NHS
Worcestershire
Acute Hospitals
NHS Trust

Quality Account

2025/26

Acknowledgements and feedback

Worcestershire Acute Hospitals NHS Trust wishes to thank its entire staff and the contributors to our Quality Account.

Readers can provide feedback on this report and make suggestions for the content of future reports to the Communications Department:

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Contents

Welcome & Introduction

What is a Quality Account?

Every year, NHS hospitals produce a public report about the quality of the care we have provided over the previous 12 months. This is called our Quality Account.

In our Quality Account, we:

- Review the quality of the services we delivered and describe what we are doing to improve further.
- Support patients, relatives, and carers by giving clear information that helps them make informed decisions about their care.
- Include an independent review from external partners and stakeholders, who help to hold us to account.

What will we share with you?

This Quality Account explains how we performed against the quality priorities we set for ourselves last year. These priorities represent the areas we believe will have the greatest impact on improving the quality of care.

In healthcare, we look at quality in three key areas:

- Care that is Safe
- Care that is Clinically effective
- Care that provides a Positive Experience

We also report on how we performed against the mandatory national quality indicators, including the key measures from the NHS Outcomes Framework.

After reviewing our performance over the past year, we will outline the priority areas we will focus on during 2026/27. We will also share what we heard from our communities through our annual Big Quality Conversation.

We will also highlight a selection of good news stories that celebrate the dedication and hard work of our teams across all our hospitals.

Finally, we share the feedback we have received on this Quality Account from our external partners, including the Integrated Care Board, Healthwatch, Worcestershire Health Overview and Scrutiny Committee, and our Patient and Public Forum.

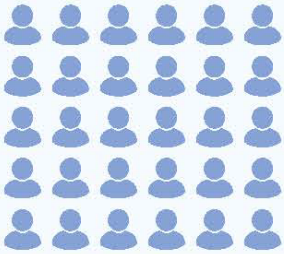
About our Trust

We operate **hospital-based services** from **three main sites:**

1. Alexandra Hospital, Redditch
2. Kidderminster Hospital and Treatment Centre
3. Worcestershire Royal Hospital, Worcester

And some **community-based services** from:

4. Princess of Wales Community Hospital, Bromsgrove
5. Evesham Community Hospital, Evesham
6. Malvern Community Hospital, Malvern



WE SERVE A POPULATION OF OVER

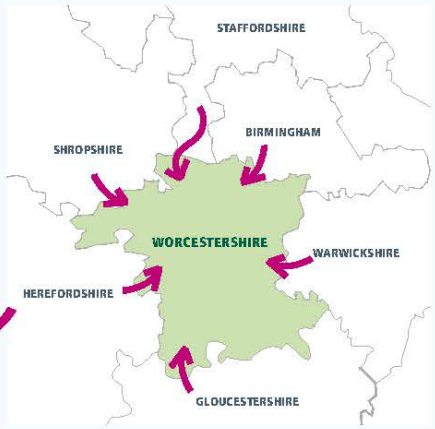
621,360

BY 2043, THAT IS EXPECTED TO BE

679,000

OUR PATIENTS COME FROM NEIGHBOURING AREAS, SO DEPENDING ON THE SERVICE, OUR CATCHMENT POPULATION IS BETWEEN

420,000 - 800,000



We provide a **broad range** of **acute services:**

GENERAL SURGERY

GENERAL MEDICINE

ACUTE CARE

CANCER CARE

INTENSIVE CARE

WOMEN'S & CHILDREN'S SERVICES

About Worcestershire Acute Hospitals NHS Trust

Membership of the Foundation Group
Worcestershire Acute Hospitals NHS Trust is a member of a Foundation Group of NHS Trusts. Our Foundation Group is a provider collaborative between South Warwickshire University NHS Foundation Trust, Wye Valley NHS Trust, George Eliot Hospitals NHS Trust, and our Trust. Since joining the Foundation Group, we have benefited from opportunities for closer joint working and sharing of ideas and best practice.

