Putting Patients First

4ward

NHS

Worcestershire Acute Hospitals NHS Trust

QUALITY ACCOUNT

2022/23

Putting Patients First

Acknowledgements and feedback

Acknowledgements

Worcestershire Acute Hospitals NHS Trust wishes to thank its entire staff and the contributors to this Quality Account.

Feedback

Readers can provide feedback on this report and make suggestions for the content of future reports to the Communications Department:

Communications Department
Worcestershire Acute Hospitals NHS Trust
3 Kings Court
Charles Hastings Way
Worcester
WR5 1DD

Telephone: 01905 760453
Email: wah-tr.Communications@nhs.net

Contents

Welcome and Introduction

A **Quality Account** is a report that NHS Healthcare providers are required to publish annually. Our Quality Account is an opportunity to make Worcestershire Acute Hospitals NHS Trust accountable to the public and look back at the last 12-months to:

- Review the quality of services that we offered and plan for further improvement
- Support our communities of patients, their relatives and carers to make informed decisions and choices about their healthcare
- Be held to account, as a Trust by other Providers and External Stakeholders

This Quality Account provides information about how well we did against the Quality Priorities we set ourselves last year in our 2021/22 Quality Account. Furthermore, it sets out our priorities for 2023/24 (the current financial year). These new Quality Priorities have been devised through engagement with our patients, carers and stakeholders through the Big Quality Conversation – our annual survey, as well as engagement with our internal Divisional Management and Governance Teams.

Our focus on Quality is reviewed within three pillars:

- Care that is **Safe**
- Care that is **Clinically Effective**
- Care that is a **Positive Experience** for Patients and their Carers

We also report on an overview of our quality performance, based on locally chosen indicators, and a report of the key national indicators from the NHS Outcomes Framework.

Finally, we will share with you the comments we have received in relation to the Quality Account from our Integrated Care Board, Healthwatch, Worcestershire Health Overview and Scrutiny Committee, and our Patient and Public Forum.

About Worcestershire Acute Hospitals NHS Trust

We serve a population of more than 603,000. This figure is projected to rise to 679,000 by 2043. The age groups with the highest forecasted population growth are amongst our elderly population.

We operate services from:

- Alexandra Hospital, Redditch
- Kidderminster Hospital and Treatment Centre, Kidderminster
- Worcestershire Royal Hospital, Worcester
- Princess of Wales Community Hospital, Bromsgrove
- Evesham Community Hospital, Evesham
- Malvern Community Hospital, Malvern

We provide a broad range of acute services:

- General Surgery
- General Medicine
- Acute Care
- Cancer Care
- Intensive Care
- Women's and Children's services

We have a range of support services, including Diagnostics and Pharmacy.

Putting Patients First

Better never stops, and our vision, as set out in our strategic pyramid, is to ensure that we work in partnership to provide the best healthcare for our communities, and lead and support our teams in moving 4ward.

Our purpose and vision shape our objectives:

- **Best Services for Local People:** We will develop and design our services with patients, for patients. We will work actively with our partners to build the best sustainable services, which enable people in the communities we care for to enjoy the highest standards of health and wellbeing.
- **Best experience of care and best outcomes for our patients:** We will ensure that the care our patients receive is safe, clinically excellent, compassionate and an exemplar of positive patient experience. We will drive the transformation and continuous improvement of our care systems and processes through clinically-led innovation and best use of technology.
- **Best use of resources:** We will ensure that services – now and in the future – meet the highest possible standards within available resources for the benefit of our patients and the wider health and care system.
- **Best People:** We will invest in our people to ensure that we recruit, retain and develop the right staff with the right skills who care about, and take pride in, Putting Patients First.

These objectives are underpinned by our 4ward behaviours which we will all strive to model as positively as we can, as often as we can:

- Do What We Say We Will Do
- No Delays, Every Day
- We Listen, We Learn, We Lead
- Work Together, Celebrate Together

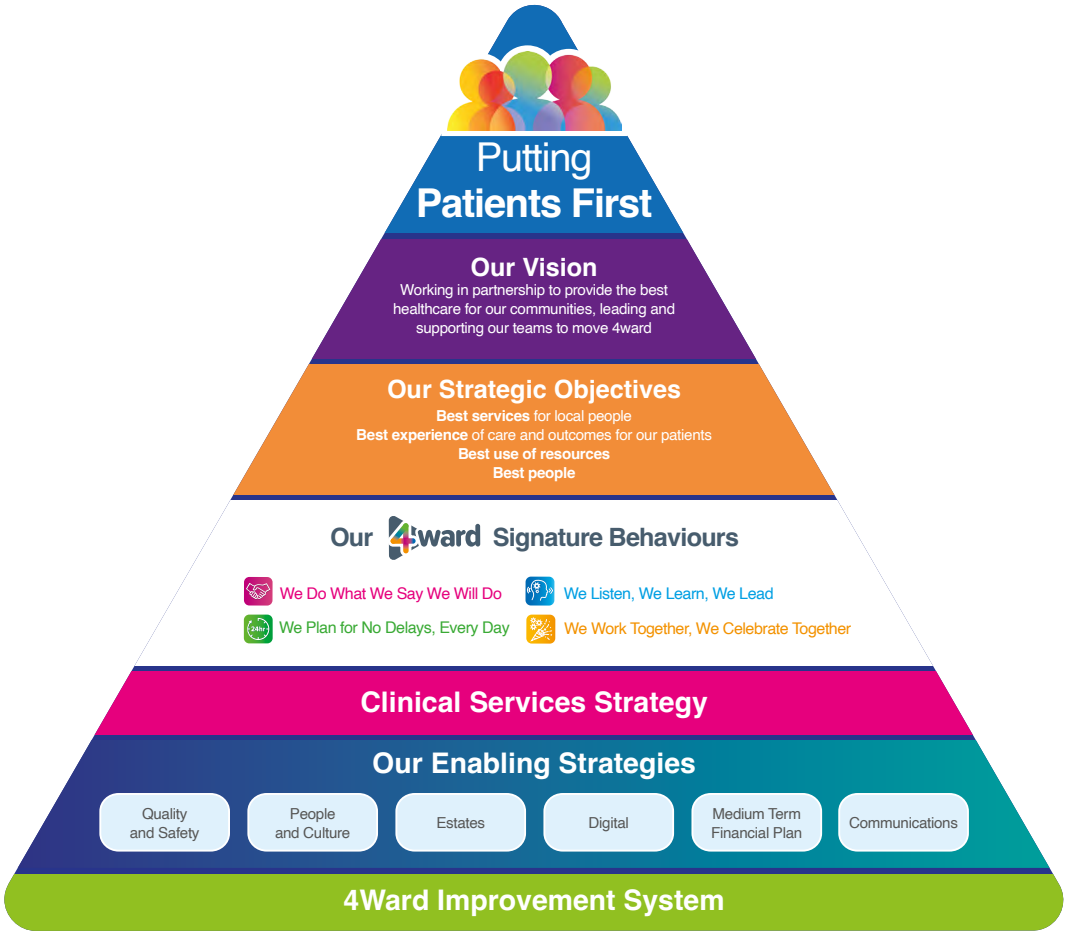
Improvement and Innovation

4ward Improvement System

Key to making all of this happen, and making sure that our teams are empowered and equipped with the skills, tools, techniques and mind-set to drive continuous improvement in every part of our Trust, is our single improvement methodology – the 4ward Improvement System.

Initially working with our chosen partner, the Virginia Mason Institute, but with an increasing focus on building our own capacity and capability, our 4ward Improvement System is giving us:

- A shared method for identifying and seizing every opportunity to improve the quality and safety of care we provide.
- A common language to describe those improvements.
- Robust ways of measuring the improvements we have made and the benefits that have delivered in terms of patient experience and outcomes; staff morale; efficiency and waste reduction; organisational reputation and our contribution to leading improvement not just in our Trust but across our local health and care system.
- Hope for a better future and a clear road map to help us move 4ward to that better future together.



Our Strategic Pyramid

Welcome from our Chair and Chief Executive

At Worcestershire Acute Hospitals NHS Trust, we are committed to providing compassionate, safe and high quality care by ensuring that our services consistently exhibit the three key components of quality – patient safety, clinical effectiveness and patient and carer experience.

We aim to continue to achieve these by fostering a culture across all services that fulfils our purpose of Putting Patients First - ensuring patient-centred care that is tailored to each person's needs and guarantees their dignity and respect, and by empowering our staff to make improvements in their own areas.

In 2022/23, the NHS and our Trust have continued to face a number of significant challenges – not least a growing demand on Urgent and Emergency Care services, continuing Covid-19 pressures, and the recent and unprecedented series of strikes from Nursing staff, Junior Doctors, Physiotherapists and colleagues in the Ambulance service – all adding an extra burden to what is already an extremely demanding day job for our teams.

And yet, despite all of these challenges, a collective team effort from our Trust staff, our partners across the health and care system, the voluntary sector, and our wider communities means that we have still moved 4ward together on some major transformational projects – including the next phase of the successful roll out of our new Electronic Patient Record, the implementation of robotic surgery at the Alexandra Hospital, the opening of our new Community Diagnostic Centre at Kidderminster Hospital and Treatment Centre providing increased access and capacity to imaging and endoscopy services, and increasing numbers of

Anita Day
Chair

Matthew Hopkins
Chief Executive

colleagues across the organisation completing their training in our 4ward Improvement System.

A Care Quality Commission (CQC) inspection report published in April 2023, from their November 2022 visit, also recognised improvements in Urgent and Emergency Care services across both sites with the overall rating in this area moving from 'Inadequate' to 'Requires Improvement'. This means the Trust is no longer rated 'Inadequate' in any area across any of our hospitals.

Of particular note is the progress we have made to meet our targets in reducing the prescribing of antibiotics, eliminating waits of over 104 weeks for elective treatment, publishing the outcomes of mortality reviews and associated improvement action plans. We are also proud to have increased engagement in our Big Quality Conversation amongst patients by 52 per cent compared to the previous year, this helped us to identify our Quality Priorities for 2023/24, which will support us in continuing to deliver our Quality and Patient Safety Plan 2022 – 2025.

These include reducing the number of Clostridium Difficile (C Diff) hospital acquired infections, improving the safe and timely discharge of patients, reducing the time patients are waiting for treatments and providing safe, personalised care for patients with Learning Disabilities.

We are also working towards, and looking forward, to the opening of our new Emergency Department at Worcestershire Royal Hospital in summer 2023, co-locating our front door services with the Acute Medical Unit and Ambulatory Same Day Emergency Care, ensuring that patients will be treated in the most appropriate area to meet their needs.

We would like to put on record our thanks to all our staff and volunteers for their continued commitment and professionalism, and assure our partners across the Herefordshire and Worcestershire Integrated Care System, Inspection and Regulatory Bodies, and wider communities of our commitment to our improvement journey and achieving our purpose of Putting Patients First.

Anita Day
Chair

Matthew Hopkins
Chief Executive

A YEAR IN NUMBERS 22/23

2,854
COVID INPATIENTS

14.8
DAYS IN HOSPITAL (FOR COVID PATIENTS)

2,513
PATIENTS DISCHARGED (COVID PATIENTS)

470,693
OUTPATIENTS (FACE TO FACE)

122,758
OUTPATIENTS (VIRTUAL)

118,964
WALK-IN PATIENTS (A&E)

46,122
PATIENTS ARRIVING BY AMBULANCE

143,956
INPATIENTS

4,875
BIRTHS

2,320
EMERGENCY OPERATIONS

14,841
ELECTIVE OPERATIONS

2,218
TRAUMA OPERATIONS

6.6
AVERAGE LENGTH OF STAY

481,876
NUMBER OF MEALS SERVED

1,008,894
NUMBER OF SHEETS LAUNDERED

£58.2m
VALUE OF PRESCRIPTIONS ISSUED

Registered Nurses and Midwives
2,308

TOTAL STAFF
7,015

Doctors and Consultants
785

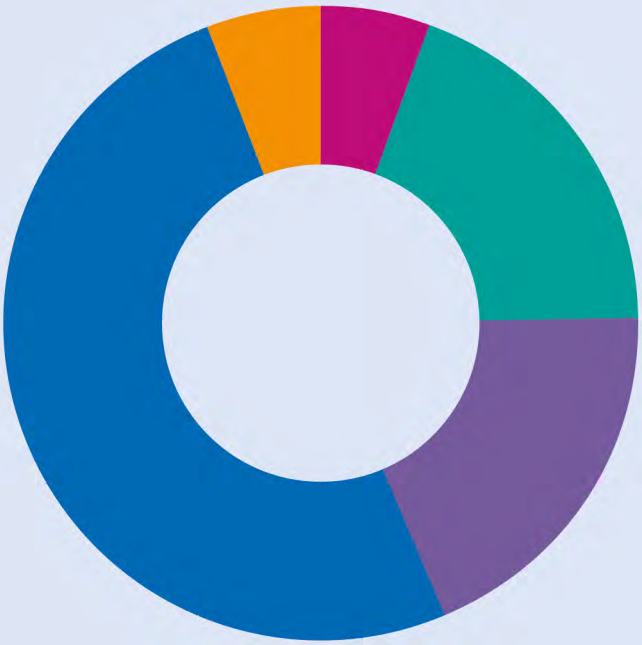
HCAs, Helpers and Assistants
1,367

Other Clinical staff and Allied Health Professionals
860

Other non-clinical Support Staff
1,695

Volunteers
131

Diagnostics



- MRI scans - **21,407**
- Non-obstetric ultrasound scans - **70,997**
- CT scans - **71,378**
- Plain film X-Rays - **190,276**
- Endoscopies - **20,902**

Our Commitment to Quality

In this section of our Quality Account, we review the progress we have made against the priorities we set and published in the 2021/22 Quality Account. We will also outline our Quality Priorities we are taking forward for the next 12 months and will account for these in our 2023/24 Quality Account. In addition, we will provide a statement from the Board on mandated items.

Worcestershire Acute Hospitals NHS Trust is committed to providing compassionate, safe and high quality care by ensuring that our services consistently exhibit our three pillars of quality – Patient Safety, Clinical Effectiveness and Patient and Carer Experience.

We aim to continue to achieve these pillars by fostering a culture across all services that ensures we empower our staff to make improvements in their own areas to continue Putting Patients First, using a patient-centred care approach that is tailored to individual needs.

