



Quality Account 2009/10

Local Care for Local People

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Statement from the Chief Executive

Embedding the principles of quality in all aspects of our clinical care and administrative processes has been an outstanding theme in the approach of the Trust to its care of patients and the processes behind that care in recent years.

The formation of the Care Quality Commission (CQC) in 2008 integrated all health and adult social care under one regulatory body with tough new powers to ensure safe and high quality services. As a Trust our application to register with the CQC was accepted without any conditions.

The introduction of the NHS Constitution has brought together what staff, patients and taxpayers can expect from the NHS. One of its main aims is to encourage staff to seek to provide high quality care as their standard.

Our application for Foundation Trust status over the past two years has focussed the attention of the Board on our approach to running the Trust as efficiently and effectively as possible. We have been working to achieve a sustainable financial balance, achieving our performance targets which in patient terms means providing them with fast, safe care and improving all areas of clinical and corporate governance.

The integrated business plan (IBP) which formed the basis of our application explored the Trust's approach to quality and quality improvement with links to the wider business strategy – aligning quality, productivity and innovation.

We were disappointed to learn that our application to become a Foundation Trust had been deferred for up to 12 months. This is now a period for quiet reflection as the Board examines what needs to be achieved as outlined by Monitor, the regulator for Foundation Trusts. A decision will then be taken (prior to the 7 May 2011) as to when we will reactivate our application.

Our top priority has been patient safety as seen through our commitment to the Patient Safety First campaign and our acceptance on the national 'Leading Improvement in Patient Safety' (LIPS) programme. We also appointed a Medical Director for Patient Safety, introduced the Global Trigger Tool and Patient Safety Walkrounds across the hospital sites. More information can be found in section 3.1.

The Productive Ward initiative has been rolled out across the wards with the aim of improving the way the wards work and ensuring that time spent caring directly for patients is maximised. Again more details can be found in section 3.1.



Trust Board members have been involved in an on-going programme of Board development strengthening skills in areas such as patient safety and risk management, developing strategy, leadership and change management, critical thinking and performance management as well as customer focus all with the aim of delivering on quality.

We have also restructured the way the Trust is organised and split the directorates into two overarching divisions under emergency and elective care to define responsibilities, aims and achievements.

We acknowledge that we still have much to do to improve the quality of care we provide for our stroke patients and we need to ensure that we respond to areas where patient and staff surveys have shown shortcomings. Reference to our plan of action to address areas of concerns are shown in section 2.

However, we have much to celebrate with many improvements made and successes achieved. For example our Hospital Standardised Mortality Rate HSMR is at its lowest level yet. The health economy achieved the 98% waiting target of seeing, treating and admitting or discharging patients in A&E within four hours and we

maintained our low infection rates for MRSA bloodstream infections and Clostridium difficile. Other examples can be found elsewhere within this report.

Bearing in mind the importance of ensuring we have a focussed workforce who feel that they are valued for their hard work and appreciated for their input, we have undertaken a series of training and leadership development programmes for nurses, administrative staff, clinical directors and members of the Board. A great deal of work has been done looking at vacancies, turnover, temporary staffing, sickness absence rates and this information is provided in the Trust annual report.

A clean, well kept environment benefits both patients and staff and as a Trust we are fortunate that our accommodation is modern and enables us to meet high standards of cleanliness.

John Rostill OBE
Chief Executive





Part 2

2.1 Priorities for improvement

To help us select our priorities for improvement, we have asked our staff, commissioners and stakeholders what they think we should concentrate our improvement efforts on in 2010/11. All the suggestions have been reviewed by the Executive Team who considered the level of impact they would have, the resource required and whether they were achievable in the current year. Many of these priorities, including healthcare acquired infections (HCAI) are being monitored through our regular processes. The Board has agreed the following priorities for improvement in 2010/11 in each of the three dimensions of quality:

Patient Safety

Reducing patient falls in hospital

Goal:

Reduction in harm from in-patient falls, including the implementation of falls risk assessments and falls care plans – this has three parts:

- Patients will have a falls risk assessment completed on admission to hospital (within a maximum of 24 hours) using a nationally recognised tool
- For those patients identified at risk, an individualised falls care plan will be implemented.
- Reduction in the number of in-patient falls resulting in a fractured neck of femur

Rationale:

Falls have a major impact on quality of life, health and healthcare costs. Risk factors for falls should be minimised for patients within Community Hospitals and patients' homes where health professionals are in attendance. Reducing falls in hospital and in patients' own homes will reduce unnecessary increased length of stay and potential admission to hospital.

Measure:

Number of patients having a completed risk assessment compared with the total number of patients admitted.

Targets:

- 95% of patients admitted have a falls risk assessment completed.
- 99% of patients identified at risk will have

an individualised falls care plan implemented.

- A 15% reduction (from the baseline) in serious harm resulting from in-patient falls

Reporting:

Through the Trust Performance Report and through the CQUIN process

Medicines safety

Goal:

Prescribing the correct dose of Warfarin

Rationale:

Warfarin is a high risk medicine. It has a narrow therapeutic index. Under or over treatment can lead to patient harm. It interacts with other prescribed, over the counter medicines and certain foods. It is a priority for the national Patient Safety First campaign.

Measure:

Number of in-patients prescribed warfarin with INR (a measure of blood clotting time) within the target range.

Target:

95% of INR values are within the target range

Reporting:

Through the Trust Performance Report and through the CQUIN process

Clinical Effectiveness

Stroke

Goal:

Admission to Stroke Unit within 4 hours of arrival at hospital (usually A&E) for suspected stroke patients.

Rationale:

Current practice shows a large number of patients going to a variety of different areas after arrival at hospital. The evidence shows that best practice is for patients to immediately be admitted to the acute stroke unit.

Measure:

Number of suspected stroke patients admitted to Stroke Unit within 4 hours of arrival at hospital compared with the number of suspected stroke patients arriving at hospital.

Target:

To be determined after baseline established in April 2010 but between 50 and 80%

Reporting:

Through the Trust Performance Report and through the CQUIN process.

Venous thromboembolism (VTE)

Goal:

Increasing the percentage of all adult inpatients who have had a VTE risk assessment on admission to hospital using the national tool

Rationale:

VTE is a significant patient safety issue. However outcome data on VTE is poor – post mortem studies suggest that only 1-2 in every 10 fatal pulmonary emboli is diagnosed. Whilst work is underway to improve reliability of outcome data, the process measure of VTE risk assessment will set an effective foundation for appropriate prophylaxis. This gives the potential to save thousands of lives each year.

Measure:

Number of adult inpatient admissions reported as having had a VTE risk assessment on admission to hospital using the national

tool compared with the number of adults who were admitted as inpatients (includes daycases, maternity and transfers; both elective and non-elective admissions).

Target:

90% of adult inpatient admissions

Reporting:

Monthly return through the NHS reporting system, through the Trust Performance Report and through the CQUIN process.



Think glucose

(The SHA / PCT have to agree the target)

Goal:

Increasing the number of admitted patients with a secondary diagnosis of diabetes who receive a formal assessment of their diabetes and need for specialist review (in accordance with the 'Think Glucose' toolkit).

Rationale:

The number of people with diabetes is steadily increasing, but the provision of consistent, effective and proactive inpatient care for people with diabetes is still inadequate. 'ThinkGlucose' has been developed to provide a package of tried and tested products, learning and support to improve awareness and remove the obstacles to the treatment of patients with diabetes as a secondary diagnosis.