Our vision, values and strategic objectives
Our purpose, vision, strategic objectives, and values provide a clear narrative to help people understand the Trust's focus and direction whilst building engagement and shared ownership amongst colleagues. Our strategic objectives remain aligned to national, Integrated Care System (ICS) and Foundation Group strategies and priorities.

Our strategic objectives for 2025-2030 are:

- People – nurturing a culture people want to be part of.
- Patients – meeting the needs of our patients and communities.
- Collaboration – building strong connections and pathways.
- Excellence – focusing on continuous improvement.
- Effectiveness – enhancing our efficiency and effectiveness.

Our Values
Our strategy is underpinned by our values which are what we believe in. They guide everything that we do and help to keep us connected to each other, our patients and our community. Our values and the behaviours which underpin them were shaped through a major staff engagement programme. Our values are:

• Being open and honest – we all communicate clearly and honestly, asking for help when we need it and making it easier for the people around us to share ideas and concerns

• Ensuring people feel cared for – we all take responsibility for actively supporting and nurturing a kind and compassionate environment for ourselves and others

• Showing respect for everyone – we all act with consideration and fairness, valuing each other as individuals and appreciating our different perspectives

Our Integrated Delivery Plan
We submitted our integrated plan narrative to NHS England in February 2026. This plan describes how we will deliver our strategic and operational priorities over the next five years in line with the national 10-year Health Plan and local commissioning plans. It summarises our strategic context and key deliverables for each of our strategic objectives (patients, effectiveness, excellence, people and collaboration) as well as key enablers which include digital, estates and clinical services strategy.

Our Integrated Delivery Plan will be updated on an annual basis so that it remains a dynamic document which will provide a framework for the ongoing monitoring of strategy implementation, focusing on operational and financial performance, as well as the governance framework for delivery.

Our Improvement Methodology
Our improvement methodology is key to delivering our strategic objectives. It empowers and equips our teams with the skills, tools, techniques, and mind-set to drive continuous improvement in every part of our Trust with:

- A shared method for identifying and seizing every opportunity to improve the quality and safety of care we provide.
- A common language to describe those improvements.
- Robust ways of measuring the improvements we have made and the benefits.

Welcome from our Chief Executive and Chair

We are pleased to present Worcestershire Acute Hospitals NHS Trust's Quality Account for 2025/26. This report explains how we have performed over the past year against our quality priorities, and how we are continuing to improve the care we provide for our patients, their families and carers.

Glen Burley
Foundation Group
Chief Executive

Frances Martin
Trust Chair

The last year has once again been challenging for our Trust, with sustained demand for urgent and emergency care, waits for planned treatment and ongoing workforce pressures. Despite this, our teams have continued to show professionalism, compassion and commitment, delivering care to hundreds of thousands of people across our three hospital sites. Thank you to every member of staff and our volunteers for their dedication and the difference they make every day.

We have made important progress over the last 12 months. We have strengthened our culture of kindness, learning and psychological safety, supporting staff to speak up and learn from patient safety incidents. Our internal Ward Accreditation Programme has continued to drive real improvements in care, with many teams achieving Outstanding ratings and our first Exemplary department too. We have also made significant advances in our digital journey, including the rollout of Electronic Prescribing and Medicines Administration, which is already helping to improve patient safety and oversight of care. For the second year running in the NHS Staff Survey, our score for every People Promise theme improved, along with employee engagement and morale. In every theme we exceeded the national average.

Improving patient flow across our hospitals has continued to be a major focus. We know that we still don't always get it right and apologise to people who have had long waits. However, working with partners across the system, we have strengthened our approach to managing demand and flow, particularly in urgent and emergency care. This has included clearer escalation and discharge processes, closer multidisciplinary working, and an increased focus on same-day emergency care, timely discharge and reducing unnecessary delays in treatment.

We remain committed to transparency and to learning from our data, incidents, complaints and feedback. Listening to patients, families, carers and staff remains central to how we set our priorities. Our annual Big Quality Conversation has once again helped us understand what matters most to people who use our services, particularly around safety, communication, timely care and feeling treated with dignity and respect. This feedback, alongside our performance data and professional insight, has shaped our quality priorities for the year ahead.

