved patients and the public in the production of the Quality Account?

- Healthwatch Worcestershire acknowledges it was consulted in the drafting of the Quality Account and that a number of comments we made in our comment on the 2013/14 Quality Account have been incorporated into this Quality Account.
- However the extent to which the public, patients and carers have been involved in the production of the Quality Account is not clear. As we indicated in our comments last year it would be helpful if the Quality Account set out how the public and patients are involved in the performance management of the Trust during the year.

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

- The Quality Account contains an enormous amount of complex and technical information. Patient feedback leads Healthwatch Worcestershire to conclude that the presentation of the Quality Account in its present format is not suitable for lay people who find it difficult to understand and too lengthy.
- As an Account to local people the Trust should reflect on the content and style of its presentation. Healthwatch Worcestershire offers to work with the Trust to develop a more appropriate patient led format.

Statement of Director's responsibilities in respect of the Quality Account

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 (in line with requirements set out in Quality Accounts legislation).

In preparing their Quality account, directors should take steps to assure themselves that:

- The Quality Account presents a balanced picture of the trust's performance over the reporting period
- 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 they are working effectively in practice
- The data underpinning the measure 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
- The Quality Account has been prepared in accordance with any Department of Health guidance

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

By order of the Board

NB: sign and date in any colour ink except black

Harry Turner
Chairman



Date: 28th May 2015

Chris Tidman
Acting Chief Executive



Date: 28th May 2015

(PP Penny Venables,
Chief Executive

Independent Assurance Report

Independent Auditor's Limited Assurance Report to the Directors of Worcestershire Acute Hospitals NHS Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of Worcestershire Acute Hospitals NHS Trust's Quality Account for the year ended 31 March 2015 ("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 2015 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents resulting in severe harm or death
- Percentage of patients risk-assessed for venous thromboembolism (VTE).

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 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from the Commissioners dated 15/05/2015;
- feedback from Local Healthwatch dated 11/05/2015;
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 28/05/2015;
- feedback from the Overview and Scrutiny Committee, dated 27/02/2015;
- the latest national patient survey dated 21/05/2015;
- the latest national staff survey dated 24/02/2015;
- the Head of Internal Audit’s annual opinion over the Trust’s control environment dated May 2015;
- the annual governance statement dated May 2015; and
- the Care Quality Commission’s Intelligent Monitoring Report dated May 2015.

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 Acute Hospitals 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 Acute Hospitals 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 Acute Hospitals NHS Trust.

Basis for qualified conclusion

The indicator reporting the percentage of patients risk-assessed for VTE did not meet the six dimensions of data quality in the following respects:

- Accuracy and Validity - of the sample of 32 admissions we reviewed, 4 of these were not correctly recorded. The errors identified fell into two categories: either there was not any evidence on the patient's file that a risk assessment had been carried out when the admission had been categorised as risk assessed; or there was evidence on the patient's file of a completed risk assessment and the admission had been categorised as not risk assessed. Consequently we cannot conclude that the indicator is sufficiently accurate for the intended purpose or compliant with the relevant requirements.

Qualified conclusion

Based on the results of our procedures, with the exception of the matter reported in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- 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

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30 June 2015

Glossary

This section provides a definition of the terms and acronyms used in this report.

A&E	Accident and Emergency
ACE	'Active Caring for Everyone' programme
Alex	Alexandra Hospital
AMD	Associate Medical Director
AMU	Acute medical unit
C. Difficile	Clostridium difficile
CCG	Care Commissioning Group
CDI	Clostridium difficile infection
COPD	Chronic Obstructive Pulmonary Disease
CPA	Clinical Pathology Accreditation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation payment framework
CT	Computerised tomography scanning
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
ECH	Evesham Community Hospital
FF&T	Friends and Family Text
GP	General Practitioner
HASU	Hyper-Acute Stroke Unit beds
HCSW	Health Care Support Workers
HED	Healthcare Evaluation Dataset – a software programme that analyses the Hospital Episode Statistics data to make sense of statistics and allow a relative risk to be placed on healthcare outcomes
HRG	Health Resource Group - a grouping consisting of patient events that have been judged to consume a similar level of resource.
HSCIC	Health & Social Care Information Centre
HSMR	The Dr Foster Hospital Standardised Mortality Ratio
i.e.	that is
IG	Information Governance – data security / confidentiality
IP&C	Infection prevention & control
ISO	International Organisation for Standardisation
GMC	General Medical Council
KGH	Kidderminster Hospital
M&M	Mortality & Morbidity
MHA	Mental Health Act
MMS	Medicines Management Services
MRI	Magnetic resonance imaging
MRSA	Meticillin resistant Staphylococcus aureus
MRSA BSI	Meticillin resistant Staphylococcus aureus blood stream infections
MSC	Medicines Safety Committee
NHA	National Health Service

NIHR	National Institute for Health Research
NMC	Nursing & Midwifery Council
NPSA	National Patient Safety Agency (disbanded 2012)
NRLS	National Reporting and Learning System
NTDA	NHS Trust Development Authority
PAS	Patient Administration System
PPCI	Worcestershire Primary Percutaneous Coronary Intervention - a treatment used following heart attacks
PPF	Patient & Public Forum (PPF),
PROMs	Patient Recorded Outcome Measures
Outlying speciality	This refers to a speciality requiring development and improvement so that it will care to the standard expected.
R&D	Research and development
RCS	Royal College of Surgeons
RIS	Radiology Information System
RTT	Referral To Treatment – a target to treat patients within 18 weeks of referral by their GP
SHMI	Standardised Hospital Mortality Indicator – this looks at the relative risk of death of all patients managed by the Trust and includes the period up to 30 after discharge.
SI	Serious Incidents
SSKIN	A five step model for pressure ulcer prevention
TACO	Theatres, Ambulatory Care and Outpatients Division
TDA	Trust Development Authority
TIA	Transient Ischaemic Attack - a 'mini' stroke
TTO	To Take Out – medicines on discharge from hospital
WHO	World Health Organisation
WMAHSN	West Midlands Academic Health Science Network
WHAT	Worcestershire Acute Hospitals NHS Trust
WRH	Worcestershire Royal Hospital

Section 5

Engaging and Supporting Our People

Our vision for Workforce – to be known for a skilled, compassionate and committed workforce that embraces customer service, where decisions are informed by relevant accessible information.

The Trust is a people business and invests the majority of its funding in the workforce. However, the Trust's future service provision will require a different and more flexible way of working. Providing 7 day services and leading clinical reconfiguration will rely heavily on transformational leadership throughout the whole organisation. The Trust Board is committed to creating a culture of care, compassion and above all safety aware. Embedding the Values, maximising teaching and learning opportunities and effectively developing talent 'fit for the future' will create a workforce where expertise and experience is matched only by commitment and dedication. We want our staff to recommend the Trust as a good place to work as well as an excellent provider of treatment to friends and families.

The most significant changes in our workforce during 2014/15 were related to increased nursing staff numbers and an increase in radiographers in response to the development and opening of the radiotherapy unit.

Our Workforce and Organisational Development Strategy 2012-17 was developed to embrace key Human Resource priorities around:

- Staff Engagement
- Health and Wellbeing
- Leadership
- Equality and Inclusivity
- Education, Learning and Development
- Talent Management
- Knowledge Management.

We recognise that high levels of staff engagement will lead to:

- Higher levels of staff health and wellbeing
- Higher levels of patient satisfaction
- Better patient mortality rates
- Better results on quality service from healthcare regulators
- Better results in the use of resources from healthcare regulators.

We value our excellent partnership working with staff representatives and are exploring further means of engaging staff in decisions relating to their work.

Key Workforce Performance Indicators (March 2015)

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Cumulative Sickness Absence Rate (12 Months)	4.46%	4.21%	3.92%	3.89%	3.84%	4.09%
	31-Mar-10	31-Mar-11	31-Mar-12	31-Mar-13	31-Mar-14	31-Mar-15
Actual staff in post (full time equivalent)	4,658.69	4,629.94	4,628.94	4,794.37	4,940.88	5,079.14
Headcount staff in post	5658	5603	5678	5724	5840	5959
	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Mandatory Training Compliance	56%	52%	57%	64%	72%	75%
	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Appraisal Completion %	~	57%	65%	72%	74%	78%

	2009/2010	2010/2011	2011/2012	2012/13	2013/14	2014/15
Staff Turnover	8.36%	8.35%	9.30%	9.19%	9.85%	10.42%

Performance against Workforce Related Strategic Priorities in the Annual Plan for 2014/15

Strategic Priority 3: Invest and realise the full potential of our staff, providing personalised and compassionate care.

Develop inspiring and accountable leaders across the Trust

- We have now embedded our new Clinical Management Structure recruiting inspirational accountable clinical leaders who act as role models and lead service redesign
- We have established multi-professional leadership through implementation of the new organisational structure and developed a leadership development for our senior teams with the University of Worcester.
- We have supported our leaders with a range of accredited internal bespoke leadership programmes including a Band 6 Aspiring Ward Manager programme. We have introduced Values Based Recruitment, and updated our training programmes and appraisal processes to align with our values

Ensure a skilled, committed workforce that can meet the current and future requirements, delivering new ways of working.

- We have implemented a healthcare support worker development programme to provide the highest quality of personalised care
- We have and continue to work closely with divisions to develop annual plans including assessing the workforce needed to deal with shorter term redesign and longer term changes to reflect the direction of the Future of Acute Hospital Services in Worcestershire Review.
- We have continued the roll out of ACE Customer Care Programme to all staff.
- We are continually striving to increase Mandatory Training uptake through effective coordination, new management information, and tying in the need to complete mandatory training into the appraisal system.
- We have developed a Physicians Associate programme with the University of Worcester to develop this role to support new ways of working.

Create a culture of compassionate care where patients are central to all we do.

- We empower staff to challenge poor standards of care through staff development on core values and culture; through Ace with Pace programme, Being Open, and re-launch of Raising Concerns (Whistleblowing) Policy.
- We listen to staff and act on what they say, promoting openness and learning lessons through Daily Brief and Team Brief feedback.
- We have embedded the 6 Cs into all of our training and development programmes and appraisal process.
- We have implemented the Patient and Carer Experience and Involvement Strategy year one plan including providing Patient Stories sessions for staff.
- We have implemented a training programme for staff informed by patients with a learning disability, to improve the standard of care provided to such patients.
- We have developed an Advanced communication skills programme for staff to support them in breaking bad news and deliver compassionate care.

Sickness and Absence

In 2014/15 the Trust's sickness absence rates were higher than in 2013/14. The rolling sickness at the end of the year 4.09%, which is 0.25% higher than the figure reported in March 2014. Between April and August 2014 absence rates were marginally above the Trust target of 3.50%, however from September 2014 the rates increased until January when a slight downward trend was noted.

This is consistent with regional and national trends. According to the latest staff absence figures released by the Health and Social Care Information Centre (HSCIC), NHS staff sickness absence increased by 0.24 per cent in the year to October 2014. This is an increase of 0.24% from the figure reported in October 2013. The average days lost per individual full time equivalent (FTE) in post has increased in the year - 0.50 per FTE in post.

Throughout the period from September 2014 the highest number of episodes was attributable to coughs/colds/flu. Seasonal illnesses were consistently the highest reason for episodic absence in the last 7 months of the year which is noticeably higher than last year.

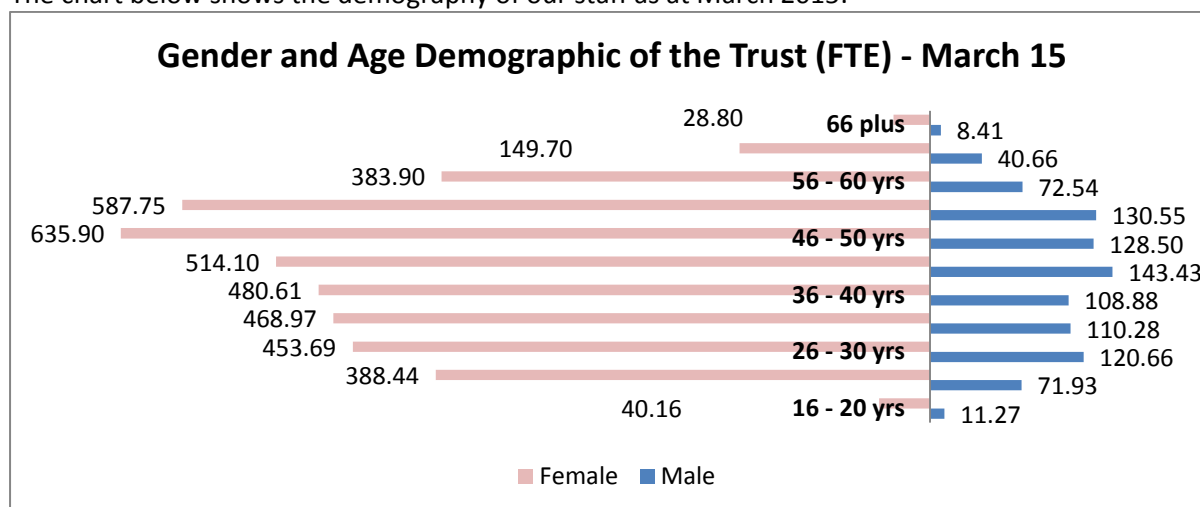
The Trust also noted that the greatest number of calendar days lost in the last 12 months were attributable to back /other Musculoskeletal problems, accounting for 22.48% of the total FTE days lost.

This is also consistent with figures released by the office of national statistics which reported that 31m days were lost due to these health issues, costing the UK economy £14 billion pounds per year. Within the Trust, the provision of a dedicated in house service is being scoped to provide bespoke interventions, together with support and advice to assist with the recovery from these debilitating conditions.

The Trust has noted an increase in work related stress as indicated by the staff opinion survey, from 35% last year to 39% which was 2% higher than national average. In a new campaign to address these issues for our staff, access to the counselling services has been widely publicised and line managers have been encouraged to report to Occupational Health immediately any employee who would benefit for this intervention. This resulted in an increased number accessing the service and a reduction in FTE days lost due to anxiety/stress and depression of over 225 between December and March.

Gender and Age demographics

The chart below shows the demographic of our staff as at March 2015:



The results of the 2014 Staff Survey

The response rate to the 2014 survey was 38% which was 4% reduction from last year. However, the national response rate had reduced by 6% to 42% which is attributed to the launch of the Staff Friends and Families Test.