Measure:

Number of admitted patients with a secondary diagnosis of diabetes who receive a formal assessment of their diabetes and need for specialist review (in accordance with the Think Glucose toolkit) compared with

the number of patients (over 16) admitted to hospital with a secondary diagnosis of diabetes

Target:

To implement ThinkGlucose across all wards by July 2011

Reporting:

Through the Trust Performance Report and through the CQUIN process



Patient Experience

Patient Discharge

Goal:

By improving the patient discharge process we will reduce the number of patients that have a delayed discharge, improve the quality of discharge documentation and improve the experience of patients and their families.

Rationale:

The discharge of patients from hospital is an important step in the care process. Discharge needs to be planned carefully, communicated to other healthcare providers for continuing care purposes and be sensitive to the needs of patients and their families and carers.

Measure:

Productive ward outcome measures, Service Improvement Team, Social Services and PCT review.

Target:

To be determined

Reporting:

Trust Performance Report

Privacy and dignity

Goal:

To meet the needs of patients in respect of same sex accommodation.

Rationale:

The Trust is committed to ensuring that all patients are treated with privacy and dignity. Fundamental to this commitment is the requirement whenever possible to provide same sex accommodation and to reduce and eliminate mixed sex accommodation for patients. Patient experience is the final

arbiter of success and we will actively seek the experiences and views of patients and service users regularly in relation to same sex accommodation provision.

Measures:

In-patient Surveys – national and local and self assessment tool.

Number of breaches of same sex accommodation.

Target:

Virtual elimination of mixed sex accommodation (Department of Health definition)

Reporting:

Trust Performance Report provided at each Board meeting



Debbie Ganderton - Healthcare Support is pictured on Cookley Ward which has had new partitioning giving patients more privacy.



Part Two

2.2 Statements relating to the quality of NHS Services provided

Review of Services

During 2009/10 the Worcestershire Acute Hospitals NHS Trust provided and/ or sub-contracted 41 NHS services.

Worcestershire Acute Hospitals NHS Trust has reviewed all the data available to them on the quality of care in 41 of these NHS services. The income generated by the NHS services reviewed in 2009/10 represents 100% per cent of the total income generated from the provision of NHS services by the Worcestershire Acute Hospitals NHS Trust for 2009/10.

Participation in clinical audits

During 2009/10, 22 national clinical audits and 4 national confidential enquiries covered NHS services that Worcestershire Acute Hospitals NHS Trust provides.

During that period Worcestershire Acute Hospitals NHS Trust participated in 23/26 (88%) national clinical audits and 4/4 (100%) national confidential enquiries of the national clinical audits and national

confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Worcestershire Acute Hospitals NHS Trust was eligible to participate and participated in during 2009/10 are as follows:

National Confidential Enquiries

Title	Eligible	Participated
Studies reported in 2009/10		
Acute Kidney Injury - Adding Insult to Injury	yes	yes
Death in Acute Hospitals - Caring to the end	yes	yes
Studies participated in during 2009/10		
Parenteral Nutrition	yes	yes
Elective and Emergency Surgery in the Elderly	yes	yes
Surgery in Children	yes	yes
Death in Acute Hospitals	yes	yes

National Clinical Audits

The Department of Health have provided a list of which national clinical audits should be included in Quality Accounts. The audits for which the Trust is eligible to participate are provided below.

Continuous; all patients

Title	Eligible	Participated
National Neonatal Audit Programme (NNAP)	yes	yes
National Diabetes Audit (NDA)	yes	yes
ICNARC-Case Mix Programme	yes	yes
National Elective Surgery PROMs: four operations	yes	yes
Adult Cardiac Interventions (Angioplasty)	yes	yes
CEMACH: Perinatal Mortality	yes	yes
NJR: Hip and knee replacements	yes	yes
Lung Cancer (LUCADA)	yes	yes
Bowel Cancer (NBOCAP)	yes	yes
Head & Neck Cancer (DAHNO)	yes	yes
Adult Cardiac surgery: CABG Audit	yes	yes
MINAP - Myocardial Infarction	yes	yes
Heart Failure Audit	yes	yes
Pulmonary Hypertension Audit*	yes	no
National Hip Fracture Database (NHFD)	yes	yes
TARN: Severe trauma**	yes	no
Vascular Society Database	yes	yes

* Pulmonary Hypertension Audit

We treat very small numbers of patients in collaboration with tertiary units who do participate in this audit.

**TARN: Severe Trauma

We treat relatively small numbers of patients with severe trauma and have not yet participated in this audit because of limited resources. We are considering future participation in the TARN audit.

Intermittent samples of patients

Title	Eligible	Participated
National Sentinel Organisation Stroke Audit	yes	yes
National Audit of Dementia	yes	yes
RCP Older Peoples Experiences of Falls and Bone Health Services	yes	yes
National Comparative Audit of Blood Transfusion	yes	yes
British Thoracic Society: Respiratory Diseases***	yes	no
College of Emergency Medicine - Pain in Children, asthma, fractured neck of femur	yes	yes

***British Thoracic Society: Respiratory diseases

The respiratory department participates in a wide range of audits but has not included this audit within their portfolio.

One-off; all patients

Title	Eligible	Participated
Mastectomy & Breast Reconstruction Audit	yes	yes
National Oesophago-gastric cancer Audit	yes	yes
National Audit of Continence Care (RCP)	yes	yes

The national clinical audits and national confidential enquiries that Worcestershire Acute Hospitals NHS Trust participated in, and for which data collection was completed during 2009/10 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Project Title	Sample Requested	Sample Submitted	% Participated
Parenteral Nutrition - NCEPOD	20	10	50%
Elective and Emergency Surgery in the Elderly - NCEPOD	20	On-going	On-going
Surgery in Children - NCEPOD	On-going	On-going	On-going
Death in Acute Hospitals - NCEPOD	39	22	56%
National Diabetes Audit (NDA)	270	254	93%
National Sentinel Organisation Stroke Audit (The organisation is being audited, therefore the sample is one)	1	1	100%
RCP Older Peoples Experiences of Falls and Bone Health Services	40	40	100%
National Audit of Continence Care (RCP)	80	80	100%
Head & Neck Cancer (DAHNO)	49	49	100%
Bowel Cancer (NBOCAP)	242	242	100%
National Oesophago-gastric Audit	203	203	100%
National Neonatal Audit Programme (NNAP)	420	420	100%
Adult Cardiac Interventions (e.g angioplasty) Audit	400	400	100%
Heart Failure Audit	240	240	100%
MINAP - Myocardial Infarction	80	80	100%
College of Emergency Medicine - Pain in Children	50	50	100%
College of Emergency Medicine - Pain in Children	50	50	100%
ICNARC - Case Mix Programme	495	495	100%
Mastectomy & Breast Reconstruction Audit	172	172	100%
National Comparative Audit of Blood Transfusion	40	30	75%

NJR: Hip and knee replacements	1331	557	42%
National Hip Fracture Database (NHFD)	520	350	67%
National Carotid Interventions Audit	No data	No data	No data
CEMACH: Perinatal Mortality	22	22	100%
Vascular Society Database	n/a	284	n/a
	Patients eligible to participate in national questionnaire	Patients who chose to participate in national questionnaire	% Participated
National Elective Surgery Patient Reported Outcome Measures (PROMS): four operations			
1. Hips	641	381	59.4%
2. Knees	708	437	61.7%
3. Inguinal Hernia	735	421	32.8%
4. Varicose Veins	454	101	22.2%

The reports of 6 national clinical audits were reviewed by the provider in 2009/10 and Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided as described in the table below.