Over the next 12 months, we will continue to focus on reducing avoidable harm, improving access to urgent and planned care, strengthening medicines safety, and ensuring patients experience compassionate, personalised care. We will also continue to involve patients and the public more closely in shaping and improving our services.

We remain committed to continuous improvement and, while there is more to do, we remain focused on providing safe, effective and compassionate care for the communities we serve.

Glen Burley
Chief Executive of the Foundation Group

Frances Martin
Trust Chair

A YEAR IN NUMBERS 2025/26

630,321
OUTPATIENTS (FACE TO FACE)

138,362
OUTPATIENTS (VIRTUAL)

115,298
WALK-IN PATIENTS (A&E)

46,853
PATIENTS ARRIVING BY AMBULANCE

149,777
INPATIENTS

4,891
BIRTHS

5,409
EMERGENCY OPERATIONS

22,403
ELECTIVE OPERATIONS

2,988
TRAUMA OPERATIONS

5.7 days
AVERAGE LENGTH OF STAY

£73.3m
VALUE OF PRESCRIPTIONS ISSUED

6,044
NUMBER OF PATIENTS RECRUITED INTO RESEARCH STUDIES

Registered Nurses and Midwives
2,763

TOTAL STAFF
8,257

Doctors and Consultants
968

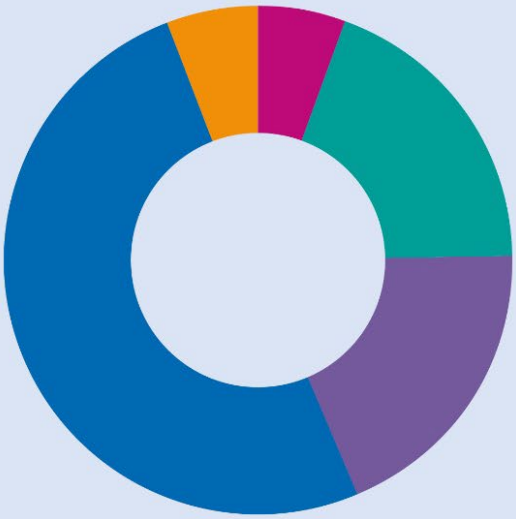
HCAs, Helpers and Assistants
1,589

Other Clinical staff and Allied Health Professionals
1,014

Other non-clinical Support Staff
1,923

Volunteers
326

Diagnostics



- MRI scans - **30,290**
- Non-obstetric ultrasound scans - **65,349**
- CT scans - **79,043**
- Plain film X-Rays - **204,431**
- Endoscopies - **25,743**

Our Commitment to Quality

In this section of our Quality Account, we review the progress we have made against the priorities we set and published in the 2024/25 Quality Account. We will also outline the Quality Priorities and Key Indicators we are taking forward for the next 12 months and will account for these in next year's Quality Account.

Worcestershire Acute Hospitals NHS Trust is committed to providing compassionate services that meet the three pillars of quality:

- Care that is Safe
- Care that is Clinically Effective
- Care that is a Positive Experience

To do this we aim to foster a culture that empowers our staff to make improvements across our hospitals, using a patient-centred care approach that we tailor to individual needs. Over the past year we have worked to strengthen psychological safety and learning, to support staff in raising concerns and continuously improve the care we provide.

We feel it important to acknowledge the use of corridor care in our hospitals. We have been open and transparent that, at times of extreme pressure across the system of Worcestershire and wider, patients may receive care in an area outside of a designated bedspace. To strengthen oversight and reduce potential harm, we have reviewed our governance and reporting arrangements in line with NHS England's corridor care definitions and national guidance.

We are working towards the reduction and elimination of corridor care in 2026/27 with our de-escalation plan, aligned to guidance from Get it Right First Time (GIRFT) standards.