The 2014 results showed a further improvement for the third consecutive year on staff engagement score which had increased from 3.69 to 3.72 on a scale of 1 – 5 with 5 being the best. This is better than the overall national staff engagement score of 3.70 but slightly below the Acute Trust average score of 3.74.

There was a 1% reduction in the number of staff saying that they would recommend the Trust as a place to work although this was still the same as average at 58%. We had a 5% improvement in staff saying that they would recommend the Trust as a place to receive treatment which at 67% was 2% higher than average acute Trusts.

86% of our staff said that they had had an appraisal in the last 12 months which is 1% higher than national average. 35% said that the appraisal was well structured which was 1% improvement on last year but is still marginally below the average of 38%.

The survey results would indicate that staff's perception of feeling supported by their managers has improved from 3.58 to 3.62 against a scale of 1-5 with 5 being best. The national average is 3.65 so there is still work to do in this area.

78% of our staff agree that they have shared team objectives. This is a 1% improvement on last year and is the same as the national average. 78% agree that team members have to communicate closely which is a 4% improvement on last year.

Work related stress had increase from 35% to 39% which was now 2% higher than national average. This correlates with a sustained period of pressure around emergency care

pathways and bed availability. We have increased access to staff counselling and occupational health support for staff.

The Trust Board was concerned to see that for the first time harassment or bullying in the trust was slightly above national average. 25% of our staff said that they have experienced harassment, bullying or abuse at work from managers or colleagues compared to 21% last year. In response to this the Trust introduced a range of Executive led surgeries where staff could discuss any concerns. They also supported the TDA commissioned independent enquiry into any specific allegations, the manner in which they are dealt with and the culture of the organisation.

Our Staff Opinion Survey Action Plan is being developed with Divisions and staff side and will focus on 6 broad areas:

- staff satisfaction and engagement,
- leadership,
- communication,
- staff wellbeing,
- bullying and harassment, patient experience and
- feedback.

Training and Development

We continue to support our staff with excellent training programmes recognising the importance of supporting staff and managers to become good role models and leaders, and help them develop resilience to cope with the demands of an ever-changing NHS.

The trust provides a comprehensive induction programme for new employees and mandatory training updates in 16 topics for existing staff using a variety of teaching methods and assessment. In addition our in house Customer Service programme "Ace with Pace" has now been delivered to 3678 staff supporting them to provide excellent customer service and help them deal with difficult situations.

The Trust provides accredited and bespoke leadership programmes for all levels of staff

and has developed new programmes in 2014 to develop coaching skills for managers and in addition 9 senior managers have completed a level 5 coaching programme to enable them to support managers with personal development coaching.

In terms of the workforce of the future over 576 young people completed work experience placements in the trust and the trust supported 72 new apprenticeship programmes in both business administration and health and social care.

To recognise the hard work and dedication of our staff the trust hosts an annual long service awards and achievement award event and in 2014, 70 staff enjoyed an afternoon with the Executive Directors celebrating their achievement of Long Service and also over 150 staff attended a high profile and sparkling evening event “Celebrating Success” where 16 staff received awards that they had been nominated for by their colleagues and patients.

In September 2014 the Trust also held a “Staff Appreciation Week” with a series of events which was commenced with Service of thanks for Trust and NHS staff at Worcester Cathedral.

Staff Appraisals

The Trust believes appraisals are vital in valuing the staff as the Trust prepares to manage significant change within the organisation. Although our appraisal rate for completion has increased more work needs to be done to ensure all staff are appraised regularly to raise the current level of 78% for non-medical staff.

Our commitment to the wellbeing of our staff has continued this year. A couple of examples are the detailed and comprehensive guidance for managers in supporting their staff who are absent or experiencing health issues and launch of the Staff Support Adviser role which all our staff can access for wellbeing support and a listening ear.

All our staff are able to self-refer to our SEQOHS accredited Working Well Centre which offers proactive and preventative occupational health support as well as dealing with work related issues such as needle-stick injuries. Our Working Well intranet site and Wellbeing Club signposts staff to the resources they need to live a healthy and balanced life both at work and home.

Equality and Diversity

The majority of the workforce (83%) is female and 46% of the total workforce works part-time with a variety of flexible working patterns including annualised hours, 9 day fortnight, job share and flexi-time. Whilst in some areas of Worcestershire the non-white British population is less than 10% of the community the Trust has 3 sites with different ethnicity mix populations.

The age profile of the workforce shows that the removal of the default retirement age has led to staff working longer. We have 322 staff age 61 or over, with 60 of these over the previous default retirement age of 65 which makes retirement planning more difficult as we cannot accurately predict when staff will leave. The over 61s has increased by 40 since last year and over 65s increased by 16.

1409 staff are between the ages of 51 and 60 and therefore could potentially retire within the next 5 or 10 years. This has increased by 39 since last year.

However, it is of concern that in 2013/14 and in 2014/15 more than 50% of leavers were between the ages 21-35. Although it is generally accepted that the younger workforce would have higher turnover, we need to understand the reasons for this.

83% of our workforce described themselves as White British, compared to 89% of the UK workforce (ONS data March 2014). However, in Worcestershire 92% are White British so we are representative of the local population. In 2014/15 approximately 71% of new staff

identified themselves as A - White British, and 16% Asian/Asian British (Category H) which has increased from 10% last year.

During 2014/15 the Trust recruited 1081 new staff with 70% of them being female (compared to 75% last year).

Currently 9% of our workforce is 25 or under which has reduced by 1% since last year. The Trust demonstrates its commitment to attracting younger workers with its apprenticeship and work experience schemes. However, these Schemes are currently limited to Business Admin and Health Care Assistants.

The Trust uses the Equality Delivery System as a tool to help address and improve equality. The Action plan and Equality Objectives for this scheme is published on the Trust's

Equality and Diversity web pages, along with the Trust's Equality Annual Report 2014/15.

The Trust is positive about disabilities and is able to display the "Two Ticks" symbol. All disabled applicants who meet the minimum criteria of a job specification are shortlisted for interview. Our commitment to Equality is stated in our Recruitment and Selection Policy and our Equality, Diversity and Inclusion Policy which is available on our intranet.



Denise Harnin
Director of Human Resources and Organisational Development

Section 6

The Trust Board

The Trust Board meets 11 times a year in public, across the county. It sets the strategic direction for the Trust and we aim to lead by example and to learn from experience. I am committed to setting high standards and the whole board has signed up to the revised Nolan principles. This requires us to have honesty and integrity in all matters.

During 2014/15 the Trust Board commissioned an external review of its performance, as measured against the Monitor Governance Framework. The report showed that the governance structures were fit for purpose and were functioning well. The three main committees were also evaluated externally (Quality Governance, Audit and Assurance and Finance and Performance). As a consequence, I have not sought to undertake an internal evaluation of the working of the board and its subcommittees during the year 2014/15.

In addition to the formal external review, the board has undertaken a robust internal and external assessment against the Board Governance Assessment Framework (BGAF) and an internal assessment against the Quality Governance Framework (QGAF). The board will oversee work on the Monitor Well-Led framework, published in April 2015. The Audit and Assurance Committee appraise the performance of the key Committees during the year through a presentation at a meeting by the chair of that committee.

I appraise all the non-executive directors annually. Due to circumstances beyond my control, I have been unable to appraise the Chief Executive. Normally I would publish the results of the Chief Executive's appraisal in this section of the Annual Report. I myself have undertaken a 360 degree appraisal and the Senior Independent Director undertook a formal appraisal in preparation for my review with the Trust Development Authority. Prior to this formal appraisal he sought views from

the non-executive directors on my performance. As a result of that review, I have undertaken to continue to be an ambassador for the Trust and work with our partners to raise our profile.

I am delighted with the input from the senior clinicians to the strategic direction of the Trust. This has been enabled by the five clinical divisions and the active engagement by the leadership teams. I look forward to developing this relationship during the coming year.

The Quality Governance Committee continues to provide assurance to the board on matters relating to quality. It has matured during the year and is a central focus for the quality agenda. The Finance and Performance Committee ensures robust monitoring of a difficult financial situation and challenging performance metrics. I have ensured that there is overlap of members of NEDs on the board subcommittees with two Audit and Assurance members also attending the Quality Governance Committee and one member attending the Finance and Performance Committee. The Chair of the Audit and Assurance Committee is a qualified accountant.

A highlight of the year was the staff appreciation week, at the end of September 2014. The week commenced with a service of thanks for staff and NHS workers at Worcester Cathedral. There was a specific day for senior staff and Board members to thank staff for their work on 30 September and at the end of

the week, there were long service awards and the staff awards ceremony. I have been asked

to present the work to our peer group for national learning.



NHS staff and local dignitaries outside Worcester Guildhall before the procession to Worcester Cathedral

The Supervisors of Midwives winning Team of the Year at our achievement awards with Rav Wilding



The 'thank you' noticeboard at Kidderminster on Staff Appreciation Day

Patient engagement has been developed during the year with a refreshed Patient Participation Forum. These members undertake visits to the Trust patient areas and their feedback is invaluable for us to improve our services.

The non-executive directors (NEDs) bring a wealth of local business experience to the Trust Board, from marketing and communications to private sector commercial business and management within a large public sector organisation. They are in the

majority on the Board (11 voting members, 6 are lay) and have continued to challenge and hold the Executive Directors to account for actions. NEDs are allocated to each of the divisions and they spend time on the front line to engage with patients and staff as they go about their daily business.

I have held informal board development sessions throughout the year. Topics covered include Human Factors training, mortality, procurement, duty of candour and the Fit and Proper Persons Test.

This year, the NEDs and I have participated in national and local events hosted by a wide range of partners such as the King's Fund, Grant Thornton, PWC and others. These events provide excellent opportunities for networking and gaining insights to other NHS practices. I have also led the development of the Trust's occasional lecture series with key note speakers in the form of Sir Bruce Keogh, Sir Mike Richards, Professor Tim Evans and Stephen Dorrell attending to speak to an audience drawn from across the health economy. I am continuing with this series of lectures into 2015/16.

I have continued to develop working relationships with senior staff in our partner organisations, in particular the Health Overview and Scrutiny Committee, HealthWatch, and our CCGs and the Health

and Care Trust. I have worked closely with all partners on the Future of Acute Hospital Services in Worcestershire and share the frustration in the slow pace of the work undertaken this year.

I am keen to ensure that staff have opportunities to raise issues with board members and I have undertaken surgeries for staff to be able to talk to me informally. I have supported similar surgeries for the Chief Executive, Director of HR and OD and the Chief Nursing Officer. I also supported the external review into an alleged bullying culture being led by the Trust Development Authority.

I have continued to meet regularly with the local elected representatives, our Members of Parliament, throughout the year. This is raising awareness of health issues and in particular the Acute Trust at the highest level in government.

I should like to thank the whole board for their work and support during the past year.



Harry Turner
Chairman



TRUST BOARD OF DIRECTORS' REGISTER OF INTERESTS
2014/2015

Name	Designation	Declared Interest
Harry Turner	Chairman	<ul style="list-style-type: none"> • Director – Marriott International • Director- FTK Associates • HMCS Magistrate – Worcester • Trustee – Charles Hastings Education Centre • Collaborating with nhsmanagers.net on a non-executive director development programme (non-remunerated) • Worcestershire Ambassador (<i>from Dec 2014</i>)
Penny Venables	Chief Executive	<ul style="list-style-type: none"> • Trustee – Sandwell Arts Trust • Spouse is the Chief Executive at University Hospital North Staffordshire) • Trustee of Sandwell Leisure Trust
Julian Bion	Associate Non-Executive Director	<ul style="list-style-type: none"> • Professor of Intensive Care Medicine, University of Birmingham • Royal Airforce Civilian Advisor in Intensive Care Medicine • Chair, UK Critical Care Leadership Forum • Consultant to Nestle Pharmaceuticals (fee donated to University Hospitals Charities) • Chair, NICE Acute Medical Emergencies Guideline Development Group, National Clinical Guideline Centre
John Burbeck	Non-Executive Director	<ul style="list-style-type: none"> • Director – Burbeck Ltd • Spouse is a Director of Burbeck Ltd • Spouse was the Chief Executive of The Joint Clinic (until Oct 2014) • Spouse is the Company Secretary of The Joint Clinic (from Nov 2014) • Spouse is self-employed management consultant providing support to the private health sector and IT companies (from Nov 2014) • Spouse is Executive Director and Trustee of Style Acre Ltd, a charity supporting adults with learning difficulties (from Nov 2014) • Consultant – Capita Group
Bev Edgar	Director of Human Resources & Organisational Development (<i>until October 2014</i>)	<ul style="list-style-type: none"> • Owner – Edgar Consultancy (HR Consultancy Company) • Son undertakes temporary work within the Surgical Division
Christine Fearn	Director of Strategic Development (<i>until July 2014</i>)	<ul style="list-style-type: none"> • None

Name	Designation	Declared Interest
Denise Harnin	Director of Human Resources & Organisational Development (<i>from October 2014</i>)	<ul style="list-style-type: none"> Self-employed HRD/Becon Consultancy
Stephen Howarth	Non-Executive Director	<ul style="list-style-type: none"> None
Stewart Messer	Chief Operating Officer	<ul style="list-style-type: none"> None
Bryan McGinity	Non-Executive Director	<ul style="list-style-type: none"> Director, Trustee and Treasurer – COB Foundation, company limited by guarantee (National Health Charity) Chairman – South Worcestershire FE College
Kimara Sharpe	Company Secretary	<ul style="list-style-type: none"> Trustee – Redditch Nightstop (a charity providing support to young people aged 16-25 who are homeless) Membership Secretary – Princess of Wales Hospital League of Friends Director, Kimara Sharpe Consultancy Limited Member, Worcestershire Health and Care NHS Trust Director, Railway Walk Association Ltd
Andrew Sleigh	Non-Executive Director	<ul style="list-style-type: none"> Development Committee Member – University of Worcester Director – Pinoak Ltd Non-Executive Director – Vislink plc Non-Executive Director – Alta Innovations Ltd Adjunct Professor – Imperial College Business School Chairman – Geolang Ltd
Sarah Smith	Director of Planning and Development (<i>from January 2015</i>)	<ul style="list-style-type: none"> None
Chris Tidman	Director of Resources & Deputy Chief Executive	<ul style="list-style-type: none"> None
Lynne Todd	Non-Executive Director	<ul style="list-style-type: none"> Associate Director – Shine Business Research Lay Hospital Manager (CAMHS) – Birmingham Children's Hospital HMCS - Magistrate
Mark Wake	Chief Medical Officer	<ul style="list-style-type: none"> Medical Defence Union-member ORS (UK ENT research society)-member In a relationship with senior member of Trust staff
Lindsey Webb	Chief Nursing Officer	<ul style="list-style-type: none"> In a relationship with the Director of Taylor Moore Associates/associate director of Provex.

