

**Worcestershire Acute Hospitals NHS Trust: quality of services**

**Agenda item 5**

Date	15 July 2015																
Board Sponsor	Cllr Marcus Hart																
Author	Dr Richard Harling, Director of Adult Services and Health																
Relevance of paper	<p><b>Priorities</b></p> <table border="0"> <tr> <td>Older people &amp; long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health &amp; well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>No</td> </tr> <tr> <td>Alcohol</td> <td>No</td> </tr> <tr> <td>Other (specify below)</td> <td>No</td> </tr> </table> <p><b>Groups of particular interest</b></p> <table border="0"> <tr> <td>Children &amp; young people</td> <td>Yes</td> </tr> <tr> <td>Communities &amp; groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table> <p>Has an equality impact analysis been carried out? <b>No</b></p> <p>If yes, please summarise findings:</p>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	No	Alcohol	No	Other (specify below)	No	Children & young people	Yes	Communities & groups with poor health outcomes	Yes	People with learning disabilities	Yes
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Item for	Consideration																
Recommendation	<p><b>1. That the Health and Well-being Board consider progress in resolving concerns about the quality of services at the Worcestershire Acute Hospitals NHS Trust, and seek additional assurances from the Trust where necessary.</b></p>																
Background	<p><b>2.</b> On 12 May 2015 the Board considered a range of issues related to the quality of services at the Worcestershire Acute Hospitals NHS Trust, and heard from the Trust about how concerns were being addressed. This paper provides an update on progress in resolving the outstanding issues and suggests some additional assurances that might be sought from the Trust and NHS</p>																

## Performance

partners.

### Key targets

2. Latest performance against key national targets is:
  - **Urgent care:** 89.1% of people seen and treated in the Emergency Departments within 4 hours in May 2015 compared to a target of 95%.
  - **Elective care:** 77.1% of people with completed admission for treatment within 18 weeks of referral in May 2015 compared to a target of 90%.

#### **Suggestions for additional assurances:**

- *Have there have been further waits in the Emergency Departments of more than 12 hours since 12 May 2015?*

### Urgent care

3. On 17 June 2015 the Care Quality Commission published the report of their unannounced inspection of the Trust's Emergency Departments on 24 March 2015. This repeated many of the concerns highlighted in the report to the Health and Well-being Board on 12 May 2015 and highlighted some others. The Trust's response notes that improvements have been made since this time. A summary of all these concerns, the Trust's responses and suggestions for additional assurances are listed in Appendix 1.

### Mortality

4. In the wake of data suggesting a high mortality rate, the Trust has introduced a new procedure for reviewing all patient deaths in hospital. The CCGs' have established a county-wide mortality group to monitor trends, evaluate learning, look at best practice, and commission improvements in patient care across all providers in order to prevent avoidable deaths. High mortality was a particular concern in emergency surgery at the Alexandra hospital and a pathway has been established to transfer those people requiring the most complicated emergency surgery to the Worcester Royal.

#### **Suggestions for additional assurances:**

- *What are the latest Hospital Standardised Mortality Rate and Standardised Hospital Mortality Indicator?*
- *What is the experience so far of the new procedure for reviewing all patient deaths in hospital? Are the*

*clinicians fully supportive? When might we expect any emerging themes?*

- *Is the pathway for transfer of more complex emergency surgical cases from the Alexandra hospital to Worcester Royal working effectively?*

#### **Other issues**

5. Further analysis has revealed a total of 42 **Safeguarding Adults alerts** in relation to aspects of care at the Trust since October 2014. There have been delays in completing some Safeguarding Adults investigations, which are being addressed by the Trust and Adult Social Services. 9 investigations remain open. Of the 33 that have been completed, 22 alerts were unsubstantiated or inconclusive and 11 were fully or partially substantiated. Of these the main themes are pressure ulcers and discharges of patients from hospital before they are clinically stable and/or without proper handover to community based services.

#### **Suggestions for additional assurances:**

- *What processes and governance does the Trust have in place to ensure prompt investigation of Safeguarding Adults alerts?*
- *What policies and practice does the Trust have in relation to prevention and management of pressure ulcers?*
- *What policies and practice does the Trust have in place to review patients before discharge and ensure proper handover to community based services?*

6. The Trust continues to address **mandatory training** of staff in key aspects of people's care overseen by the Trust Development Authority (TDA) and monitored by the CCGs.

#### **Suggestions for additional assurances:**

- *How does the Trust predict the number of nursing staff required?*
- *On how many days does the actual number of staff meet the required number?*

7. The Trust continues to work to improve **staffing levels**, overseen by the TDA and monitored by the CCGs.

#### **Suggestions for additional assurances:**

- *How does the Trust predict the number of nursing staff required on each shift?*
- *How many and what proportion of shifts are properly filled?*

- *Are there any particular wards where filling shifts is a problem?*

8. The Trust continues to try to improve management of **fractured neck of femur**, overseen by the TDA and monitored by the CCGs.

**Suggestions for additional assurances:**

- *How many and what proportion of these patients are admitted to an orthopaedic ward within 4 hours?*
- *How many and what proportion of these patients have surgery on the day or day after admission?*
- *How many and what proportion of orthopaedic consultant and middle grade doctor posts are filled?*
- *How many hours of dedicated trauma lists should there be each week and how many hours are there actually?*
- *Has a comprehensive fractured neck of femur recovery programme been put in place?*
- *How many and what proportion of these patients are followed up within 30 days?*

9. The Trust continues to try to improve management of **transient ischaemic attack** ('mini stroke'), overseen by the TDA and monitored by the CCGs.

**Suggestions for additional assurances:**

- *When will seven day services be in place?*

10. There have been no further '**never events**' since 12 May 2015.

Workforce

11. In light of difficulties recruiting and retaining staff in emergency surgery and women and children's services at the Alexandra hospital, the Trust and CCGs are monitoring the mortality rate in emergency surgery, as well as perinatal and infant mortality rates to ensure that outcomes do not deteriorate.

**Suggestions for additional assurances:**

- *What are the mortality rate in emergency surgery, and the perinatal and infant mortality rates currently?*
- *What are the trends?*
- *How do the rates compare to other areas?*

Leadership and culture

**Bullying and harassment**

12. The TDA report into bullying and harassment, commissioned from the Good Governance Institute is still awaited.

## Conclusion

### Partnership working

13. The protocol and procedure for counting, validating and reporting delayed transfers of care is now being used and has led to much closer agreement between the Trust and other partners about the numbers of **delayed transfers of care**. There remains a difference of views about the numbers and significance of people declared **medically fit for discharge**.
14. There has been some progress in resolving concerns about the quality of services at the Trust. There remains much to do and the Health and Well-being Board should continue to seek assurances that they have been addressed in full.