

Healthwatch Worcestershire's response to the Quality Account of the Herefordshire & Worcestershire Health and Care NHS Trust for 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. The role includes making recommendations to the organisations that plan and provide health and social care about how those services could or should be improved and enabling local people to monitor the quality of those services. We use the information we gather from patients and service users and their carers to do this.

In carrying out our functions we work with the Care Quality Commission that is responsible for inspecting organisations that provide health and social care services.

Healthwatch Worcestershire welcomes the opportunity to comment on the Herefordshire & Worcestershire Health and Care NHS Trust Quality Account for 2023/24 in which the Trust has set out its improvement priorities for 2024/25. We meet with the Trust regularly to discuss issues and actions arising from our work.

We have used guidance provided by Healthwatch England to form our response below.

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

The identified improvement priorities for 2024/25 should reflect the priorities of the local population.

In 2023 the Care Quality Commission [CQC] inspected the Trust with a specific focus on leadership and published its Inspection Report in January 2024. The CQC engaged with patients, carers and HWW during the inspection. As a result of the inspection the CQC rated the Trust as 'Requiring Overall Improvement' which reflected the rating for being well-led. However, we noted that services were rated 'Good' for being caring and responsive. During the autumn of 2023 the Trust appointed a Director of Improvement with the remit to work with staff and stakeholders to understand issues and develop a Trust wide improvement plan. HWW has contributed to the improvement plan using the insights shared with us by patients and carers.

The Trust has identified the following quality improvement priorities for 2024/25 in its Quality Account:

- **Organisational Improvements associated with CQC and staff feedback**
- **Implementation of the Patient Safety Incident Response Framework (PSIRF)**
- **Pilot testing and organisational adoption of Care Opinion to enhance patient experience feedback**

- **Improved risk assessment and crisis planning in mental health services**

HWW acknowledges that the priorities reflect issues raised in the CQC's Inspection Report and to that extent reflect the priorities of the local population. However, we believe there is scope to improve on the co-production of the Trust's quality improvement priorities [see comment 3 below].

We have also noted that the measures by which the success of the quality improvement priorities will be evaluated are generally measures of process and internally focused. Given that the overall aim of the priorities is to improve outcomes for patients HWW would welcome the development and inclusion of patient related outcome measures for each of the priorities.

2. Are there any important issues missed?

In its Inspection Report the CQC rated the Trusts leadership as requiring improvement overall and specifically in the following areas:

- Acute wards for adults of working age and psychiatric intensive care units
- Mental Health Crisis services and health-based places of safety
- Community-based mental health services for adults of working age
- Community health services for adults

Therefore, HWW would expect the Trust to have included a quality improvement priority specifically focused on leadership and in view of this omission recommends that the Trust should include one.

We are not aware of any evidence that suggests patients were engaged in the decision to introduce Care Opinion. Therefore, some evaluation by patients of the use of Care Opinion as tool for gathering patient and carer feedback would be welcomed. HWW wishes to understand how feedback from patients and carers who are not digitally engaged will be effectively gathered.

We believe the Trust has missed an opportunity to promote in this Quality Account, the significant steps it has taken to improve the openness, trust and candour in its relationship with HWW. For example, the Trust's invitation for HWW to attend the Trust's Quality and Safety Committee.

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

Whilst HWW acknowledges the necessity of shaping the quality improvement priorities for 24/25 to reflect issues identified in the CQC Inspection Report, we wish to highlight the recurring theme of the lack of patient, carer and public involvement in identifying the Trust's priorities for the Quality Account each year. In view of the renewed focus and emphasis on learning from the experience of patients and carers in the quality improvement priorities for

2024/25, we look forward to the priorities in next year's Quality Account being co-produced with patients and carers.

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

HWW understands the challenges in clearly presenting the Quality Account for patients and the public given the content required by NHS England. However, the document as presented is long and the language used is not always accessible for patients and the public.

The inclusion of a glossary of terminology would be helpful along with the avoidance of acronyms where possible.

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