The Trust has embedded processes that provide assurance that we are delivering a high quality of care and support our commitment to quality, this is inclusive but not limited to:

- An internal Quality Assurance Visit Programme, facilitated by the Chief Nursing Officer and Deputies and supported by a reviewing team of specialist Nursing Leads, External Partners like representatives from the Integrated Care Board (ICB) and members of the Patient Public Forum
- Additional spot audits and unannounced visits conducted with a risk facing approach, accelerating improvements and improving safety through learning
- Senior Nurse Quality checks completed twice weekly on inpatient Wards and Departments
- Ward to Board Assurance reported through Divisional and Board Governance Frameworks
- Genba walks, in line with our 4ward Improvement System, this is where Executive and Non-Executive Directors and Senior Leaders visit 'where the work is done'

The Trust's Path to Platinum Accreditation Programme

PATH TO PLATINUM
ACCREDITATION PROGRAMME

Through the Path to Platinum Accreditation Programme, inpatient ward teams and Senior Leaders have a roadmap of the standards required to deliver outstanding "platinum" care for our patients. In 2022/2023 we held accreditation panels in April, July and October and as a result 14 Wards received their accreditation certificates and celebrated their improvements.

The focus over the next 12 months is to enhance the programme with the launch of Phase 2. Our view is to support Ward teams to gather evidence in a way that will align to our Quality and Patient Safety Plan 2022-2025, the CQC's new way of working and support the Trust's transition to the NHS Patient Safety Incident Response Framework (PSIRF). The 4ward

improvement system will provide our teams with the tools and techniques to deliver real improvements for our patients, embracing a 'better never stops' mind-set.

Supporting Staff to Raise Any Concerns

The Trust has a Freedom to Speak Up (FTSU) Guardian that also acts as the Lead 4ward Advocate for the Trust and is supported by a cohort of Champions across the three Trust Sites. The Trust also has a FTSU portal to enable staff to confidentially raise concerns.

Melanie Stinton
Freedom to Speak Up Guardian and Lead 4Ward Advocate

This financial year has seen an increase in reporting culture where 123 concerns were raised in 2022/23, in comparison to 103 in the previous year with a proportionate increase in the amount of anonymous concerns raised. The FTSU team allows staff to raise concerns in a safe and supportive environment, provides therapeutic support to staff and agrees a process with them to support resolution to their concern.

The main theme of concerns continues to be attitudes and behaviours, despite raising awareness of civility and respect in the workplace and the recent launch of our behaviour charter. With the introduction of the behavioural indicators underpinning the signature behaviours, this may see a further increase as unacceptable behaviour is challenged.

Registration with the Care Quality Commission (CQC)

The Trust conducts an annual review of services and submits any changes to the Care Quality Commission (CQC) as per registration requirements, through our Statement of Purpose.

The Trust's Regulated activities include:

- Maternity and midwifery services
- Termination of pregnancies
- Family planning
- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures
- Management of supply of blood and blood derived products

Throughout 2022/23, in continued response to Covid-19 requirements, the CQC have focused their formal inspection activity on areas of high risk. This has led to a significant reduction in on-site inspections, however, our engagement with CQC has been ongoing.

The Trust hosts a standing engagement meeting with their named CQC Relationship Manager and Inspection Manager on a monthly basis. The meetings are facilitated by the Chief Nursing Officer and Deputies, Chief Medical Officer, and the Healthcare Standards Team. These give both parties an opportunity for open and transparent discussion around day to day operations or initiatives the Trust are working toward.

In November 2022, the CQC initiated an inspection and conducted an unannounced visit of 'Urgent and Emergency Care services' and 'Medical Care (including older people's care)' at Worcestershire Royal Hospital and the Alexandra Hospital as part of their system wide review. The inspection report from the November 2022 visit was published on the 6th April 2023 and our overall rating for the Trust did not change. Improvements were recognised in Urgent and Emergency Care services across both sites and the overall ratings improved from 'Inadequate' to 'Requires Improvement'. This means we are no longer rated 'Inadequate' in any area across any of our hospitals.

The Trust has maintained its overall quality rating of 'Requires Improvement'. The Trust continues to be rated 'Good' in the 'Effective' and 'Caring' domains, and 'Requires Improvement' in the 'Safe', 'Responsive' and 'Well-Led' domains.

The full inspection report is available on the CQC's website.

https://www.cqc.org.uk/provider/RWP

Data Quality

We support a culture of valuing high quality data and strive to ensure all data is accurate, valid, reliable, timely, relevant and complete. Identified risks and relevant measures to address poor quality are included in the Risk Register and a robust Governance process is in place for monitoring, assurance and escalation.

Ensuring a high level of quality data is an integral component in supporting the successful achievement of the Trust's objectives to ensure elective recovery, gain financial stability and improve patient flow. In support of this, the Digital Information Team (that includes Data Quality) implemented its fully electronic Holistic Patient Tracking List (PTL) in April 2022, which has been critical in supporting the Elective Recovery Programme, and its fully integrated data quality functionality enables instant visibility of erroneous data that can be rectified in a timely way, ensuring only those that need to remain on the waiting list do so.

Improving Data Quality is a national priority and every Trust had a requirement to achieve no more than 2% of data errors on their Patient Tracking List by March 2023. The target was slightly missed with performance at 5%, but that was more than 17% improvement compared to the beginning of 2022/23.

Covid-19 reporting continued with the Data Quality team being responsible for ensuring the accuracy of critical data sent to external agencies (inc. NHS England and NHS Improvement (NHSE/I)) including reporting Covid-19 related deaths via the Covid-19 Patient Notification System (CPNS), this responsibility transferred to the Bereavement Team in March 2023.

The Data Quality team worked in collaboration with Operational and Clinical colleagues to alleviate poor quality once it had been identified. Improvement this year included data not compliant with the Elective Access Policy which resulted in rigorous quality assurance mechanisms, checks on patient level daily reporting, regular internal training around use of systems and Referral to Treatment (RTT) rules and the use of RTT status.

Failure to resolve data quality risks such as those above, can lead to reporting inaccuracies, non-compliance to Trust and National policy, undocumented workarounds that create future issues, poor management of patient care, unsafe practices and less than satisfactory patient experience.

The Data Quality team were significantly involved in the data cleansing and priming phases of the Sunrise Electronic Patient Record (EPR) Implementation Programme, with phase one being completed at the end of 2022/23 financial year.

The team cleansed critical datasets in advance of 'Go Live' to allow the seamless transition of data between the Patient Administration System (PAS) and Sunrise EPR. The initial priming process included a review of demographic patient data for completeness, integrity and compliance to specific formats.

Further phases are planned for the coming two years and the Data Quality team will remain integral to the successful implementation of this programme. Future phases will involve evaluations of data between systems that will be phased out by EPR modules.

Produced by NHSE/I, the Data Quality Maturity Matrix (DQMI) is a measure that provides the Trust with an overview of the data quality of its secondary care data, which NHSE/I use to base their strategic decision making. The Trust

continues to improve the Trust's DQMI score to date with its current performance (at the point of writing) being 92.3%, the national average is currently 88.6%. The team continues to work alongside Operational, Clinical and Corporate teams to maintain and improve this performance further; some constraints are related to the information management systems currently in place, we expect these will be reduced with the implementation of the EPR.

The Trust submitted the following number of records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in England's Hospital Episode Statistics:

- A&E Records: 165,086
- Inpatient Records: 142,987
  - Elective 88,489
    (Daycase – 82,477
    | Ordinary Elective 6,012)
  - Non-Elective 54,498
- Outpatient Records: 594,114

Digital Care Record

In last year's Quality Account, we published our aims for the Digital Care Record and Phase 1 documentation roll-out. Implementation of the Sunrise Electronic Patient Record System (EPR) was a component of the Trust's 5-year Digital Strategy approved in 2019 to support Infrastructure and Innovation.

Moving to Sunrise EPR meant that patient information will be available electronically, on screen, at the point of care. The digital transformation to EPR was progressed with over a year's worth of engagement across the Trust, the successful implementations of EPR at other hospitals and the NHS Digital blueprint and evidenced based supports such as:

- Patient safety benefits – harm reduction, mortality, improved outcomes
- Efficiency gains – increasing medical and nursing staff's 'time to care', aligned to our 4ward Improvement System
- Regulatory compliance – Safe, Effective and Responsive services, well-maintained and accurate records (Health and Social Care Act 2008, Reg.17)

The implementation of the project was supported by a 24/7 Command Centre and Floor Walkers to support the transitioning teams. Pilot Wards went live on the 25th January 2023 and following their success, the Alexandra Hospital had a full rollout the week commencing 8th February 2023, followed by Worcestershire Royal Hospital in the week of the 15th February 2023.

The scope of Phase 1, Deployment of Sunrise EPR Functionality, included:

- Medical Clerking / Nursing Inpatient documentation across 50+ Inpatient Locations
- Electronic observations e.g. NEWS2
- Access to legacy applications (e.g. Evolve, ICE, CLIP) in patient context (Tab Integration)
- Referral to internal services e.g. Allied Health Professionals (AHPs)
- Sunrise EPR to be accessible across the Trust

EPR will update in phases over the next two years and once fully capable, it will transform the way we admit, treat and discharge our patients and will make a huge contribution to the safe and effective management of patient information. Planning has commenced on the next phases and will include additional specialty based clinical documents (Allied Health Professional, Paediatrics and Outpatients) as well as Electronic Prescribing and Medicines Administration (ePMA) and the migration for our Emergency Departments (ED) to Sunrise ED.

It will also result in more timely diagnosis and treatment, reduce risk and improve patient safety as well as releasing many thousands of hours that colleagues currently spend managing paper records.

Review of Quality Priorities for 2022/23

Care that is Safe

Our patients will continue to receive the highest levels of Infection Prevention and Control (IPC) excellence, reducing the risk of nosocomial (healthcare acquired) infections in hospital.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Reducing Clostridium difficile (C. Diff)	Our internal target for 2022/23 was 61 **The national target for 2022/23 was 79**	We did not achieve the target. We had 108 healthcare acquired C. Difficile cases. It is disappointing that the C. Diff target has been exceeded, particularly for our patients. This is despite increased antimicrobial scrutiny, confirm and challenge by the Divisions with regards to prescribing and a robust action plan being in place. From a review of the current position and reasons for failure to achieve the expected outcome, some conclusions can be drawn. As well as broad spectrum antibiotics, other factors increase the risk of C. difficile infection acquisition. These include advanced age, underlying morbidity, hospitalisation, exposure to other people with the infection, long durations of antibiotic treatment, taking multiple antibiotics concurrently or taking multiple antibiotic courses, and inflammatory bowel disease. We know that Worcestershire has an ageing population. As well as the age of a patient population being a risk factor, there is also high acuity for the patient groups that we are treating, and even with a robust antibiotic prescribing formulary and guidelines, there is still a requirement for broad spectrum antibiotics to be prescribed due to clinical presentation. Any prescribing issues are addressed by the incident reporting system and there are regular audits which are carried out by ward teams and Pharmacy (Point Prevalence and Antimicrobial Stewardship (AMS) audits). The reduction in C. Diff cases will remain a priority for the next year as we need to ensure that we uphold our standards with regards to antimicrobial prescribing, environmental cleaning and Infection Prevention and Control standards to achieve better patient outcomes.	

Our patients will continue to receive the highest levels of Infection Prevention and Control (IPC) excellence, reducing the risk of nosocomial (healthcare acquired) infections in hospital.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Antimicrobial stewardship	Achieve a cumulative reduction of 4.5% for prescribing of antibiotics in "Watch" and "Reserve" groups compared to 2018 baseline.	11% reduction	We met our target. The target was exceeded by 6.5%.
	Commissioning for Quality and Innovation (CQUIN) target: Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment.	Q1: 58% Q2: 50% Q3: 51% Q4: 48%	We partially met our target.

Our patients will be represented in our governance processes, in particular by ensuring Patient Safety Partners are involved in the implementation of the National Patient Safety Strategy.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Transition to the Patient Safety Incident Response Framework	To fully implement and transition to the new Patient Safety Incident Response Framework (PSIRF).	We did not achieve our target. The Trust continues to work towards a smooth transition to the National Patient Safety Strategy (NPSS) and the Patient Safety Incident Response Framework (PSIRF). The change process is managed through a Trust wide implementation team led by the Deputy Chief Medical Officer and supported by Trust wide representation. This group is supported by the Trust's 'Patient Safety Incident Response Plan' which was informed by a wide ranging thematic review of patient safety incidents, complaints, compliments and high level risk areas. The Implementation team will be reviewing the plan again in response to the release of further National Guidance (published in October 2022) to ensure that previous assumptions are still valid and provide the Trust with the greatest opportunity to learn from Patient Safety responses. Roll out of the National Patient Safety Strategy has been extended until September 2023 and the Trust remains committed to achieve this target. The implementation of PSIRF will be a positive change for our patients as it aims to improve patient safety and reduce the risk of harm through a proactive approach to learning from key incidents and thematic trends.	
Improvement of the quality of investigation reports, including implementation of the new Patient Safety Investigation standards	35% of all patient safety investigations will be conducted according to the new investigation standards	We did not achieve our target. Further to the previous Quality Priority where the implementation for PSIRF has been delayed, this is also due to the training requirements of staff to support and embed the framework. Implementation of the Patient Safety Investigation Standards (PSIS) will form a key component of work for the implementation team. Nationally mandated training requirements have now been released and a Trust wide training programme is being scoped and formulated, in collaboration with the Trust Learning and Development Lead. Completion of these training requirements will ensure that our standards for investigation and learning will continue to improve and provide the enhanced opportunity for learning and development of our risk management processes.	