Project Title	Actions Taken
National Sentinel Organisation Stroke Audit	Comprehensive action plan developed and reviewed regularly at the Stroke Strategy meeting.
RCP Older Peoples Experiences of Falls and Bone Health Services	Report received in March 2010. Falls Steering Committee will develop an action plan
MINAP - Myocardial Infarction	Continuous online submission – The Worcestershire Health Economy is working jointly to continually improve the figures (WMAS and Hereford and Worcester Cardiac and Stroke Network)
ICNARC-Case Mix Programme	As a result of ICNARC occupancy data, the number of critical care beds was increased to 8 level 3 at WRH and 5 level 3 at ALX.
National Comparative Audit of Blood Transfusion	A training and competency matrix is being developed for all staff to ensure that they receive re-training and competency assessment in a timely fashion.
National Joint Registry (NJR) Hip and knee replacements	This is not an audit but a register of all patients having operations to replace hips and knees. Information on patients and the replacement joints is registered locally on a database. Technical issues have prevented the transfer of this information to the NJR but this is now being resolved and our level of participation will increase. Information to surgeons and hospital data managers on case totals, case mix and implant usage.

The audits shown below have been in the data collection or analysis phases in 2009/10 and have not produced a report that can be responded to.

Audit Title
National Audit of Continence Care (RCP)
National Audit of Dementia
Heart Failure Audit
College of Emergency Medicine - Pain in Children
CEMACH: Perinatal Mortality

The following audits have produced reports and we will respond to all of them.

Audit Title	Date of report
National Diabetes Audit (NDA)	2008 – National Diabetes Audit Paediatric Report 2007/8
Head & Neck Cancer (DAHNO)	2010
Bowel Cancer (NBOCAP)	2009
National Oesophago-gastric Audit	2009
National Neonatal Audit Programme (NNAP)	2009
Adult Cardiac Interventions (e.g angioplasty) Audit (CABG)	Continuous online submission
National Hip Fracture Database (NHFD)	Preliminary National Report 2009
National Elective Surgery PROMs: four operations	2010 (April)

What is clinical audit?

The NHS Clinical Governance Support Team define clinical audit in their Practical Clinical Audit Handbook as:

‘a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Put more simply: clinical audit is all about measuring the quality of care and services against agreed standards and making improvements where necessary.’

The reports of 172 local clinical audits were reviewed by the Trust in 2009/10. We have listed below examples of actions being taken as a result of the audits to improve the quality of healthcare.

Division	Audit Title	Summary of the actions taken or intended
Elective	Fracture NOF Audit	More nursing and medical staff will be taught to use and follow the care pathway for patients admitted with a fractured hip. This will help to ensure that all investigations are completed in the Emergency Department before transferring patients to the ward; that at weekends, physiotherapists see patients on the first day after their operation and that all patients are seen by a geriatrician and a nurse to ensure that all the necessary referrals for future care are made.
	Postnatal Information Audit	The results will be provided to all maternity and obstetric staff across the Trust to promote the provision of information to new parents and a re-audit will be conducted.
	Day Case Anaesthesia	A new day case anaesthesia patient information leaflet will be developed
	PARS) Patient at Risk Score) Observation Audit	The PARS record charts have been improved and a new communication tool for use when the observations 'trigger' a need for a patient to be seen by medical or senior staff is being trialled in the Medical Assessment Unit. The PARS system will also be included onto the Glasgow coma chart so that the tool can be used to assess all patients. Comprehensive teaching programmes for all levels of staff will continue.
	Maintenance Fluid Management in Critically Ill Patients	Fluid Management has been introduced into the junior doctor's training programme.
Emergency	National Audit Office - Services for people with Rheumatoid Arthritis	The Rheumatology Directorate will develop service agreements to improve access to their service
	Emergency Department Sepsis Audit (Worcestershire Royal Hospital)	Junior doctors are taught about sepsis at the beginning of their teaching programme. Business case to be put forward for a lactate probe
	Paracetamol Overdose Audit	We have introduced a policy of all patients admitted to the observation unit to have their weight documented. To re audit progress within the year.

Emergency	Clostridium difficile infection Audit	<p>All patients' stool samples will be tested if they have diarrhoea and are over 2 years old</p> <p>The use of antibiotics will be regularly reviewed by doctors</p> <p>A multidisciplinary team will be established to carry out weekly review of all pts.</p> <p>An antibiotic management team (AMT) will be established</p> <p>Review of mandatory training for doctors and nurses</p> <p>To minimize the movement of beds and equipment out of infected areas and this should be audited</p> <p>A monthly report to TIPCC will be produced</p>
	Use of Flumazenil as a quality marker regarding sedation in endoscopy.	A separate book is kept for Flumazenil usage within the endoscopy units or Flumazenil usage is recorded in the controlled drugs book on the back page.

Research

1692 patients receiving NHS services provided or sub-contracted by Worcestershire Acute Hospitals NHS Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee.

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

Worcestershire Acute Hospitals NHS Trust was involved in conducting 81 clinical research studies (66 adopted onto the National Institute for Health Research Portfolio). Worcestershire Acute Hospitals NHS Trust used national systems to manage the studies in proportion to risk.

Of the 36 studies given permission to start during the last financial year, 100% were given permission by an authorised person less than 30 days from receipt of a valid complete application. 61% of the studies were established and managed under national model agreements and 6 eligible research studies used a Research Passport. In 2009/10 the National Institute for Health Research (NIHR) supported 51 of these studies through its research networks.

In the last three years, 32 publications have resulted from our involvement in NIHR research, helping to improve patient outcomes and experience across the NHS.

The Islet Research Team (pictured below)
L-r Mr Richard Downing - Consultant Vascular Surgeon and Laboratory Director, Dr Michelle Paget - Research Associate, Mr Khalid Qureshi - Surgical Research and Teaching Fellow
Dr Hilary Murray - Lead Clinical Scientist



Goals agreed with commissioners

A proportion of Worcestershire Acute Hospitals NHS Trust income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between Worcestershire Acute Hospitals NHS Trust and NHS Worcestershire through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The Trust achieved all of its five CQUINs for 2009/10 which covered the following topics:

- Time to Procedure for emergency admissions relating to fractured neck of femur patients
- Patient Experience in Emergency Care
- End of Life Care
- Time to Specialist Therapist assessment for Stroke Patients
- Time to Surgery for Elective Admissions

Further details of the agreed goals for 2009/10 and for the following 12 month period (2010/11) are available on request from the Director of Finance and Business Development.

The 11 CQUINs agreed for 2010/11 will account for £3.5m of income and cover the following areas:

- Venous thrombo-embolism
- Warfarin prescribing
- Patient experience
- Dementia
- Smoking cessation
- Alcohol in pregnancy
- Think glucose
- Stroke
- Tissue viability
- Falls
- Medicines management

4 CQUINs have been agreed with the West Midlands Specialist Commissioning Team and will account for £50,000. They cover the following areas:

- Reduce avoidable death, disability and chronic illness from venous thrombo-embolism
- Improve responsiveness to personal needs of patients
- Production of an annual report for 09/10 for all specialised services provided
- Improving care of the baby and family experience

What others say about the provider

Care Quality Commission (CQC)

Worcestershire Acute Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is 'registered with no conditions'. The Care Quality Commission has not taken enforcement action against Worcestershire Acute Hospitals NHS Trust during 2009/10.

Worcestershire Acute Hospitals NHS Trust is subject to periodic reviews by the Care Quality Commission and the last review was on 15th October 2009 and was a Health Care Acquired Infection (HCAI) inspection. The CQC's assessment of Worcestershire Acute Hospitals NHS Trust following that review was that of the 15 measures inspected, there were no concerns about 13. For two measures they found areas for improvement and made recommendations to the Trust.

Worcestershire Acute Hospitals NHS Trust has made the following progress by 31st March 2010: in taking such action that at follow up in January 2010, the CQC found no evidence that the Trust has breached the regulation

to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

Worcestershire Acute Hospitals NHS Trust has not been required to participate in special reviews or investigations by the Care Quality Commission during the reporting period.