Since our last Quality Account, we have maintained and strengthened a number of assurance methods which include:

- When providing risk-assessed care in our corridors we ensure this is time-limited where possible. We use clear criteria, senior oversight, enhanced safety controls, and a defined de-escalation process to remove patients from these areas as soon as it is safe to do so in response to demands in our Emergency Departments. Alongside this, we are improving the accuracy and consistency of our data submissions, so our reporting reflects the national definitions and provides a single, reliable view of performance.
- We have also commenced a working group dedicated to improving medicines safety across the Trust, overseen by our Improving Safety Action Group. We have introduced a new Quality Priority this year to support this programme.
- We launched our Kindness into Actions workshops, to embed our new Trust values and support the wider culture-change work underway.

- We also launched a programme on Leading Cultural Change and supporting engagement & involvement of those affected by patient safety incidents. We delivered these workshops in alignment with our Patient Safety Incident Response Framework, alongside the rollout of the Being Fair tool, which helps foster psychological safety for our staff. You can read more about this on page 14.
- We strengthened our commitment to improve our process for responding to complaints and you can read more about the review panel we are establishing on page 15.
- To support the delivery of safe and high-quality patient care, there will be an independent review undertaken during 2026/27 of our safer staffing governance, with use of the Safer Nursing Staffing Tool (SNST). This will be led by NHS England's Safer Staffing Faculty Lead.
- Our governance processes around our overall Infection Prevention & Control practices and assurance have been supported directly by Assistant Director for Infection Prevention and Control (IPC) for NHS England-Midlands. You can read more about this on page 24.

We would like to thank the Patient and Public Forum for their ongoing partnership and active involvement in a range of projects, initiatives and ongoing activities to support the patient experience across our hospitals.

Kindness into Action, using our new Trust Values

To help embed our values and behaviours, over the past nine months we have been training and supporting teams on the importance of kindness in teamwork. Over 1,000 colleagues and volunteers have participated in our interactive workshops. These are evidence-based and offer practical tools to help build a culture of kindness, psychological safety and wellbeing.

The workshops support a shared understanding of our Trust values and behaviours and reinforce the impact that kindness has in healthcare, both within teams and in our interactions with patients.

This work highlights how kindness in our everyday work builds trust between individuals and leads to better outcomes for patients. It also explores psychological safety and its strong links to staff wellbeing.

Our Staff Survey Results

Our 2025 NHS Staff Survey results show continued and meaningful improvement in staff experience across our Trust. Response rates rose to 48%, the highest in at least five years and above our benchmark group, reflecting strong engagement from colleagues. All seven People Promise themes improved for the second year running, including notable gains in morale, flexible working and overall engagement.

There have also been improvements in wellbeing and appraisal experience. These results align with, and are likely supported by, the Trust's ongoing focus on values and behaviours, including the Kindness into Action programme, which is helping to strengthen psychological safety, encourage respectful team behaviours, and create a more inclusive and compassionate working environment.

What our colleagues have said about our workshops

I really valued our time today. Thank you. It was clear and I felt that I could engage.

I have heard colleagues talking about the values after they have attended this training and weaving into their conversations – so it is powerful stuff.

Thank you for a brilliant session – a great refresher and some very useful insights.

Thank you for the session I have learned a lot, and it will be useful for the future especially to make colleagues feel valued and respected.

Leading Cultural Change and Compassionate Engagement

Worcestershire Acute Hospitals NHS Trust began embedding the Patient Safety Incident Review Framework (PSIRF) in 2024. And as part of the Trust's journey and ongoing commitment to quality and patient safety, we continue to invest in developing compassionate leadership and promoting a 'no blame' and learning-focused culture. During 2025/26, the Trust ran its first 'Leading Cultural Change' session and have planned further sessions in 2026/27 aligned to the Patient Safety Incident Response Framework (PSIRF). Together, these sessions strengthen how patient safety incidents are overseen, responded to, and learned from across the organisation. These principals will formulate through our patient safety agenda and plan.

Leading Cultural Change

The *Leading Cultural Change* session is designed for senior leaders and focuses on the role of leadership in shaping a positive safety culture and providing effective oversight of patient safety incident response.

The session explores the cultural shift required under the PSIRF, moving away from reactive incident management towards proactive learning and safety intelligence. It introduces the core principles of PSIRF, including learning, compassion, and systems thinking, and explains how these differ from previous approaches.