Our patients' nutrition and hydration needs will be met during their time in our hospitals.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Nutrition and hydration assessments	Our target for 2022/23 was 100%	The following are questions from the Weekly Senior Nursing Quality Checks and the compliance against each question: Has the Malnutrition Universal Screening Tool (MUST) action plan been completed correctly? – 97.3% Has the correct section on the MUST action plan been completed correctly? – 98% Has the patient been provided with a drink? – 99.6% Has the care and comfort round documentation been completed? – 98.8%	We did not achieve our target. The Trust is assured by these high compliance figures, although the Quality Check Questions did not meet our target of 100%, the listed questions will remain embedded in the Senior Nurse Quality Checks to be continually monitored. We are providing programmes for our staff to meet our patient's nutritional and hydration needs through the following training; • Mouth care training • Nasogastric Tube Insertion Theory training We are planning that through the optimisation of the Sunrise EPR that electronic records will support the completion of Nursing documentation. The Trust have recently carried out a gap analysis against the NHS National Standards of Healthcare Food and Drink, which has formed the basis for development of a Trust wide action plan.
Food diaries and fluid balance charts	Our target for 2022/23 was 100%	The following are questions from the Weekly Senior Nursing Quality Checks and the compliance against each question: If appropriate, has a fluid balance chart (FBC) been commenced? – 97.8% If patient is on an FBC, are the totals correctly calculated? – 95.9%	

Our patients will experience safe and timely discharges from hospital and transfers between services.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Rollout of Discharge Production Boards (DPBs) on all inpatient ward areas	Our target for 2022/23 was >95%	We partially met the target. 14 out of 35 inpatient ward areas across the Alexandra and Worcestershire Royal Hospitals have a Discharge Production Board on display. Discharge Production Boards were to bring a focus on data and information around discharge performance, allowing us to understand our flow through different departments in the hospital, ensuring our patients return to their destination in a safe and timely manner. Wards and Departments developed display boards identifying their barriers and best practice for safe patient discharge and receive weekly updates on their progress in this area. Capacity Flow Matrons and 'Progress Chasers' were appointed by the Trust to lead the response to discharge data and intelligence, supporting teams with improvement action. Information captured within the displays and shared amongst teams includes: • Summary of patients with 7-day and 21-day length of stay, ensuring discharge planning is correctly in place • A weekly total of actual discharges against required discharged. This demonstrates how teams are managing to accommodate patients waiting for admission within the Emergency Departments • Incidents and complaints related to the discharge of patients, supporting assessment of our patient's experience The Trust continues to monitor Long Length of Stay data in collaboration with our System Partners.	

Our patients will continue to receive timely identification and treatment of sepsis.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Baseline position for screening in the Emergency Department	Our target for 2022/23 was >95%	87.8%	We did not meet our target. This is a reduction in performance on the 2021/22 figure of 98.8% This will be a key indicator that is monitored by the Divisions in 2023/24.
Baseline position for screening in inpatient wards	Our target for 2022/23 was >95%	87.7%	We did not meet the target. This is an improvement in performance when compared to 81.5% in 2021/22. This will be a key indicator that is monitored by the Divisions in 2023/24.
Baseline position for implementing the sepsis six bundle in the Emergency Department	Our target for 2022/23 was >85%	84.4% (note – antibiotics given within 1 hour – 93.24%)	We did not meet the target. This is an improvement on the 74.7% compliance in 2021/22.
Baseline position for implementing the sepsis six bundle in inpatient wards	Our target for 2022/23 was >85%	69.1% (note – antibiotics given within 1 hour – 84.1%)	We did not meet the target. This is an improvement on the 54.2% compliance in 2021/22.

Care that is Clinically Effective

We will commit to continuous learning from deaths and monitor and seek to reduce mortality rates for patients whilst under our care.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Relatives contacted by medical examiner team and invited to raise concerns	Our target for 2022/23 was 90%	We met our target. The Medical Examiner office now reviews all deaths across Worcestershire, including those in the community and hospices across the County which provides clear oversight of causes of deaths and identifies both learning and further intelligence. All deaths, that are not required to be referred to the coroner, that occur in the Acute Trust are reviewed by a Medical Examiner who will make contact with all families prior to the Medical Certificate being released to the Registrar. The Medical Examiner team discuss the cause of death with the families and invite feedback into any of the care their relative received. This supports Medical Examiners in providing education and learning to Junior Doctors who were involved in the patient's care. The Bereavement App that we use to record reviews of deaths did not have the capability to identify performance regarding relative contact. We are planning future development to the Bereavement App that will allow the Trust to measure this Quality Indicator, for us to ensure relatives are given the opportunity to provide feedback.	
Outcomes of mortality reviews will be reported and improvement actions developed	Our target for 2022/23 was 90%	We met our target. In the Trust, throughout 2022/23, there have been 2444 deaths. 265 out of 270 (98.1%) deaths have undergone a Structured Judgement Review (SJR), these reviews allow us to share learning from a patient's death within the organisation. The Trust performs SJRs in line with the 2017 recommendations; where a concern about care has been raised by a Medical Examiner, either independently or with feedback from the family, and in all cases where there has been a death of a person with learning disabilities or autism. In addition, SJRs may be used to help assess quality of care in patient groups where there may be concerns about excess mortality, deaths after elective low risk procedures and care, where further information may be used to help develop and improvement work.	

We will commit to continuous learning from deaths and monitor and seek to reduce mortality rates for patients whilst under our care.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Standardised Hospital Mortality Index (SHMI) to remain within the "as expected" range		We met our target. The Trust reports a Standardised Hospital Mortality Index (the ratio between actual number of patient deaths and number of expected patient deaths). The SHMI has been within the "as expected" for both the Alexandra and Worcestershire Royal Hospital site, and as a whole Trust continuously for more than three years.	
Our patients will experience better health outcomes due to a regular programme of clinical audit and subsequent quality improvement projects.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Participating in a programme of national audits for which we are eligible	Our target for 2022/23 was: >95% of national audits for which we are eligible	100%	We met our target.
Outcomes of national audits will be reported and improvement actions will be generated and monitored	90% of relevant* national audits will have a baseline audit/ progress update, with actions generated and monitored, via the National Clinical Audit Module.	94%	We met our target.
Our patients will receive timely treatment and care through improved waiting times, seven day services and a focus on reducing backlog.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Eliminating 104 week waits for elective treatment in 2022/23	Our target for 2022/23 was 0 104 week waits	0 104 week waits	We met our target.
Restoring diagnostic and treatment activity to pre-Covid-19 levels	Our target for 2022/23 was 104%	The diagnostics target was to deliver 120% of 2019/20 activity. By delivering 194,000 tests, we were within 6% of the submitted plan of 206,191 tests. We did not deliver 104% of 2019/20 activity for Outpatient 'New' or 'Planned Admissions'. We delivered 192,000 Outpatient 'News' against a target of 202,369 and 88,400 'Planned Admissions' against a target of 98,830.	We did not achieve the target. This will be a key priority for the Trust next year.

Develop new Research and Development Strategy			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Develop new Research and Development Strategy		We met our target. The Trust developed, approved and published a Research and Innovation Strategy for 2022 – 2025. Active involvement in research should be a marker of quality for Worcestershire Acute Hospitals NHS Trust. Our vision is to: • Increase opportunities for participation in research through a broad portfolio of studies that maximise recruitment and meaningfully involve patient representatives in our work • Establish sustainable funding for research, investing income to build capacity • Provide a quality culture and meet all targets in research through good governance • Have a stable, skilled workforce, attracting recruitment to the Trust • Raise the profile of research and cultivate a culture of research, as a marker of quality for the Trust • Clinicians of different backgrounds to become Research Ambassadors, Principle Investigators, Associate Principle Investigators and Chief Investigators Research and Development gives our patients an opportunity to support research into a particular condition or disease that they care about, to improve treatments for future generations, or to access new treatments. The Research and Innovation Strategy 22-25 will further foster these opportunities. Have a look at our Good News Stories section on page 42.	

Work with educational partners to improve the training for our staff.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Work with educational partners to improve the training for our staff during 2022/23		We met our target. Education and training support, equips our staff to deliver high quality of care to patients. Education partners we have collaborated with and initiatives we have focused on in the last year include: • Health Education England (HEE) redistribution of additional Medical Trainees, ensuring equitable distribution of specialist staff in line with population service requirements to address health inequalities • We have worked with University of Worcester to provide placements for Medical Students, enrolled in the new Medical School • Establishment of a Trust Academy Model • Active partnership, co-production and membership with the wider Integrated Care System (ICS) Academy • The Trust has worked to provide access to apprenticeships, advanced practice, leadership training and worked with the Virginia Mason Institute to provide training to all of our staff in the 4ward Improvement System.	

Care that is a Positive Experience for Patients and their Carers

Our patients will experience better access to our services, particularly for our patients and their carers who live with health inequalities. This includes members of Ethnic Minority communities, the LGBTQ+ community and people who live with disabilities or vulnerabilities.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Implementing a real-time accessibility information service that supports access to our facilities	Friends and Family Test (FFT): Achieve 95% Recommended rate in A&E, Inpatients/Day case, Maternity and Outpatients.	FFT is an NHS tool to gather feedback on our services and patient experience. The FFT recommended rate is separated into the below areas: • A&E 87.4% • Inpatient/ Day Case 97.6% • Maternity 95% • Outpatient 95.6%	We partially met our target. We met our target for Inpatient/Day case, Maternity and Outpatients. We did not achieve the target in A&E, but have seen an improvement compared to 2021/22 (76.6%).

Our patients will experience better access to our services, particularly for our patients and their carers who live with health inequalities. This includes members of Ethnic Minority communities, the LGBTQ+ community and people who live with disabilities or vulnerabilities.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Strengthening pathways for patients with Learning Disabilities (LD)		We partially met our target. In January 2023 the Trust appointed a Lead Nurse, dedicated to improving Patient Experience, partly by reviewing the provisions of Learning Disability standards and improvements and has facilitated the following: • The Trust was one of over 200 that participated in the NHS Benchmarking Network's fourth Annual National collection of data, on performance against NHS England's Four Learning Disability Improvement Standards. • This internal review has formed the basis for the development of a Trust wide Learning Disabilities action plan, in line with the Four Improvement Standards. • In March 2023, a review of patient's electronic records was undertaken by the Trust's Patient Experience Lead Nurse and one of the Learning Disability Acute Hospital Liaison Nurses (LD AHLNs) employed by the Health and Care Trust, fostering cross team working. The collated results will support the continuous work in progress and provide System Partners with important information on developments for Learning Disabilities service outcomes and developments. • The LD AHLNs began to attend the Trust wide induction to new starters to introduce their team from September 2022. • The LD AHLNs supported the Trust's Annual Big Quality Conversation Survey 22-23, by engaging with patients who attended the Trust and have a Learning Disability, to capture the experience of this cohort of patients and their relatives and carers. • Sensory boxes were provided to the Trust by the Integrated Care Board in November 2022. These boxes include a variety of products that provide the opportunity for our patients to engage with their senses and regulate their sensory needs. The purpose of these is to provide comfort to and support the needs of our patients, including those with a Learning Disability and/or Autism. The boxes are available to teams via the LD AHLNs. All of the above actions have provided a foundation to strengthen and make improvements. Our Trust wide action plan for the LD Improvement Standards will continue to be a key priority next year.	

Our patients will experience better access to our services, particularly for our patients and their carers who live with health inequalities. This includes members of Ethnic Minority communities, the LGBTQ+ community and people who live with disabilities or vulnerabilities.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Developing diagnostic access with community hubs and implement care in new, purpose built facilities to meet patient needs	Our target for 2022/23 is to open one Diagnostic Hub	We met our target. In 2022, the Trust delivered on its commitment to the people of Worcestershire, by opening a new Community Diagnostic Centre (CDC) at Kidderminster Hospital and Treatment Centre. The new modern state-of-the-art facility is providing our patients with increased capacity and access to imaging and endoscopy services. Our focus on providing our patients with optimal care through investigations that are carried out in a timely manner and reducing waiting times remains a priority for 2023/24. Our improved facility includes: • Computerised Tomography (CT) Scanning • Ultrasound Room • Three room Endoscopy Unit During November 2022, the Trust performed 19,765 diagnostic procedures, which is a 15% increase of activity compared with the pre-Covid-19 demand.	

Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services, to ensure learning and improvements can be prioritised.			
Quality Indicator	**Target**	**Outcome**	**Evaluation**
Implementing a digital solution that enables patients to provide feedback in real-time	4-star rating from patients and carers.	We partially met our target. We are now using a new digital system called 'Badgernet' for patients, partners and carers experiencing our maternity services, which links a patient's maternity records and key information digitally, with the opportunity to share feedback. We have also supported digital measures to enable patients to provide feedback in real-time by increasing our use of text messaging and promoting ease of access through patient facing posters (with a QR code) to encourage people experiencing our maternity services to share their feedback through the new Badgernet platform. We have explored a whole-system web based IT solution to capture and monitor feedback and although the implementation has been delayed because of our need to focus on a Trust wide roll-out of a new Electronic Patient Records System, we are developing a strengthened Friends and Family process which will be underpinned by the roll-out of a pilot project in 2023/24. This will support a new way to help us learn from the Friends and Family Test feedback that we receive.	
Greater engagement with patients and carers through the annual Big Quality Conversation, feeding into yearly priorities	Our target for 2022/23 was (increase by 10%)	We received 889 responses in the Big Quality Conversation Survey ran in 2022-2023. This was a 52% improvement on the previous year.	We met our target.
Increasing Compliments and recommendation rates	Our target for 2022/23 was increase compliments by 15%	The total number of compliments received in 2022/23 was 3293, this is an increase of 44% compared to 2021/22. This may demonstrate an increased patient satisfaction in services, care and treatment	We met our target.
Reducing the number of complaints returned from those who are not satisfied with the response	Our target for 2022/23 was 15%	14.3% of closed cases were reopened (at time of reporting)	We met our target.

Big Quality Conversation

We ran the Big Quality Conversation for the third time this year. This has been so important to us as a Trust, as it means we are given the opportunity to understand what matters to you, our community of patients, relatives and carers.

We recognise that we provide services to a variety of people from diverse backgrounds and those who may experience health inequalities and it is pivotal for us to ensure the care they receive meets their needs.

To improve the reach of our survey and support our full community to participate, we facilitated the following methods of engagement and events:

- Workshops with the local d/Deaf community at "Deaf Coffee Morning"
- We developed a British Sign Language video to explain the survey
- Meeting patients who have a Learning Disability in partnership with the Learning Disability Acute Hospital Liaison Nurses from Herefordshire and Worcestershire Health and Care Trust
- Workshops at Aspie, a social, self-help and motivation group for adults with Asperger's Syndrome
- Promotion with our System Partners across the County via engagement meetings and networks
- Sessions across our three hospital sites supported by the Patient Public Forum Representatives and Volunteers
- Engagement with our local Prison Service
- An Easy Read version of the survey was made available on request

The Big Quality Conversation had a multimodal approach to engagement, where predominantly the survey was available using an online platform and was publicised by the Trust's internal and external communications.

