

**HEALTH AND WELL-BEING BOARD
10 OCTOBER 2017****UPDATE ON QUALITY IMPROVEMENT –
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**

Author

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then on down arrow)

Priorities

Good Mental Health and Well-being throughout life	Yes
Being Active at every age	Yes
Reducing harm from Alcohol at all ages	Yes
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

Item for Decision, Consideration or Information

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to note the contents of this report.**

Background

2. The Worcestershire Acute Hospital NHS Trust (the Trust) has been in special measures, after being rated as inadequate by the Care Quality Commission (CQC), since November 2015. A full inspection was undertaken by the CQC in November 2016, the results of which were released in June 2017. This showed some improvement in the maternity and children's services but deterioration in the 'responsive' domain overall and the Trust remained in special measures and rated inadequate.
3. The CQC served a section 29A notice on the Trust in January 2017, requiring significant improvement by 10 March 2017. The CQC conducted a focussed assessment in early April to assess progress against the s29A notice and the results of that assessment were released in July 2017.
4. The CQC served a further section 29A notice on the Trust as a result of this assessment, which requires significant improvement by 30 September 2017. It is

anticipated that the CQC will conduct another focussed assessment during October and the full further inspection of the Trust due at the end of the calendar year.

5. The Trust finalised a Quality Improvement Plan in June that contains six domains:

- a) Improving patient outcomes
- b) Operational improvement
- c) Governance
- d) Patient experience and engagement
- e) Safe care
- f) Culture and workforce

6. The Quality Improvement Plan and the September KPI report are attached.

7. The section 29A notice identified nine specific areas where improvement was required. A number of these areas required specific action, for example ensuring that the mental health assessment room at the Worcester site met appropriate standards and that all Directors had completed the 'Fit and Proper Persons' process. These areas have been addressed.

8. To support improvement in a number of other areas, senior nursing staff spend each morning in the wards supporting staff in a range of areas to improve quality and safety, including ensuring patient risk assessments are conducted correctly and action taken for those patients who need additional support as a result of those assessments. Additional support has been made available to the Trust to increase safeguarding training.

9. There has been a clear focus on improving flow through the Worcester site to improve the patient experience and safety of those in the Emergency Department. It has been determined that flow is consultant-led and discharge centric. Internal professional standards have been mandated for implementation, discharge targets and times have been agreed, a new frailty pathway will be implemented in mid-October and a new streaming model at the front door, including enhancing the medical and surgical ambulatory emergency care option and collocating primary care after hours will be in place by mid-November.

10. A number of peer reviews have been undertaken across the Trust over the last month to test improvement. These reviews consistently find that patients are, generally, happy with the care provided, find improvements in a number of areas but work still to do to ensure that improvement is consistent across all wards and departments.

11. A range of external reviews have also occurred during this time as part of normal business unrelated to CQC inspection.

- a) A review of the stroke services occurred on 19 September 2017, conducted by the National Clinical Director for Stroke Professor Rudd. The review report identified improvements across the service as a result of the decision to appoint stroke nurse specialists who provide seven day service and the centralisation of rehabilitation at the Eversham community hospital.

- b) The Anaesthesia Clinical Services Accreditation assessment was conducted last week and was very complimentary of the county wide working model and the quality improvement process conducted within the department.
- c) A review by the NHS Improvement Infection Prevention and Control lead has occurred which saw the Trust's overall assessment improve to 'amber' having been 'red' rated at the time of the risk summit held in December 2016.

12. Significant progression has been made on the workforce agenda. A People and Culture Board sub-committee has been formed to take carriage of this issue and provide assurance to the Board on actions. The Committee has met twice, has approved a recruitment and retention plan which builds on work already underway in this area and will approve a People and Culture strategy for the Trust at its next meeting, which incorporates staff wellbeing, workforce planning and the culture program. The culture program is advancing with the Trust's four signature behaviours launched on 6 October.

13. Given the time of year, winter planning is also well advanced. In addition to the items listed in point 9, all of which are designed to decrease admitted patient activity at the Worcester site, the Trust is planning to increase capacity through opening of an additional ward area over winter.

Contact Points

Specific Contact Points for this report

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Supporting Information

- Appendix – Quality Improvement Plan
- Appendix – KPI Dashboard