

# Agenda

## Health Overview and Scrutiny Committee

**Tuesday, 9 April 2019, 10.00 am**  
**County Hall, Worcester**

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Democratic Services on telephone number 01905 844965 or by emailing [democraticservices@worcestershire.gov.uk](mailto:democraticservices@worcestershire.gov.uk)

## DISCLOSING INTERESTS

There are now 2 types of interests:  
**'Disclosable pecuniary interests'** and **'other disclosable interests'**

### WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3<sup>rd</sup> party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

**NB Your DPIs include the interests of your spouse/partner as well as you**

### WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

**NB It is a criminal offence to participate in matters in which you have a DPI**

### WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
  - You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

### WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

### DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests** **OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

### DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

**Health Overview and Scrutiny Committee**  
**Tuesday, 9 April 2019, 10.00 am,**

**Membership**

**Worcestershire County Council** Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford and Mr R P Tomlinson

**District Councils**

Mr T Baker, Malvern Hills District Council  
Mr C Bloore, Bromsgrove District Council  
Mr M Chalk, Redditch District Council  
Mr M Johnson, Worcester City Council  
Mrs F Oborski, Wyre Forest District Council  
Mrs F Smith, Wychavon District Council

**Agenda**

<b>Item No</b>	<b>Subject</b>	<b>Page No</b>
1	<b>Apologies and Welcome</b>	
2	<b>Declarations of Interest and of any Party Whip</b>	
3	<b>Public Participation</b> Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 8 April 2019). Enquiries can be made through the telephone number/email address below.	
4	<b>Confirmation of the Minutes of the Previous Meeting</b> Previously circulated	
5	<b>Quality of Acute Hospital Services - Update and Quality Priorities for 2019-20</b>	1 - 18
6	<b>Health Overview and Scrutiny Round-up</b>	19 - 20
7	<b>Work Programme 2018/19</b>	21 - 24

Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

All the above reports and supporting information can be accessed via the Council's website [websitehttp://www.worcestershire.gov.uk/info/20013/councillors\\_and\\_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **9 APRIL 2019**

## **QUALITY OF ACUTE HOSPITAL SERVICES – UPDATE**

### **QUALITY PRIORITIES FOR 2019-2020**

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#### **Summary**

1. This is an update for members of the Health Overview and Scrutiny Committee (HOSC) on recent improvements to the quality and safety of patient care provided by Worcestershire Acute Hospitals NHS Trust.
2. We remain committed to continuously improving the quality and safety of our services and our patients' experience of all aspects of their care.
3. Over the past 12 months we have achieved significant improvements in quality through the roll-out and delivery of priorities set out in our Quality Improvement (QI) Strategy. Further improvements have been identified for the coming year and will be set out as priorities as we refresh our QI strategy to ensure we maintain a focus on what is important for patients, their carers and our community we serve.
4. The actions put into place to address our QI improvements have been, and will continue to be, externally reviewed by the Care Quality Commission (CQC), England's Independent Regulator of Health and Social Care in an expected forthcoming unannounced inspection within 2019.

#### **Background**

5. The Trust launched its "Quality Improvement Strategy 2018-2021" on 8 June 2018. The Quality Improvement Strategy, and the plans which underpin it: Care that is safe, Care that is clinically effective and Care that is a positive experience for patients and their carers, marked an important step forward for the Trust. The plans which were developed with input from staff, patients, carers and other key stakeholders reflect much of what matters most to those important groups.

The Quality Improvement Strategy Plans are being refreshed for Year 2, following a series of engagement events held with patients, carers and visitors in November 2018. These sessions provided valuable information on those quality priorities that either continued to be important to our service users or were new and in addition to previous priorities. We heard that the majority of people we spoke with confirmed they had received **good care** and **safe care**.

**Good Care:** 99% of the people consulted confirmed they had experienced "good care" and of these all wanted to share solutions and welcomed the opportunity to discuss their experiences. They defined good care as:

- Being treated with dignity and respect as an equal.
- Determining what is wrong in order to remedy it/so it can be fixed

**Safe Care:** The majority of people felt that the care they had received was safe. In particular on the Worcester site, a comment received that supported this was – "It's really picked up here in the last year, in every sense". Comments such as these particularly reflected the fact that they could see and feel a positive difference in the attitudes and care

provided by staff, which in turn made them feel safe. Comments taken as direct quotes were “friendly and person centred” care was provided promptly and professional service”

A&E was reported by many as delivering “safe care under difficult circumstances”.