Some further improvements to the survey and logistics that we made this year:

- The survey received 889 responses (compared to 585 in the previous year)
- The survey was viewed 2633 times (compared to 2153 times the previous year)
- The survey had a 71.1% completion rate (compared to 59% the previous year)
- The survey was completed on average in five minutes (compared to eight minutes the previous year)
- The online survey was available in 95 languages (compared to 40 the previous year)
- The survey was completed in eight different languages (compared to seven languages the previous year)

The poster we shared with our Staff and the Networks we engaged with to feedback the results is shown on page 34.


Putting Patients First
4ward
NHS
Worcestershire Acute Hospitals
NHS Trust
THE BIG
QUALITY
CONVERSATION
Join the conversation to share your experiences in our hospitals and help us plan for the future
How effective was the care/treatment you received?
Help us to improve our services
100% Anonymous
How safe did you feel in our care?
Your feedback is important to us
Help us understand best practice
Share your opinion
To complete the survey visit:
surveyhero.com/c/BigQualityConversation23
Survey closes: 5 March 2023
TO USE THE QR CODE:
Open your camera and point your device at the QR code. Click the notification that appears on your screen and this will take you to the survey.
Published January 2023

THE BIG QUALITY CONVERSATION

RESULTS 2022/23

889	2633	71.1%	5 minutes
Responses	Views	Completion rate	Avg. Completion Time

We asked you in the survey, what is most important to you when receiving Healthcare?

- 288 said Communication
- 182 said Values & Behaviours
- 69 said Being involved in Care Planning
- 61 said Being listened to
- 58 said being diagnosed and treated
- 57 said waiting times
- 46 said individualised care
- 41 said good quality care
- 29 said being able to trust staff
- 28 said accessing treatment

We have used the results from the survey and your comments to inform the Quality Priorities we will take forward in 2023/24. These will be published in our Quality Account on the 30th June 2023, so we can focus on what matters to you and continue Putting Patients First.

Is it Safe?	95% said they felt safe in our hospitals	84% said they were offered enough food & drink in our hospitals when staying overnight	93% said staff were friendly helpful & welcoming
Is it Clinically Effective?	92% said our hospitals were accessible to their individual needs	48% said they were given a choice of dates for appointment(s)	85% said our staff communicate and work well together as a team
Is it a Positive Experience for Patients, Relatives and Carers?	89% said they felt members of staff put the needs of patients first	89% said there was enough privacy when receiving care & treatment	81% had clear communication of treatment & care plans & 78% felt involved in making decisions

The data shown above is the combined percentage of patients that answered 'Always' and 'Sometimes' to the Survey questions. The Survey was live between the 25th January - 5th March 2023.

Our Quality Priorities for 2023/24

We have, through extensive engagement with the public through our Big Quality Conversation and our staff through their Divisional Management Teams and Governance Teams, identified our Quality Priorities for 2023/24.

The Quality Priorities are aligned to our Clinical Services Strategy and Annual Plan and we will deliver them using our 4ward Improvement System.

The Quality Priorities continue to sit under the three pillars;

- Care that is Safe
- Care that is Clinically Effective
- Care that is a Positive Experience for Patients and their Carers

The Quality Statements are our commitment to how we are going to improve our services to deliver high quality care. These formed our Quality and Patient Safety Plan 2022-2025.

The Quality Priorities are the specific targets that we set Annually under each Quality Statement, they are steps that will help the Trust to fulfil the Quality Statement.

The Quality Priorities are broken down into what specific action teams will undertake and how they will deliver improvements by stating 'We will do this by...'

THE QUALITY HOUSE

Our Quality Statements and Priorities 2023/24

Safe

Our patients will continue to receive the highest levels of Infection Prevention and Control (IPC) excellence, reducing the risk of nosocomial (healthcare acquired) infections in hospital.

Our patients will experience safe and timely care from hospital.

Clinically Effective

We will commit to continuous learning from deaths and monitor and seek to reduce mortality rates for patients whilst under our care.

Our patients will experience better health outcomes due to a regular programme of clinical audit and subsequent quality improvement projects.

Our patients will receive timely treatment and care through improved waiting times, seven day services and a focus on reducing our backlog.

Positive Experience

Our patients, their relatives and carers will experience better access to our services, particularly those who live with health inequalities.

Our patients, their relatives and carers will be involved in decisions about their healthcare and be given information in a way that they can understand.

Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services to ensure learning and improvements can be prioritised.

Care that is Safe

Our patients will continue to receive the highest levels of Infection Prevention and Control (IPC) excellence, reducing the risk of nosocomial (healthcare acquired) infections in hospital	
Quality Priority	**We will do this by**
We will work to reduce Clostridium Difficile (C. Diff) healthcare acquired infections	• Working with our System Partners to deliver the C. Diff strategy • Upholding best practice infection prevention standards • Meeting the national standards of healthcare cleanliness • Learning from post infection reviews Trust wide • Undertaking monthly Antimicrobial Stewardship (AMS) audits to ensure effective antimicrobial stewardship • Use our cleaning audit process to ensure robust facilities management and actions are completed timely • Achieving the mandatory training target of 90% in Level 2 Infection Prevention and Control • Ensure all education is disseminated to teams through Infection Prevention and Control Link Nurses • Timely identification, assessment and isolation of patients who are symptomatic • Timely sampling to ensure earlier diagnosis • Post infection Hydrogen Peroxide Vapor (HPV) cleaning

Our patients will experience safe and timely care from hospital	
Quality Priority	**We will do this by**
We will ensure our patients experience safe and timely discharge from hospital, supporting patient flow	• Continuing to work closely with system colleagues across Health and Social Care • Operate a daily Multidisciplinary Team meeting to review and agree plans for patients with complex discharge needs, taking into account patient and family wishes • Promote activity and independence to prevent deconditioning in older adults and actively support the principle of patients returning to their own home on discharge (Home First) • Deliver a hospital wide programme to support patients leaving hospital by midday avoiding where possible evening discharges • Provide support and direction to Ward teams from 'Flow Matrons' who will champion and lead best practice in Ward rounds, discharge planning and ensuring prompt movement of patients from assessment areas to specialist Wards for the right care in the right place • Using our 4ward Improvement System to deliver sustainable improvements in areas of Patient Flow, initially focusing on discharge pathways.

Care that is Clinically Effective

We will commit to continuous learning from deaths and monitor and seek to reduce mortality rates for patients whilst under our care	
Quality Priority	**We will do this by**
We will continuously learn from deaths, to improve the quality of the care we provide to patients, relatives and carers and identify where we could do more	• Directorates will have monthly meetings at which deaths and the quality of care leading up to death, are discussed and improvement projects generated • All Serious Incidents (unwanted event occurring through act or omission of healthcare) resulting in patient death are reviewed by the Learning from Deaths Group • Divisions will provide reports detailing complaints in which care around the time of death are provided to the Learning from Deaths group • All deaths in patients with Learning Disabilities will be reviewed and submitted to LeDeR, which is a national quality improvement project for the care of patients with Learning Disabilities and Autism, working to improve care and reduce health inequalities

Our patients will experience better health outcomes due to a regular programme of clinical audit and subsequent quality improvement projects	
Quality Priority	**We will do this by**
We will deliver action plans and identify improvements to achieve local and national best practice initiatives *e.g. GIRFT* recommendations, NICE* guidance, Ockenden*	• The Trust will track and monitor actions that have been implemented via the Clinical Audit Tracking System (CATS) on a regular basis to ensure they are seen through to completion • Audit leads will be encouraged to provide details of any improvements that have been made as a result of the audit, and this learning is shared through their Division and across the Trust
We will deliver an annual programme of focused national and local audits including Best Outcome for Patient Programme (BOPP) to provide assurance and improve quality	• Ensuring the Clinical Leads for National Audits are submitting data where required to ensure participation, reviews of reports and local data, implementing change where required and the Trust will support where appropriate • Support Specialty Audit Leads to encourage the completion of local audits that are listed on the Better Outcomes for Patient Programme (BOPP) within their Specialty

Our patients will receive timely treatment and care through improved waiting times, seven day services and a focus on reducing our backlog	
Quality Priority	**We will do this by**
We will reduce the time patients are waiting for treatment in line with national targets	• We will work to reduce the time patients spend waiting for treatment by: › Increasing throughput at Kidderminster Hospital and Treatment Centre and Community Diagnostic Centre including an expansion to the on-site Endoscopy unit › Expanding Robotic Surgery › Installation of an additional two new theatres for the next 18 months › Maximise sessional utilisation, efficiency and additional activity through additional clinics and theatre activity › Utilisation of Independent Sector to support outsourced and insourced elective solutions • In Summer 2023 we will open the new Emergency Department, co-locating our front-door services with the Acute Medical Unit and Ambulatory Same Day Emergency Care (SDEC) area. Through the creation of adequately resourced and adequately staffed cross-specialty assessment and SDEC areas, we will aim for patients to be treated in the most appropriate area to meet their needs, preserving the Emergency Departments for people with life or limb-threatening emergencies • We will work with our System Partners to prevent avoidable admissions and reduce hospital acquired complications and functional decline, whilst utilising the full power of the ICB's comprehensive and clearly defined directory of services to promote care closer to home

Care that is a Positive Experience for Patients and their Carers

Our patients, their relatives and carers will experience better access to our services, particularly those who live with health inequalities	
Quality Priority	**We will do this by**
We will work to ensure patients with Learning Disabilities will receive safe, personalised care and achieve equality of outcomes	• Strengthen our Learning Disability (LD) Steering Group to ensure that the Learning Disability Improvement Standards are implemented and monitored Trust wide • Work with our System Partners to introduce new National Training Programmes as they become available; Oliver McGowan Tier 1 and 2 • LD Acute Hospital Liaison Nurses to continue to provide bespoke training and based on data intelligence made available, target areas that may benefit • Develop a Learning Disability and Autism policy with key stakeholders for children and young people • Identify a variety of methods to gather patient feedback • LD Champions across all areas will support Wards and departments by sharing best practice and resources including hospital passport, reasonable adjustments, easy-read documents and menu choice options to ensure personalised care

Our patients, their relatives and carers will be involved in decisions about their healthcare and be given information in a way that they can understand	
Quality Priority	**We will do this by**
We will ensure patients, their relatives and carers feel listened to and have clear lines of communication with staff about their condition, treatment and care. This will also include patients with health inequalities and/or sensory needs	• Ensure all patients who experience further delays to care and treatment are communicated sensitively regarding changes to appointments, focusing on those patients that have already experienced delays • Continue to engage with the local d/Deaf Community to develop services and resources that meet local needs. We will implement a range of communication tools and methods that supports and enhances ability to communicate with our local d/Deaf Community • We will continue to develop accessible guides for our patients, carers and visitors coming into our hospitals and we will find different ways to raise public and staff awareness of them • We will harness digital innovation to support with communication for our patients who do not communicate using English as their first language • We will continue to accommodate a more suitable appointment date if patients are unable to attend initial dates given

Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services, to ensure learning and improvements can be prioritised	
Quality Priority	**We will do this by**
We will continuously learn from patient feedback on their experience of care	• Relaunch of the Friends and Family Test cards as an additional way for our patients, carers, friends and family to share their feedback at our Trust • Launch of a communications plan for our staff and our patients and the public to let people know that we welcome feedback • Recruit a greater number of Volunteers who will support to raise awareness of Friends and Family with our patients and carers on our Wards and across our departments • Develop approaches to better understand the feedback we receive and the actions we can take to support continued improvement • Review and respond to our data by ensuring staff are learning from the best practice that is identified through positive feedback received, to improve patient experience

Statement of Directors' Responsibilities

The Directors are required, under the Health Act 2009, to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of the annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2012).

In preparing the Quality Account, 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 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 the Department of Health guidance

Good News Stories

Worcestershire Acute Hospitals NHS Trust formally recognised as 'Veteran Aware'

Worcestershire Acute Hospitals NHS Trust was formally recognised as 'Veteran Aware' by the Veterans Covenant Healthcare Alliance (VCHA) in June 2022.

The Trust celebrated the achievement and marked the start of Armed Forces Awareness Week with a flag raising ceremony and minute's silence for staff, patients and visitors at Worcestershire Royal Hospital, accompanied by a Salvation Army bugler.

The VCHA is a group of NHS healthcare providers in England committed to providing the best standards of care for the Armed Forces community, based on the principles of the Armed Forces Covenant.

The Armed Forces Covenant - which recently passed into law - is a promise by the nation ensuring that those who serve, or who have served, in the Armed forces, and their families, are treated fairly. The aim is to develop, share and drive the implementation of best practice that will improve armed forces veterans' care, while at the same time raising standards for everyone across the NHS.

Clinical Research Team named 'Team of the Year'

The Clinical Research Team at Worcestershire Acute Hospitals NHS Trust won 'Team of the Year' at the National Institute for Health and Care Research (NIHR) Clinical Research Network West Midland's Awards.

The NIHR awards celebrate the range of clinical research taking place here in the West Midlands - from studies to improve future treatments for mental health conditions, to Covid-19 vaccines and examining and understanding the increased risk of contracting Covid-19 among healthcare workers.

The award recognises the team's contribution in the Worcestershire Covid-Trial Response Team working together with colleagues at Herefordshire and Worcestershire Health and Care NHS Trust, CRN West Midlands Primary Care and Across Teams, University of Birmingham Students, which came together

to support the delivery of the national priority Covid-19 trials

The trials included the 'RECOVERY Trial' which helped increase the knowledge of which existing treatments may be beneficial for people hospitalised with suspected or confirmed Covid-19.

The research team are involved in 66 research projects that help to improve patient care and outcomes.

Vibrant memorial for lives lost during the pandemic unveiled during special ceremonies

Vibrant memorials have been created on each of our hospital sites to provide a poignant reminder of the lives lost across the NHS by colleagues caring for patients with Covid-19. After listening to and learning from feedback from the BAME Staff Network about the disproportionate effects of the pandemic on colleagues from BAME backgrounds, the Network teamed up with the Worcester Mela Partnership to organise the memorials as well as a ceremony at each site to unveil them.

