

Healthwatch Worcestershire's response to the Quality Account of the Worcestershire Acute Hospitals NHS Trust for the financial year 2023/24

Healthwatch Worcestershire (HWW) 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 2023/24.

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?

Patients and families provide HWW feedback on access to emergency care and length of waiting times:

Whilst Ambulance handover times, enhanced access to General Practice from acute care and the number of patients spending over 12 hours in the Emergency Departments remain challenging we note we note that there have been significant initiatives implemented to improve the flow of patients into and out of the Trust Hospitals or to divert them to better targeted care.

These initiatives include single point of access, including 'call before you convey' for West Midlands Ambulance Service and Same Day Emergency Care for Medical and Surgical provision. Frailty Same Day Emergency Care has now gone live and complements the Frailty Virtual Ward that has been successful in Wyre Forest. The aim of these approaches is to get patients 'home before lunch' or to treat them at home (where this is possible and medically appropriate) rather than treat them in an acute setting where family would need to travel to visit. Building on, this further virtual wards are likely to come on stream soon e.g. respiratory and gynaecology virtual wards.

Patient Initiated Follow Ups (PIFU) is another tool being used by the Trust to reduce the pressure on out-patients by involving, usually patients with long term conditions, in deciding as and when they need their follow-up appointments. The Trust is approaching its 5% PIFU target with some specialities already delivering more than this target.

Patients want timely access for elective procedures.

Elective procedures were heavily impacted by the covid-19 pandemic. Nationally these are measured by the number of patients waiting so there are for example: 104 week waiting lists; 78 week waiting lists; 65 week waiting lists and 52 week waiting lists. There are currently no patients in the Trust on the 104 waiting list. There are however concerns over the number of patients on the Oral Surgery and ENT 65 week waiting lists. There is a commitment to eliminate 78 and 65 week lists with the elimination of the 78 week list by May 2024 and the 65 list by September 2024. There is also a focus on reducing elective length of stay and better use of theatres to help reduce these waiting lists, however we note that workforce challenges are also a factor.

Waiting for diagnostic tests has negatively impacted on treatment start times and elective and cancer recovery waiting lists, especially the number of patients waiting for cystoscopy, echo cardiography, audiology and MRI. Workforce capacity is a major factor.

Cancer

Healthwatch Worcestershire welcome the significant improvements in cancer performance which has meant the Trust moving from tier 1 national escalation and support to tier 2 Regional escalation and support.

A key cancer performance measure is the 28-day Faster Diagnosis Standard (FDS) which requires 75% of referred patients to be told if they have cancer or not within 28 days. Whilst we note that this measure is being achieved in breast, head & neck, skin and upper GI cancers we are concerned that haematology and urology are still a long way off target.

Progress made against the 2023/24 priorities set out in the 2022/23 Quality Accounts.

To move away from a purely narrative based approach each clinical division has created their own 'Quality House' graphic to outline how they will contribute to the Trust's Quality Priorities under the headings of Care that is Safe/Clinically Effective and a Positive Experience for Patients.

Care that is Safe:

Healthcare-associated infections (HCAI): we note the continued inclusion & widening of this improvement priority in to 2024/25 given that the trajectory for *Clostridium Difficile* (*C.Diff*) case numbers was not met in during 2023/24. *C. diff* is one of the HCAI infections that the Infection Prevention Control Team (IPC) is working to reduce. Over the

period of these Quality Accounts there were 128 healthcare acquired C. difficile cases compared to the target of 78. It is not clear why the reasons behind this and other HCAI infections of concern were not discussed in the Quality Accounts. We would welcome specific milestones/timelines to accompany the ambition to reduce these numbers and the risk of antimicrobial resistance.