However, this was not in line with their preconceived expectations of the Trust. Many reported expecting a poor experience of care depending on the hospital you receive your care in. These understandings of what their experience would be like, they stated had been formed from the negative local media reports.

The Trust prioritises gaining feedback from patients and their carers. This data is captured through a number of approaches which feeds the Friend and Family quality metric. This allows us to focus on improving what is important to patients and carers in “real time”: “You said and therefore we did” for you while you are in our care as well as reflecting on themes from Friends and Family Test following a patient’s in-patient discharge or out-patient appointment.

The below table provides a view of our quality priorities for 2018-19 and those planned for 2019-20.

Quality Improvement Plan	2018/19	2019/20
Care that is Safe	<ol style="list-style-type: none"> <li>1. We will reduce the number of avoidable hospital acquired pressure ulcers (HAPU).</li> <li>2. We will reduce the number of patients who have a fall whilst under our care.</li> <li>3. We will improve identification and escalation of sepsis screening.</li> <li>4. We will reduce the percentage of medicine incidents causing harm across the trust</li> </ol>	<ol style="list-style-type: none"> <li>1. We will reduce avoidable harm to patients through:               <ol style="list-style-type: none"> <li>a. reduce the percentage of medicine incidents causing harm across the Trust;</li> <li>b. reduce the number of patients who have a fall whilst under our care;</li> <li>c. continue to improve on progress achieved in reducing the number of avoidable hospital acquired pressure ulcers (HAPU);</li> <li>d. improve permanent staffing levels;</li> <li>e. implement and achieve key standards to prevent infection. This will include hand hygiene compliance, care of indwelling devices for example urinary catheter peripheral cannulas and cleanliness;</li> <li>f. reducing the most commonly occurring serious incidents that potentially cause patient harm                   <ul style="list-style-type: none"> <li>• Falls</li> <li>• Recognition of the deteriorating patient including sepsis)</li> <li>• Reducing treatment delays</li> <li>• Infection control</li> </ul> </li> </ol> </li> </ol>

		<p>2. We will ensure all our equipment is maintained in a planned and timely way.</p> <p>3. We will ensure our staff are up to date with the mandatory skills to do their jobs and receive an annual appraisal.</p>
Care that is clinically effective	<p>1. We will monitor and seek to reduce mortality rates for patients whilst under our care.</p> <p>2. We will improve our time to theatre for patients with fractured neck of femur.</p> <p>3. We will Implement clinical standards for seven day hospital services.</p> <p>4. We will complete an annual programme of local clinical audits.</p>	<p>1. We will monitor and seek to reduce mortality rates for patients whilst under our care.</p> <p>2. We will Implement clinical standards for seven day hospital services.</p> <p>3. We will complete an annual programme of local clinical audits.</p> <p>4. We will improve access across the trust through a focus on increasing capacity.</p> <p>5. We will improve emergency flow through the hospital access.</p> <p>6. We will improve waiting times for elective outpatient appointments.</p>
Care that is a positive experience for patient and their carers	<p>1. We will respond to complaints within 25 days of receipt.</p> <p>2. We will ensure maximise and maintain patient's privacy and dignity throughout their time with us.</p> <p>3. We will ensure patients and their families are fully involved and aware of their discharge so that they are confident they have everything they need to continue their treatment or recovery including rehabilitation.</p> <p>4. We will ensure patients understand their condition, treatment and pain management options</p>	<p>1. We will reduce the numbers of complaints from patients and carers</p> <p>2. We will ensure patients and their families are fully involved and aware of plans for their discharge from hospitals so that they are confident they have everything they need to continue their treatment or recovery including rehabilitation.</p> <p>3. We will ensure patients understand their condition, treatment and pain management options</p> <p>4. We will ensure we maximize and maintain privacy and dignity throughout the patients' time with us.</p> <p>5. We will support patient and carers to feel more involved and supported in taking ownership of the decisions about their care to ensure there is a positive co-productions and involvement approach</p>

## Progress on Quality Improvement

6. CQC inspects services by asking five key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

The table below provides an overview of the areas inspected by site as of June 2018. Although the Trust has improved its rating from 2017 in the “well led domain” from inadequate to “requires improvement”, the overall Trust rating remains as inadequate.