Each of our three hospitals have now received their own unique commissioned memorial artwork, that provide a focal point to reflect on everything we have been through together and of the lives lost whilst caring for patients during the pandemic.

Members of the Mela Partnership presented the artwork as a gesture of appreciation to all those in the NHS. The unveiling of the artworks was followed by celebrations of food, dance and music. Sabrina Mollah performed a moving fusion of contemporary South Asian dances, dedicated to members of her own family that were lost during the pandemic.

Each of the installations show carved flowers: Lotus representing growth; Water Lily representing hope; Hibiscus representing unity; and Jasmine representing the countries from the Indian sub-continent and the wider world. In addition to symbolising unity, growth and community, the art installations also represent Trust colleagues working together through adversity, in a spirit of mutual support and respect as they tackle the challenges they face and make the most of opportunities that the future will bring.

Worcestershire Acute Hospitals NHS Trust recognised as 'Employer with Heart'

Worcestershire Acute Hospitals NHS Trust was recognised an 'Employer with Heart' after becoming one of the first in the NHS to offer a package of support which includes periods of paid leave for staff who are undergoing fertility treatment, or who experience baby loss or have a premature birth.

The Trust has put in place an extended Family Leave policy to ensure colleagues have the time and space to process, grieve and begin to heal at a time when they need it most.

In addition, the Trust has also signed The Smallest Things' Charter which sets out its intentions as an employer to support staff through early childbirth, and has been awarded an 'Employer with Heart' charter mark by the charity because of this.

£10 million-plus boost for hospital services in Worcestershire

Patients of all ages from across Worcestershire and beyond will benefit from a range of service improvements following the approval of more than £10 million in funding in January 2023 to expand facilities at the Alexandra Hospital, Redditch, and Worcestershire Royal Hospital in Worcester.

The £10.5 million funding will enable the expansion of endoscopy services at the Alexandra and at Worcestershire Royal, a series of improvements to maternity and children's services, including a second dedicated obstetric theatre and maternity triage and assessment unit, remodelling of the Riverbank Children's Ward and a new combined Paediatric Assessment Unit and Children's Clinic.

Worcestershire Acute Hospitals NHS Trust has been awarded the funding by the Department of Health and Social Care and NHS England following the approval of the Trust's final business case.

The Alexandra Endoscopy Suite and Worcestershire Royal maternity improvements are due to be completed by the end of 2023, with the paediatric developments completed by the end of 2024.

Garden Suite returned to the Alexandra Hospital

The Garden Suite chemotherapy unit moved back to its permanent home at the Alexandra Hospital, Redditch in February 2023.

The unit provides a range of outpatient chemotherapy treatments to cancer patients, mainly from Redditch and surrounding areas. It was temporarily relocated to Kidderminster Hospital during the Covid pandemic to protect patients using it from the risk of infection.

Now, Garden Suite has settled into a new home at the Alexandra following the refurbishment of the hospital's Ward 1.

Chemotherapy services also continue to be provided at Kidderminster and Worcestershire Royal Hospitals.

Work completed on new community diagnostic centre at Kidderminster Hospital and Treatment Centre

A brand new CT scanner, ultrasound room and three room endoscopy unit opened to patients at Kidderminster Hospital and Treatment Centre.

The new facilities form part of the Community Diagnostic Centre (CDC) work at Kidderminster Hospital and Treatment Centre, increasing the capacity of the existing unit and providing much-improved facilities for patients and staff.

The Community Diagnostic Centre provides increased access and capacity for the people of Worcestershire to imaging and endoscopy services with the aim of reducing waiting times for patients in need of diagnostic scans and endoscopy procedures and aiding a quicker diagnosis and treatment.

The new CDC is part of the government's £350 million investment across the UK to provide scans more quickly and to help manage backlogs in imaging tests that have developed after Covid-19. Better capacity should enable faster access to more diagnostic tests as part of the national programme of improvement.

Successful launch of an Electronic Patient Record System

One of the UK's most transformational electronic patient record systems is now live across Worcestershire Acute Hospitals NHS Trust.

Sunrise Electronic Patient Records (EPR), which is being used by colleagues across our three hospitals, means patient information is available electronically, on screen, at any hospital location, at any time.

EPR will update in phases over the next two years and once fully capable, it will transform the way we admit, treat and discharge our patients and will make a huge contribution to the safe and effective management of patient information.

It will also result in more timely diagnosis and treatment, reduce risk and improve patient safety as well as freeing up many thousands of hours that colleagues currently spend managing paper records.

Sunrise EPR is an important tool on our journey of continuous improvement, and is a key system that forms our overarching Digital Care Record, for recording all patient information.

Arrival of robotic surgery at the Alexandra Hospital

Plans to bring state-of-the-art robot assisted surgery to Worcestershire came to fruition with the arrival of the surgical robot on site at the Alexandra Hospital, enabling senior clinicians aim to begin providing robot-assisted prostate surgery for patients with prostate cancer.

The delivery of the robot followed the upgrade and refurbishment of an operating theatre which included reinforcing the theatre floor to take the weight of the robot as well as upgrading the ventilation system, general refurbishment and redecoration.

For those patients who are able to have it, Robotic-assisted Radical Prostatectomy (RARP) can offer equivalent or better outcomes, less pain, shorter stays in hospital and quicker recovery for patients with prostate cancer.

Previously any prostate cancer patient from Worcestershire who wanted this type of surgery as part of their treatment had to travel out of the county for it.

The robot is a further addition to the range of high quality elective (planned) surgical services already provided at the hospital for patients from across Worcestershire and beyond.

The Trust is investing more than £3.5 million in the new service. Thanks to the generosity of local supporters, a fundraising appeal in aid of robotic surgery had already raised around £500,000, before plans for the development were paused during the Covid-19 pandemic.

A £10,000 award boosts efforts to encourage more people with disabilities to work at Trust

Donna Scarrott Chair of the Staff Disability Network

Members of the Staff Disability Network at Worcestershire Acute Hospitals Trust (WAHT) celebrated after putting in a successful bid for funding from the Workforce Disability Equality Standard Innovation Fund (WDES). It has been used to enable and encourage people with a disability or long-term condition to apply for roles within the Trust. The WDES was introduced across the NHS to advance disability workplace equality.

Staff Recognition Awards bigger and better than ever

Our Staff Recognition Awards returned this year, bigger and better than ever! The event in November was a memorable evening that showcased some of the brilliant work that has been going on across our hospitals and recognised some of the most outstanding people and their extraordinary efforts to put patients first.

#Stepping4Ward to the future with partners and patients at first event of its kind

Delivering our Trust's strategy to 2025 and beyond was the theme of the day as we welcomed over 100 leads, clinicians, partners and patients to our first Stepping 4ward event.

Held at Worcestershire Cricket Club, the day provided a chance to get together in person and discuss seizing future opportunities and tackling challenges over the next three years.

As well as talks, the day included table workshop sessions focused on realistic collaborative ideas for future working with groups keen to share their thoughts with the room.

Worcestershire Acute NHS Trust's #CallMe initiative, inspired and introduced at other Trusts

Oxford University Hospitals NHS Foundation Trust have introduced the Call Me initiative having been inspired by our own #CallMe initiative at our Trust.

Working together with colleagues at Oxford, a video has been produced that focuses on the importance of having those #CallMe

conversations with our patients and recording them, as one in three people prefer to be called by a different name.

The 'Call Me' project, originally developed in our hospitals, is a simple initiative where patients are given the opportunity to go by their preferred name. #CallMe was shortlisted for the 'Digitally Enabled Transformation' National Improvement Award in 2022 and previously the project was recognised in the 2021 BMJ Awards, winning the "Digital Innovation Team of the Year" Award.

Urgent and Emergency Care developments continue at Worcestershire Royal Hospital

Exciting developments took place in our work to further expand and improve urgent and emergency care services at Worcestershire Royal Hospital.

Our Acute Medical Unit (AMU) and Ambulatory Emergency Care service (AEC) moved to the first floor of the refurbished Aconbury East building at the end of 2022.

This was the next step in the creation of an 'emergency village' on the ground and first floors of Aconbury East, which will host a wide range of diagnostic and treatment services.

The expansion of urgent care facilities will further contribute to the improvements being led by local health and care organisation to reduce waiting times, improve ambulance handovers and also introduce new and innovative models of care in and out of hospital.

In Autumn of 2023, we hope to open our new expanded Emergency Department which plans to include a dedicated children's emergency department, X-ray and other diagnostic facilities and a range of same-day emergency care and short stay urgent medical services all in one unit.

This will give us a better setting of care for our patients and an improved working environment for our staff.

Quality Dashboard: NHS Outcomes Framework

The following table demonstrates the core set of indicators as defined by Quality Accounts Regulations, under the Health Act 2009 and subsequent Health and Social Care Act 2012.

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Preventing people from dying prematurely	SHMI value and banding Period: Jan 22 – Dec 22 Published: 11th May 2023	1.0303 Banding 2 'as expected'	N/A	0.7117	1.2186	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* An improvement in timely care for patients whose condition deteriorates is demonstrated by a reducing SHMI. *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* See Quality Priorities on page 37 and 38.	1,0460 Banding 2 'as expected' (Apr-21 – Mar-22)	1.0321 Banding 2 'as expected' (Apr-20 – Mar-21)	1.0428 Banding 2 'as expected' (Apr-19 – Mar-20)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Preventing people from dying prematurely	% of deaths with either palliative care specialty or diagnosis coding Period: Jan 22 – Dec 22 Published: 11th May 2023	32%	40%	12%	65%	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* Data quality is good but there is room for improvement *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* The Trust will aim to improve this performance during 2023/24.	35% (Apr-21 – Mar-22)	34% (Apr-20 – Mar-21)	35% (Apr-19 – Mar-20)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Helping people to recover from episodes of ill health or following injury	Patient-reported outcome score for hip replacement surgery – adjusted average health gain (Oxford Hip Score) Published: 12th Aug 2021 April 2020 to March 2021	In order to respond to the challenges posed by the coronavirus pandemic NHS hospitals in England were instructed to suspend all non-urgent elective surgery for patients for parts of the 2020/21 reporting period. This has directly impacted upon reported volumes of activity pertaining to Hip and Knee replacements reported in PROMS. In addition, it is possible that behaviours around activities relating to the completion, return and processing of pre and post-operative questionnaires may have also been impacted when compared to earlier years' data where behaviours and processes related to managing the current pandemic were not in place. In the Apr-20 to Mar-21 data publication, Worcestershire Acute Hospitals NHS Trust's data was based on fewer than 30 questionnaires. In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMs-HES data. Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a pause in the current publication reporting series for PROMs at this time. NHSE are endeavouring to update this linkage process and resume publication of this series as soon as they are able but unfortunately are unable to provide a timeframe for this. They will provide further updates as soon as this is known.			**No national data available for 22/23** Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by: See Quality Priority on page 38 - plans to improve access to theatre aim to create further improvement	22.754 Not an outlier (19/20 Final)	22.532 Not an outlier (18/19 Final)	22.965 Not an outlier (17/18 Final)
	Patient-reported outcome score for knee replacement surgery – adjusted average health gain (Oxford Knee Score) Published: 12th Aug 2021 April 2020 to March 2021					**No national data available for 22/23** Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by: See Quality Priority on page 36 - Improving flow will improve the timeliness of treatment and avoiding pain or deterioration for waiting patients	17.342 Not an outlier (19/20 Final)	18.049 Not an outlier (18/19 Final)	17.022 Not an outlier (17/18 Final)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Helping people to recover from episodes of ill health or following injury	30-day readmission rate for patients aged <16 Period: 2021/22 Published: 18th Oct 2022	12.1%	12.5%	3.3%	46.9%	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* Children's services in all specialties strive to ensure readmissions are avoided to avoid disruption to children and families *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* Ensuring this performance is maintained	12.8% (20/21)	13.5% (19/20)	13.0% (18/19)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Helping people to recover from episodes of ill health or following injury	30-day readmission rate for patients aged 16+ Period: 2021/22 Published: 18th Oct 2022	13.7%	14.7%	2.4%	18.8%	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* Despite bed pressures, the Trust ensures patients are fit enough to cope at home wherever possible *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* Maintaining safe discharge practice	15.4% (20/21)	13.7% (19/20)	13.7% (18/19)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs scored from the National Inpatient Survey	Update from NHS Digital: Following the merger of NHS Digital and NHS England on 1st February 2023 we are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Further announcements about this dataset will be made on this page in due course.				**No national data available for 22/23** *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* Improvements to patient flow and to continuously learn from patient feedback is described in our Quality Priorities on page 36 and 40	73.4 (20/21)	66.3 (19/20)	64.3 (18/19)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Ensuring that people have a positive experience of care	The percentage of staff employed by, or under contract to, the trust during the reporting period who selected 'Agree' or 'Strongly Agree for; If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation. NHS Staff Survey 2022	53.5%	61.9%	86.4%	39.2%	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* Benchmark data is available on the NHS Staff Survey website, our response rate has decreased this year and remains below the average for Acute Trusts *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* Our Quality Account outlines our priority areas for improvement	60.7% (2021)	68.6% (2020)	63.3% (2019)

Domain	Indicator		Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
					Best NHS performer	Worst NHS performer				
Ensuring that people have a positive experience of care	Inpatient Friends and Family test Period: February 2023 Published: 6th April 2023	% Positive	98%	94%	100%	66%	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* This score is consistent with recent inspection results in which the Trust's highest score reflected compassionate care *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* See Quality Priority on page 40.	97% (Mar-22)	96% (Mar-21)	94% (Mar-19)
		Response Rate	39%	19%	100%	0%		30% (Mar-22)	33% (Mar-21)	18% (Mar-19)