Data Quality

Worcestershire Acute Hospitals NHS Trust submitted records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS number was: 99.3% for admitted patient care; 97.8% for out patient care; and 74.6% for accident and emergency care.
- which included the patient's valid General Medical Practice Code was: 100% for admitted patient care; 100% for out patient care; and 100% for accident and emergency care.

Worcestershire Acute Hospitals NHS Trust score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 78%

Worcestershire Acute Hospitals NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Procedures coded incorrectly:

Primary	6.8%
Secondary	3.1%

Diagnosis coded incorrectly:

Primary	1.7%
Secondary	1.5%

The trust remains in the top 25% of best performing trusts in the country and was just outside the top 10% for this years PbR audit.

There was an improvement in the level of errors, all of which were minor which resulted in HRG changes from 3% the previous year to 2.3% this year.

The results of this year's audit are excellent and the coding department has worked very hard to attain this result.



Part 3

3.1 Review of Quality Performance

Quality of patient care is an essential part of the NHS Constitution. It is also covered by the Health and Social Care Act 2008, and it is something that the Trust and its Board take very seriously.

To ensure quality of care, the patient voice is actively sought out and listened to. A patient story – good or bad – is heard at each Board meeting. This ensures members are reminded of the core purpose of the Trust - to provide high quality, effective and above all safe care.

Patient Safety Walkrounds™ have also been introduced in the last year for Board members to see and hear first hand the safety concerns of staff in wards and departments, including operating theatres. On one occasion a Walkround was joined by one of our then local MPs Dr Richard Taylor.

We make considerable efforts to engage with patients and their representatives at every level of the organisation. As described later this ranges from patient representatives on our committees and actively seeking feedback.

Worcestershire Acute Hospitals NHS Trust has been an active member of the Patient Safety First Campaign since its creation in 2008 and a Medical Director for Patient Safety, Standards and Governance has been appointed to lead on both this and the Trust's participation in the fifth wave of the Leadership in Patient Safety Programme (LIPS) provided by the NHS Institute for Innovation and Improvement.



We believe that we don't just have to follow processes and guidelines to be effective. We need to set and achieve clear outcomes and have a culture that embraces innovation and change, sees patient safety as paramount, and cares about the patients and their experiences whilst under our care. Ensuring the best environment for our staff, patients and visitors is included in this. Over £8m has been spent in the last year improving the estate. As a Trust we are fully committed to the privacy and dignity agenda. Same sex accommodation has been improved thanks

to a successful bid for £460,000 of central funding from the Privacy and Dignity Fund which has enabled us to carry out a series of improvements at all three sites.

A major refurbishment of the Alexandra’s main reception, generously funded by the League of Friends, is also underway.

We have developed, and continue to develop, an organisation and a culture that places quality and safety at the top of the agenda. We have made significant progress in many areas in the last year - some Trust-wide, others in a single specialty or service.

Review of Patient Safety

Patient Safety is the Board’s top priority. This section provides some details of the wide range of actions we have taken and the improvements made during 2009/10.

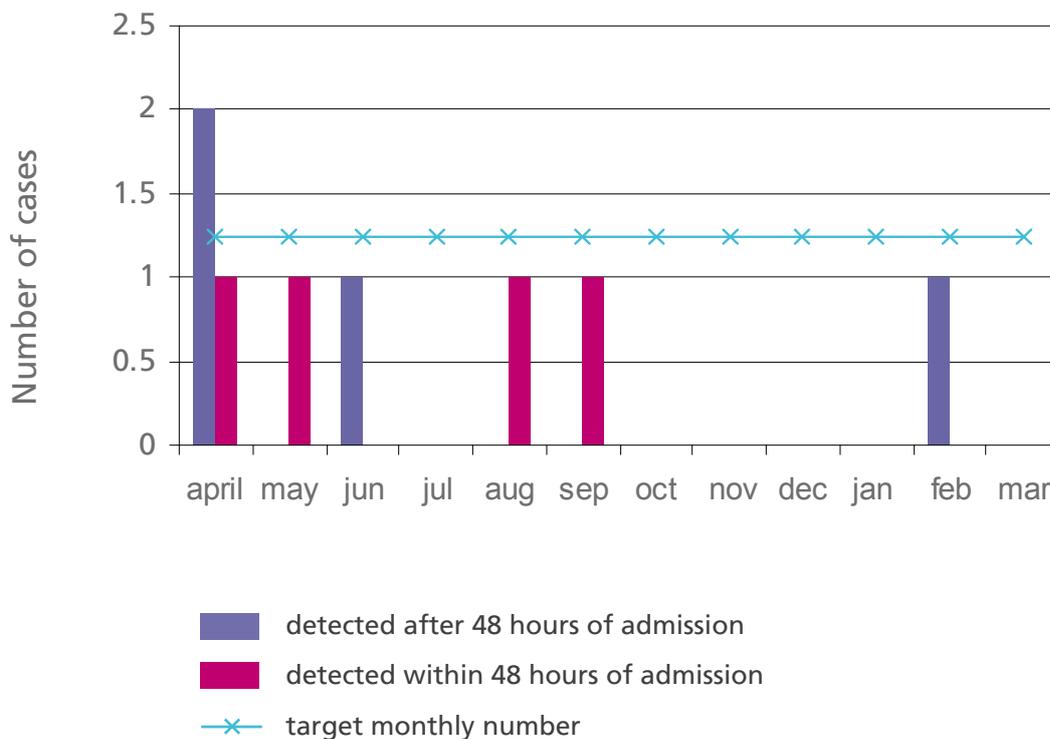
Infection control

The reduction of infections acquired in hospital is a priority for the NHS and targets are set to drive and measure the improvement for 2009/10. We have maintained our low infection rates for MRSA and C.difficile. We have achieved our targets by embedding good practice, auditing it to ensure that it is maintained and by investing in new technologies for cleaning.

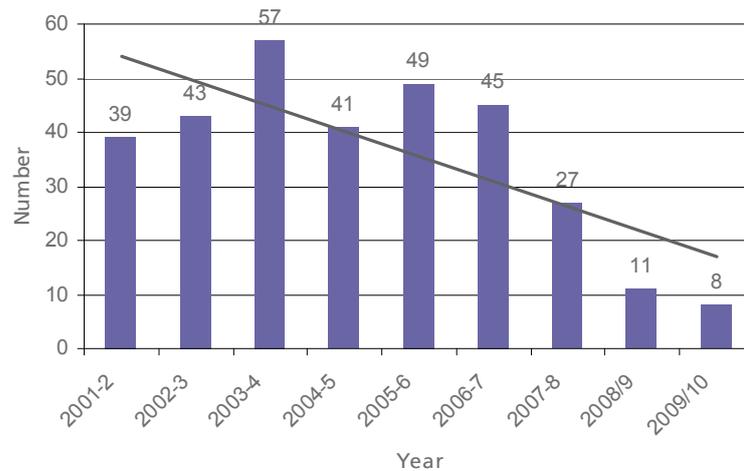
MRSA bloodstream infections

A total of 8 cases of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections (BSI) were recorded for 2009/10. This represents a considerable improvement on previous years. Our total for 2003-4 was 57, thus we have achieved a reduction of 86% in 5 years. The picture for 2009/10 and for the last 10 years is shown below.

MRSA Bacteraemia 2009/10 WAHNSHST



MRSA BSI cases 2001-2010



Clostridium difficile infection (CDI)

The Trust was set two targets to reduce Clostridium difficile infections in 2009/10. A national target of no more than 215 cases and a local stretch target of 198 CDI occurring amongst Trust in-patients beyond the second day after admission by March 2010. Both of these were met with 125 cases occurring in 2009/10 reflecting the excellent progress made in this area.