In addition to the improvement rating for Trust-wide “Well-Led” and following the publication of the June 2018 CQC Inspection Report, we are pleased to inform the committee that all Conditions and Warning notices have been removed.

7. During the recent “Is It Safe” Inspection of Urgent Care services conducted on 14 January 2019 at both Worcestershire Royal Hospital and the Alexandra Hospital, the CQC Inspection Report published on 1 March 2019, we are pleased to share that the CQC identified that:

- Staff cared for patients with compassion at all times during the inspection. Staff were friendly, professional and caring at all times even when under extreme pressure due to overcrowding in the department. Staff did everything within their capacity to maintain patient privacy and dignity in times of overcrowding.
- Feedback from parents and relatives confirmed staff treated them well and with kindness. Staff involved patients and those close to them in decisions about their care and treatment.
- Patients received a comprehensive assessment in line with clinical pathways and protocols. Risk assessments were completed accurately and actions taken to address any concerns.
- The Service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The Service had a systematic approach to continually monitor the quality of its services. The service monitored activity and performance and used data to identify areas for improvement.
- Staff and managers across the service promoted a positive culture that supported and valued one and other. Staff were respectful of each other and demonstrated an understanding of the pressures and a common goal.

The CQC also identified areas that Urgent Care needs to continue to improve on delays in hand over of patients, reviews by specialty doctors and patients being cared for in the Emergency Department corridors. Our detailed “Home First Worcestershire” Action Plan has been provided to the CQC which outlines the improvements and actions that we be implementing to support the requirements requested in the “Is it Safe” Inspection Report.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↔ Jun 2018	Requires improvement ↑ Jun 2018	Inadequate ↔ Jun 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Worcestershire Royal Hospital	Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018
Alexandra Hospital	Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018
Kidderminster Hospital and Treatment Centre	Inadequate ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018
Evesham Community Hospital	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
<b>Overall trust</b>	Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↔ Jun 2018	Requires improvement ↑ Jun 2018	Inadequate ↔ Jun 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Further Unannounced CQC inspections are anticipated throughout 2019 of both Urgent Care and other Core Services which will include all domains; Safe, Effective, Caring, Responsive and Well-Led.

## Scrutiny to Date

8. HOSC members have received regular updates on the Quality of Acute Hospital Services, as part of their role to monitor the impact of ongoing pressures experienced by the Hospital Trust, such as increased activity, greater complexity of patient needs and financial constraints.
9. Our updates to the HOSC have focused on the inspection findings and progress to date, priority work streams and plans, as well as the negative impact of the on-going delay to the reconfiguration of Acute Hospital Services in Worcestershire, which were finally approved in July 2017.

## Purpose of Meeting

10. HOSC members are invited to consider whether any further information is required and identify any specific elements for potential future scrutiny at this stage and to comment on:
  - Progress being made to date;
  - Quality priorities for 2019-20.

## Specific Contact Points for this Report

Worcestershire Acute Hospitals NHS Trust  
Donna Wark, Worcestershire Acute Hospitals NHS Trust  
Email: [d.wark@nhs.net](mailto:d.wark@nhs.net) (Donna Wark, Executive PA)

County Council Scrutiny Officers  
Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 5 July and 29 January 2018, 19 July and 17 October 2017, 27 April, 19 July and 26 September 2016, 16 September and 9 December 2015, 27 April and 16 November 2016  
<http://worcestershire.moderngov.co.uk/ieListMeetings.aspx?Committeeld=141>
- Care Quality Commission reports:  
  
(Urgent Care 'Is It Safe Reports March 2019)  
[https://www.cqc.org.uk/location/RWP01-Alexandra General Hospital](https://www.cqc.org.uk/location/RWP01-Alexandra%20General%20Hospital)  
[https://www.cqc.org.uk/location/RWP50-Worcestershire Royal Hospital](https://www.cqc.org.uk/location/RWP50-Worcestershire%20Royal%20Hospital)  
  