Section 7

Business Review - Operating and Financial Review

Performance in 2014/15

During 2014/15 the financial planning constraints continued to place significant challenges on the Trust. An underlying deficit of £3.8m carried forward from the previous financial year coupled with a tariff deflator of 1.5% meant that a further £16.6m needed to be delivered through efficiencies.

The Trust was unable to reach agreement with lead commissioners on the contract for 2014/15 and therefore entered the NHS England / TDA formal arbitration process. The outcome of the arbitration was mixed but most importantly we have now jointly established a fair recurrent funding baseline that the local CCGs and the Trust are committed to work towards. The arbitration decision is based on the national Payment by Results (PbR) mechanism which is founded on the principle of providers getting paid set prices for the different diagnosis and procedures. The arbitration panel determined that applying the PbR mechanism would lead to a material increase in expenditure for the local CCGs triggering a phasing-in of the benefit to the Trust over 3 years. Applying a 3 year pace of change effectively results in a rebate being returned to commissioners in Years 1 and 2.

There is also a recognition that the Trust is underfunded by circa £2m for the provision of undergraduate medical training. The pace of change on this will see the income phased in over a number of years.

Noting the underlying deficit, the pace of change on undergraduate medical training funding and the contract arbitration verdict, the Trust was not in a position to deliver its breakeven duty with a planned deficit of £9.8m in 2014/15 (circa 2.9% of turnover) with a number of risks highlighted that could take the position out to circa £25m if they

materialised. The Trust reported an overall deficit of income over expenditure of £32.9m after technical adjustments. The year-end financial position culminated in the Trust delivering an I&E deficit of £25.9m (after impairments and adjustments); in line with Department of Health guidance on the Break-Even duty for NHS Trusts, costs relating to impairments (£12.2m) and donated assets (£71k) are excluded when measuring a Trust's break-even performance.

The variance from the originally planned £9.8m deficit position was driven by:

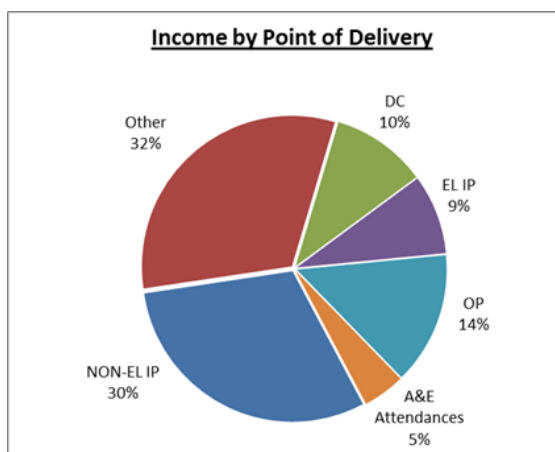
- The impact of activity pressures resulting from a reduction in emergency income and increased expenditure on drugs and consumables. This was linked to patients nursed overnight in A&E and increased length of stay driven by higher acuity and delayed discharges. Emergency pressures have also resulted in elective patients being sent to the independent sector to support RTT performance.
- Income further adversely impacted by fines for ambulance turnaround times, A&E performance and RTT plus the marginal rate for emergency over performance.
- High levels of agency medics to support the management of high emergency demand and increased vacancies exacerbated by an increase in the rates charged.
- Savings being £2.3m below the target required.
- The one-off costs of outsourcing ICT services.
- The cost of managing and participating in clinical reviews.

The £14.3m of savings delivered, representing 4% of turnover, compares favourably with neighbouring Trusts. Despite the very challenging operational pressure through the

last quarter of the year this is the highest level of savings delivered in a single year by the Trust.

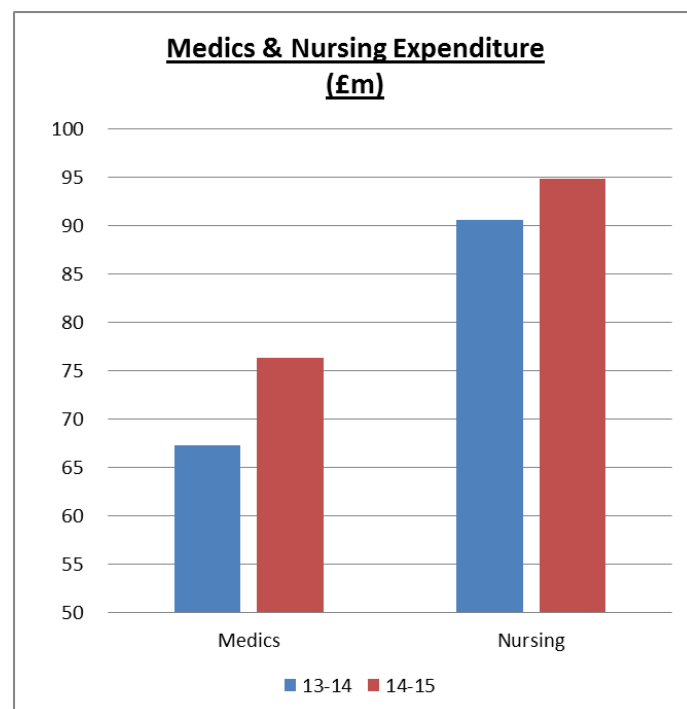
Given the legacy debt issues and the 2013/14 deficit followed by this year's deficit a further cash injection of £43.9m was required in 2014/15 in the form of revenue Public Dividend Capital (PDC). Delays in paying creditors continued throughout the year as the additional revenue PDC was largely received towards the latter part of the year.

During 2014/15 the Trust earned revenue of £342m for the provision of healthcare services, with the majority receivable from NHS South Worcestershire CCG (38%), NHS Redditch & Bromsgrove CCG (23%) and NHS Wyre Forest CCG (16%). A further 11% is receivable from NHS England in respect of Prescribed Specialised Services. The chart below analyses the proportion of healthcare income receivable by activity type. Day case work increased by 11% and new outpatient attendances increased by c3%, with activity across other points of delivery remaining relatively constant.

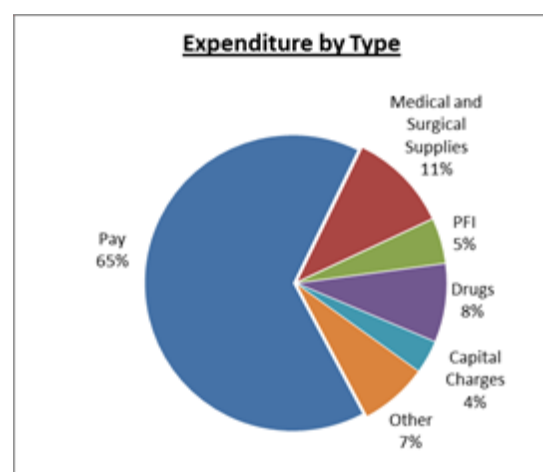


Unprecedented levels of medically fit patients "stranded" in the Trust's hospitals have resulted in increased medic and nursing staffing costs in 2014/15. Additional costs were also incurred to increase nurse staffing ratios and resulting from a higher reliance on medical agency staff due to increased

vacancies, delays in reconfiguration and reduced Deanery posts.



Whilst the Trust has continued to recruit additional nursing posts to increase staffing levels and avoid an over reliance on expensive agency staffing, the Trust's medical agency expenditure has increased due to the longer lead time in recruiting to additional medical staffing posts and a shortage of suitable candidates resulting in increased rates for temporary medical staff.



Non pay expenditure for medical & surgical supplies has increased broadly in line with inflation and increased activity. Areas that

have increased above this have been non-tariff funded drugs and activity sent to the independent sector. These two items account for a £6.5m increase in costs offset by the associated income increase. The PFI costs have also increased with inflation but the impact in 2014/15 is being offset by one-off contract benefit.

The Trust has invested £20m of capital resources in a number of major developments, clinical equipment, IT systems/infrastructure and the estate, ensuring that it remained within its Capital Resource Limit. Construction of the Radiotherapy Centre, funded via a £22.4m Capital Investment Loan, commenced in 2012/13 and was completed towards the end of the financial year; the costs incurred in the final year of construction were £6.7m.

The Trust also received a further Capital Investment Loan in-year totalling £4.95m to update and improve the resilience of the Trust's IT infrastructure. As the loan was received late in the financial year only £2.6m was spent on this project in 2014/15.

Internally generated capital funds have been used to replace clinical and IT equipment and invest in new clinical systems including the Electronic Patient Record Project (£586k), eNotes (£415k), the Business Intelligence Project (£479k), the Maternity Information System (£285k), the Electronic Prescribing system (£206k) and the Patient Administration System (£199k).

The Trust was successful in securing national capital funding from the Department of Health which supplemented the loan backed investments and internally generated resources:

- Safer Wards/Safer Hospitals Fund (£725k) – this funding supported the development of the Midwifery Led Unit (£497k), implementation of electronic prescribing (£175k) and the new Maternity Information System (£53k).

- Integrated Digital Care Fund (£810k) – A total of £1.4m was awarded to the Trust split across 2 financial years with £810k received in 2014/15. This has supported the implementation of the Electronic Patient Record Programme 'One-View' which will allow the Trust to have the knowledge, skills and digital tools to enable our clinical teams to collect, manage, use and share clinical information efficiently and safely to support the delivery of patient-centric, paperless healthcare

The Trust's capital funding strategy has been to use cash generated through depreciation predominantly for replacement and maintenance schemes with service developments funded through national capital bids, loans, surpluses or asset sales receipts subject to satisfactory businesses cases. In addition, all relevant equipment purchases are subject to financial appraisal to ensure we achieve best value and make effective use of our limited capital funding.

The Trust's performance against key operational metrics can be seen on page 10.

Audit

Grant Thornton has been the Trust's external auditors since October 2012. The total fee which has been paid in 2014/15 for the statutory audit of the Trust is £99,000 (including VAT). This fee excludes the cost of auditing the Trust's Charitable Fund Accounts. In addition the Trust is required to obtain external assurance on the Quality Account for 2014/15. The scale fee for this piece of work is not included in the above figure. However, the auditors have submitted a fee variation to the Audit Commission requesting a fee increase of c.£2,500 plus VAT for the 2014/15 s.19 referral letter which has been sent to the Secretary of State for Health. This figure is included in the total audit fee sum above.

The Trust has requested that Grant Thornton conduct a separate high level review of the governance arrangement pertaining to the

Contract Management Board. This review is in addition to the standard audit work, and the fee for this piece of work will be in the range of £12,000 to £15,000 plus VAT. No other work has been requested by the Trust from either the Audit Commission or Grant Thornton in respect of further assurance services or other services.

The Trust's Directors have confirmed that they are not aware of any relevant audit information which has not been brought to the attention of the Trust's auditors.

Confirmation as to how pension liabilities have been treated by the Trust are contained within the Trust's 2014/15 Accounts. This accounting treatment also applies to the figures reported within the Directors' Remuneration statement detailed later within the Annual Report.

Looking forward to 2015/16 and beyond

The NHS faces an unprecedented level of future pressure with substantial impending challenges driven by an ageing population; increases in the prevalence of long-term conditions; and rising costs and public expectations within a challenging financial environment. In order to respond to these significant challenges health and social care providers across Worcestershire are working towards a longer term vision for a truly integrated health and social care system.

Moving forwards a reduction in acute emergency demand will need to be supported by an expansion of out of hospital models, which are closer to home, therefore assuming a contraction of acute hospital based care and an expansion of high quality, prevention, treatment, health-maintenance and crisis intervention services which are delivered outside of hospital.

The Better Care Fund (BCF) is intended to act as a catalyst for better integration and for expansion of out of hospital care. Locally, there is a need to increase the scale and pace of change, ensuring bold and transformational

plans are developed which support delivery of the vision.

To support the vision of the BCF Commissioners have developed a series of QIPP schemes intended to reduce pressure on the acute sector and enhance the quality of healthcare locally. These schemes amount to £7.5m in 2015/16, and address emergency, planned inpatient and outpatient care and high cost drugs.

Schemes valued at £3.1m have been incorporated into the 2015/16 contracts to date based on their level of development and anticipated success. Whilst the Trust supports the demand management initiatives and is working with commissioners to develop existing schemes and identify new ones, it must carefully balance the risk of non-delivery of QIPP with the need to reduce costs and activity to secure the sustainability of service provision in the future.

Whilst the Trust is committed to appropriate contraction of its capacity, the achievement of this must be in line with a robust phased plan of expanded 24/7 care outside of hospital. Whilst this is being developed, the Trust must ensure sufficient acute headroom to maintain a safe operating environment. Its plans will ensure sufficient capacity to manage medical surge pressures throughout the year not just in the winter period, whilst also addressing the capacity challenges to delivering our elective demand; bringing core capacity back into balance and elimination of a backlog of cases.

In summary, the next few years pose significant challenges and risks for the health economy and the Trust arising from:

- Significantly tightened financial position for the Acute Sector and for the Trust with the need to achieve financial balance and continue to improve outcomes for patients.
- Overall affordability challenge for local Commissioners and the impact of agreeing deliverable plans which take

into account the current performance of the system.

- Need to continue to ensure safe care and improved outcomes for our patients within a challenging financial reality
- Ensuring full compliance with quality standards with a focus on: mortality surveillance, medicines optimisation and reducing harm from medicines.
- To respond to changes in demand for elective care meeting waiting time standards, eliminating the backlog, providing a good experience of care.
- Securing delivery and sustainability of key targets with special focus on A&E 95%, RTT, cancer, cancelled operations and ambulance handover/turnaround.
- Achieving efficiency and productivity targets recurrently
- Planning for the introduction and impact of the Better Care Fund.
- Delivery of planned service developments and benefits for patients in line with the Trust's strategic plan.

Progress on contract negotiations this year was hampered by the withdrawal of the 2015/16 National Tariff and its replacement with two alternative options, Enhanced Tariff Offer (ETO) and Default Tariff Rollover (DTR). The Trust elected for ETO as it generates additional income of circa £3.8m over the DTR proposal with the following implications during 2015/16.