Leaders are supported to understand what good oversight looks like in practice. This includes clear governance, maintaining a balance between learning and accountability, and creating an environment where staff feel psychologically safe to raise concerns. The session also explores the concept of a just culture, including the use of the Being Fair tool, and the importance of leaders modelling openness, compassion, and curiosity in response to patient safety events. Local implementation and learning within Worcestershire are used to provide practical context.

PSIRF for Operational Leaders

PSIRF for Operational Leaders is a practical and skills-based session aimed at those working operationally who are directly involved in responding to patient safety incidents. This includes team leaders, clinicians, and staff with responsibility for investigations, learning responses, duty of candour, or supporting staff, patients, and families.

The focus is on building confidence in having compassionate conversations following patient safety incidents. Participants are supported to engage meaningfully with patients, families, and staff who may be affected, helping to ensure experiences are consistent, supportive, and respectful.

Improvement of the Trust Complaints Process

The Trust continues to experience a sustained rise in both the volume and complexity of formal complaints. At the time of writing, it was projected that 2025/26 would exceed 800 cases, the highest on record.

This rise has reduced the Trust's ability to meet its key performance indicator (KPI) of responding to 80% of complaints within the agreed timeframe. The Trust has not met this target for several years.

Performance varies across the four Clinical Divisions, with the Surgery and Women's & Children's affected due to backlogs, complex cases, and the time needed to arrange meetings with complainants. These steps often cannot be completed within the current timeframe.

The Trust is establishing a panel independent of the current staff involved in the complaint process to review and evaluate the complaint responses. This will include Patient Public Forum (PPF) representatives, Patient Safety Partners (PSPs), and senior leaders who are not routinely involved in the complaints process. The panel will review a sample of responses to support transparency, identify improvement opportunities, and help ensure continued compliance with the Parliamentary and Health Service Ombudsman (PHSO) 10-point guidance.

The Complaints Team remains focused on strengthening processes and using learning from complaints to improve services. The following actions are being progressed:

- Collaborative working between the Complaints Manager, Patient Safety Learning and Improvement Lead and the Clinical Governance Systems Manager to oversee actions and learning from complaints.
- Delivery of training on responding to complaints. The training is updated regularly to incorporate new learning, including:
  - alignment with the Patient Safety Incident Response Framework (PSIRF)
  - cultural change initiatives including the Trust's *Kindness into Action* programme and consideration of the Being Fair Tool.
- Updates to the online Complaints and Patient Advice and Liaison Service (PALS) submission form (including the QR code) to ask complainants and contacts whether they need reasonable adjustments at any stage.
- Encouragement to complainants to share positive feedback as well as concerns, to help balance the impact of the learning process for complainants and staff.
- Support to Clinical Divisions to make early telephone contact within five working days of receiving a complaint. This call will agree the terms of reference, confirm whether the complaints process is the most appropriate route, clarify the outcome the complainant wants, and identify any reasonable adjustments required. It will also help plan investigation timescales and consider complaint meetings early where appropriate. This approach can de-escalate concerns and reduce the risk of further complaints caused by unclear or incomplete responses.
- Improvements to complaints reporting. Differences in the search criteria were identified among various Trust reports. The Complaints Manager is working with Informatics to develop a complaints dashboard with key performance indicators. Once trialled and validated, it will be available to wider teams.
- We are exploring additional ways to share learning from complaints and other feedback. This includes situations where someone does not want to make a formal complaint but there is learning to share. We share this learning with staff through an initiative called Moments that Matter. This is a bulletin shared within Trust communication channels and relevant steering groups, the bulletin outlines where we fell short, what we did well and what we can learn.

Our Internal Ward Accreditation Programme

In November 2023, we relaunched our internal Ward Accreditation Programme, known as Care Excellence Accreditation (CEA). The programme's purpose is to empower teams to continuously improve standards, enhance the quality of care, and celebrate achievements. Our first accreditation week took place in February 2024.