(June 2018)  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAH2451.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAH2451.pdf)

(January 2018)

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAH0798.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0798.pdf)

(June 2017)

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAG5822.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5822.pdf)

(December 2015)

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAD7712.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAD7712.pdf)

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# Quality of Acute Hospital Services Quality Priorities 2019/20 to Health Overview and Scrutiny Committee

**Jackie Edwards**

**Deputy Chief Nursing Officer, Quality**

Tuesday 9<sup>th</sup> April 2019

# Presentation

- Reminder of Quality Improvement Strategy (QIS) process launched in June 2018
- Feedback from patients since launch of QIS
- Monitoring progress
- Reminder of CQC Ratings
- Quality Improvement 'Path to Platinum'
- Further support for Quality Improvement
- Questions



# Quality Improvement Strategy

*“Our Quality Improvement Strategy is driving Improvements through the Divisional, Directorate and Ward Quality Improvement Plans”*

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Delivering our Quality Improvement Strategy



**NHS**  
**Worcestershire Acute Hospitals**  
 NHS Trust



<p><b>Care that is safe</b></p> <p>We will give every patient consistently safe, high quality and compassionate care</p> <p>We will protect every patient from unintended or unexpected harm</p> <p>We will improve care by learning from our mistakes</p> <p>Our staff will be taught the clinical and improvement skills required to provide high quality care. We will work together to achieve excellence.</p>	<p><b>Care that is clinically effective</b></p> <p>We will do the right thing for patients by ensuring decisions about health care are based on the best available, current, valid and reliable evidence</p> <p>We will work in the right way by developing a workforce that is skilled and competent to deliver the care required</p> <p>We will provide treatment at the point of need in a timely manner</p> <p>We will ensure patients have the right outcome to ensure treatment health gain for their clinical circumstances.</p>	<p><b>Care that is a positive experience for patients and their carers</b></p> <p>We will develop a culture where patients, and their carers are at the forefront of all we do</p> <p>To develop a culture of person centred and family centred care</p> <p>To develop a culture that supports continuous improvement by delivering services to the patient, their carers and the community that is responsive to the information they are telling us</p> <p>We will include patients, their carers and our community partners in our Patient Experience Strategy and Engagement Plan that will achieve a cultural transformation, promoting a genuine shift in power and control</p>
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**Quality Improvement Faculty**

- Quality Hub to triangulate learning
- Quality Informatics and Quality Improvement Training to support teams
- Ward Accreditation System

**4ward**

**Our Signature Behaviours**

- Do what we say we will do
- No delays, every day
- We listen, we learn, we lead
- Work together, celebrate together



**Our Patient and Carer and community engagement Plan**

**NHS**  
**Worcestershire Acute Hospitals**  
 NHS Trust

**Developing a culture that supports continuous improvement** by delivering services to the patient, their carers and the community that is responsive to the information they are telling us.

**OUTCOME:**

- We will develop Patient Experience Leads by September 2018 and keep a live database of membership and skills.
- We will ensure patients and their families report they are better informed and involved throughout their time with us through annual patient surveys published in annual patient experience report every year.
- We will have response rates to patient experience surveys that provide a positive experience for patients both wide through development of real time feedback and brand and family test each month.
- We will ensure consistent and timely use of the national audit process of the

**OUTCOME:**

- We will deliver a culture where patients, their carers are at the forefront of all we do.
- We will respond to 80% compliant within 25 days of receipt and ensure that we reduce the number of complaint returns from patients dissatisfied with their response, improving complaint satisfaction
- We will have response rates to patient experience surveys that provide a positive experience for patients trust wide
- We will have a response rate for friends and family test that provides a positive experience and they will recommend us as a place to receive care. We will risk assess and monitor patient experience when there have been occasions to meet patients at times of high evaluation which can lead to reduced patient experience



**Our Clinical Effectiveness Plan**

**NHS**  
**Worcestershire Acute Hospitals**  
 NHS Trust

**Signature Behaviours**

- We do what we say we will do**
- No delays, every day**
- We listen, we learn, we lead**
- Work together, celebrate together**