- The marginal rate will continue to apply for increases in the value of emergency admissions, but at an increased rate of 70% (compared with 30% during 2014/15);
- Specialised services activity in excess of 2014/15 planned levels is only reimbursed at 70% (compared with 100% during 2014/15);
- The provider efficiency requirement reflected in tariffs is 3.5% (4.0% during 2014/15);
- CQUINs remain at 2.5%.
- The contract now mandates that commissioners impose financial sanctions upon the trust if it fails to

deliver on key standards including in relation to infections, waiting times in A&E and referral to treatment times.

Positive discussions with the 3 local CCGs enabled contracts to be signed by the end of April with prescribed services contracts with NHS England agreed by Mid May. Gain and risk share arrangements will be agreed with commissioners in-year.

Despite the additional income arising from the ETO tariffs the Trust has planned a £31.3m deficit for 2015/16 reflecting a continuation of the workforce and operational challenges faced in the previous year. It has been assumed that high volumes of older sicker patients will result in delays to discharges impacting income levels. This is expected to be exacerbated by the high numbers of temporary medical staff required to cover vacancies and the pace of change issues related to the income position carried over from 2014/15.

The Trust is working with health and social care partners to decrease the numbers of delayed discharges as well as transferring elective activity to Redditch and Kidderminster to minimise cancellations and lower the numbers of patients waiting for treatment. Medical workforce plans are being developed to reduce the reliance on medical agency through innovative use of roles and recruitment strategies.

The Internal QIPP target for 2015/16 has been set at £15.6m (£4.2% of turnover). This is an increase of 9% on the achieved value for 2014/15 which is considered to be extremely challenging in light of the operational pressures faced and delays in reconfiguration. The work on business plans has identified key priorities and opportunities for improving quality and productivity, and as a result the Trust is targeting savings in the following areas:

- Quality improvements through implementing best practice

- Efficiency and productivity savings on capacity.
- Reduction in premium temporary staffing costs
- Procurement and contract negotiations
- Prescribing efficiencies
- Workforce realignment and terms and conditions
- Improved contribution from targeted specialties

The Trust is committed to saving money safely through a rigorous quality impact assessment process. This includes an initial quality impact assessment for all schemes which is undertaken by the Chief Medical Officer, Chief Nursing Officer and the Associate Medical Director for Patient Safety. No scheme will proceed until approval is achieved. Schemes which are likely to impact patient safety, patient experience or clinical effectiveness will be subjected to regular further quality impact assessments during the project life cycle.

The Trust's commitment to develop excellent local services for the population of Worcestershire will see the development of a £1.5m Breast Unit in 2015/16 on the Worcester site in conjunction with the Worcestershire Hospitals Charitable Trust.

Some other improvements to clinical services will also require investment in the estate but the majority of the proposed capital expenditure on the estate relates to backlog maintenance subject to securing external funding.

A number of IT system projects will continue from the previous year including the conclusion of the improvements to the IT infrastructure resilience and the electronic records development utilising funding provided by the Department of Health's Integrated Digital Care Fund and. Additional new schemes take the total planned investment in IT clinical systems to circa £5m. The Trust will again invest £0.6m in the replacement of clinical equipment.

The size of the deficit delivered in 2014/15 and the planned deficit for 2015/16 require the Trust to develop a financial recovery plan. The Trust's financial plans for the next five years will need to include several key elements to achieve the following objectives:

- To return the Trust to in-year sustainable financial balance
- To maintain and further develop strong financial management and control within the Trust to ensure it is fit for purpose both now and in the future as a Foundation Trust
- To identify and manage business risks to ensure that the Trust's objectives progress unhindered
- To ensure that the Trust's assets are optimised, protected and managed appropriately to sustain and improve the ongoing delivery of services
- To ensure that there is a sound performance management framework in place to enable the Trust to monitor progress against its financial, operational and contractual targets, and to take early corrective action as necessary
- To improve clinical engagement throughout the Trust

The key financial risks facing the Trust in 2015/16 are as follows:

- Operational pressures impact the financial position further.
- Continued recruitment difficulties result in high levels of medical agency expenditure.
- In light of continued high levels of operational pressures and staffing issues the Trust may need to implement emergency service changes to maintain patient safety resulting in increased costs or lost income.
- Despite the robust performance management framework to support the safe delivery of high performance the operational pressures may cause the Trust to miss targets resulting in penalties being imposed by commissioners.

- The relatively low levels of funding for our local commissioners mean we will jointly need to make some choices about how health and social care services are provided across the county.
- Delivery of the Trust's internal efficiency programme through robust planning, implementation and accountability arrangements, whilst maintaining safe clinical services and delivering challenging access targets.
- Reduction in demand for services due to CCG QIPPs, however if they fail to deliver then the Trust will continue to face capacity pressures. The Trust will continue to work closely with commissioners to support their schemes to reduce demand.
- Requirement for a cash injection to enable the trust to continue to meet its commitments is being managed initially through a temporary working capital facility. The Trust is working closely with the Trust Development Authority to source a longer term solution to the liquidity issues.

Fraud and Corruption

In December 1999 Secretary of State Directions were issued to NHS Trusts (revised November 2004). These directions set out the roles and the responsibilities of each Health Body in countering Fraud and Corruption. The Trust has reviewed and updated its Fraud & Corruption and Whistleblowing policies and both are available to staff via the Trust intranet.

A key requirement is for each NHS body to nominate and appoint a Local Counter Fraud Specialist (LCFS) suitably trained and accredited to carry out operational responsibilities with the investigation of cases of fraud involving the Trust.

The Trust's LCFS has undertaken this work for the Trust during 2014/15 in compliance with Directions and to support this work the Trust continually reviews and updates its Fraud and Corruption Policy.

This policy provides direction and help to employees who may identify suspected fraud and provides a framework for responding to suspicions of fraud, advice and information on various aspects of fraud and implications of an investigation.

The LCFS has reported directly to the Trust's Audit Committee and the work undertaken by the LCFS is monitored by the Chief Executive and the Director of Resources/Deputy Chief Executive to ensure compliance with the Directions.

Going Concern

Going concern is a fundamental principle in the preparation of financial statements. Under the going concern assumption a Trust is viewed as continuing in operation for the foreseeable future with no necessity of liquidation or ceasing trading. Accordingly the Trust's assets and liabilities are recorded on the basis that assets will be realised and liabilities discharged in the normal course of business. A key consideration of going concern is that the Trust has the cash resources to continue to meet its obligations as they fall due in the foreseeable future.

In preparing the financial statements the directors have considered the Trust's overall financial position and expectation of future cash support. The Trust has submitted a financial plan for 2015-16 to the NHS Trust Development Authority which delivers a £31.3 million deficit after delivery of a £15.6 million savings programme. The plan includes a requirement for £40.4 million of cash support from the Department of Health to maintain the Trust's cashflow in 2015-16.

The Directors have received confirmation from the NHS TDA that it supports the Trust's application for cash support and consider that there is sufficient evidence that the services this Trust provides will continue as a going concern for the foreseeable future.

Thus the Trust's financial statements have been prepared on a going concern basis supported by an assessment by management that has deemed it appropriate to do so.

Sustainability Report

The Trust recognises its responsibilities with regard to the impact of its business activities on the social, economic and environmental wellbeing of the communities of Worcestershire and the surrounding area. Our 5 year Sustainable Development Strategy and Implementation Plan provide the framework for the Trust's journey towards delivering our healthcare business objectives in a sustainable and green manner.

Both the Sustainable Development Strategy and Implementation Plan have been developed to align with and secure absolute compliance with the Department of Health's Sustainable Development Unit model requirements for NHS organisations.

Adoption of both documents will allow the Trust to manage business activities, buildings and estates in a manner that promotes environmental economic and social sustainability, to conserve and enhance natural resources, prevent environmental pollution and bring about continuous improvement in the Trust's ability to deliver high quality patient care services.

Emergency Preparedness

The Trust has a major incident plan in place which is regularly reviewed and tested across all areas. It is fully compliant with the requirements of the NHS Emergency Planning Guidance 2005 and all associated guidance.

Principles for Remedy

The Trust adheres to the *Principles for Remedy* (May 2010) published by the Parliamentary and Health Service Ombudsman. This sets out six principles that represent best practice and are directly applicable to NHS complaints procedures.

Better Payments

The Better Payments Practice Code targets NHS bodies with paying all non-NHS trade creditors within 30 days of the receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed. Details of the Trust's performance against the Better Payments Practice Code are shown below:

	2014-15 Number	2014-15 £000s
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	98,426	188,412
Total Non-NHS Trade Invoices Paid Within Target	34,464	85,574
Percentage of NHS Trade Invoices Paid Within Target	35%	45%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	3,502	25,124
Total NHS Trade Invoices Paid Within Target	1,668	11,802
Percentage of NHS Trade Invoices Paid Within Target	48%	47%

The Trust has signed up to the Prompt Payments Code. This means that the Trust is committed to paying its suppliers within clearly defined terms, and to ensuring there is a proper process for dealing with any issues that may arise.

Treasury Guidance on setting charges

The Trust complies with the Treasury's guidance on setting charges for information.

Exit packages and severance payments

There was one exit package agreed by the Trust in 2014/15. The value of the compulsory redundancy payment was £13,920.

Summarised financial statements

The summary financial statements which follow do not contain sufficient information to allow as full an understanding of the results and state of affairs of the Trust and its policies and arrangements as provided by the full annual accounts; a copy of which is available free of charge by writing to the Director of Resources as follows

Director of Resources
Worcestershire Royal Hospital
Charles Hastings Way
Worcester
WR5 1DD
Tel: 01905 760393

The accounts have been prepared on a going concern basis and in accordance with International Financial Reporting Standards (IFRS) and the Trust's accounting policies. Their preparation has been guided by the 2014/15 Manual for Accounts issued by the Department of Health.

The Trust's Accounts Directions are made under the following legislation:
National Health Service Act 2006 c. 41
Schedule 15: Preparation of annual accounts

Sickness Absence Data

Sickness absence data is provided to individual NHS Trusts by the Department of Health. The figures can be found at Note 10.3 in the full set of Annual Accounts.

Disclosure of serious incidents

Disclosure of details relating to Information Governance serious incidents is included within the Annual Governance Statement for 2014-15, page 200.

Directors' disclosure

In the case of each of the persons who are directors at the time the report is approved so far as the directors are aware, there is no relevant audit information of which the company's auditor is unaware, and they have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the company's auditor is aware of that information.

Health & Safety

The Trust has continued to comply with Health & Safety Legislation across all three hospital sites. The Trust's Risk Executive Group (REG) monitored the health and safety management activities which occurred during 2014/15 to ensure that the activities remain focussed on meeting the key objectives within the 2011 Health and Safety Strategy.

2014-15 Annual Accounts of Worcestershire Acute Hospitals NHS Trust

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed..........Chief Executive

Date.....26.15.....

2014-15 Annual Accounts of Worcestershire Acute Hospitals NHS Trust

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Board

2-6-15	Date		2-6-15	Chief Executive
2-6-15	Date		2-6-15	Finance Director

**Statement of Comprehensive Income for year ended
31 March 2015**

	NOTE	2014-15 £000s	2013-14 £000s
Gross employee benefits	10.1	(236,915)	(220,011)
Other operating costs	8	(145,667)	(127,240)
Revenue from patient care activities	5	341,925	323,692
Other operating revenue	6	22,731	22,337
Operating surplus/(deficit)		(17,926)	(1,222)
Investment revenue	12	43	56
Other gains and (losses)	13	21	63
Finance costs	14	(11,338)	(9,458)
Surplus/(deficit) for the financial year		(29,200)	(10,561)
Public dividend capital dividends payable		(3,739)	(3,710)
Transfers by absorption - gains		0	0
Transfers by absorption - (losses)		0	0
Net Gain/(loss) on transfers by absorption		0	0
Retained surplus/(deficit) for the year		(32,939)	(14,271)
Other Comprehensive Income		2014-15 £000s	2013-14 £000s
Impairments and reversals taken to the revaluation reserve		0	(2,310)
Net gain/(loss) on revaluation of property, plant & equipment		12,268	6,520
Net gain/(loss) on revaluation of intangibles		0	0
Net gain/(loss) on revaluation of financial assets		0	0
Other gain/(loss) (explain in footnote below)		0	0
Net gain/(loss) on revaluation of available for sale financial assets		0	0
Net actuarial gain/(loss) on pension schemes		0	0
Other pension remeasurements		0	0
Reclassification adjustments		0	0
On disposal of available for sale financial assets		0	0
Total comprehensive income for the year*		(20,671)	(10,061)
Financial performance for the year		(32,939)	(14,271)
Retained surplus/(deficit) for the year		0	0
Prior period adjustment to correct errors and other performance adjustments		50	189
IFRIC 12 adjustment (Including IFRIC 12 Impairments)		6,900	0
Impairments (excluding IFRIC 12 Impairments)		71	(109)
Adjustments in respect of donated gov't grant asset reserve elimination (if required)		0	0
Adjustment re absorption accounting		(25,918)	(14,191)
Adjusted retained surplus/(deficit)		(25,918)	(14,191)

The Trust's Management is required to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. Further information can be found at Note 43.1 "Breakeven Performance"

A Trust's Reported NHS financial performance position is derived from its Retained surplus/(Deficit), but adjusted for the following:-

- Impairments to Fixed Assets - An impairment charge is not considered part of the organisation's operating position.
- Adjustment in respect of Donated Asset Reserves elimination - The Treasury revised their reporting manual in 2010-11 to reflect the interpretation of International Accounting Standards (IAS20), resulting in the elimination of Reserves in respect of Donated Assets. The revenue impact of depreciation relating to these assets was previously offset by a release from the Donated Asset Reserve. Following revision to the reporting manuals this cost is charged to the Trusts expenditure without any offset. This is therefore not considered part of the Trusts operating position.