Safety in Maternity Services

The Trust's top quality maternity care was recognised in a recent assessment by the Clinical Negligence Scheme for Trusts (CNST) – a national scheme that sets very stringent safety standards for acute hospitals and maternity services.

Worcestershire Acute Hospitals NHS Trust achieved success at level 2 of the CNST Maternity Standards. This was thanks to the hard work of the teams involved to reduce risk to mothers and babies by having the right guidelines, processes, training and audit in place. After a gruelling two day assessment, Maternity became one of the few services in the West Midlands to achieve this level.

Other improvements during the year include:

- increasing the number of Paediatricians at the Alexandra Hospital and the number of midwives to achieve the 1.28 midwife to birth ratio
- implementing the top 10 recommendations from the 'Saving Mother's Lives' report.

The Trust has just completed the first year of the implementation of the 'Improving maternity and children's services for Worcestershire' strategy, and work on this continues.

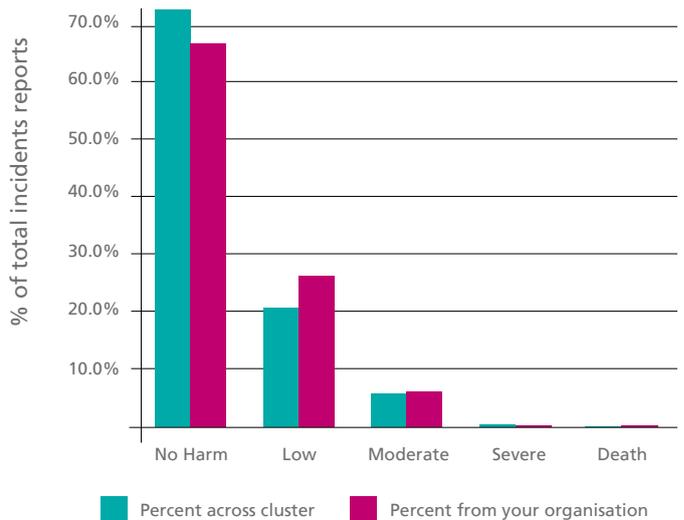


Members of the successful maternity team on hearing that they had gained CNST Level 2.

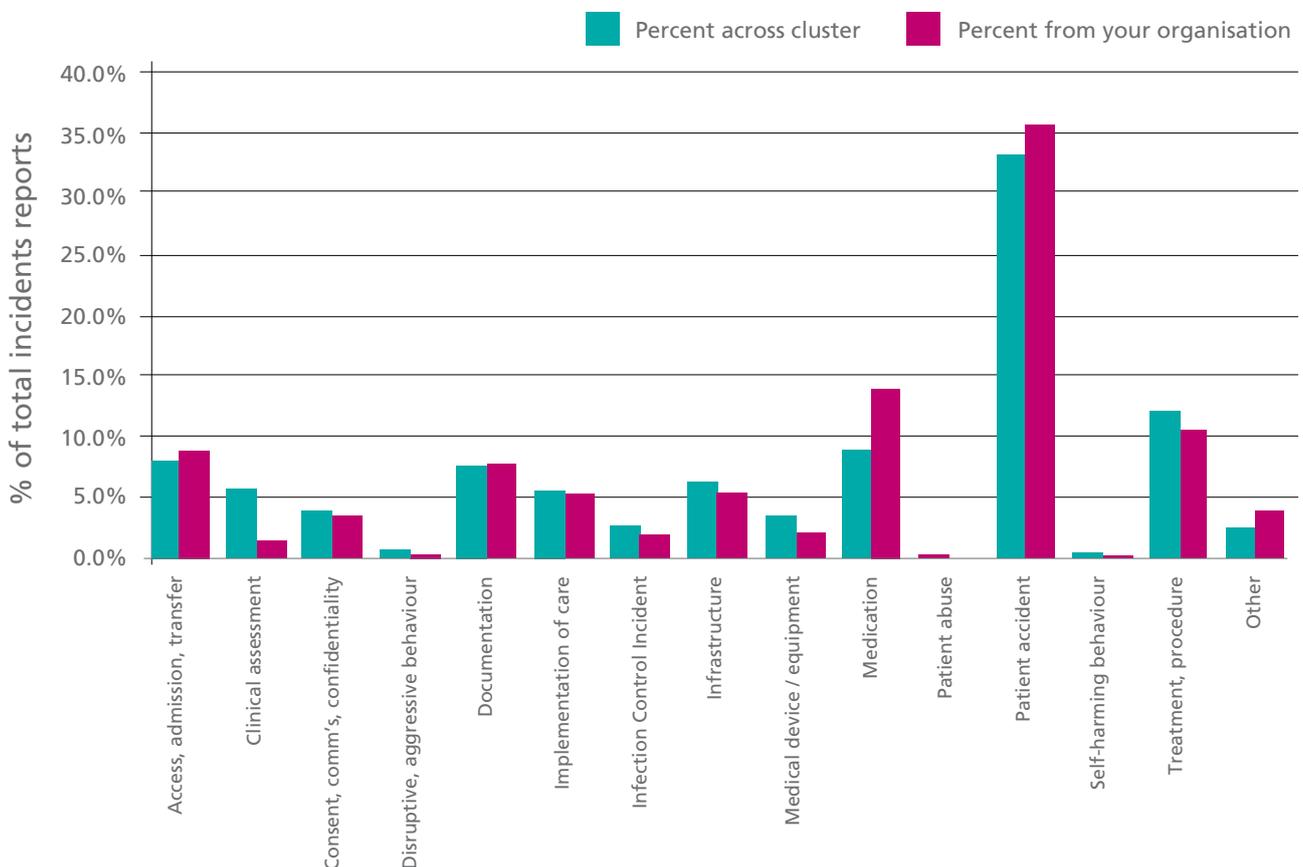
Incident reporting

There were 6451 patient incidents, accidents and near misses reported in 2009/10, an increase of 89 on the previous year and we encourage even more reporting. High levels of incident reporting are a sign of an open safety culture. It shows staff feel comfortable reporting adverse events and near misses and that they will be treated fairly.

Every patient safety incident is reported to the National Patient Safety Agency's (NPSA) Reporting and Learning System (RLS). Every six months, we receive a feedback report that compares our reporting with other large Acute Trusts. The report essentially describes the Trust's reporting culture. The graph opposite shows the level of harm from reported incidents from April to September 2009, the latest report available. It shows that we have similar levels of harm reported to other Trusts and that the harm is predominantly low or no harm (93.2%).



The graph below shows the number of incidents reported for each type of incident. We were the seventh highest reporting Trust for medication related incidents in our peer group. This is a good thing. It is one way of showing that we take medicines safety seriously and explains why in the graph below, the proportion of medication incidents reported (14%) is significantly higher than our peer group (8.8%).





Following a successful pilot, an electronic system for incident reporting has been rolled out across the Trust with the aim of improving incident reporting and the response to them. The electronic system automatically alerts the 'group' that have responsibility for the area where the incident occurred to enable them to review it and commence an investigation. Since going live on March 1, incident reporting increased by 18% over the same month in the previous year. Crucially, the number of doctors reporting incidents - a traditionally low reporting group – also rose.

Over 160 managers and senior clinicians have already been trained to use the system to investigate and record their results and action plans. The effects of this change will continue to be seen as we focus better on fixing the problems identified by incident reporting.

Never events

A set of eight '**Never Events**' have been defined by the National Patient Safety Agency (NPSA). Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare workers.

Regrettably, one 'Never Event' occurred in the Trust in 2009/10. This involved a foreign object being left inside a patient following an operation, who, following corrective surgery has made a full recovery. Since this extremely unusual incident the Trust has taken a number of steps to further improve standards of safety such as introducing the World Health Organisation's Safer Surgery Checklist.