- Participate in relevant national clinical audits and implement recommendations
- Complete an annual programme of local clinical audit
- Ensure NICE guidance is implemented where possible and embedded into every day clinical
- Cancel fewer operations
- Ensure that our time to theatre for patients with a fractured neck of femur will be amongst the best in England
- Ensure that the number of patients being cared for in intermediate areas is in
- Monitor and seek to reduce patient mortality and morbidity whilst under our care
- Reduce mortality due to sepsis.
- Implement the priority clinical standards for seven day hospital services
- Develop closer links with our regional academic partners to improve the training and education of our staff
- Develop clinical research careers, ensuring the workforce are aware of their role and that of their department in research.



**Our Patient Safety Plan**

**NHS**  
**Worcestershire Acute Hospitals**  
 NHS Trust

**DO WHAT WE SAY WE WILL DO**  
 We will give every patient consistently safe, high quality and compassionate care.

**OUTCOME: IMPROVED HOSPITAL STANDARDISED MORTALITY RATIO**

- Standardised hospital mortality indicator
- Specific project measures
- % primary mortality review undertaken within 30 days of death
- % patients screened for sepsis according to Trust policy
- % patients treated within 1 hour of confirmed sepsis
- % patients for whom NEWS/NEWS score has been calculated correctly
- % patients identified as deteriorating excluded per Trust protocol.

**WE LISTEN, WE LEARN, WE LEAD**  
 We will improve care by learning from our mistakes.

**OUTCOME: IMPROVED SAFETY CULTURE SCORE**

- Mortality rates which are improving year on year
- % root cause analysis investigations which are fully completed within 45 days
- % of action plans completed from complaints and serious incidents within agreed timescales
- Themes from serious incidents and complaints learning triangulated with lessons learned from mortality reviews and utilised to prioritise our improvement programme.

**NO DELAYS, EVERY DAY**  
 We will protect every patient from unintended or unexpected harm.

**OUTCOME: REDUCTION OF AVOIDABLE HARM**

- Reduction in infections across a range of nationally mandated figures
- Reduction in the number of avoidable hospital acquired pressure ulcers
- Improved hand hygiene compliance in urgent areas
- Reduction in the number of patient falls resulting in harm per 1000 bed days
- Prescribe, administer and supply the right medicines at the right time for the right patient.

**WORK TOGETHER, CELEBRATE TOGETHER**  
 Our staff will be taught the clinical and improvement skills required to provide high quality care. We will work together to achieve excellence.

**OUTCOME: DEMONSTRABLE AND SUSTAINED IMPROVEMENTS IN PRIORITY SAFETY OBJECTIVES**

- Number of staff involved in improvement projects
- Number of staff who have undertaken Human Factor Training
- Number of staff who have completed Level 1 Quality Improvement Training
- Staff who are confident and competent to deliver patient care according to their professional scope of practice
- Working with national collaborative in specific improvement areas to ensure we achieve excellence.

“Putting Patients at the fore front of all we do”

What our patient tell us.....

Our trust engaged in a series of engagement events held with patients, carers and visitors in November 2018.

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**Good Care:** 99% of the people consulted confirmed they had experienced “good care”. Good care was defined as:

- Being treated with dignity and respect as an equal.
- Determining what is wrong in order to remedy it/so it can be fixed

• **Safe Care:** The majority of people felt that the care they had received was safe. Comment shared we:

- “It’s really picked up here in the last year, in every sense”.
- “friendly and person centred” care was provided promptly and professional service”

**However, this was not in line with their preconceived expectations of the Trust. Many reported expecting a poor experience of care depending on the hospital you receive your care in. These understandings of what their experience would be like, they stated had been formed from the negative local media reports.**

Patient Experience is gathered through a variety of both annual and day to day “real time” feedback.