Domain	Indicator		Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
					Best NHS performer	Worst NHS performer				
Ensuring that people have a positive experience of care	A&E Friends and Family test Period: February 2023 Published: 6th April 2023	% Positive	89%	80%	95%	38%	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* The Trust is working hard to continue to improve response rates in ED *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* Improvements to patient flow and to continuously learn from patient feedback is described in our Quality Priorities on page 36 and 40.	86% (Mar-21)	82% (Mar-19)	74% (Mar-18)
		Response Rate	22%	11%	39%	0%		19% (Mar-21)	6% (Mar-19)	4% (Mar-18)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Treating and caring for people in a safe environment and protecting them from harm	% of patients risk-assessed for venous thromboembolism	The VTE data collection and publication is still suspended to release capacity in providers and commissioners to manage the Covid-19 pandemic.				**No national data available for 22/23**	94.45% (Q4 18/19)	92.26% (Q4 17/18)	93.75% (Q4 16/17)
	Rate of C.difficile per 100,000 bed days Period: Apr-21 to Mar-22 Published 29th September 2022	71.3	43.7	0.0	138.4	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* The Trust has re-emphasised simple control of infection measures, particularly at times of extreme bed pressures *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by* See Quality Priority on page 36.	61.7 (Apr-20 to Mar-21)	39.4 (Apr-19 to Mar-20)	50.0 (Apr-18 to Mar-19)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Treating and caring for people in a safe environment and protecting them from harm	Rate of patient safety incidents per 1,000 bed days Period: Apr-21to Mar-22 Published: 13th October 2022	42.5	N/A	23.7	205.5	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* The Trust has continued to focus on improvements to our review processes that will support our transition to PSRIF. *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* Improvement plans are described within our Quality Priorities.	52.8 (Apr-20 to Mar-21)	53.1 'No evidence for potential under-reporting' (Oct-19 to Mar-20)	52.90 'No evidence for potential under-reporting' (Apr-19 to Sep-19)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Treating and caring for people in a safe environment and protecting them from harm	Percentage of patient safety incidents that resulted in severe harm or death Period: Apr-21 to Mar-22 Published: 13th October 2022	0.16%	0.40%	0.03%	1.70%	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* The Trust has continued to focus on improvements to our review processes that will support our transition to PSRIF. *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* Improvement plans are described within our Quality Priorities.	0.36% (Apr-20 to Mar-21)	0.26% (Oct-19 to Mar-20)	0.32% (Apr-19 to Sep-19)

Clinical Audit 2022/23

During 2022/23 52 national clinical audits and 5 national confidential enquiries, 1 of these have been carried over into 2023/24, covered relevant health services that Worcestershire Acute Hospitals NHS Trust provides. We also undertook 102 registered local clinical audits during 2022/23.

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

Appendix 1 contains a list of national audits, national confidential enquiries and local audits that Worcestershire Acute Hospitals NHS Trust participated in during 2022/23. Appendix 1 also describes the actions we have taken or are planning to take to improve our services in response to insights from these audits.

Participation in Clinical Research

The Clinical Research and Innovation Strategy is one of the building blocks of our Trust vision of Putting Patients First. Being delivered in accordance with our 4ward signature behaviours will contribute to our strategic objectives of providing the best services for local people, delivered by the best people.

Our research participants will have the best experience of care, and we will ensure that our research team makes the best use of the resources we are provided with from the National Institute for Health and Care Research (NIHR), research funders and charitable funding. This strategy will raise awareness of and engagement with research and innovation at the Board and throughout the Trust and will result in:

- Increased participation in Clinical Research.
- Increased income and improved efficiency.
- Increased awareness of Clinical Research and Innovation across the Trust.
- Enhanced reputation externally.
- Successful clinical recruitment within hard to recruit to areas.
- Opportunities to create new roles within the Trust's workforce to support delivery of the Clinical Strategy.

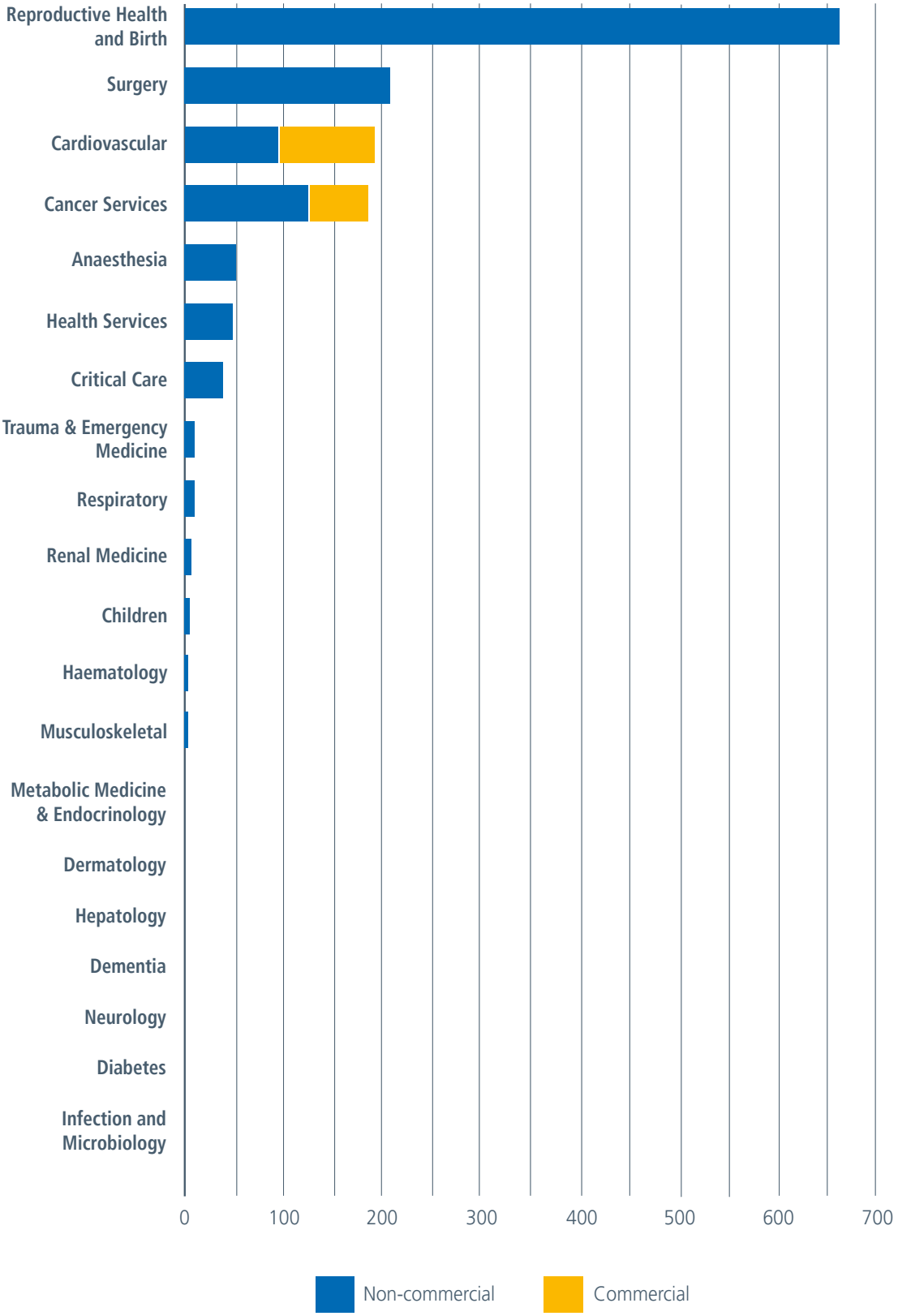
In 2022/23 we recruited 1,426 patients into 47 different trials across 15 different specialties

- Commercial trials - 157 patients
- Non-commercial - 1,269 patients

Our priorities for 2023/24 are:

- Building a stable and effective research team
- Developing a research hub and appropriate accommodation for the Research team
- Promoting research with patients, nurses and clinicians across the Trust to increase our research profile

Breakdown of participation by study



Commissioning for Quality and Innovation (CQUIN)

Each year, the Trust develops its Commissioning for Quality and Innovation (CQUIN) framework in line with national guidance issued by NHS England. CQUINs are designed to promote improvement by linking a proportion of the Trust's income to the delivery of agreed quality goals.

During 2021/22, CQUINS were paused at a national level, but were reintroduced for 2022/23. For 2022/23 the CQUINS were agreed between the Trust and the local/national commissioners prior to the start of the financial year as follows:

CQUIN		Quarterly Results
CCG1	Achieving 90% uptake of flu vaccinations for staff with patient contact.	46%
CCG2	Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment.	Q1 – 58% Q2 – 50% Q3 – 51% Q4 – 48%
CCG3	Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.	Q3 – 90% Q4 – 90%
CCG8	Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending	Q3 – 96% Q4 – 98%
CCG9	Achieving 35% inpatients (with at least 1-night stay) with a diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.	Q1 – 56% Q2 – 61% Q3 – 45% Q4 – 40%
PSS1	To reduce the delays in assessment, investigation, and revascularisation in patients with chronic limb threatening ischaemia and in turn reduce length of stay, in-hospital mortality rates, readmissions and amputation rates	This CQUIN was monitored outside of the Trust
PSS2	Achieving high quality shared decision making conversations to support patients to make informed decisions based on available evidence and their personal values and preferences and knowledge of the risks, benefits and consequences of the options available to them with regard to both their clinical condition and the consequences of the current pandemic.	The Trust did not take part in this CQUIN
PSS5	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines	This CQUIN was monitored outside of the Trust

Appendices

Appendix 1: Clinical Audit Participation Details

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Worcestershire Acute Hospitals NHS Trust participated in 100% of national enquiries for which it was eligible.

The national confidential enquiries that Worcestershire Acute Hospitals NHS Trust participated in, and for which data collection was completed during 2022/23, are listed below alongside the number of questionnaires submitted to each enquiry as a percentage of the number of registered questionnaires required by the terms of that enquiry.

NB: The below study highlighted in red were scheduled to have closed during 2022/23. However, NCEPOD has extended the deadline due to the number of cases still outstanding. The figures below are accurate at the time of this report.

National Confidential Enquiry into patient Outcome and Death (NCEPOD)	% of Clinical Questionnaires returned	% of Organisational Questionnaires returned
Testicular Torsion	100% (4/4)	ALX 0% (0/1) WRH 0% (0/1)
Community Acquired Pneumonia Hospital Attendance	42% (5/12)	ALX 0% (0/1) WRH 0% (0/1)
Transition from Child to Adult Health Services	50% (4/8)	100% (1/1)
Crohn's Disease	57% (4/7)	ALX 100% (1/1) WRH 100% (1/1)
Epilepsy	33% (2/6)	ALX 100% (1/1) WRH 100% (1/1)

National Audits

The national audits that the Trust was eligible to participate in, together with participation status, are outlined below;

Eligible National Audits	Participation	% or No's cases submitted	Comments
EPILEPSY 12 - National Clinical Audit of Seizures and Epilepsies in Children and Young People	Yes	100%	
Muscle Invasive Bladder Cancer at Transurethral Resection of Bladder Audit (MITRE)	Yes	11	
FFFAP - National Hip Fracture Database (NHFD)	Yes	883	
IBD - Inflammatory Bowel Disease Programme/IBD Registry	Yes	** Data not available	Data submission deadline 21st April 2023
ICNARC - Case Mix Programme	Yes	100%	
LeDeR - Learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	Yes	100%	
MBRRACE - Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	100%	
NABCOP - National Audit of Breast Cancer in Older People	Yes	** Data Not Available	Audit ended in September 2022. No data was required for this time period
NACAP - Pulmonary rehabilitation Organisational and Clinical audit	Yes	Cohort 1 - 1 April to 30 September 2022 –104 cases submitted Cohort 2 - 1 October 2022 to 31 March 2023 ** Data Not Available	Cohort 2 - data deadline 12 May 2023

Eligible National Audits	Participation	% or No's cases submitted	Comments
NACAP - Secondary Care - Adult Asthma	Yes	Cohort 1 - 1 April to 30 September 2022 – 103 cases submitted Cohort 2 - 1 October 2022 to 31 March 2023 ** Data Not Available	Cohort 2 - data deadline 12 May 2023
NACAP - Secondary Care - COPD	Yes	Cohort 1 - 1 April to 30 September 2022 – 177 cases submitted Cohort 2 - 1 October 2022 to 31 March 2023 ** Data Not Available	Cohort 2 - data deadline 12 May 2023
NACEL - National Audit of Care at the End of Life	Yes	CNR – 50 Staff Survey – 54 Quality Survey - 43	
NACR - National Audit of Cardiac Rehabilitation	Yes	100%	
NOGCA - National Oesophago-gastric Cancer Audit	Yes	115	
National Audit of Dementia (NAD) - Care in General Hospitals	Yes	ALX – 40 patients submitted WRH – 40 patients submitted	
National Opthalmology Audit Database	Yes	** Data not available	Data submission deadline May 2023.
NBOCA - National Bowel Cancer Audit	Yes	** Data not available	
National Bariatric Surgery Registry	Yes	100%	

Eligible National Audits	Participation	% or No's cases submitted	Comments
NCAA - National Cardiac Arrest Audit	Yes	**WRH** Q1 14 Q2 14 Q3 13 Q4 **Data Not Available **ALX** Q1 13 Q2 6 Q3 9 Q4 **Data Not Available	Q4 Data Won't be available until after 31/03/23
NCAP - Cardiac Rhythm Management (CRM)	Yes	** Data not available	Submission deadline Friday 30 June 2023
NCAP - Myocardial Ischaemia National Audit Project (MINAP)	Yes	** Data not available	Submission deadline Friday 30 June 2023
NCAP - National Audit of Percutaneous Coronary Interventions (PCI)	Yes	** Data not available	Submission deadline Friday 30 June 2023
NCAP - National Heart Failure Audit	Yes	** Data not available	Submission deadline Thursday 8 June 2023
NEIAA - National Early Inflammatory Arthritis Audit	Yes	179 cases submitted	Submission deadline is 16/04/2023
NDA - Adults - National Diabetes Foot Care Audit	Yes	** Data not available	Submission deadline Friday 7 July 2023
NDA - Adults - National Pregnancy in Diabetes Audit	Yes	100%	
NDA - Adults - National Diabetes Core Audit	Yes	** Data not available	Submission deadline 24 May 2023
NELA - National Emergency Laparotomy Audit	Yes	** Data not available	Data collection ends 31/3/2023
NJR - National Joint Registry	Yes	** Data not available	Data submission deadline 31/03/2023
NLCA - National Lung Cancer Audit	Yes	100%	
NMPA - National Maternity and Perinatal Audit	Yes	100%	