The Trust has also conducted risk assessments for each of the items on the NPSA's core list of Never Events, identified existing controls, the need for additional controls and how assurance will be obtained that the controls are effective.

Patient falls in hospital

Almost a third of all our incident and near miss reports relate to patients falling whilst in hospital. Approximately 98% of these incidents result in minor or insignificant harm to patients. However, where there is significant harm, such as a fractured hip, this has a serious effect on the patient's recovery and their length of stay in hospital as well as adding to the cost of their care.

A 'Falls Summit' held in October 2009 produced a clear set of actions to better understand the cause of patient falls, address these, and set a challenging target of reducing the number of falls resulting in serious harm by 40% by the opening of the 2012 Olympic games.

Work has been undertaken to map where and when most falls occur and how to better identify and care for patients at an increased risk of falling. In the first three months of 2010 alone a significant reduction in serious harm has already been seen.

Medicines safety

Incidents related to medicines are the second highest reported incident. Again, the incidents were almost all (98%) of a minor or insignificant nature.

A wide range of initiatives – such as the implementation of the Productive Ward project - have been introduced to improve the safety of the whole prescribing and delivery process for medicines, including purchasing. The Medicines Harm Reduction

Strategy has been produced to guide improvements and successes have already been seen.

Directorate improvements in quality

The following example from the Urology Directorate shows just some of the improvements made through the year:

- Review of patients presenting with urinary tract bleeding and the impact of new technology on clinical activity
- Audit of blood transfusion patterns in Urological surgery leading to greater efficiency in the use of blood products
- Assessment in primary and secondary care of young men with potential diagnoses of Genito-Urinary Chlamydia – a key NHS priority
- Review of staging techniques in prostate cancer prior to radical treatment
- Outcomes in renal cancer management
- Audit of patients admitted with retention of urine with potential for streamlined care and reducing unnecessary admission
- Reducing infection following prostate biopsy

A safe stay in hospital

The Dr Foster Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than expected.

The '100' mark is the average mortality ratio and some Trusts will be above or below this line by chance. For each patient group, Dr Foster works out how often, on average, patients across the whole country survive their stay in hospital, and how often they die. This takes into account the

patient's age, the severity of their illness and other factors, such as whether they live in a more or less deprived area. A high HSMR can be a warning sign that things are not right. However, care should be taken in interpreting the results. The HSMR is published some months in arrears and can be adjusted as further information becomes available.

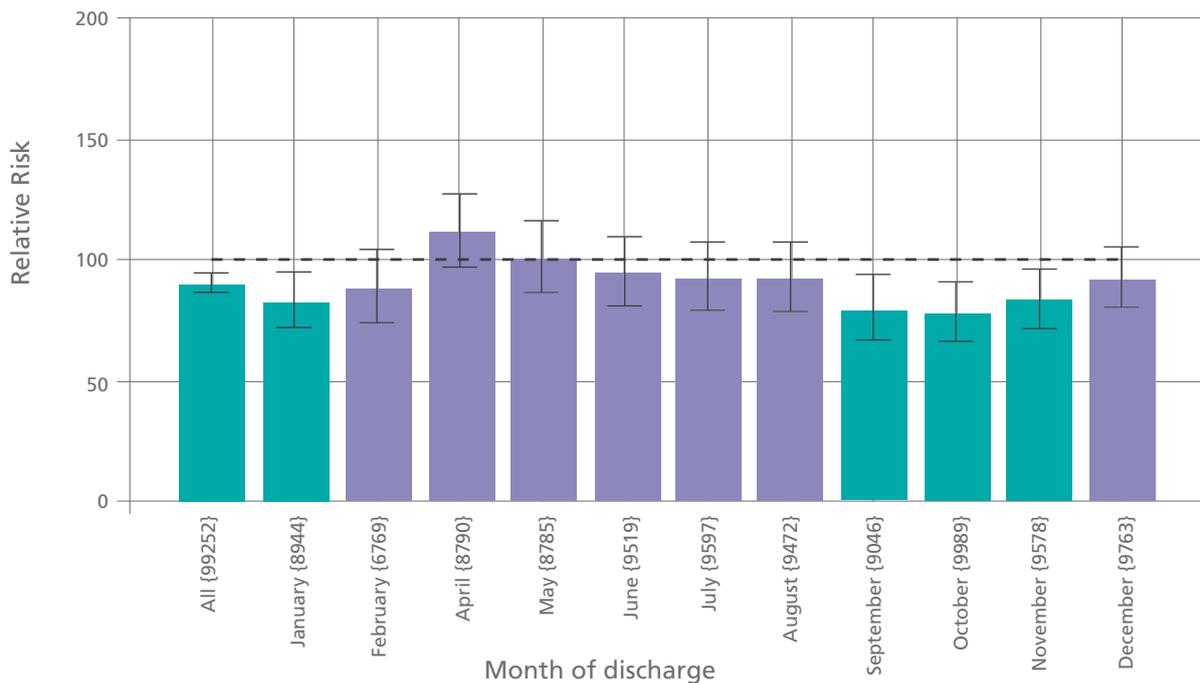
The Trust's HSMR for all diagnoses available when this report was written was:

- **82.2** in January 2010: significantly lower than expected (confidence intervals 70.9 – 94.7)
- **89.4** in the financial year to date: this is significantly lower than expected (confidence intervals 85.9 – 94.0)

This is the lowest figure the Trust has ever achieved and a positive sign that safety and quality is continuing to improve.

The graph overleaf provides the information for each month in 2009.

Mortality (in-hospital) | Diagnoses - All



The Trust received one alert from the Dr Foster Group at Imperial College London in 2009 regarding mortality rates for 'excision of middle segment of colon' procedures carried out in the Trust. An interim report was produced in order to ensure there were no major failings that required immediate action to prevent further patient harm. The final report was based on a review of all the relevant patient records. The findings showed that there were no significant lapses in the diagnosis, clinical management or delivery of post-operative care but did identify a number of areas that could be improved.

The Trust had embarked on a series of initiatives, prior to receiving the alert that will contribute to the improved care of this group of patients. These are:

- Adoption of the World Health Organisation (WHO) surgical safety checklist
- Involvement in the 'Productive Operating Theatre' initiative
- Re-focussing the organisations audit

activity to ensure compliance with current guidance from the National Institute for Health and Clinical Excellence (NICE), the National Patient Safety Agency (NPSA), and National Confidential Enquiries in the management of patients within the organisation.

- Greater use of the Dr Foster database for all directorates to understand the outcomes of patients under their care compared with national performance
- Continuing education of junior medical staff in the management of deteriorating patients with a refocus on the areas of underperformance highlighted in this review particularly with respect to regular review of fluid balance and escalation if deterioration occurs.
- The Critical Care directorate is in process of reviewing all care bundles including ventilator care bundle, though compliance currently at 100%. Critical Care Directorate are involved in the 'Matching Michigan' campaign to reduce central line related infections

Driving further improvements in patient safety

Despite continuing improvements in the levels of incident reporting there is an estimated 30 per cent that still, for a variety of reasons, do not get reported.

Since September 2009 the Trust has been identifying the 'unknown' risks using the Global Trigger Tool. This is a method of reviewing patient records to identify where events have occurred that may or may not have caused harm.

Randomly selected notes are reviewed every two weeks by two clinicians against a set of 32 'triggers'. Within the Trust 150 sets of notes have been reviewed using this method. Studies in other organisations indicate a 'harm event frequency' of 10 events for every 100 patient days in NHS Hospitals. Over the first 50 sets of notes reviewed across the Trust the rate of harm was 9.7 for every 100 patient days.