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## Maternity Picker Survey

### Issues to address

- Found partner was able to stay with them as long as they wanted
- Given a choice about where to have check-ups

### • Maternity Survey

#### Key Improvements since 2017

- Received support or advice about feeding their baby during evenings, nights or weekends
- Offered a choice of where to have baby
- Given enough information about where to have baby
- Partner / companion involved
- Able to move around and choose own position

## National Health Service

★★★★☆ Michael P gave Worcestershire Acute Hospitals NHS Trust a rating of 4 stars

### Huge improvement

Over the last decade I have visited WRH on at least a dozen occasions to see elderly relatives, including my father, mother uncle and aunt. My aunt aged 90 was taken to A&E on Friday, and despite a while in the corridor she was being well cared for. I spoke with the doctor in charge, who was courteous and informative. Today i had a bit of trouble (nothing as bad as I have experienced in the past) tracking her down and speaking to someone on the ward. When I did get through the person was most helpful and after I had explained that I would be unable to get t the hospital during regular visiting hours - the nurse readily agreed to me coming in early. I met four different members of the ward team in Short Stay who were all friendly informative and helpful. I sense also a much deeper sense of caring about the patients in their. This was a totally different experience to any of my previous experiences of Worcester Royal and so it is really important to express our gratitude and congratulations on the improvements.

Visited in February 2019. Posted on 10 February 2019

- **Senior Nursing Quality Audits**
  - Focus on environment and risk assessment documentation July 2017
- **Listening into Handovers & Safety Huddles**
- **Safety Walkabouts**
  - Executive/Non-Executive Director, Patient Public Forum and Partners
- **Back to the Floor**
  - Senior Nurses and Professionals engaged in approach to working along side front line teams in wards and departments

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Senior Nursing Quality Checks

**Do what we say we will do**

*Conduct the agreed amount of checks for your wards/areas*

**We listen, we learn, we lead**

*Interact and listen to the your colleagues, share your expertise on how to improve the quality and safety of patient care*

**How do the Quality Checks support the 4Ward signature behaviours?**

**No delays, everyday**

*Respond quickly to improve the quality and safety of patient care*

**Work together, celebrate together**

*Congratulate colleagues who demonstrate good practice*

Continue

Tracker



- **Key Line of Enquiry checks**
  - Divisional Directors engaged with areas and walk through bespoke checklists with staff.
- **Quality Improvement Strategy Reviews:**
  - Confirm and challenge style
  - Review of actuals, targets and revised trajectories
  - Review combined with CQC Regulatory Activity improvements

# Overall Trust Ratings

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Inspection	Safe	Effective	Caring	Responsive	Well led	Overall
November 2017	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
January/ February 2018	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate

*“Achieving this requires clear objectives, clinical leadership, effective team working, a focus on established best practice and a determination to deliver improvements for the good of our patients.*”

*Our Path to Platinum Accreditation Programme aims to deliver just that.”*

**Matthew Hopkins, Chief Executive Officer,  
Worcestershire Acute Hospitals Trust**



Our Path to Platinum programme will allow wards, departments and theatres and staff to strive for excellence via progress through four levels of accreditation, Bronze, Silver, Gold and Platinum in recognition of significant milestones along their journey to excellence.

## Phase 1 – Wards

Pilot Ward - Medical Shorts Stay Unit - tested methodology & documentation  
 Additional five Wards further tested improved documentation and agreed metrics  
 2nd April 2019 – Programme rolled out to all wards, trust wide

## Phase 2

Agree metrics and bespoke methodology for additional Departments, Outpatients, Theatres, Maternity & Paediatrics

To further support our commitment to Quality Improvement and improved patient care, safety and experience, we have introduced the following:

## The Quality Hub

The Quality Hub Team provides quality assurance support to the Trust in the delivery of:

- Quality Agenda
- Quality Improvement Strategy
- CQC Regulated Health Care Standards, Regulated Activity Requirements and Registration.
- Process flow and improved documentation to external bodies
- Supports our staff in providing a suite of Quality Audits and tools.

## The Quality Improvement Team

The Quality Improvement Team provides training, tools, facilitation, advice, coaching, leadership and project management to support the organisation's transformative agenda.

## Quality Improvement Matron

The Quality Improvement Matron provides bespoke support for staff in the clinical areas to ensure the delivery of improvement programmes, which in turn, will improve patient, carers relatives and staff experience in our care.