We welcome the continued inclusion of timely discharge processes from the 2023/24 priorities to the 2024/25 priorities and are aware that a discharge transformation programme is underway. We regularly receive feedback on the discharge process with particular emphasis on the communications associated with discharge and welcome this programme as one of the Trust's six workstreams with the aim of improving flow through the hospitals and look forward to the update to the Trust's Discharge Policy. We would note that this improvement priority is one where patient and carer engagement would be of great value.

Care that is Clinically Effective:

We note that the Trust has a rate of death no higher than their peer organisations and that they have worked closely with the Integrated Care Board to learn from mortality and morbidity meetings and now have an integrated Learning from Deaths Report. This committee and the medical examiner system means concerns are examined including vulnerable patients.

The Clinical Effectiveness Team undertake purposeful audits that are aligned with National Institute for Clinical Effectiveness (NICE), for example NICE Guidance NG89 – Venous Thromboembolism (VTE) compliance. An audit of Alcohol Withdrawal Management in Accident & Emergency (CG115) supported the continued funding of an Alcohol Liaison Nurse. An Acute Kidney Injury (AKI) in patients with Neck of Femur (NG148) has had positive clinical outcomes for the Trust. Other improvements have led to significant improvement in the reporting of MRI scans. The Trust engaged in 54 national clinical audits and 3 national confidential enquiries. HWW understands audits contribute to better patient outcomes and improved patient experiences.

We are pleased to recognise the Trust has achieved successful compliance for the fifth year running of The Maternity Incentive Scheme – a financial incentive designed to enhance maternity safety within NHS Trusts, leading to improvement in the quality of care for women, families, and newborns.

Care that is a Positive Experience for Patients and Carers:

We support the improved focus on gaining feedback from patients and carers. Of note is the new inpatient ward surveys which we understand will enable a more granular and timely set of data compared to the Friend and Family Test (FFT), PALS and the annual Big Quality Conversation Survey. We would like to have seen some initial feedback and actions taken because of the inpatient surveys but understand that its use is in early days. The use of QR codes provides an additional method of feedback and the use of extra volunteers to assist and help patients are good additions. We note that that A&E scores under target.

The Trust has reintroduced a Learning Disability Steering Group to ensure patients with Learning Disabilities receive safe, personalised care and achieve equality of outcomes. Of note is the use of the new electronic patient record system to digitally flag patients and alert staff to additional care and communication needs.

We are encouraged by the improvements in how people feel about the Trust's hospitals compared to last year's Big Quality Survey results and note the 52% score for communication.

2. Are there any important issues missed?

HWW understand that communication around admissions, discharges and A&E experiences tend to form the majority of complaints and concerns. We would like to see more examples of incremental improvements in the Trust's Quality Accounts, such as a reduction in time for simple discharge patients, as assurance that improvements are being made and celebrated at ward level. Another example is the feedback you receive from A&E departments, one of the biggest areas of issue for patients and carers – can we see the incremental improvements that are being made on the journey to reaching the target of 95% recommendation by friends and families?

There was no mention of Sepsis in the QA for this year and was also not included last year. Given the national/media focus on sepsis and the introduction of Martha's law it might be useful to include some reference to this in the QA.

We understand that the following were not available in the draft QA we received but will appear in the final document:

- Narrative around Electronic Patient Record optimisation re Digital Care Records

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

We welcome the widening and improvement of the annual The Big Quality Conversation survey and report which sits alongside the Friends & Family Test and the PALS compliments & complaints reports. In particular we welcome the effort that has gone into engaging with groups in the community experiencing health inequalities such the introduction of an easy read version and reaching out to the d/Deaf community and those experiencing vision loss.

We note that the results from this engagement and the online survey were used to help inform Improvement Priorities for 2024/25

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

Healthwatch Worcestershire are aware 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.

We welcome the clear and readable format in which the Trust's 2024/25 Quality Priorities are presented, having been set out on a single page with more detail following in tables.

In conclusion, we have noted the many achievements reported on in the Quality Account and look forward to them being reflected in future patient feedback.

Chris Byrne
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