**Patient – Frequently Asked Questions**

**What is happening at Worcestershire Acute Hospitals NHS Trust and why?**

In November and December 2016, the Care Quality Commission (CQC) carried out inspections of our hospitals. The CQC rated the care provided by our hospitals as ‘inadequate’ and found enough areas that needed improvement that it recommended the Trust remains in ‘special measures’ to help ensure the improvements are made. In April 2017, the CQC came to inspect our hospitals again to make sure we were continuing to make progress in the specific areas they had highlighted. The reports published in August 2017 identify some shortfalls and make recommendations for some significant improvements to be made in specific areas. They also highlight the improvements that have been made.

**What specifically does the CQC want to see improved?**

The CQC have identified the following nine areas where they would like to see significant improvements made:

* Learning from incidents
* Assessing and responding to patient risks
* Medicines management
* Infection and prevention control
* Safety of premises and equipment
* Bed capacity and patient flow management
* Safeguarding
* Fit and proper persons
* Fitness of equipment

Further detail can be found in the full reports which can be accessed via our website www.worcsacute.nhs.uk

**What is the Trust doing to improve these areas?**

Our permanent leadership team is now been in place and have built upon and strengthened the Trust’s improvement programme ensuring the changes needed, happen as quickly as possible.

Since the April inspection the Trust has continued to make improvements, for example [see examples above]

**What improvements have been made?**

The Care Quality Commission found a number of improvements since their inspection in 2016, these include for example:

* Staff felt supported to report incidents including occasions when they judged patients unsafe because the emergency department was ‘overwhelmed’.
* An electronic patient safety matrix and emergency department occupancy tool was in place showing real time data about emergency department capacity, which gave oversight of the pressures in the emergency department.
* Most patients were assessed within 15 minutes of arriving to the emergency department by senior nurses.
* All staff observed in surgical clinical areas had ‘arms bare below elbows’.
* Infection control protocols were followed in the children and young people’s service.
* The Trust had implemented a new quality dashboard, known as the safety and quality information dashboard.
* There was a senior initial assessment nursing system in place for patients arriving by ambulance to the emergency department.
* The emergency department was managed locally by the matron and senior emergency department consultant. Staff were very committed to their work and doing the best they could for their patients even under regular and consistent heavy pressure.
* The medical care service had improved patient flow in Worcestershire Royal Hospital and Alexandra Hospital to minimise patient moves.
* There were fewer reported surgical staff shortages and shortfalls were escalated and risk assessed so patients’ needs were met.

**What does ‘special measures’ mean?**

‘Special measures’ are recommended by the CQC and include a range of interventions NHS Improvement can take to help foundation trusts, NHS trusts and independent providers deliver improvements. They do this when a hospital or provider isn’t providing the quality of care patients need or deserve, and where there is concern that the existing management cannot fix the problems on their own. ‘Special measures’ involve an intensive package of support to help trusts improve their performance and the care they deliver.

**What does it mean for patients? Is it safe to come to the hospital?**

Yes, the CQC and NHS Improvement – the two organisations responsible for regulating quality in NHS hospitals – both say that it is safe to be treated in a hospital that is in ‘special measures’.Patients are still seen and treated in hospitals that are in ‘special measures’. The difference is that hospitals in ‘special measures’ aren’t considered to be delivering high quality care consistently in all areas, all of the time. Being in ‘special measures’ means they receive support to make the improvements needed, and are monitored by the regulators to help ensure the improvements are made.

While we have areas for improvement, and are working hard to address them, patients can be reassured by the fact that the CQC acknowledges that we are a caring organisation. It rated the care across our hospitals and services as ‘good’. The inspectors said that services were provided by dedicated, caring staff, and that patients were treated with kindness, dignity and respect and were provided with the appropriate emotional support. Our staff continue to deliver compassionate care to the thousands of patients who use our services every day.

**Should I wait for my operation or treatment until the hospital is out of special measures?**

No. Patients should not be put off seeking advice or receiving treatment because of this. Patients should continue to attend our hospitals for appointments, operations and treatment as planned.

**Can I go to a different hospital for my treatment?**

All patients in the NHS can choose to have their treatment in a different hospital if they wish. However, this might delay your treatment, and there is no reason to go elsewhere simply because the Trust is in ‘special measures’. As stated above, the fact that a hospital is in ‘special measures’ does not mean that it is unsafe. It means that it needs to make improvements to bring all its services up to an acceptable standard.

**What actually happens to hospitals and trusts that are subject to special measures?**

There are a range of actions that can be taken under special measures:

1. A hospital or foundation trust that is high-performing in the relevant areas can partner with the underperforming trust. This partner will help the hospital and its health services to improve.

2. An action plan is written by the trust in discussion with the regulator and local commissioners. It contains details of what improvements are needed and the progress that has been made. Trusts regularly update it with details of the progress they’ve made.

3. An improvement director is appointed to monitor the trust’s progress as it works to achieve the specific steps set out in the action plan.

**Why has this situation come about?**

It is impossible to point to one reason, but for some time the Trust has had problems recruiting staff, especially at senior level and has had to rely on interim and agency staff. A permanent leadership team is now been in place. They have built on and strengthened the Trust’s improvement programme ensuring the changes needed, happen as quickly as possible.

Whilst steps have been made in the right direction, there are still improvements to make and we are working hard to deliver the highest standards every day in every service for our patients and local communities.

**How can I find out more about what is happening?**

You can find more information on our website www.worcsacute.nhs.uk or from talking to the Communication Team at the Trust on 01905 760453 or via [Wah-tr.communications@nhs.net](mailto:Wah-tr.communications@nhs.net)