Work streams launched to target areas of difficulty e.g. the identification of a patient whose condition is deteriorating while in hospital, have recorded a further reduction in harm events to 8.5 per 100 patient days during the first six months of the programme – a 12% reduction.

Our aim as an organisation is to eliminate all avoidable harm. The first goal on that journey is to reduce the number of harm events occurring to our patients by at least 40% by the lighting of the Olympic flame in London in 2012.

Review of Clinical Effectiveness

Clinical effectiveness is made up of a range of quality improvement activities and initiatives including:

- the assessment and use of evidence, guidelines and standards to identify and implement the best and most cost-effective practice
- the use of quality improvement tools, (such as clinical audit) to review and improve treatments and services
- information systems to assess current practice and provide evidence of improvement
- Development and use of systems and structures that promote learning both in a specific area and across the organisation

This section describes just some of the ways in which the Trust has improved its effectiveness arrangements.

Electronic Consent

E-consent is a system to streamline the process of providing meaningful information to patients to allow them to make an informed choice when deciding whether to undergo an operation or procedure and recording their consent. It is used by competency assessed professionals and delivers patient and procedure specific consent forms and information written to Plain English standards as required.

Productive Ward

The Productive Ward and Confidence in Caring project has involved 50 wards to date. By empowering front line staff to review and change their working practices, time has been released and reinvested back into direct patient care.

Improvements include:

- Patient observation reliability scores have improved from 17% to 100% and nursing shift handovers now take 50% less time on Hazel Ward, WRH.
- Reviewing when and how shift handovers were taking place has released 33 (7.5hr) staff nurse shifts annually back into direct nursing care on Ward 1, Alexandra Hospital.

Plans for 2010/11 include the introduction of the Productive Theatre project which will apply the same principles as the Productive Ward project with the aim of improving the quality of care for patients.



THINKGLUCOSE™
Inpatient care for people with diabetes

Think Glucose

Worcestershire Acute Hospitals NHS Trust was one of four pilot sites selected to test the NHS Institute for Innovation and Improvement's 'Think Glucose' toolkit. Patients with diabetes tend to experience longer lengths of stay. The project was designed to help clinical staff to improve the care of patients in hospital who have diabetes but are admitted for another cause and often spend longer in hospital.

The ThinkGlucose Kit also educated nurses and medical staff about diabetes and encouraged them to work with patients to manage their own condition while on the ward .

Following positive results the ThinkGlucose Toolkit is now being rolled out across the NHS in England.

Improving clinical audit

Further developing clinical audit to provide better assurance to the Board and our stakeholders that effective care is being delivered is a priority that underpins our quality improvement programme.

The Trust is one of six which secured six months of support to develop clinical audit from the Health Quality Improvement Partnership, the consortium that leads on reinvigorating national and local audit.

Investment has been made across the Trust to guide the further development of clinical audit. Key milestones so far include:

- Clinical audit leads have been appointed in all Directorates with the provision of training and support from the Clinical Audit Team
- Registration of audits and the follow-up of subsequent actions followed by re-audit
- Targeting audit at NICE guidance and other priority areas.

Implementing NICE Guidance

The National Institute for Health and Clinical Excellence (NICE) provides recommendations and guidance to the NHS on: new and existing medicines; treatments and procedures; treating and caring for people with specific diseases and conditions. We work across the Health Economy to ensure that we review all new guidance issued by NICE to determine whether it is relevant to us and whether we are compliant or not. In 2009/10 NICE issued 62 pieces of guidance of which 25 were relevant to this Trust. Complying with NICE guidance is important and we prioritise our audit programme to help test whether we do, or do not meet its requirements

Review of Patient Experience

Obtaining and using the experiences our patients have whilst under the care of the Trust is an important way of improving the services we provide. We use many different ways to gather patient feedback.

How we measure the patient's experience

The Dr Foster Patient Experience Tracker (PET) is a portable device used across almost every area in the Trust. Patients are asked to give feedback about current issues, such as the cleanliness of the areas, and privacy and dignity. Feedback is then taken on board and used to make improvements where needed. The Medical Assessment Units have been focusing on questions relating to communication and privacy and dignity, and have seen a steady improvement in positive responses throughout the year, from 74% to over 80%.

Productive Ward

The Productive Ward initiative, which has resulted in an increase in the time nurses spend caring for patients, has also involved gaining feedback from patients. This has been used in the same way as the PET feedback, to inform local improvements. The orthopaedic productive wards have introduced a wound care patient information leaflet as a result of patient feedback.

Complaints

Patient complaints are another opportunity to action feedback about patient experience. Analysis of complaints and individual complaints are reported to the Patient Experience Committee, chaired by the



Dr Foster Patient Experience Tracker

Chief Executive. An example of an action taken as a direct result of a complaint is the introduction of personal patient booklets which patients and their families complete so that staff can gain a full understanding and appreciation of their individual needs.

Patient and Public involvement

The Trust also values feedback from its Patient and Public Forum, who themselves regularly obtain feedback from patients by visiting wards. The Forum is an integral part of the Trust's emphasis on patient engagement to improve patient experience. Feedback after a Forum visit to the day case surgery department at Kidderminster Treatment Centre has led to an improvement in the storage facilities for patients' personal belongings. The Chair of the forum also has a seat on the Board to enable patient views to be voiced.

National Surveys

Nationally led patient experience surveys - such as the CQC Inpatient and Outpatient surveys, the Patient Recorded Outcome Measures surveys and Same Sex Accommodation (SSA) surveys – provide

valuable information about patients experiences in the Trust. The Trust develops action plans in response to results which are then monitored at local, divisional and corporate levels. Our Clinical Directorates are increasingly seeking feedback from their patients and Critical Care has invited patients and their families to focus groups to better understand their perspective.

Donor Care

A specialist nurse in donor care has been appointed following the 2008 report from the Organ Donation Task Force to improve the identification, referral and management of patients who are potential donors.

Privacy & Dignity

Major improvements have been made to the provision of same sex accommodation allowing patients increased privacy and dignity on the wards. This was made possible thanks to £460,000 being made available through West Midlands Strategic Health Authority. Improvements include partitioning between bays and improved bathroom facilities in Aconbury at Worcestershire Royal Hospital and on Cookley Ward at Kidderminster Hospital. A major project to improve bathroom facilities on nine wards at the Alexandra Hospital is under way.

Maternity

Midwifery matron Alison Talbot and a colleague from University Hospitals Coventry and Warwick won the 'Bounty Award' for their back to basics skills based training package and an interactive DVD promoting normal and natural childbirth. A network of 'champions' has been created across the region to train fellow midwives and further

promote 'normality'. Consultant Midwife Tracey Cooper has been involved in a project to produce a new DVD entitled 'From Bump to Baby: A Guide to healthy Pregnancy and Birth' that is being given to all expectant parents across the county.



I-r Alison Poole – HR Director Bountly, HRH Princess Anne, Claire Allan - Midwife University Hospitals Coventry and Warwick, Alison Talbot – Midwife and Cathy Warwick – President Royal College of Midwifery.



End of life care

The Liverpool Care Pathway (LCP) for patients at the end of their life has been in place across the Trust for several years, with a re-launch of the most up-to-date version introduced at the Alexandra Hospital where over 250 members of staff have been trained in end of life care. While not all patients who die in hospital are suitable or appropriate for placement on the care pathway, between April 2009 and February 2010 the proportion of patients who died with the LCP in place rose from 19.4% to 25.4% across the Trust.

Patient engagement

The Trust makes every effort to ensure that patients can have a direct say on patient services and Trust developments.

Our Clinical Directorates are increasingly seeking feedback from their patients and Critical Care has invited patients and their families to focus groups to better understand their perspective.