**Statement of Financial Position as at
31 March 2015**

		31 March 2015	31 March 2014
	NOTE	£000s	£000s
Non-current assets:			
Property, plant and equipment	15	266,840	250,886
Intangible assets	16	1,717	888
Investment property	18	0	0
Other financial assets		0	0
Trade and other receivables	22.1	2,089	1,287
Total non-current assets		270,646	253,039
Current assets:			
Inventories	21	6,107	5,081
Trade and other receivables	22.1	28,335	20,522
Other financial assets	24	0	0
Other current assets	25	0	0
Cash and cash equivalents	26	2,107	5,884
Sub-total current assets		36,549	31,247
Non-current assets held for sale	27	840	840
Total current assets		37,389	32,087
Total assets		308,035	285,126
Current liabilities			
Trade and other payables	28	(42,969)	(45,963)
Other liabilities	29	(395)	(554)
Provisions	35	(813)	(855)
Borrowings	30	(1,970)	(1,873)
Other financial liabilities	31	0	0
DH revenue support loan	30	(1,334)	(1,334)
DH capital loan	30	(2,438)	(1,448)
Total current liabilities		(49,917)	(51,929)
Net current assets/(liabilities)		(12,528)	(19,730)
Total assets less current liabilities		258,088	233,301
Non-current liabilities			
Trade and other payables	28	0	0
Other liabilities	29	(3,157)	(2,230)
Provisions	35	(1,492)	(1,577)
Borrowings	30	(73,990)	(75,961)
Other financial liabilities	31	0	0
DH revenue support loan	30	(7,331)	(8,955)
DH capital loan	30	(24,188)	(21,874)
Total non-current liabilities		(110,158)	(110,107)
Total assets employed:		147,930	123,194
FINANCED BY:			
Public Dividend Capital		183,996	138,589
Retained earnings		(95,744)	(84,017)
Revaluation reserve		60,539	50,333
Other reserves		(861)	(951)
Total Taxpayers' Equity:		147,930	123,194

The notes on pages 5 to 45 form part of this account.

The financial statements on pages 1 to 4 were approved by the Board on 2nd June 2015 and signed on its behalf by

Chief Executive:



Date: 2.6.15

Statement of Changes in Taxpayers' Equity
For the year ending 31 March 2015

	Public Dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	Other reserves £000s	Total reserves £000s
Balance at 1 April 2014	138,688	(84,817)	60,383	(881)	123,184
Changes in taxpayers' equity for 2014-15					
Retained surplus/(deficit) for the year		(32,939)			(32,939)
Net gain / (loss) on revaluation of property, plant, equipment			12,258		12,258
Net gain / (loss) on revaluation of intangible assets			0		0
Net gain / (loss) on revaluation of financial assets			0		0
Net gain / (loss) on revaluation of available for sale financial assets			0		0
Impairments and reversals			0		0
Other gains/(loss) (provide details below)				0	0
Transfers between reserves		2,112	(2,112)	0	0
Reclassification Adjustments					
Transfers to/(from) other bodies within the resource account boundary		0	0	0	0
Transfers between revaluation reserve & retained earnings in respect of assets transferred under absorption		0	0		0
On disposal of available for sale financial assets			0		0
Reserves eliminated on dissolution		0	0	0	0
Originating capital for Trust established in year	0				0
New temporary and permanent PDC received - cash	79,907				79,907
New temporary and permanent PDC repaid in year	(34,500)				(34,500)
PDC written off	0				0
Transferred to NHS Foundation Trust	0	0	0	0	0
Other movements	0	0	0	0	0
Net actuarial gain/(loss) on pension				0	0
Other pensions remeasurement				0	0
Net recognised revenue/(expense) for the year	46,407	(30,827)	10,168	0	24,738
Balance at 31 March 2015	185,095	(15,644)	70,551	(881)	147,930

** The movement between the Revaluation Reserve and Income and Expenditure Reserve is represented by :-

1) £2,112,050 for excess depreciation from 1.4.14 to 31.3.15. In accordance with IAS16:-

IFRS is clear that all the depreciation chargeable on revalued assets must pass through the profit and loss account. This means that the extra depreciation incurred because an asset has been indexed or revalued upwards is included in the depreciation charge for the year.

Bodies should, however, release an amount from the Revaluation reserve to the Retained Earnings in respect of this excess depreciation over historic cost. This transfer avoids the anomaly of the revaluation reserve remaining in perpetuity after an asset has become fully depreciated. It is also justified as it recognises a 'realised profit' in Companies Act terms.

Balance at 1 April 2013	138,110	(62,871)	48,188	(881)	132,778
Changes in taxpayers' equity for the year ended 31 March 2014					
Retained surplus/(deficit) for the year		(14,271)			(14,271)
Net gain / (loss) on revaluation of property, plant, equipment			6,520		6,520
Net gain / (loss) on revaluation of intangible assets			0		0
Net gain / (loss) on revaluation of financial assets			0		0
Net gain / (loss) on revaluation of assets held for sale			0		0
Impairments and reversals			(2,310)		(2,310)
Other gains / (loss)				0	0
Transfers between reserves		2,025	(2,025)	0	0
Transfers under Modified Absorption Accounting - PCTs & SHAs		0			0
Transfers under Modified Absorption Accounting - Other Bodies		0			0
Reclassification Adjustments					
Transfers to/(from) Other Bodies within the Resource Account Boundary	0	0	0	0	0
Transfers between revaluation reserve & retained earnings reserve in respect of assets transferred under absorption		0	0		0
On disposal of available for sale financial assets			0		0
Reserves eliminated on dissolution		0	0	0	0
Originating capital for Trust established in year	0				0
New temporary and permanent PDC received - cash	479				479
New PDC received/(repaid) - PCTs and SHAs legacy items paid for by DH	0				0
New temporary and permanent PDC repaid in year	0				0
PDC written off	0				0
Transferred to NHS Foundation Trust	0	0	0	0	0
Other movements	0	0	0	0	0
Net actuarial gain/(loss) on pension				0	0
Other pensions remeasurement				0	0
Net recognised revenue/(expense) for the year	479	(12,246)	2,185	0	(9,582)
Transfers between reserves in respect of modified absorption - PCTs & SHAs		0	0	0	0
Transfers between reserves in respect of modified absorption - Other Bodies		0	0	0	0
Balance at 31 March 2014	138,688	(84,817)	60,383	(881)	123,184

Statement of Cash Flows for the Year ended 31 March 2015

	NOTE	2014-15 £000s	2013-14 £000s
Cash Flows from Operating Activities			
Operating surplus/(deficit)		(17,926)	(1,295)
Depreciation and amortisation		8,532	8,233
Impairments and reversals		6,950	189
Other gains/(losses) on foreign exchange		0	0
Donated Assets received credited to revenue but non-cash		0	(171)
Government Granted Assets received credited to revenue but non-cash		0	0
Interest paid		(11,143)	(9,327)
Dividend (paid)/refunded		(4,057)	(3,372)
Release of PFI/deferred credit		0	0
(Increase)/Decrease in Inventories		(1,046)	(63)
(Increase)/Decrease in Trade and Other Receivables		(8,412)	(6,112)
(Increase)/Decrease in Other Current Assets		0	0
Increase/(Decrease) in Trade and Other Payables		(4,480)	13,348
(Increase)/Decrease in Other Current Liabilities		768	611
Provisions utilised		(554)	(660)
Increase/(Decrease) in movement in non cash provisions		451	365
Net Cash Inflow/(Outflow) from Operating Activities		(30,917)	1,716
Cash Flows from Investing Activities			
Interest Received		43	56
(Payments) for Property, Plant and Equipment		(18,387)	(27,276)
(Payments) for Intangible Assets		0	(36)
(Payments) for Investments with DH		0	0
(Payments) for Other Financial Assets		0	0
(Payments) for Financial Assets (LIFT)		0	0
Proceeds of disposal of assets held for sale (PPE)		0	0
Proceeds of disposal of assets held for sale (Intangible)		0	0
Proceeds from Disposal of Investment with DH		0	0
Proceeds from Disposal of Other Financial Assets		0	0
Proceeds from the disposal of Financial Assets (LIFT)		0	0
Loans Made in Respect of LIFT		0	0
Loans Repaid in Respect of LIFT		0	0
Rental Revenue		0	0
Net Cash Inflow/(Outflow) from Investing Activities		(18,344)	(27,256)
Net Cash Inflow / (outflow) before Financing		(49,261)	(25,540)
Cash Flows from Financing Activities			
Gross Temporary and Permanent PDC Received		79,907	479
Gross Temporary and Permanent PDC Repaid		(34,500)	0
Loans received from DH - New Capital Investment Loans		4,950	17,153
Loans received from DH - New Revenue Support Loans (previously known as Working Capital Loan)		0	0
Other Loans Received		0	0
Loans repaid to DH - Capital Investment Loans Repayment of Principal		(1,446)	(1,075)
Loans repaid to DH - Working Capital Loans/Revenue Support Loans		(1,334)	(1,334)
Other Loans Repaid		0	0
Cash transferred to NHS Foundation Trusts or on dissolution		0	0
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT		(1,873)	(1,727)
Capital grants and other capital receipts (excluding donated / government granted cash receipts)		0	935
Net Cash Inflow/(Outflow) from Financing Activities		45,704	14,431
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		(3,557)	(11,109)
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period		5,664	16,773
Effect of exchange rate changes in the balance of cash held in foreign currencies		0	0
Cash and Cash Equivalents (and Bank Overdraft) at year end		2,107	5,664

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

We have audited the financial statements of Worcestershire Acute Hospitals NHS Trust for the year ended 31 March 2015 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

We have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes
- the table of pension benefits of senior managers and related narrative notes
- the table of pay multiples and related narrative notes.

This report is made solely to the Board of Directors of Worcestershire Acute Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust's directors and the Trust as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Directors and auditor

As explained more fully in the Statement of Directors' Responsibilities in respect of the accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards also require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report which comprises Message from the Chief Executive: Strategic Report, The Year's Performance at a Glance, Working with Stakeholders, Quality, Engaging and Supporting our People, The Trust Board, Business Review – Operating and Financial Review, Annual Governance Statement 2014/15 and Directors' Remuneration to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of Worcestershire Acute Hospitals NHS Trust as at 31 March 2015 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

Opinion on other matters

In our opinion:

- the part of the Remuneration Report subject to audit has been prepared properly in accordance with the requirements directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England; and
- the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we report by exception

We are required to report if we refer a matter to the Secretary of State under section 19 of the Audit Commission Act 1998 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

On 30 March 2015 we referred a matter to the Secretary of State under section 19 of the Audit Commission Act 1998 in relation to the Trust's anticipated failure to achieve its breakeven duty under Paragraph 2(1) of Schedule 5 of the National Health Service Act 2006, taking into account the NHS Finance Manual "Guidance on Breakeven Duty and Provisions", as a result of its expected deficit for 2014/15.

We report to you if:

- in our opinion the governance statement does not reflect compliance with the NHS Trust Development Authority's Guidance; or
- we issue a report in the public interest under section 8 of the Audit Commission Act 1998.

We have nothing to report in these respects.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Respective responsibilities of the Trust and auditor

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission in October 2014.

We report if significant matters have come to our attention which prevent us from concluding that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of

the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2014, as to whether the Trust has proper arrangements for:

- securing financial resilience
- challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2015.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Basis for qualified conclusion

In considering the Trust's arrangements for securing financial resilience, we identified the following matter:

- The Trust delivered a £25.9 million deficit against an original planned deficit of £9.8 million in 2014/15. The Trust is projecting a deficit of £31.3 million for 2015/16. The actual and planned deficits are evidence of weaknesses in arrangements in respect of the Trust's strategic financial planning and financial control.

In considering the Trust's arrangements for challenging how it secures economy, efficiency and effectiveness, we identified the following matters:

- In March 2015 the Care Quality Commission (CQC) issued the Trust a notice under section 31 of the Health and Social Care Act 2012 in respect of compliance with assessment of attendees at the emergency department of the Worcestershire Royal Hospital. The CQC also issued three warning notices to the Trust in respect of services in the emergency services at both Trust sites.
- The Trust failed to achieve its targets on a number of performance indicators during 2014/15, including patients waiting less than four hours in A&E, percentage of patients referred and treated within 18 weeks (admitted) and percentage of patients having their first treatment within 62 days from urgent GP referral for suspected cancer. These matters are evidence of weaknesses in arrangements in improving efficiency and productivity.

Adverse conclusion

On the basis of our work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2014, the matters reported in the basis for adverse conclusion paragraph above prevent us from being satisfied that in all significant respects Worcestershire Acute

Hospitals NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2015.

Certificate

We certify that we have completed the audit of the accounts of Worcestershire Acute Hospitals NHS Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Jon Roberts

for and on behalf of Grant Thornton UK LLP, Appointed Auditor

Colmore Plaza
20 Colmore Circus
Birmingham
B4 6AT

4th June 2015

Section 8

Annual Governance Statement 2014/15

1 Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *Accountable Officer Memorandum* which includes responsibility for maintaining a sound system for internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding quality standards and public funds.

I have a duty of partnership to discharge, and therefore work collaboratively with other partner organisations. The Trust is working collaboratively wherever possible with the appropriate Local Authorities, voluntary sector and local education establishments as well as NHS Commissioners (CCGs and NHS England) and other NHS providers of services. The Trust has a range of formal and informal mechanisms in place to facilitate effective working with key partners in the Worcestershire Health Economy, including the Well Connected Programme, a multiagency funded programme to transform the way care is delivered within the county. The Trust is monitored and assessed by a wide range of external agencies that contribute to the on-going development of the Assurance Framework. These have included the three local Clinical Commissioning Groups, West Midlands Quality Review Service, Cancer Peer Review, Royal Colleges, NHS Trust Development Authority (NTDA), NHS England, the Care Quality Commission, the Audit Commission, the National Health Service Litigation Authority and the Health and Safety Executive. This is not an exhaustive list of organisations that monitor and assess the Trust.

Close links continue with partners including NHS England and the NTDA through the Future of Acute Hospital Services in Worcestershire programme. The Chief Executive has regular contact with the NTDA and NHS England through a range of group, individual, informal and formal meetings. Efficient relationships are also in place with the three Worcestershire clinical commissioning groups, NHS South Worcestershire, NHS Redditch and Bromsgrove and NHS Wyre Forest. All Executive Directors are fully engaged in the relevant networks, including nursing, medical, finance, operations and human resources.

2 The purpose of the system of internal control

The system of internal control is designed to manage risk to an acceptable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to:

- identify and prioritise the risks to the achievement of the organisation's aims and objectives,
- evaluate the likelihood of those risks being realised and the consequence should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Worcestershire Acute Hospitals NHS Trust for the year ended 31 March 2015 and up to the date of approval of the annual report and accounts.