Eligible National Audits	Participation	% or No's cases submitted	Comments
NNAP - National Neonatal Audit Programme	Yes	100%	
NPCA - National Prostate Cancer Audit	Yes	100%	
NPDA - National Paediatric Diabetes Audit	Yes	** Data Not Available	Data submission Deadline May 2023
NVR - National Vascular Registry	Yes	Q1 – 59 Q2 – 47 Q3 – 35 Q4 – 28 Total 169	
PROMS - Elective Surgery	Yes	** Data Not Available	Lead and National Team emailed multiple times but no response for submission figures
SHOT - Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	34	
SSNAP - Sentinel Stroke National Audit Programme	Yes	100%	
TARN - Major Trauma Audit	Yes	Q1 and Q2 total – 165	Q3 data deadline 06/04/23 and Q4 will be after this
FFFAP - (NAIF) National Audit of Inpatient Falls	Yes	100%	
CEM – Infection Prevention and Control	Yes	** Data Not Available	Submission Deadline October 2023
UK Parkinsons	Yes	20 Patients submitted	
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	** Data not available	Lead and National Team emailed multiple times but no response for submission figures
BTS - Adult Respiratory Support Audit	Yes	** Data not available	Submission deadline Wednesday 31 May 2023
NDA - National Diabetes Inpatient Safety Audit (NDISA) Previously NaDIA-Harms	Yes	100%	
CEM - Mental Health Self Harm	Yes	** Data Not Available	Submission Deadline October 2023
NACAP - Paediatric Asthma - Secondary Care	Yes	Cohort 1 - 100% Cohort 2 - ** Data Not Available	Cohort 2 Data submission deadline 12th May 2023

Eligible National Audits	Participation	% or No's cases submitted	Comments
PQIP - Peri-Operative Quality Improvement Programme	Yes	Alexandra has not recruited any patients in this period. Worcestershire has recruited 50 patients	Data deadline 17/03/2023
AKI - National Acute Kidney Injury Audit	Yes	100%	100% of data submitted, with the exception of the period 10/05/22 – 6/06/22 due to the software supplier (CliniSys) failing to correctly configure the process that generates AKI alerts between. This data is being recovered and will then be submitted.
UK Renal Registry Chronic Kidney Disease Audit	Yes	100%	
National Obesity Audit	Yes	100%	
National Perinatal Mortality Review Tool	Yes	100%	

Worcestershire Acute Hospitals NHS Trust was not eligible to participate in the following national audits because we do not provide the services within the scope of the audit;

Ineligible National Audits	Scope
Mental Health Clinical Outcome Review Programme	Audit applies to Mental Health
National Audit of Pulmonary Hypertension (COPD)	Specialist Audit
National Clinical Audit of Psychosis	Specialist Audit
Neurosurgical National Audit Programme	Specialist Audit
Paediatric Intensive Care (PICANet)	Specialist Audit
Prescribing Observatory for Mental Health (POMH-UK)	Audit applies to Mental Health
UK Cystic Fibrosis Registry	Specialist Audit
FFFAP - Fracture Liaison Service Database (FLSD) SCSD/ Rheumatology - Prof. Rai	The Trust does not provide this service. It has been de-commissioned as of 31/08/19
Cleft Registry and Audit Network (CRANE)	Specialist audit
National Congenital Heart Disease (CHD) - NCAP	Specialist audit
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	Applies to primary care and ambulance Trusts
National Adult Cardiac Surgery Audit - NCAP	Specialist audit
National Child Mortality Database	Sole providers of data are Child death overview panels (CDOP) Does not apply to the Trust
National Audit of Cardiovascular Disease Prevention	Primary Care
National Smoking Cessation 2021 Audit	Trust does not provide this service.

A total of 22 National Clinical Audit reports have been published and reviewed in 2022/23 for national audits that the Trust either participated in or was eligible to participate in. These reports were reviewed in 2022/23 and the table below presents a selection of actions Worcestershire Acute Hospitals NHS Trust intends to take to improve the quality of healthcare provided.

National Audit	Date Report Published	Specialty	Actions/Improvements
NDA - National Diabetes Foot Care Audit (NDFA)	16/05/22	Endocrinology	• Improve participation in NDFA • Improve rates of foot assessment on admission to hospital • Improve access to Multi Disciplinary Foot Care Team • Improve outcomes for patients • Reduce major amputations • Reduce bed days
NMPA - Maternity and Perinatal Audit Clinical Report 2022	16/06/22	Obstetrics	• Improve the Local IOL rate to sit in line with national average (33.5% in 2019). • I-Decide Consent Tool, we are signed up already as an early adopter. • Being Actioned nationally and work underway with badgernet already. • Create Leaflets for Caesarean section/Instrumental delivery/options for pain relief within badger app. • Sync these to the Intrapartum PCP – links to leaflets located within form. • Include Episiotomy consent in Forceps Delivery consent form. • Ensure Datix (our incident reporting system) is completed for every Postnatal readmission. • Deep dive into maternal readmission for caesarean section. • Public Health Midwives performing local audits to ensure the data we capture for Public Health is meeting requirements and educating midwives on how to capture data effectively.
52 SHOT - Serious Hazards of Transfusion	01/07/2022	Haematology	• Implement an Electronic Blood management system. • Complete a gap analysis on staff levels within the laboratory. • Clinical Governance to prioritise Blood transfusion incidents to enable effective investigation.
13 NHFD - National Hip Fracture Database	08/09/2022	T&O	• Establish Multi Disciplinary Team (MDT) meetings by the end of December 2022.

National Audit	Date Report Published	Specialty	Actions/Improvements
96 National Outpatient Management of Pulmonary Embolism WRH	26/10/2022	Acute Medicine	• Education about risk stratification score in pulmonary embolism (PESI) • Written information leaflets to be developed for patients on discharge
18c MBRRACE Saving lives, Improving Mothers Care 2018/20	10/11/2022	Obstetrics	• Digital Midwife is Liaising with Clevermed to implement. Our next step is to implement the testing stage at present.

Local Clinical Audits

A total of 102 local clinical audits were reviewed by Worcestershire Acute Hospitals NHS Trust in 2022/23 and the table below provides a selection of actions the provider intends to take, or has taken to improve the quality of healthcare provided.

Audit Title	Specialty	Actions/Improvements
ID 11311 42E 2021/22 - Saving Babies Lives vs. 2 Element 5: Reducing preterm birth	Obstetrics	• Re-Audit Quarter 1 to include QI Methodology and PDSA Cycles per quarter
ID 11184 43B Re-audit of patients admitted to Riverbank ward with Febrile neutropenia	Paediatrics	• Central Venus Line (CVL) must be checked on admission by medical staff • Education for medical staff: Other potential areas of infection include – mouth (need to check for herpes/thrush/mucositis). Also need to check LP and bone marrow sites. • More nurses to go on cannulation course • To audit time, it takes for patient to be seen by medical staff after arrival • Sepsis pathway documentation to be updated so that this can be used for the admission clerking • Adapt admission proforma to incorporate a CVL site check list. • Adapt admission proforma to allow medical staff and nursing staff to use it as a single document. • Continue to highlight febrile neutropenia pathway and the importance of early antibiotics / CVL site checking at doctor's handover. • Encourage junior medical staff to attend Oncology clinic as part of their placement.

Audit Title	Specialty	Actions/Improvements
ID 11270 22B Audit of the Integrated care after death Pathway (ICADP) (WR4888)	Palliative Care	• Disseminate audit findings to; Ward managers, Matrons, Bereavement office managers, Mortuary manager, Porters managers. • Liaise again with Trust infection control and prevention team about validity and use of Infection Notification of risk forms, and education around the form. • Discuss with porters and their managers about compliance with completion of their section, is further training required? • Liaise with Organ and Tissue donation and Specialist Nurse for Organ Donation (SNOD) re Communications and education re tissue donation. • Use focus groups representative of all staff groups involved with ICADP to recognise work / needs of others and how poor completion results in risk to staff. • Agree any amendments that are needed to be made to form to go through Xerox, Key Docs., eg Ward ID, Tissue donation N/A box.
ID 11208 35E - Informed consent for Osteotomies	Oral and Maxillo-facial, Orthodontics and Orthognathic	• Operating Consultant to use e-consent prior to operation date and patient to sign (if not a paper form that is scanned onto the evolve notes). • On the day of surgery the consent form is to be printed out by SHO and countersigned by consultant/registrar who are operating.
ID 11126 Optimising Heart Failure (HF) Medication	Cardiology	• Strive for regular face to face consultations • Consider business plan for HF Pharmacist • Community Heart Failure Nurses (CHFN) to keep up to date with knowledge • Improve referral process from Cardiology Secretaries/ HF admin staff • Educate Clinicians on benefits of using Treatment Advice Notes • Advise CHFN to optimise treatment on initial consultation
ID 11266 Investigation and Management of BRUE in the West Midlands	Paediatrics	• Regular teaching sessions for junior doctors and staff nurses on performing bedside ECGs. This can be embedded into days set aside for teaching • 2Correct Identification of Low and High Risk: The updated BRUE guideline should be uploaded on the trust intranet so clinicians can be correctly guided in risk stratification at presentation • A teaching session on management of BRUEs should be arranged to highlight the differences in the new guideline. • High Risk admission should be minimum 24 hours

Audit Title	Specialty	Actions/Improvements
ID 11074 Audit to assess compliance to the Best Medical Therapy for Secondary Prevention in Vascular Patients	Vascular	• PDSA 1 - Introduction of Discharge Checklist and Education of Colleagues • PDSA 1 - Awareness Intervention and Continuity of Practice
ID 11041 An Audit into the Prescription and Monitoring of Acitretrin Use by the Dermatology Team at Worcestershire Acute Hospitals NHS Trust	Dermatology	• Present the audit findings locally to WAHT dermatology clinicians at dermatology governance meeting to promote awareness of the British Association of Dermatologists guidance on acitretin prescribing and the department's current practice • Create ICE panel for the required blood tests prior to commencing acitretin • Create acitretin-specific initiation proforma • Create trust-specific acitretin patient information leaflet with integrate blood tests/symptom diary • Obtain approval of final NICE-reviewed trust-specific acitretin patient information leaflet at governance meeting • Await dermatology consultant approval of acitretin initiation proforma then submit to Xerox team
ID 11267 Improving compliance to antimicrobial prescribing guidelines in Acute Medicine at WRH	Acute Medicine	• Presentation of results at departmental Quality Improvement Project (QIP) meeting • Inserts detailing importance of AMS put into prescription booklets in clerking office • Posters put up around AMU and MSSU, including clerking office • Circulation of poster via pdf to all acute medicine doctors and ACPs. • Present findings of QIP to local acute medicine department

Audit Title	Specialty	Actions/Improvements
ID 11037 8C ReSPECT form completion and documentation audit	Geriatric Medicine	• Present audit to junior doctors at the Alexandra Hospital as part of Teaching • Present audit to doctors at the Alexandra Hospital and distribute to those unable to attend • Present audit results to the Trust Resus Committee Group • Present audit results to the End of Life Steering Group • Identify healthcare professional who completed the best quality ReSPECT form and provide recognition for this. • Complete a QIP to improve communication and documentation of ReSPECT forms. • Clinical frailty score to be added to the Medical Clerking Proforma. • Respect Form section to be added to the Medical Clerking Proforma • Improve availability of Patient Information ReSPECT form leaflets on the wards • Improve awareness and education around the importance of ReSPECT form completion and discussion through audit presentation.

Examples of how Clinical Audit has been used to Drive Improvement

Clinical Audit, in addition to providing assurance on the extent to which standards are met, is a valuable quality improvement tool. When used effectively clinical audit drives improvement and the projects below are examples of where clinical audit has played an important role in delivering improvements for our patients.

Review of Ambulance Notes by Treating Clinicians (10991) – 4 PDSA cycles.
This audit saw the use of QI methodology by incorporating 3 PDAS cycles. By undertaking PDSA cycles and implementing small step changes, it demonstrated the importance of using QI methodology as PDSA 1 compliance was 0% and at the end of PDSA 4 the compliance had increased to 100%. All patients coming through via ambulance have their notes printed out and attached to their patient notes which are reviewed by the attending physician.

Discharge Summary Audit - Quality Improvement Project (11082) – 4 PDSA cycles
This audit demonstrated the use of PDSA cycles by incorporating 4 into the project. The poster and teaching session given at the beginning of the junior's placement along with acknowledging feedback from the junior's helped provide useful teaching sessions and has effective at improving compliance from 8% at PDSA 1 to 69% in PDSA 4.

35A Regional audit for the West Midlands of Orthodontic Clinical Outcomes (11299)
This audit highlighted that the large percentage of limited treatment cases is related to insufficient capacity in the department. Extended treatment duration makes it more likely that patients electively discontinue. As a result of this ongoing finding the Trust has increased its capacity by recruiting new clinicians and increasing the hours of current clinicians.

18B Post Colonoscopy Colorectal Cancer (PCCRC) (10988)
The new national PCCRC audit that the Trust started to participate in this year will mean all cases of PCCRC from across the country will be investigated and learning from the audit will be shared Nationally. This means that as a Trust we can share learning to other trusts, and them to us.

22B Audit of the Integrated care after death Pathway (WR4888) (11270)
This audit highlighted areas of success, such as 82% of patients having privacy screening, but it also re-iterated need for nurses to use the infection risk notification form for all deceased patients. The EOL team confirmed this is happening in a number of different teaching forums including the workshops.

Antimicrobial Stewardship on Vascular ward (11211)
Following this audit, changes included an inclusion of an antibiotics column to the main vascular list, and changes to the wording of the microbiology guidelines regarding severe diabetic foot, to be more in line with clinical practice.