What the programme involves:

- Each team prepares a portfolio demonstrating how they meet agreed standards. This is reviewed by an Accreditation Panel.
- A review team undertakes a Quality Assurance Visit (QAV) in the department to observe practice directly against the accreditation criteria.
- Teams receive one of four accreditation levels: Not Accredited, Good, Outstanding, or Exemplary.

Our teams review CEA in six domains:

- Environment
- Infection prevention and control
- Medicines Management
- Patient Experience
- Staff Experience
- Well-Led & Governance

Our review teams are multidisciplinary and include Nursing and Service Leaders, Non-Executive and Executive Directors, external colleagues (such as partners from the Integrated Care Board), and representatives from our Patient and Public Forum. Their feedback provides ongoing assurance that we are delivering high-quality care across our wards and departments.

During 2025/26, we continued to see strong engagement from teams, shared learning across wards, and evidence of genuine improvements driven by patient feedback and frontline innovation. We also expanded our programme to include additional specialties, such as Paediatrics, Critical Care and Emergency Departments. This expansion ensures that more services benefit from the same structured, supportive, and improvement-focused approach.

Between April 2025 and March 2026, 27 departments were reviewed through the Care Excellence Accreditation programme. Of these, 1 achieved an Exemplary rating, 16 achieved an Outstanding rating and a further 8 achieved Good. Two departments were identified as requiring additional support to meet the required standard before further review. Of the 16 eligible departments, 13 improved their overall score which led to 4 improved ratings through reaccreditation, demonstrating that CEA is actively driving year-on-year improvement.

What our Ward Managers say about CEA

Jacob Binju, Ward Manger
Ward 5 at the Alexandra Hospital

The panel at the Alexandra Hospital was well attended by Ward 5, with presentations from the wider clinical team including the Matron and Ward Manager, demonstrating true collaborative working and shared responsibility.

"My first experience with the CEA in 2024 was challenging and initially overwhelming, requiring significant effort to evidence quality and safety standards. With strong support from my team and matrons, we achieved an "Outstanding" rating, boosting confidence across the team. The second CEA was more demanding due to winter pressures, staff fatigue, and high patient acuity. To stand out, we introduced real experiences from staff and patient relatives, which were well received by the panel. We again achieved an "Outstanding" rating. Overall, the CEA process is a valuable tool for reflection, continuous improvement, and enhancing both patient care and team performance."

Sarah Lambie, Ward Manager
Avon 2 at the Worcestershire Royal Hospital

Avon 2 was one of the first departments to be accredited in the programme and has now been reviewed three times exhibiting continuous improvement, most recently achieving an 'Outstanding' award in March 2026.

"Over the last three years Avon 2 has made sustained year-on-year improvements, moving from recovery and stabilisation to achieving an 'Outstanding' accreditation. Our accreditation journey took place alongside significant changes. I was appointed as the new Ward Manager in our first year and the ward moved into a new Urgent Care Directorate in the second. Clear action plans improved staffing and skill mix and strengthened a culture of listening, learning and acting on feedback. This has translated into measurable safety improvements, including reductions in falls and hospital-acquired pressure ulcers. Through CEA we have also improved our response to complaints and strengthened the student learning environment."

Tammie Mason Ward Manager for Ward 1 at Kidderminster Hospital & Treatment Centre

Ward 1 is the Trust's first and only department to have achieved an 'Exemplary' accreditation. Operating as a Daycase ward for patients, their dedication to meet the needs and reasonable adjustments of patients and prepare them for procedures was commended.

"As the manager of Ward One and Day Surgery I was extremely proud to present and showcase the outstanding work provided by the day case team through the Care Excellence Accreditation Programme in which we gained the Trust's first Exemplary Award. It gave us the opportunity to demonstrate the passion and commitment shown by all members of our team to provide the best possible care and experience for all our patients."