3 Capacity to handle risk

Within the organisation, the Trust has a functioning Safe Patient Group and a Health & Safety Committee which report to the Trust Board via the Quality Governance Committee and the Trust Management Committee respectively. The Risk Executive Group guides the development of risk management and monitors its effectiveness as we enhance our approach to risk management.

The Executive lead for Risk Management is the Chief Nursing Officer. The Chief Nursing Officer is also the appointed Executive Lead on Clinical Governance. The Chief Medical Officer has a remit to provide executive responsibility for patient safety, audit and effectiveness. The Director of Resources leads on financial risk and counter fraud and the Company Secretary on corporate governance.

The Risk Management Strategy is an integral part of the Trust's approach to continuous quality improvement and is intended to support and assist the organisation in delivering its key objectives as well as meeting the requirements contained within the NHS Constitution. The Board reviewed the risk management system in 2014/15 and changes will be made in 2015/16 to better integrate objectives (at all levels of the organisation) with performance information and the management of risks to meeting objectives and apply this at all levels of the Divisional and committee structures. A further investment in targeted training and support to embed the changes will be made.

During the year the Trust Board received reports on key risk areas and has overseen and reviewed the on-going development of the Trust's Board Assurance Framework (BAF). A regular review of the assurance provided by the BAF is undertaken by the Audit and Assurance Committee. In addition, each Board Committee regularly reviews their areas of responsibility within the BAF which is then collated and presented to the Audit and Assurance Committee and on to the Board on a quarterly basis. The Audit and Assurance Committee also has a role in monitoring the effectiveness of the risk management strategy.

The Trust Board approved a mid-year Annual Governance Statement in November 2014 which formed the basis of this document.

The governance structure for the Trust was reviewed in 2013/14 and a new structure implemented fully in January 2014. This structure has been externally reviewed during the latter part of 2014/15 by Deloitte who confirmed that the structure is fit for purpose. The Trust's Divisional structure was implemented in November 2013. Five Divisions work county wide each with a senior leadership team consisting of a Medical Director, Nursing Director (Nursing and Midwifery for one division) and a Director of Operations. This clinical leadership support is invaluable to me as the Accountable Officer and has enabled risks to be managed nearer the front line.

The Board has embedded the governance structure implemented in 2013/14. An external review of the Board, the Quality Governance Committee, the Audit and Assurance Committee and the Finance and Performance Committee was undertaken and as a result the Board has developed an action plan covering the following items:

- Board development programme
- Board member appraisal process
- Review of how actions are tracked and embedded
- Use of benchmarking information
- Board etiquette

I should like to emphasise the importance of the Quality Governance Committee (QGC) and its subcommittees. The Trust places great emphasis on the delivery of high quality services and three of the subcommittees are tasked to assure the Committee in this area:

- The Safe Patient Group looks specifically at mortality, incidents and serious incidents. It also considers reports from a range of sub groups such as medicines management.
- The Clinical Effectiveness Committee reviews the compliance with national standards and external regulation and oversees the local and national audit programmes.
- The Patient Experience Committee looks at information relating to all aspects of patient/user experience.

There are two further subcommittees accountable to the QGC which are the Trust Infection, Prevention and Control Committee and Safeguarding Committee.

The Trust Board has held two seminars on risk management during the year to review its approach to risk management and to progress a different way of linking strategic and operational risks with performance. This will be implemented from April 2015.

Staff continue to be made aware of their risk management responsibilities as part of the induction process, and existing staff are required to attend a mandatory annual update in respect of risk management. Training needs of staff in relation to risk management are assessed through a formal training needs analysis process, staff receiving training appropriate to their authority and duties. The role of individual staff in managing risk is also supported by a framework of policies and procedures which promote learning from experience and sharing of good practice.

Specific training targeted at executive directors, non-executive directors and managers has been undertaken. Consequently risk management training is being closely monitored, evaluated, improved upon and further developed.

The Trust continues to learn lessons in a variety of ways, including from the following sources:

- Patients' Advice and Liaison Service (PALS)
- Complaints and compliments
- Friends and family test
- Litigation Claims
- Clinical Audit and Clinical Outcome Reviews
- Clinical Incident Reports, reviews and analysis including serious incidents and never events
- Morbidity and Mortality data (HSMR/SHMI)
- External Reports (for example the National Confidential Enquiry into Peri-operative Death, reports from the Royal Colleges)
- Patient and Staff surveys
- Internal quality inspections
- Quality performance metrics
- Board Executive and Non-Executive Director walk rounds
- External reviews by the CQC, Royal Colleges, NTDA rapid response and Clinical Commissioning Groups.

This is not an exhaustive list of organisations that provide us with report from which we can learn lessons.

Serious incidents and never events as well as complaints are thoroughly investigated and improvements made at local and corporate levels to reduce the likelihood or reoccurrence. The Board has also received formal training in Human Factors.

The Trust has a Corporate Risk Register in place which outlines the key corporate risks for the organisation and action identified to mitigate these risks. This register has been formed from the risks identified within clinical divisions and corporate services, trust committees and through other risk identification activities. The Corporate Risk Register risks are as follows (new risks added in 2014-15 in italics):

- 1800 Failure to achieve 62-day Cancer Target
- 2345 Failure to achieve 18 weeks RTT
- 2372 Failure to address the causes of falls resulting in patient harm and financial penalties
- 2396 Poor quality clinical record keeping may lead to a variety of harms to patients and organisation
- 2433 Increases in emergency demand may compromise capacity and flow resulting in poor patient experience & failing the 4hr standard
- 2461 As a result of scanned notes (eznotes), identifying appropriate clinical documents may negatively impact on patient care
- 2463 Failure to reduce number of preventable cases of C.difficile due to lapses in care, resulting in adverse outcomes
- 2464 Failure to manage Norovirus outbreaks resulting in adverse patient outcome and impact on patient flow
- 2554 Insufficient staff and fire compartmentation to safely evacuate Cookley Ward potentially resulting in patient/staff injury
- 2565 Delay or failure to act upon clinical diagnostic test results leading to patient harm
- 2649 Workforce shortages affecting the consultant on-call rota for emergency surgery at AGH
- 2660 Failure to implement water safety plan that will prevent water related healthcare associated infection
- 2711 Risk to quality and safety of patient care due to difficulties in recruiting to nursing vacancies.
- 2730 If the structure for managing patient property is not robust patients may lose valuables & the trust is financially liable
- 2736 *Lack of Section 13 approved doctors to act as Responsible Clinician prevents legal detentions under Mental Health Act*
- 2746 *If W&C Division are unable to sustain safe staffing levels it will be unable to provide safe patient care at all sites*
- 2747 *Failure to prepare for serious new or emerging pathogens eg Ebola leading to risk of exposure to the public*
- 2764 *Fire Code non-conformance potentially resulting in reduced capability to achieve timely progressive horizontal evacuation*
- 2770 *If a staff member uses an expired key document, patients may not receive best practice care, or corporate process not followed*
- 2774 *Failure to provide resilient IT infrastructure resulting in system unavailability which negativity impacts patient care*
- 2791 *If the Medicine Division is unable to sustain appropriate staffing levels it will be unable to provide safe patient care*

4 Governance

The voting members of Trust Board during 2014/15 were as follows:

Harry Turner, Chairman

Penny Venables, Chief Executive

John Burbeck, Non-Executive Director, vice-chair

Stephen Howarth, Non-Executive Director
 Bryan McGinity, Non-Executive Director, Senior Independent Director
 Stewart Messer, Chief Operating Officer
 Andrew Sleigh, Non-Executive Director
 Chris Tidman, Director of Resources and Deputy Chief Executive
 Lynne Todd, Non-Executive Director
 Mark Wake, Chief Medical Officer
 Lindsey Webb, Chief Nursing Officer

Non-voting members of Trust Board

Professor Julian Bion, Associate Non-Executive Director
 Bev Edgar, Director of Human Resources and Organisational Development (until September 2014)
 Chris Fearn, Director of Strategic Development (until July 2014)
 Denise Harnin, Director of Human Resources and Organisational Development (from October 2014)
 Kimara Sharpe, Company Secretary
 Sarah Smith, Director of Planning and Development (from January 2015)

At all meetings there were more non-executive voting members present than executive director members.

Board attendance

	Total
Harry Turner, Chairman	13/14
Penny Venables, Chief Executive	14/14
Professor Julian Bion, Associate Non-Executive Director	12/14
John Burbeck, Non-Executive Director, vice-chair	14/14
Bev Edgar, Director of Human Resources and Organisational Development (until September 2014)	6/7
Chris Fearn, Director of Strategic Development (until July 2014)	1/4
Denise Harnin, Director of Human Resources and Organisational Development (from October 2014)	6/7
Stephen Howarth, Non-Executive Director	12/14
Bryan McGinity, Non-Executive Director, Senior Independent Director	14/14
Stewart Messer, Chief Operating Officer	11/14
Andrew Sleigh, Non-Executive Director	13/14
Kimara Sharpe, Company Secretary	14/14
Sarah Smith, Director of Planning and Development (from January 2015)	3/3
Chris Tidman, Director of Resources and Deputy Chief Executive	13/14
Lynne Todd, Non-Executive Director	14/14
Mark Wake, Chief Medical Officer	10/14
Lindsey Webb, Chief Nursing Officer	12/14

4.1 Committees as at 31 March 2015

During 2014/15, the Trust Board had the following committees:

- Audit and Assurance
- Charitable Funds
- Emergency Department Task and Finish Group (from February 2015 to March 2015)
- Finance and Performance
- Foundation Trust Steering

- Quality Governance
- Remuneration and Terms of Service

All terms of reference for the committees have been revised during the year and approved by the Trust Board.

Each Committee reports to the Trust Board following a meeting. These reports highlight the activities of the Committee and draw the Board's attention to areas of concern. The highlights of the Quality Governance and Audit and Assurance Committee reports to the Trust Board are follows (this is not an exhaustive list):

Quality Governance	Audit and Assurance
<ul style="list-style-type: none"> • Cancer progress • Hypoglycaemia management • Mortality • Fractured neck of femur • Breast Screening • Pre-operative fasting • Lesson of the month • Water Quality • IMT • Regular reports from subcommittees 	<ul style="list-style-type: none"> • Review of effectiveness of Trust Management Committee/Quality Governance/Finance and Performance/Risk Executive Group • Whistle blowing • Quality Account annual audit • Board Assurance Framework • Payroll • Cumulative QIPP achievement • Mid-Year Annual Governance Statement • Local Security Management Specialist • Investigatory report into alleged bullying of trainees

The purpose together with the attendance for each committee is shown below:

Audit and Assurance Committee

Purpose: The Audit and Assurance Committee has been established to critically review the governance and assurance processes upon which the Trust Board places reliance, ensuring that the organisation operates effectively and meets its strategic objectives. The Audit and Assurance committee works closely with the external and internal auditors. It also receives regular reports from the Local Counter Fraud Specialist and Local Security Management Specialist. The Trust currently complies fully with the National Strategy to combat and reduce NHS fraud.

Chairman	Stephen Howarth	7/7
Non-Executive Director	Lynne Todd	6/7
Non-Executive Director	Andrew Sleight	5/7
Non-Executive Director	Bryan McGinity	2/2

Charitable Funds Committee

Purpose: The Charitable Funds Committee has been established to manage the Trust's Charitable Funds on behalf of the Trust, as Corporate Trustee.

Chairman	Lynne Todd	2/2
Non-Executive Director	Andrew Sleight	1/2
Non-Executive Director	Bryan McGinity	2/2
Director of Resources	Chris Tidman	2/2
CNO/CMO or deputy	Lindsey Webb/Mark Wake	2/2

Emergency Department Task and Finish Group

This Group was set up in response to the resignation of the four emergency department consultants resigning from the Alexandra hospital in Redditch. The Group is overseeing four subgroups which are: the appointment of the new consultants; reviewing nursing and other roles; work with other NHS Trusts and reviewing patient pathways.

Chief Executive	Penny Venables	2/3
CNO or deputy	Lindsey Webb	2/3
CMO	Mark Wake	2/3
Director of HR/OD	Denise Harnin	3/3

Finance and Performance Committee

Purpose: The purpose of the Finance and Performance Committee (F&P) is to give the Board assurance on the management of the financial and corporate performance of the Trust and to monitor and support the financial planning and budget setting process. The Committee also reviews business cases with a significant financial impact or those referred by the Trust Management Committee and oversee developments in financial systems and reporting, e.g. SLR/PLICS.

Chairman	Bryan McGinity	12/12
Non-Executive Director	John Burbeck	12/12
Non-Executive Director	Stephen Howarth	9/12
Chief Executive	Penny Venables	8/8
Director of Resources	Chris Tidman	12/12
Chief Operating Officer	Stewart Messer	8/12
Chief Nursing Officer	Lindsey Webb	9/12

Foundation Trust Steering Committee

Purpose: The Committee is established to enable the Trust to make a successful application for foundation trust status by overseeing the application process, securing the associated information and necessary agreements, and promoting the action, changes and improvements required to make the application successful. The Committee also oversees the development of the Trust Business Plan.

Chairman	Harry Turner	3/5
Non-Executive Director	John Burbeck	3/3
Non-Executive Director	Bryan McGinity	3/3
Chief Executive	Penny Venables	4/5
Director of Resources	Chris Tidman	4/5
Director of Planning and Development	Sarah Smith	1/1
Director of Strategic Development	Chris Fearn	0/2
Chief Nursing Officer	Lindsey Webb	5/5
Director of HR and Organisational Development	Bev Edgar/Denise Harnin	5/5
Chief Medical Officer	Mark Wake	4/5

Quality Governance Committee

Purpose: The Quality Governance Committee is constituted as a standing committee of the Board to:

- Enable the Board to obtain assurance that the quality of care within the Trust is of the highest possible standard.