Appendix 2: Care Quality Commission (CQC) Inspections and Ratings

Worcestershire Royal Hospital

	Safe	Effective	Caring	Responsive	Well-Led
Urgent and Emergency Services	Requires Improvement Mar 2023 ↑	Good Mar 2023 ↔	Good Mar 2023 ↑	Requires Improvement Mar 2023 ↑	Requires Improvement Mar 2023 ↑
Medical Care (including older people's care)	Requires Improvement Mar 2023 ↔	Good Mar 2023 ↑	Good Mar 2023 ↔	Requires Improvement Mar 2023 ↔	Requires Improvement Mar 2023 ↓
Surgery	Requires Improvement Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Critical Care	Requires Improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires Improvement Jun 2017	Requires Improvement Jun 2017
Maternity	Requires Improvement Feb 2021	Good Feb 2021	Good Jun 2018	Good Jun 2018	Requires Improvement Feb 2021
Services for Children and Young People	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019
End of Life	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Requires Improvement Sep 2019	N/A	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Diagnostic Imaging	Requires Improvement Sep 2019	N/A	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019

Alexandra Hospital

	Safe	Effective	Caring	Responsive	Well-Led
Urgent and Emergency Services	Requires Improvement Mar 2023 ↑	Good Mar 2023 ↑	Good Mar 2023 ↔	Requires Improvement Mar 2023 ↑	Requires Improvement Mar 2023 ↑
Medical Care (including older people's care)	Requires Improvement Mar 2023 ↔	Good Mar 2023 ↑	Good Mar 2023 ↔	Requires Improvement Mar 2023 ↓	Requires Improvement Mar 2023 ↓
Surgery	Requires Improvement Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Critical Care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Maternity	Requires Improvement Jun 2017	Requires Improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires Improvement Jun 2016
Services for Children and Young People	Requires Improvement Jun 2018	Requires Improvement Jun 2018	Good Jun 2018	Requires Improvement Jun 2018	Requires Improvement Jun 2017
End of Life	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Good Sep 2019	N/A	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Diagnostic Imaging	Requires Improvement Sep 2019	N/A	Outstanding Sep 2019	Good Sep 2019	Requires Improvement Sep 2019

Kidderminster Hospital and Treatment Centre

	Safe	Effective	Caring	Responsive	Well-Led
Urgent and Emergency Services	Requires Improvement Sep 2019	Requires Improvement Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019
Medical Care (including older people's care)	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019
Surgery	Good Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Critical Care					
Maternity	Requires Improvement Jun 2017	Requires Improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires Improvement Jun 2017
Services for Children and Young People	Requires Improvement Jun 2018	Requires Improvement Jun 2018	Good Jun 2018	Requires Improvement Jun 2018	Requires Improvement Jun 2017
End of Life	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Good Sep 2019	N/A	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Diagnostic Imaging	Good Sep 2019	N/A	Good Sep 2019	Good Sep 2019	Good Sep 2019

Appendix 3: External Opinions - What Others say about this Quality Account

Herefordshire and Worcestershire Integrated Care System

NHS Herefordshire and Worcestershire Integrated Care Board (NHSHW) welcomes the opportunity to comment on the Worcestershire Acute Hospitals NHS Trust (WAHT) Quality Account 2022/23. NHSHW recognises the Trust's achievements considering the exceptional challenges faced within Urgent and Emergency Care (UEC), the impact of industrial action, and the continued COVID pandemic reset and recovery response.

The Quality Account provides an opportunity to look back on the past year, reflect upon the successes and progress made by WAHT and make a candid assessment of the focus needed by both the Trust and collectively across the healthcare system to address the significant challenges we continue to face.

It is encouraging to read of the progress which has been made with implementing the digital care record within the Trust, the arrival of robotic surgery at the Alexandra Hospital, along with the planned improvements to the Endoscopy, Maternity and Paediatric Units and the benefits these will all bring to patient care.

We are pleased to see that WAHT also met specific quality targets set for 2022/2023, including those around:

- Antimicrobial stewardship.
- Learning from deaths.
- Eliminating 104 day waits for elective treatment.
- Developing a new Research and Development Strategy.
- Opened a new Community Diagnostic Centre.

Although some of the targets were not fully met, the considerable improvements which have been made are also noted in the following areas:

- Nutrition and hydration assessments.
- Sepsis screening and implementation of the Sepsis Six bundle.

Following the CQC visit in November 2022, it is encouraging to see that UEC services overall rating has improved from 'Inadequate' to 'Requires Improvement' which means that no area in the hospitals is now rated as 'Inadequate'.

NHSHW acknowledges the positive work identified above; however, they would also like to highlight the need for continued and renewed focus on maintaining quality improvements. This is particularly in relation the need for ongoing progress regarding improving waiting times for access to Urgent and Emergency Care. The reduction of Clostridium Difficile infection rates and a focus on restoring diagnostic and treatment activity to pre-pandemic levels.

NHSHW are satisfied the Quality Account for 2022/2023 provides a clear and accurate statement which is a representative and balanced reflection of the quality of healthcare

provided by WAHT. We also support and welcome the specific quality priorities identified for 2023/24. All are appropriate areas to target for continued improvement and build upon the achievements of 2022/23.

We look forward to continuing the close working relationship with the Trust and other partners across Herefordshire and Worcestershire Integrated Care System to deliver continued quality improvements and collaboration to ensure lessons are learnt and shared across the Trust and the wider system.

Healthwatch Worcestershire

Healthwatch Worcestershire's response to the Quality Account of the Worcestershire Acute Hospitals NHS Trust for the financial year 2022/23 approved at the Public Board Meeting on 25th May 2023.

Healthwatch Worcestershire has a statutory role as the champion for those who use publicly funded health and care services in the county and therefore, we welcome the opportunity to comment on the Worcestershire Acute Hospitals NHS Trust Quality Account for 2022/23.

As is our normal practice we have used Healthwatch England guidance to form our response as follows:

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

Healthwatch Worcestershire believes that the overriding priority of patients, their carers and the public regarding Worcestershire Acute Hospitals Trust is that the Trust should provide safe, quality, and accessible services at its hospital sites in the county.

We are pleased to see that the Trust has continued with the implementation of the Quality Improvement Strategy and its 3 pillars of quality that were co-produced with stakeholders including patients and the public in 2018: Care that is safe: Care that is clinically effective, and Care that is a positive experience for Patients and Carers.

We have noted there has been measurable progress across many of the improvement priorities identified last year.

We note that the following targets were met:

- Antimicrobial Stewardship
- Baseline position for implementing the sepsis six bundle in the Emergency Department
- Relatives contacted by medical examiner team and invited to raise concerns
- Outcomes of mortality reviews will be reported and improvement actions developed
- Standardised Hospital Mortality Index (SHMI) to remain within the "as expected" range
- Participating in a programme of national audits for which we are eligible
- Outcomes of national audits will be reported and improvement actions will be generated and monitored
- Eliminating 104 week waits for elective treatment in 2022/23
- Develop new Research and Development Strategy
- Work with educational partners to improve the training for our staff during 2022/23

- Developing diagnostic access with community hubs and implement care in new purpose built facilities to meet patient needs
- Greater engagement with patients and carers through the annual Big Quality Conversation, feeding into yearly priorities increasing Compliments and recommendation rates
- Reducing the number of complaints returned from those who are not satisfied with the response

The following targets were Partially Met

- Rollout of Discharge Production Boards (DPBs) on all inpatient ward areas
- Implementing a real-time accessibility information service that supports access to our facilities
- Strengthening pathways for patients with Learning Disabilities
- Implementing a digital solution that enables patients to provide feedback in real-time

We have also noted the Good News stories includes in the Quality Account

The following targets were Not Met:

- Reducing Clostridium difficile (C.Diff)
- Transition to the Patient Safety Incident Framework
- Improvement of the quality of investigation reports, including implementation of the new Patient Safety Investigation standards
- Nutrition and hydration assessments
- Food diaries and fluid balance charts
- Baseline position for screening [*for sepsis*] in the Emergency Department
- Baseline position for screening [*for sepsis*] in inpatient wards
- Baseline position for implementing the sepsis six bundle in inpatient wards
- Restoring diagnostic and treatment activity to pre-Covid-19 levels

We appreciate the value of carrying forward those priorities where targets were not met and/or further improvement is likely to continue into 2023/24.

Alternatively, some further explanation as to why the target was not met or plans for continued improvement would be useful

Improvement Priorities 2023/24:

Healthwatch Worcestershire recognises that the identified improvement priorities for 2023/24 are likely to improve patient experience, safety and outcomes.

In previous years we have welcomed the inclusion of clear numerical targets for the majority of priorities against which progress can be measured and evaluated.

We note that this year SMART targets have not been identified in the Quality Account. We believe that the value of these is demonstrated above, where it is transparent where a target has been met, partially met or not met.

We would like to see SMART targets added to the Quality Account before its final publication.

Care that is Safe:

Healthwatch Worcestershire welcome the continued focus on infection prevention and control, including reducing C. Difficile infections.

We welcome the continued focus on hospital discharge, as in our survey and Hospital Discharge Report we found that it was an area that patients and carers often found challenging. We note that there is no reference in the actions to Discharge Production Boards, although this target was only partially met last year.

Care that is Clinically Effective:

We note the commitment to continuing to learn from deaths and we welcome this.

We recognise that the Trust's involvement in a regular programme of clinical audits and subsequent quality improvement projects is likely to result in better outcomes for patients and welcome the Trust's commitment to this.

One of the clear concerns for patients and the public in Worcestershire is the backlog of care and the waiting times for treatment. We welcome the priority around reducing the time patients are waiting for treatment in line with national targets, and hope that it can be achieved.

Care that is a Positive Experience for Patients and Carers:

We welcome the focus on working with patients with Learning Disabilities, and the priority to improve communication with patients, including those experiencing health inequalities and / or sensory needs

We note the focus on learning from patient feedback on care. We would have expected to see specific mention of learning from patient contact with PALS, and from concerns / complaints under the actions.

2. Are there any important issues missed?

One of the areas of concern raised with Healthwatch Worcestershire and most frequently reported upon in the local media is the pressure on the Accident and Emergency Department, the waiting times and especially Ambulance Handover Times. Whilst we are aware that this is a whole system issue it might have been useful to address some of these concerns within the Quality Account.

Timely identification and treatment of Sepsis: we note that this target was not fully met in 2022/23 priorities, we would welcome its inclusion in the 2023/24 priorities as an important area for patient safety.

We also note that the Care Quality Commission (CQC) inspection and ratings will be reported in the Quality Accounts. It would be useful to know how the identified priorities relate to the areas that were identified as "Requires Improvement" by the CQC.

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

The Trust conducted their third 'Big Quality Conversation' during 2022/23, which included an online survey.

We recognise and welcome the variety of methods of engagement that were used and the events that were held to improve the reach of the Survey. We note that the following people were specifically enabled to participate in the Big Quality Conversation, people from the D/deaf community, people with a Learning

Disability, adults with Aspergers Syndrome, and engagement with the local prison service.

It would be useful to understand how many Surveys were completed online and how many through engagement or other methods, and the demographic characteristics of those completing the Survey.

We note that the results from this engagement and the online survey were used to help inform Improvement Priorities for 2023/24.

The QA also state that the 2023/24 priorities have also been formulated through engagement with staff through Divisional Management Teams and Governance Teams.

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

Healthwatch Worcestershire acknowledges that there is a challenge in producing a Quality Account which is clearly presented and meaningful for patients and the public, taking into account the technical information required by NHS England. Given those restrictions the introduction does clearly set out the purpose and structure of the QA and the infographics pages are an easily accessible picture of the work of the hospital. We think that presentation of the Account has improved this year.

We recommend that the Trust should produce a summary of the Quality Account in an accessible format selecting important information for the public, complemented by an Easy Read version.

Jo Ringshall
Chair, Healthwatch Worcestershire

Patient and Public Forum

In a year when Covid continued to rear its malevolent head, the flu epidemic was inevitably worse than usual and several staff groups held strikes, it is remarkable that some targets were met, innovation continued, major developments were completed and the new ED village on the Worcester site is nearing completion.

The "Good News Story" section is impressive particularly the extended family leave policy.

The development of the Clinical Research team and the excellent audit programme is also very impressive.

The PPF noted the successful roll out of the Electronic Patient Record and looks forward to the continuing development of the digital programme particularly electronic prescribing which we have pushed for over the last few years.

We were disappointed that there has been a delay in implementing the Patient Safety Investigation Standards and look forward to it being fully embedded this year.

It was pleasing to see the participation in the Big Quality Conversation was greatly increased and reflected views from many sections of our community.

For the last two years we have expressed our hope that the Trust's response to sepsis and learning from deaths would improve. It is pleasing to see the latter in a much more robust state. Sepsis is showing improvement in some parameters but there is still work to be done.

Our other hope was to see all system partners in health working together. The #Stepping4Ward event at the Worcestershire Cricket Club last

autumn demonstrated there was appetite to do so which is encouraging.

The number of C Difficile infections continues to be a great concern despite very robust measures taken by the Trust. Apart from the factors highlighted in this report contributing to the outbreaks we feel consideration should be given to looking at reducing our high bed occupancy.

Finally, endorsing Healthwatch's suggestion last year we should like to see the Quality Account in an Easy Read version and a summary document for the general population.

Rosemary Smart
Chair, Patient and Public Forum

Worcestershire Health Overview and Scrutiny Committee (HOSC)

The Worcestershire Health Overview and Scrutiny Committee (HOSC) welcomes receipt of the draft 2022-23 Quality Account for Worcestershire Acute Hospitals NHS Trust.

Members of the Committee have appreciated the support the Trust has given to the scrutiny process during the year. In particular, the Trust has played a positive role in scrutiny of how health and social care organisations are working to try and improve patient flow, to help alleviate issues like ambulance hospital handover delays, and delayed discharge of complex patients, which have been a huge concern to the Committee.

The Members look forward to working with the Trust in the future. Through the routine work of HOSC, we hope that the scrutiny process continues to add value to the development of healthcare across all health economy partners in Worcestershire.

Councillor Brandon Clayton

Chairman of Worcestershire Health Overview and Scrutiny Committee

Glossary of Terms:

Word	Definition
4ward	The Trust's culture change programme, launched in 2018.
COPD	Chronic obstructive pulmonary disease
CQUIN	The Commissioning for Quality and Innovation (CQUIN) payment framework
ELOC	End of life care
IOL	Induction of Labour
LD AHLN	Learning Disability Acute Hospital Liaison Nurses
LDOL	Last days of life care plan
LeDeR	Learning disability mortality review
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and plus
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
MCCD	Medical certificate for cause of death
PROMS	Patient reported outcome measures
SSNAP	The Sentinel Stroke National Audit Programme
VTE	Venous thromboembolism

www.worcsacute.nhs.uk

WorcsAcuteNHS

WorcestershireAcute

Published: June 2023