*Quality Improvement  
needs to be front and centre  
of what we are doing.  
It's the **number one** of  
my top three priorities.*

Matthew Hopkins  
Chief Executive



**Thank you, any questions?**

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **9 APRIL 2019**

## **HEALTH OVERVIEW AND SCRUTINY ROUND-UP**

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### **Summary**

1. To receive a round-up of information on:
  - County Council activities in relation to health
  - District Council activities in relation to health
  - NHS Board meetings
  - Consultations in Worcestershire
  - Urgent health issues in Worcestershire; and
  - Items for future meetings of the Health Overview and Scrutiny Committee

### **Background**

2. In order to ensure that Members of the Health Overview and Scrutiny Committee (HOSC) are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the HOSC to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

### **County Council Activities in Relation to Health**

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each HOSC.

### **District Council Activities in Relation to Health**

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.
5. Recognising that the work of the District Councils will be of value and interest to the wider HOSC, an oral update will be provided on such activities by District Councillors at each meeting of the HOSC.

### **NHS Board Meetings**

6. To help HOSC Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member/s' would be identified for

each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each HOSC.

### **Consultations in Worcestershire**

7. The HOSC has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the HOSC on both developments relating to consultations previously undertaken and forthcoming consultations.

### **Urgent Health Issues in Worcestershire**

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the HOSC "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the HOSC at any time to call a special meeting of the Health Overview and Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the HOSC to requisition a special meeting of the HOSC. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

### **Items for Future Meetings**

10. It is necessary that the HOSC's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Scrutiny Team at least two weeks in advance of a scheduled meeting of the HOSC.

### **Contact Points**

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel; 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

### **Background Papers**

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to this report:

- Worcestershire County Council Procedural Standing Orders, May 2017 [which can be accessed here](#)

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **9 APRIL 2019**

### **WORK PROGRAMME 2018/19**

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#### **Summary**

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

#### **Background**

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The 2018/19 Work Programme has been developed by taking into account issues still to be completed from 2017/18, the views of Overview and Scrutiny Panel and HOSC Members and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
  - Local NHS bodies and health services (including public health and children's health)
5. The Overview and Scrutiny Work Programme was agreed by Council on 8 November 2018

#### **Dates of Future Meetings**

- 27 June 2019
- 18 September 2019
- 25 November 2019

#### **Purpose of the meeting**

6. The HOSC may like to consider the 2018/19 Work Programme and whether it would like to make any amendments. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.

#### **Supporting Information**

- Appendix – Health Overview and Scrutiny Work Programme 2018/19

## Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and minutes of Council on 8 November 2018 – available on the Council website [here](#)
- Agenda and Minutes of OSPB on 26 September 2018 - available on the Council website [here](#)

## 2018/19 SCRUTINY WORK PROGRAMME: Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes/Follow-up Action
9 April 2019	Quality and Performance of the Acute Hospitals	26 November 2018	
27 June 2019	West Midlands Ambulance Services Annual Update	14 March 2018	
27 June 2019	Stroke Services	13 December 2016 (Community Specialist Rehabilitation)	
18 September 2019	Dental Services	13 December 2016	
18 September 2019	Public Health – Ring Fenced Grant Update	16 November 2016	
18 September 2019	Public Health - Smoking Cessation Update	19 July 2016 (E-cigarettes)	
25 November 2019			
Ongoing	Substantial NHS Service Changes requiring consultation with HOSC		
Ongoing	Quality and Performance of the Acute Hospitals (including capacity and preparations for winter pressures)	26 November 2018 5 July 2018 29 January 2018	
TBC	Access to GP Services	5 April 2017	
TBC	Mental Health (all age groups)		

TBC	Public Health (holding the Health and Wellbeing Board to account as appropriate and specifically updates on smoking cessation and funding arrangements)		
Ongoing	STP - ongoing workstreams (including updates on Neighbourhood Teams and Maternity Systems) / communication strategies / structure and governance (balance between the 2 Counties) / role of community hospitals / capital programme / capacity	November 2018 (member briefing) 29 January 2018	
TBC	Audiology Services		
	In co-operation with Adult Care and Well Being Overview and Scrutiny Panel <ul style="list-style-type: none"> <li>• Financial Monitoring</li> <li>• Performance Monitoring</li> <li>• Budget Scrutiny Process</li> </ul>		
Standing Items	Budget Scrutiny Process (jointly with Adult O&S Panel – see above) Quality Accounts		