We are also strengthening the support available to staff during the accreditation process, including reviewing how teams gather evidence and ensuring they have the time, resources and guidance needed to prepare their portfolios with confidence. From April 2026 we commenced workstreams in collaboration with our Ward Managers and Matrons to review the processes for:

- Review of the criteria for our Panel
- Review of the criteria for our Quality Assurance Visits
- Development of a checklist of what to include in the portfolio
- Development of the template for the panel presentation
- Development of materials to support staff awareness and engagement

Freedom to Speak Up

The National NHS Freedom to Speak Up aims to ensure all staff feel safe and confident in sharing concerns and that leaders are encouraged to listen and learn.

A group of Freedom to Speak Up (FTSU) Champions supports the FTSU Guardian across the Trust's three hospital sites allowing staff to raise concerns in a safe and supportive environment. The Champion role was previously relaunched to reach more staff and raise awareness of the FTSU programme. There are currently 37 Champions, and staff can find and contact them easily through a dedicated page on the Trust Intranet.

In 2025/26, staff raised 124 concerns through the Trust's confidential reporting portal. Of these, 32% were anonymous. This is a slight increase from the previous year, where 28% were anonymous, but still demonstrates that more staff are speaking up and fewer feel the need to stay anonymous, suggesting they are more confident in speaking up.

The learning from FTSU is shared in various forums, including the Trust's Culture Steering Group, People and Culture Committee and the Joint Negotiating and Consultative Committee. It is also reported quarterly to the Clinical Divisions by the Trust's HR Business Partners and the Divisional Governance teams. This enables us to ensure that teams across the Trust have sight of any hotspots, themes and areas that may require extra support.

As in previous years, the main theme of concerns is around attitudes and behaviours. The FTSU Guardian continues to promote kindness, respect, and the Trust's behavioural charter. They also attend all staff network meetings.

Speak Up training is mandatory for all staff and explains what speaking up means and why it is important. The Listen Up module is also launched for specific roles, which focuses on listening to concerns and understanding the barriers to speaking up.

The final module 'Follow Up' is currently being scoped and will be launched later in the year for senior staff in the organisation.

Regulated by CareQuality Commission

Registration with the Care Quality Commission (CQC)

Worcestershire Acute Hospitals NHS Trust is registered with the Care Quality Commission (CQC). The CQC monitors, assesses, and regulates health services to make sure they meet the fundamental standards of quality and safety.

During 2025/26, the CQC carried out a national consultation on its proposed assessment approach, 'Better Regulation, Better Care'. This included inviting feedback from NHS staff, healthcare providers, people who use services, and partner organisations. The Trust participated in this consultation reflecting on the four assessments under the CQC's Single Assessment Framework we have received to date.

The Trust is registered to provide the following regulated activities:

- Maternity and midwifery services
- Termination of pregnancies
- Family planning
- Treatment of disease, disorder, or injury
- Assessment or medical treatment for people detained under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures
- Management of the supply of blood and blood-derived products

In January 2026, the CQC carried out an announced inspection under the Ionising Radiation (Medical Exposure) Regulations, or IR(ME)R. This focused on the Nuclear Medicine service at Worcestershire Royal Hospital.

The CQC does not publish IR(ME)R inspection reports, and these inspections do not directly affect a Trust's CQC ratings. The findings provide valuable learning, and an action plan was developed in response.

The Trust continues to have a positive and open relationship with its CQC operational team. During 2025/26, there was a change to the Trust's relationship team at the CQC. To support the transition, the Trust commenced weekly meetings to provide assurance on key quality and safety issues and to share areas of good practice. At the time of writing these meetings have now been reduced to monthly. In addition, the CQC Inspection team were invited to an informal onsite engagement event at the Worcestershire and Alexandra Hospitals.

The Trust has a structured CQC Readiness Programme to support ongoing preparedness for inspection under the CQC Single Assessment Framework. This includes core service-level self-assessments, peer assurance reviews (or mock inspections) aligned to CQC quality statements, and are in the process of embedding a confirm and challenge process to strengthen evidence and consistency across services. Learning from this programme is reported through governance structures and supports continuous improvement and inspection readiness.