The Patients' Forum continues to work with patients with the main focus in 2009/10 being the patient environment. Many ward visits have taken place across all sites to look at safety and cleanliness, care and privacy and dignity. The findings were reported to the Trust and the recommendations acted upon. The Chair of the Patients' Forum is also the patient representative on the Trust Board.

Worcestershire Local Involvement Network (LINK) also represents patient views, with members of LINK sitting on a number of committees, allowing the views of patients to be heard, and acted upon.

When patients and relatives are dissatisfied with our service, we meet with them and we have invited our staff who have also been patients, or relatives of patients, to talk to Directors about their experiences.

In the year when we have been working towards Foundation Trust status, our shadow members have told us what is important to them in terms of quality of service and shadow Governors have been elected to represent the views of their constituents.



Mike Stevens, Director of Finance and Information, at the Worcester strategy workshop where shadow Members shared their views on a range of topics including which services the Trust should provide in future, where they should be providing them and where quality standards need to be improved.

Patient Environment Action Team (PEAT)

PEAT is an annual assessment of inpatient healthcare sites in England with more than ten beds. PEAT is self assessed and inspects standards across a range of services including food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas). The scores are awarded in a range of five categories from 'unacceptable' to 'excellent'.

Our results for 2009/10, provided in the table opposite were all in the top two categories of 'good' and 'excellent', testimony to our work to provide a high quality care environment for our patients.

Site	Environment Score	Food Score	Privacy & Dignity Score
Alexandra Hospital	Good	Good	Good
Kidderminster Hospital	Good	Good	Excellent
Worcestershire Royal Hospital	Good	Good	Good

3.2 Who has been involved in setting the content of the Quality Account and the priorities for 2010/11

Worcestershire Acute Hospitals NHS Trust has a long standing and ongoing process of successful engagement with its patients, the public and other stakeholders in setting the Trust's direction and priorities. These relationships have been used to inform the development of this Quality Account.

Specific work has been undertaken in the relatively short timescale available to us, to engage with our stakeholders specifically in relation to the development of this Quality Account to help us set our priorities and tell the quality story of the last year.

We have consulted widely, asking the opinion of the Trust's staff, especially the clinical teams, shadow Foundation Trust Members, Worcestershire Local Improvement Network (LINK), the council's Health Overview and Scrutiny Committee and our commissioners (NHS Worcestershire). We are conscious of our responsibilities to hear the voices of hard to reach groups and through our Single Equality Scheme and a wealth of methods to gain their input, we hope we have achieved a balanced report and set priorities that will benefit all the community.

3.3 Statements

Worcestershire Acute Hospitals NHS Trust has sought and received the following statements from NHS Worcestershire, Worcestershire LINK and the Worcestershire County Council Health Overview and Scrutiny Committee.

3.3.1 LINK



Worcestershire LINK congratulates Worcestershire Acute Trust on its achievements, notably its concentration

on patient safety, the roll out of the very successful Productive Ward initiative, and the achievement of the 4 hour A&E target. The priorities for improvement are well chosen, and reflect issues that are of national, as well as local interest. For example, Patient Falls in Hospital which cause harm, is an issue which gives much distress to the patient, and their carers, incurs further costs for treatment and longer stays in both acute and community settings for many patients. Other issues, that of the treatment of Stroke patients, and effective and safe discharge, are in this year's LINK work programme, and we shall follow developments and improvements carefully.

We congratulate the Trust on the high number of National Clinical Audits, National Confidential Enquiries, and local audits, to which it has submitted evidence and the resultant actions it took. Similarly, the Research undertaken within the Trust shows that this aspect of its work is growing.

We note the strides that the Trust has made in improving the provision of single sex accommodation. However, we ask that every possible measure be taken to ensure that patients are separated by gender, in order not to compromise any patient's safety,

privacy or dignity. We are pleased to see the reduction in hospital acquired infections and also congratulate the Trust on its achievements in Maternity Services.

It is good to see that the staff feels that the culture of the Trust is such that they can report incidents, and we expect that in next year's Quality Account there will be evidence of how the move to an electronic system of reporting has impacted upon the Trust's responses to such incidents. The lower Hospital Standardised Mortality Ratios are most encouraging as is the decrease in the rate of harm to patients during the first six months of the review programme. We hope that there will be further reductions reported next year.

The ThinkGlucose toolkit is an excellent initiative and we expect that all nurses and medical staff will use this to good effect during the coming year for their diabetic inpatients.

Quality feedback from patients is an excellent driver for pushing up standards. We are pleased to see the range of feedback that the trust uses and hope that the Clinical Directorates will continue to seek this in order to ensure that patients, families and carers voices are heard, and that action continues to be taken to make appropriate improvements.

The Liverpool Care Pathway's (LCP) value is not always understood by families and carers of patients who are at the end of their lives. We ask the Trust to ensure that the LCP is fully explained to them: what it does, how it is used and the benefit to their loved one. Where it is not understood can lead to great unhappiness amongst families and carers.

We look forward to observing continued achievements and improvements by the Trust during the coming year.

3.3.2 Overview and Scrutiny Committee



This Quality Account does indicate a fair picture of the provider services and it has covered the quality issues as outlined by CQC in their report.

Worcestershire County Council's Health Overview and Scrutiny Committee considered that as a result of the Trust's journey towards Foundation Trust status, there had been significant improvements in the Trust's performance although this had not been sufficient to satisfy Monitor. The HOSC supports the Trust in continuing to achieve performance improvements. The integrated business plan written by the Trust does explore the Trust's approach to quality and quality improvements.

It also should be noted that the Trust does make significant efforts in the field of patient and public involvement in health and has worked well with the HOSC in this aim.

The issues that concern the Health Overview and Scrutiny Committee were of hospital cleanliness, privacy and dignity and discharge of patients. The HOSC welcomes that all of these are mentioned in this Quality Account and that the Trust is addressing them. The HOSC considers that there are a number of aspects around the discharge of patients which could benefit from further consideration including the time taken for a patient to be discharged on the day of discharge, physical assistance available for patients and their families as they leave the hospitals, timely provision of prescriptions from the hospitals' pharmacies as well as privacy and dignity issues in the hospitals' discharge suites. It was further suggested

that privacy and dignity in the hospitals' Medical Assessment Units also needed to be considered by the Trust.

The HOSC welcomed the inclusion of stroke care as one of the Trust's priorities for improvement.

Worcestershire County Council's HOSC looks forward to continued improvements.

3.3.3 NHS Worcestershire



Worcestershire

NHS Worcestershire is pleased to have the opportunity to comment on the Quality Accounts for Worcestershire Acute Hospitals NHS Trust. We can confirm that the information within the Quality Account is accurate and fairly interpreted. As commissioner of services from Worcestershire Acute Hospitals Trust we feel that the report reflects the quality and safety priorities that have been jointly agreed. The report provides a representative and balanced perspective of the quality of healthcare provided.

We are pleased to see the continued improvement in services particularly the reduction of Health Care Acquired Infections, emphasis on reducing in patient falls and increasing numbers of patients on the Liverpool Care Pathway as part of their End of Life Care. We are pleased to see the health economy achieve the 98% A&E target and recognise the hard work undertaken to achieve this. NHS Worcestershire will continue to work with colleagues in the acute trust to monitor patient experience with particular emphasis on privacy and dignity and virtually eliminating mixed sex accommodation.

If you need any of the information in this report in another language or format please call 01905 733448 or email communications@worcsacute.nhs.uk

Switchboard Numbers:

Alexandra Hospital, Redditch - 01527 503030

Kidderminster Treatment Centre and Hospital - 01562 823424

Worcestershire Royal Hospital - 01905 763333

Visit our website at www.worcsacute.nhs.uk



Local Care for Local People