- Ensure that there are appropriate clinical governance systems and processes and controls are in place throughout the Trust in order to:
 - Promote safety and excellence in patient care
 - Identify, prioritise and manage risk arising from clinical care
 - Ensure the effective and efficient use of resources through evidence based clinical practice

This Committee assures the board in relation to quality and as such has overseen the production of the Quality Account. The contents of the Quality Account were discussed and agreed at the Committee and subsequently reported to the Board. The Committee also oversees clinical audit activities within the Trust through the subcommittee Clinical Effectiveness Committee (CEC) which receives assurance in relation to clinical audit activity. Clinical audit is part of our quality improvement framework that provides assurance that the Trust is measuring patient care against best practice standards and continuously improving where necessary. Clinical audits are monitored locally at directorate meetings and outcomes are measured by implementing action plans and re-auditing where necessary. In order to provide assurance to CEC that the Trust is meeting its contractual obligations to participate in clinical audits, a structured Annual Forward Plan has been developed within each Specialty area and the Divisional Medical Director for each Division is accountable for its delivery. This plan demonstrates that the Trust is prioritising its clinical audits and ensuring participation in the National Clinical Audit Patients Outcome Programme (NCAPOP). This is mandated by the local Commissioner contract and features within the CQC's Intelligent Monitoring Report. Compliance with NICE guidance is also monitored together with corporate and local risks such as Never Event. Clinical Audit is an important feature of our induction and training programme for clinical governance

The Trust appointed an Associate Medical Director for Research and Development during the year 2014/15 who attends the committee every six months to report on progress with this agenda.

The Safe Patient Group oversees the management of never events and serious incidents (SIs) and reports to the QGC every month. During 2014/15 there were two never events. These were a wrong site surgery event and harm from misplaced nasogastric tube event. The root cause analysis for each never event was presented to the QGC which reported the event to the Trust Board. Lessons learnt during the year from these events include a re-evaluation and re-launch of the WHO safer surgery checklist process to include local anaesthetic surgery and a wholesale change to the type of nasogastric tube used in the Trust. During the year, the Trust reported 131 SIs and as at 31 March had 21 open SIs though none open past their expected closure date. These are closed at the safe patient group and are reported to the QGC. Actions taken include a focus on acute delirium screening and management to reduce falls with harm, nutritional assessments and interventions to reduce pressure related skin damage, changes in the processes of medicines management in the emergency department and the introduction of routine reporting of all chest x-rays by a radiologist.

The Committee has also proactively worked to improve the length of time patients wait for surgery, if they have a fractured neck of femur. The Committee has overseen the Trust's approach to reviewing mortality and has approved the process for routine mortality reviews throughout the organisation.

Chairman	Professor Julian Bion	12/12
Non-executive director	John Burbeck	7/9
Non-executive director	Stephen Howarth	7/9
Non-executive director	Lynne Todd	9/12

Non-executive director	Andrew Sleigh	3/4
Chief Executive	Penny Venables	11/12
Associate Medical Director	Steve Graystone	9/12
Associate Medical Director	Rabia Imtiaz	6/12
Chief Operating Officer	Stewart Messer	11/12
Company Secretary	Kimara Sharpe	11/12
Chief Medical Officer	Mark Wake	11/12
Chief Nursing Officer	Lindsey Webb	11/12

Remuneration Committee

Purpose: The Remuneration Committee is constituted as a standing committee of the Board for reviewing the structure, size and composition of the Board of Directors and making recommendations for changes where appropriate.

The Committee gives full consideration to and makes plans for succession planning for the chief executive and other executive board directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future.

The committee is responsible for setting the remuneration of executive members of staff senior managers earning over £70,000 or accountable directly to an executive director and on locally-determined pay.

Chairman	Harry Turner	6/6
Non-executive director	John Burbeck	5/6
Non-executive director	Andrew Sleigh	6/6

5 The risk and control framework

The Risk Management Strategy is an integral part of the Trust's approach to continuous quality improvement and is intended to support and assist the organisation in delivering its key objectives as well as meeting the requirements contained within the NHS Constitution.

During the year the Trust Board received reports on key risk areas and has overseen and reviewed the on-going development of the Trust's Board Assurance Framework (BAF). A regular review of the assurance provided by the BAF is undertaken by the Audit and Assurance Committee. In addition, each Board Committee regularly reviews their areas of responsibility within the BAF which is then collated and presented to the Audit and Assurance Committee and on to the Board on a quarterly basis. The Audit and Assurance Committee also has a role in monitoring the effectiveness of the risk management strategy.

A new format of the Board Assurance Framework has been developed to ensure the relationship between strategic planning, performance data and strategic risks is made clear. This new format will commence in quarter one 2015/16.

The Trust Risk Strategy was enhanced in July 2014 with the following changes:

- Revision and explanation of the risk management framework
- Widespread changes to the process and responsibilities to reflect the Divisional Trust structure
- Description of the new approach to the Board Assurance Framework
- Revised risk scoring matrix

An Internal Audit of the Board Assurance Framework was conducted in February 2015 against criteria set out by the Department of Health. The audit found 'the Trust has made good progress in implementing an effective BAF in a timely manner during 2014/15' and 'the Trust has developed an Assurance Framework that complies with current guidance.' Two minor action points were made to further align the BAF with the performance framework and Internal Audit assurances. One of these has been implemented and the other is in progress.

The Trust identifies risk from a range of internal, external, proactive and reactive sources. The stages involved in risk management are defined in the Trust Risk Strategy as follows:

- Identify the Risk
- Evaluate the Risk
- Compare Against Tolerance
- Identify Additional Controls and Actions Required
- Implement Controls
- Monitor/Measure Effectiveness of Controls

The strategic risks presented to the Board through the Board Assurance Framework, identified by the Board and monitored through Committees, are as follows: (new risks added in 2014-15 in italics)

- 2661 Increased pressure in emergency demand may impact on the safety of patient care & failure to meet performance standards
- 2662 Increasing emergency demand, reducing elective capacity resulting in failure to deliver 18 week RTT
- 2663 If emergency demand continues to increase it will result in insufficient elective capacity to deliver the cancer targets
- 2664 Insufficient out of hospital capacity to meet the needs of patients with on-going healthcare needs
- 2665 If we do not redesign services in a timely way we will have inadequate numbers of clinical staff to meet rota requirements
- 2666 If elective income targets are not met the financial position will be placed at further risk affecting long term sustainability
- 2667 If plans for cost improvement are not sufficiently robust /delivered there will be a serious impact on the financial position
- 2668 If plans to improve cash position do not work the Trust will be unable to pay creditors & there will be inadequate cash flow
- 2669 Delay in the consultation and approval of reconfiguration proposals may prevent the Trust finalising its long term strategy
- 2670 Lack of focus/intelligence on business development / innovation & marketing of services leads to lost opportunities for growth
- 2678 If we do not attract/retain key clinical staff we will be unable to ensure safe and adequate staffing levels
- *2713 Failure to adequately prepare for the CQC inspection resulting in a rating less than 'good', reducing public confidence*
- *2746 If W&C Division are unable to sustain safe staffing levels it will be unable to provide safe patient care at all sites*
- *2790 Due to pressures on patient flow and staffing, aspects of patient care may be compromised*
- *2829 Resignation of four Emergency Dept (ED) Consultants from the Alexandra Hospital Site*
- *2830 If CCGs can't afford to pay appropriately for services or invest in alternatives the Trust's finances will be adversely affected*

The Trust Board held a seminar on risk management in March 2014 to consider its approach to risk. The seminar reaffirmed the Board's approach to risk and reviewed the management of risk within the Trust. A further session was held in February 2015 reviewing progress made on the enhancements to the Board Assurance Framework.

In March 2015, the Trust received an unannounced visit from the Care Quality Commission. As a result of this visit, a section 31 decision notice was placed on the Trust. This placed conditions on the registration with the CQC in respect of compliance with assessing attendees at the emergency department at Worcestershire Royal in 15 minutes. The system for the assessment was required to be with the CQC by 1 April 2015 and weekly thereafter, information relating to the breaches of the standard is required by the CQC. In addition, the Trust received three warning notices in respect of services in the Emergency Department. These related to security of the paediatric area (both at the Alexandra and Worcestershire Royal Hospitals); safe staffing and emergency equipment, both at Worcestershire Royal. The warning notices gave dates for compliance which were in early April 2015 (see significant issues, section 8 below). The most recent CQC Intelligent Monitoring Report places the Trust in band 4. The Trust will be inspected as part of the Chief Inspector of Hospitals planned inspection regime in July 2015.

Risk Management is embedded within the organisation through the Trust's committee structure, through the development of future plans and through the consideration of all risk management issues at the planning stage of organisational/clinical changes. Embedding also takes place through the existence of an incident reporting and feedback system, the inclusion of risk management within job descriptions (including both training and the processes for the assessment of risk) and the reporting and investigation of incidents.

Innovation and learning in relation to risk management is considered to be critical. The Trust's e-based reporting system, Datix, has been rolled out throughout the organisation so that incidents can be input at source and data can be interrogated through ward, team and locality processes, thus encouraging local ownership and accountability for incident management. The Trust identifies and makes improvements as a result of incidents and near misses in order to ensure it learns lessons and closes the loop by improving safety for service users, staff and visitors. The Trust aims to operate within a just, honest and open culture where staff are assured they will be treated fairly and with openness and honesty when they report adverse incidents or mistakes. The Trust has a Being Open Policy which has been reviewed during 2014/15 to ensure that it meets the new Duty of Candour for NHS organisations. It has appointed a non-executive director to be the Being Open Champion.

The Trust places a high priority on the secure handling of personal, confidential data (PCD) on behalf of its patients and staff and has measures in place to ensure the security of its information resources and assets.

The Trust continues to achieve the minimum level 2 compliance with the standards in the NHS Information Governance Toolkit, supported by internal audit giving significant assurance of compliance with the vast majority of standards. An action plan has been developed where gaps have been identified and this will be monitored by the Information Governance Steering Group. During 2014/15 the Trust has not had to report any level 2 IG Serious Incidents Requiring Reporting (SIRI), regarding data losses or breaches of confidentiality, to the Health & Social Care Information Centre. The Trust continues to report and investigate any low level incidents internally (Level 0 and 1s) and in all cases reports have been provided which are subject to a root cause analysis with remedial action plans are agreed and implemented. The lessons learned have been shared and guidance provided to staff which was published via the Daily Brief.

Staff are supported from induction onwards by policies containing the latest guidance and regular articles placed in the Daily Brief, on the IG Webpage and in the IG Newsletter. The Trust places a high priority on ensuring staff complete their annual IG training in order to ensure they are aware of their responsibilities when handling PCD and to reduce the risk of serious or recurring incidents taking place.

The Trust works closely with public stakeholders to involve them in understanding and supporting the management of risks that impact upon them. Stakeholders are able to influence the Trust in a number of ways, including patient involvement groups and public involvement in the activities of the Trust. In addition, the Chief Executive and Chairman meet the local MPs regularly. The Trust is an active participant in the Well Connected Programme and the Future of Acute Hospital Services in Worcestershire, both of which have their own risk register. The Trust has directly engaged public stakeholders in the Risk Management process through the Patient & Public Forum and through PALS. In addition a patient and public forum member sits on the Quality Governance Committee. Public involvement also occurs through the Trust complaints procedure and summaries of complaints are reviewed at the patient and public involvement forum. A patient representative also sits on Trust Board.

The Trust has paired each non-executive director with a Division to enable a direct link from the ward to the board. The non-executive directors have been able to inform their decision making with first-hand knowledge of the front line. The local Quality Review Visits have continued and non-executive directors are members of that visiting panel.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with through Trust policies, training and audit processes, ensuring equality impact assessments are undertaken and published for all new and revised policies and services. Quality Impact Assessments (QIAs) are also undertaken when appropriate and are considered at the Finance and Performance Committee. A summary of the QIAs has been discussed at the Quality Governance Committee.

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure compliance with all employer obligations contained within the Scheme regulations. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The Trust has undertaken risk assessments and developed an Adaption Plan to support its emergency preparedness and civil contingency requirements. Additionally, based on UK Climate Projections 2009 (UKC P09), the Trust continues to implement the Sustainability Strategy which was approved by the Board in 2014.

In order to reduce economic crime against the NHS, it is necessary to take a multi-faceted approach that is both proactive and reactive. The Trust's Local Counter Fraud Specialist (LCFS) adopts three key principles, in accordance with the NHS anti-fraud strategy. These are designed to minimise the incidence of economic crime against the NHS and to deal effectively with those who commit crime. The three key principles are:

1. **Inform and involve** those who work for, or use the NHS, about crime and how to tackle it. NHS staff and the public should be informed and involved to increase everyone's understanding of the impact of crime against the NHS. This takes place through communications and promotion such as face to face anti-fraud presentations, public awareness campaigns and media management. Working relationships with stakeholders are strengthened and maintained through active engagement.
2. **Prevent and deter** crime in the NHS to take away the opportunity for crime to occur or to re-occur and discourage those individuals who may be tempted to commit crime. Successes are publicised internally during anti-fraud presentations and using other media opportunities so that the risk and consequences of detection are clear to potential offenders. Those individuals who are not deterred should be prevented from committing crime by robust systems, which will be put in place in line with policy, standards and guidance.
3. **Hold to account** those who have committed crime against the NHS. The Trust's LCFS is a professionally accredited investigator and is qualified to the required standards. Crimes must be detected and investigated, suspects prosecuted where appropriate, and redress sought where possible. Where necessary and appropriate, economic crime, investigation and prosecution will take place locally wherever possible. Nevertheless the LCFS also works in partnership with the police and other crime prevention agencies to take investigations forward to criminal prosecution.

6 Review of economy, efficiency and effectiveness of the use of resources

The Trust has robust arrangements in place for setting objectives and targets on a strategic and annual basis. These arrangements include ensuring the financial strategy is affordable, scrutiny of cost savings plans both to ensure achievement and their impact upon the quality of patient care, compliance with terms of authorisation and co-ordination of individual objectives with corporate objectives as identified in the Annual Plan. Performance against objectives is monitored and actions identified through a number of channels:

- Approval of annual budget by the trust Board.
- Monthly reporting to the Board on key performance indicators covering finance, activity, patient safety, quality and human resources targets.
- Detailed monthly review of financial and performance targets by the Finance and Performance Committee prior to discussion at the Board.
- Monthly review of the delivery of Cost Improvement Plans by the Finance and Performance Committee to ensure that savings targets are being met.
- Monthly reporting to Executive Team on key influences on the Trust's financial position.
- Monthly performance management reporting to the NHS Trust Development Authority

Value for money is an important component of the internal and external audit plans that provides assurance to the Trust of processes which are in place to ensure effective use of resources.

Sub optimal service configuration, pace of change on recognised income shortfalls and exceptional operational pressures have significantly impacted the Trust's financial position. The safe management of the operational pressures and increased medical vacancies led to significant levels of expenditure on temporary medical staffing. A combination of these factors resulted in a deficit of £25.9m. Notwithstanding the deficit position the Head of Internal Audit Opinion has confirmed the Trust has a generally sound system of internal control and good financial reporting procedures.

Measures are in place to ensure efficiency and value for money as evidenced by the Trust delivering an annual efficiency gain of more than 4% for the fourth consecutive year. Despite this the Value for Money conclusion has been qualified reflecting the planned deficit of c.£30m for 2015/16 and the need to instigate a financial recovery plan to return the Trust to in-year breakeven.

The Trust has a well-developed annual planning process which considers the resources required to deliver the organisation's service plans in support of the strategic objectives. These annual plans detail the workforce and financial resources required to deliver the service objectives and include the identification of cost savings based on achieving upper quartile productivity benchmarks. The achievement of the Trust's financial plan is dependent upon the delivery of these savings.

The Trust has a standard assessment process for future business plans to ensure value for money and full appraisal processes are employed when considering the effect on the organisation.

Procedures are in place to ensure all strategic decisions are considered at Executive and Board level.

The emphasis in Internal Audit work is providing assurances on internal controls, risk management and governance systems to the Audit and Assurance Committee and to the Board. Where scope for improvement, in terms of value for money was identified during an Internal Audit review, appropriate recommendations were made and actions were agreed with management for implementation.

As part of the annual accounts review, the Trust's efficiency and effectiveness of its use of resources in delivering clinical services are assessed by its external auditors and the auditor's opinion is published with the accounts.

The Trust has spent approximately £280,000 on external bodies to provide assurance on systems and processes within the Trust. These external bodies include internal and external audit as well as the Care Quality Commission registration.

7 Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and divisional directors within Worcestershire Acute Hospitals NHS Trust that have responsibility for the development and maintenance of the internal control framework. I have also drawn on the content of the Quality Report and other performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by Trust Board, the Audit and Assurance Committee, the Quality Governance Committee, Trust Management Committee, clinical audit, internal and external audit and by my Executive Team. Plans to address any weaknesses and ensure continuous improvement of the system are in place. Satisfactory assurances have been received from Internal Audit reviews. Action Plans have been developed to address the weaknesses identified and have been implemented by management.

The Assurance Framework provides me with evidence that the effectiveness of controls put in place to manage the risks to the organisation achieving its principal objectives have been reviewed. The Assurance Framework has been reviewed and updated and approved by the Audit and Assurance

Committee on a quarterly basis throughout the past year. There were no significant gaps identified in the Assurance Framework.

My review is also informed by reports from external inspecting bodies including external audit and the PLACE inspections. This is the system for assessing the quality of the patient environment. The Trust has implemented 'mini PLACE' inspections and a formal national PLACE assessment took place in April 2015 on all three sites. The report is due in August 2015. My review has also drawn from the CQC rating which places the Trust in Band 4.

All regular Committees of Trust Board are chaired by Non-Executive Directors to reflect the need for independence and objectivity, ensuring that effective governance and controls are in place. This structure ensures that the performance of the organisation is fully scrutinised. The Committee structure supports the necessary control mechanisms throughout the Trust. The Committees have met regularly throughout the year and each report to the Board following their meetings. The Board asked Deloitte to undertake an external review of the effectiveness of the Board and its subcommittee working. An action plan has been developed to address the areas needing improvement. There were no significant actions arising from the report.

The Audit and Assurance Committee is charged with monitoring the effectiveness of internal control systems on behalf of the Board and has done so as part of its annual work programme and reported through its Annual Report to the Board.

The role of internal audit at the Trust is to provide an independent and objective opinion to me and my managers on the system of control and also the Trust Board. The opinion considers whether effective risk management, control and governance arrangements are in place in order to achieve the Trust's objectives. The work of internal audit is undertaken in compliance with the NHS Internal Audit Standards. The work to be undertaken by internal audit is detailed in a three year strategic audit plan and is reviewed annually to generate an annual audit programme. The audit programme includes a risk assessment of the Trust, based on the Trust's assurance framework, an evaluation of other risks identified in the Trust's risk register and through discussion with management. Internal audit reports the findings of its work to management, and action plans are agreed to address any identified weaknesses.

Significant internal audit findings are also reported to the Audit and Assurance Committee for consideration and further action if required. A follow up process is in place to ensure that agreed actions are implemented. Internal audit is required to identify any areas at the Audit and Assurance Committee where it is felt that insufficient action is being taken to implement recommendations to address identified risks and weaknesses.

The Head of Internal Audit's overall opinion for 2014/15 is that "**significant** assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls put the achievement of particular objectives at risk" and moderate assurance has been achieved in these areas which are as follows:

- Reference Costs
- Recruitment Checks

The Opinion also commented on the Trust's need to develop a robust Financial Recovery Plan for 2015/16 onwards, that will meet the requirements of the NTDA.

I am supported by the Executive Team, consisting of the Executive Directors. The Divisional Structure has enabled me to ensure that the Trust is clinically led in all areas of strategy. The Trust Management Committee brings together the Executive team and the Divisional Directors teams, on a monthly basis, which supports me to co-ordinate and prioritise activity within the Trust, ensuring that the strategic direction set by the Trust Board is delivered. This structure enables me to ensure that clinical leadership and management arrangements are in place supported by robust and clear governance and accountability processes.

The Trust Development Authority has appointed an Improvement Director to support the Trust in turning around its performance. This post was in place in April 2015.

8 Significant issues

I consider that the Trust had five significant issues during the year 2014/15. One was the continued investigations into the practice of a consultant colorectal surgeon. The Trust is cooperating fully with the Police inquiry. The Trust is also ensuring that the GMC are kept informed of the work being undertaken.

The second is the resignation of the four emergency department consultants from the Alexandra Hospital. This has had a significant impact on the reputation of the Trust. I chair an ED Task and Finish Group, accountable to the Trust Board, to manage the implications of these resignations. The Trust has successfully recruited to the posts and there is no gap in service.

The third significant issue was the receipt of a section 31 decision notice and three warning notices following an unannounced inspection to the emergency departments at Worcestershire Royal and Alexandra Hospital on the evening of 24 March 2015. The Trust met the required deadlines and continues to work with the CQC, CCGs and the Trust Development Authority to ensure patient safety. Actions taken included the strengthening of the security of the paediatric area; more vigilant inspection of the essential equipment; introduction of a new process in relation to triage of patients arriving by ambulance and a review of the staffing levels. The Trust will be having its planned Chief Inspector of Hospitals visit in July 2015.

The fourth is that the Trust has a significant deficit position. This is caused by sub optimal service configuration, pace of change on recognised income shortfalls, high numbers of medical vacancies and exceptional operational pressures. This has resulted in a referral to the Secretary of State under section 19 of the Audit Commission Act 1998 and requires the implementation of a financial recovery plan to return the Trust to in-year breakeven. The Trust is proposing the appointment of a financial turnaround specialist to lead on the development and delivery of the financial recovery plan with external specialist support that will assist in the identification of improvement opportunities as well as reviewing financial governance and reporting arrangements.

Finally, the Trust considers that the number of delayed transfers of care of patients fit to be discharged have significantly impacted on the ability to manage patient flow through the organisation. On average, there have been 70-90 delayed transfers every day. This equates to four or five wards. The patients are not being treated in the appropriate setting for their needs and the Trust cannot maintain the patient flow. The Trust has raised this issue with its commissioners, NHS England and the Trust Development Authority and the health economy is working to reduce the numbers. These actions include better use of the Patient Flow Centre and the better management of discharges directly to patients' homes.

9 Compliance with key national targets and standards

The Trust is committed to delivering all national and contractual targets and standards. During 2014/15, the Trust has declared non-compliance to the NHS Trust Development Authority with the following standards:-

- Accident and Emergency four hour access target
- 18 weeks referral to treatment (admitted only)
- Cancer targets (two week wait (all and breast) 31 and 62 days)
- Waiting times for diagnostics

At the 31 March 2015, the Trust was non-compliant with 18 weeks referral to treatment, MRSA bacteraemia and A&E four hour target. The Board had actions in place to ensure compliance of these standards by 30 September (RTT), 30 April (A&E/MRSA bacteraemia).

During the year, the Trust received significant assurance from our internal auditors in relation to the data quality underpinning our 18 week RTT reporting.

10 Conclusion

I have reviewed the relevant evidence and assurances in respect of internal control. The Trust and its executive managers are alert to their accountabilities in respect of internal control. The Trust has had in place throughout the year an assurance framework, aligned to both our corporate objectives and the CQC standards to assist the Board in the identification and management of risk.

With the exception of the internal control issues that I have outlined in this statement my review confirms that Trust has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Chris Tidman
Acting Chief Executive

Date 2 June 2015

Section 8

Directors' Remuneration

Salaries and allowances for Senior Managers

Name and title	2014-15				2013-14			
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) total to nearest £100	(c) All Pension Related Benefits (bands of £2,500)	(d) TOTAL (a - c) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) total to nearest £100	(c) All Pension Related Benefits (bands of £2,500)	(d) TOTAL (a - c) (bands of £5,000)
	£000	£	£000	£000	£000	£	£000	£000
H. Turner - Chairman	20-25	600	0	20-25	20-25	400	0	20-25
P Venables - Chief Executive	160-165	200	0	160-165	155-160	200	0	160-165
S. Messer - Chief Operating Officer	115-120	100	5.0-7.5	120-125	110-115	0	70.0-72.5	185-190
M. Wake – Chief Medical Officer	180-185	0	7.5-10.0	190-195	165-170	100	0	165-170
H. Blanchard - Director of Nursing and Midwifery	0	0	0	0	40-45	300	22.0-22.5	60-65
C. Eves - Interim Director of Nursing and Midwifery	0	0	0	0	50-55	0	0	50-55
L. Webb – Chief Nurse	125-130	0	45.0-47.5	170-175	60-65	0	157.5-160.0	215-220
C. Tidman - Director of Resources	135-140	200	0	135-140	135-140	200	0	135-140
C. Fearn - Director of Strategic Development	25-30	200	0	25-30	105-110	200	5.0-7.5	110-115
B. Edgar - Director of HR	55-60	100	0	55-60	100-105	0	17.5-20.0	120-125
D. Harnin – Interim Director of HR and OD	75-80	0	0	75-80	0	0	0	0
S. Howarth - Non Executive Director	5-10	300	0	5-10	5-10	300	0	5-10
Professor J Bion – Associate Non Executive Director	5-10	0	0	5-10	5-10	0	0	5-10
B. McGinity - Non Executive Director	5-10	400	0	5-10	5-10	200	0	5-10
A. Sleigh - Non Executive Director	5-10	200	0	5-10	5-10	100	0	5-10
L. Todd - Non Executive Director	5-10	500	0	5-10	5-10	300	0	5-10
J. Burbeck - Non Executive Director	5-10	300	0	5-10	5-10	200	0	5-10

The remuneration of Executive Directors is determined by the Remuneration Committee, in accordance with NHS guidance and with regard to their roles and the complexity of their duties, and approved by the Trust Board.

The Remuneration Committee, which is made up of the Chairman and all non Executive Directors is responsible for determining the pay and conditions of employment for Executive Directors and receives and ratifies recommendations from other committees such as the Consultant's Clinical Excellence Award Committee.

In determining the pay of Executive Directors the Committee agrees and twice a year reviews the annual objectives of the Directors. The Committee also compares each year Executive Directors pay against comparative salaries in the NHS. Cost of living awards are made in line with Department of Health guidance. For 2014/15 Executive Directors received a 1% cost of living increase in pay.

Non-Executive Director appointments are selected through the Appointments Commission, and appointed by the SHA/Trust on a fixed term basis, with a maximum duration of four years. A notice period of three months is normally applicable to these contracts.

Executive Directors are appointed by the Trust on permanent contracts, which have a required notice period of 6 months. Should termination payments be considered necessary at any time, the Trust is fully conversant with the guidance and requirements of both the Department of Health and HM Treasury on this matter.

Notes

H. Blanchard - left the Trust 25/08/13

C. Eves - commenced with the Trust as an Interim Director of Nursing 30/7/13 and left the role on 6/10/13. The figure quoted under Salary represents the payment of fees to Practicus Limited and there are no additional costs for National Insurance or Superannuation

B. Edgar – left the Trust 19/10/14

C. Fearn – left the Trust 4/7/2014

L. Webb – commenced with the Trust 7/10/13

D. Harnin - commenced with the Trust as an Interim Director of HR on 19/10/14. The figure quoted under Salary represents the payment of fees to Beacon HR Consultancy and there are no additional costs for National Insurance or Superannuation

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in Worcestershire Acute Hospitals NHS Trust in the financial year 2014-15 was £185,000 (2013-14, £170,000). This was 7 times (2013-14, 7) the median remuneration of the workforce, which was £25,783, (2013-14, £25,783). In 2014-15, 6 (2013-14, 5) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £185,000 to £220,000 (2013-14 £170,000 to £210,000)

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions

Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in Lump sum at aged 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £000
P. Venables - Chief Executive	0-2.5	0.0-2.5	60-65	190-195	1280	1206	42	0
L. Webb – Chief Nurse	2.5-5.0	5.0-10.0	35-40	110-115	645	564	66	0
C. Tidman - Director of Resources	0-2.5	0.0-2.5	35-40	110-115	580	543	22	0
M. Wake – Chief Medical Officer	0-2.5	2.5-5.0	45-50	135-140	930	860	46	0
S. Messer - Chief Operating Officer	0-2.5	2.5-5.0	50-55	155-160	1022	948	49	0

Remuneration for Non Executive Directors is in accordance with statutory limits. As Non Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non Executive members.

No Cash Equivalent Transfer Value is listed if the individual is over the age of 60.

The Government Actuary Department (“GAD”) factors for the calculation of Cash Equivalent Transfer Factors (“CETVs”) assume that benefits are indexed in line with CPI which is expected to be lower than RPI which was used previously and hence will tend to produce lower transfer values.

Off-Payroll Arrangements

For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2015	4
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	2
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

All existing off-payroll engagements have been subject to a risk based assessment to seek assurance that the individual is paying the right amount of tax and, where necessary.

There were 2 new off-payroll engagements between 1 April 2014 and 31 March 2015, for more than £220 per day and that last longer than six months

There was 1 off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year

There was 1 individual that was deemed “board members, and/or senior officers with significant financial responsibility” during the financial year. This figure includes both off-payroll and on-payroll engagements