Overall, the Trust continues to be rated Good for the 'Effective' and 'Caring' key questions, and Requires Improvement for the 'Safe', 'Responsive', and 'Well-Led' key questions. The Trust's overall rating remains Requires Improvement, with no changes to hospital site or core service ratings. No regulatory breaches were identified by the CQC during 2025/26.

Further detail of ratings of our services is included in Appendix 2 on page 76.

Digital Quality

Every month, the Trust is mandated to submit NHS commissioning datasets with high quality data. This includes information used to plan and deliver patient care. NHS England reviews the quality of this data and provides feedback through the Data Quality Maturity Index (DQMI).

The latest published data (March 2026) shows the Trust achieved a score of 95.4%. This is above our internal target of 95% across all datasets.

In January 2025, we identified a data quality issue within one area of the Maternity dataset. We worked closely with our system supplier to resolve this. At the time of writing, the published Maternity dataset is 100% compliant to data quality requirements.

The Data Quality of the referral to treatment waiting list has continued to improve. This is partly due to better patient engagement through digital tools, including the local Wayfinder NHS app and the national NHS app. We have plans to enhance communication media further in 2026/27, and in turn will continue to improve patient demographic data quality and effective management of the patient waiting lists.

The data quality of the referral to treatment (RTT) waiting list was already strong. All patients are contacted every 12 weeks by text message to check that they still require an appointment with the Trust. This two-way digital solution helps to keep waiting lists accurate and up to date.

The Trust continues to use the National LUNA tool, as a focal point for data quality improvements. A national Sprint in 2026/27 will require all Trusts to reduce issues such as duplicate pathways.

Further enhancements to the electronic patient record system delivered in 2025/26 have made clinical data collection practices more transparent and in turn has and will continue to improve the quality of care we provide as an organisation and improve the quality of the patient health record.

We have planned more developments in 2026/27 as part of the Trust's continuation of moving from analogue to digital. These include the deployment of improved sepsis data recording, MRSA screening and a patient flow system.

Deployment of Digital Care Records across the Trust

During 2025/26, the Trust continued to improve the use of digital care records to support safer and more effective patient care. A key area of focus was the rollout of Electronic Prescribing and Medicines Administration (ePMA), alongside further improvements to the Sunrise Electronic Patient Record (EPR).

We introduced ePMA in November 2025 across all three Trust sites. This included adult inpatient wards, Emergency Departments, and Same Day Emergency Care services.

The rollout started at the Alexandra Hospital on the 25th of November 2025, with the site fully live the following day. Deployment then moved to Worcestershire Royal Hospital, which was fully live by the 28th of November 2025. Throughout this period, we transcribed over 800 patient's records from paper drug charts to the new digital solution.

The introduction of ePMA was an important milestone in the Trust's digital journey and has strengthened patient safety. The system supports safer prescribing by providing decision support to clinical staff. It also allows nursing teams to record and monitor the administration of medicines digitally, improving accuracy and oversight.

Ahead of the ePMA rollout, we added the Allergies functionality to our EPR. This enabled alerts for our clinical teams when trying to prescribe medications that may cause an allergic reaction, helping to reduce the risk of harm.

Prior to going live, NHS England provided an external assurance review of ePMA, and all testing and configuration. Our teams resolved the clinical safety recommendations prior to go-live. The review recognised strong preparation, a clear focus on safety, effective clinical leadership, and robust governance arrangements.

Use of ePMA has now stabilised. During the initial week of implementation, the Trust issued 9,916 digital prescriptions and recorded 54,637 medication administrations. Benefits of the system are being tracked by the team and will be reported to NHS England, with an already evident increase in legibility of prescriptions, and an anticipated reduction in overall drug expenditure and improvement in antimicrobial stewardship. Due to proximity of the implementation to year end, detailed evidence of these benefits is not yet available but will be shared in due course.

Alongside this work, a team dedicated to Sunrise Enhancements continues to improve the EPR. They have already made meaningful improvements to medical clerking, Emergency Department documentation, and inpatient nursing records. Further improvements to the Sepsis pathway are in the pipeline which, at the time of writing, we will deliver in the coming weeks.

This work on optimising Sunrise focuses on making the system easier to use and more efficient for staff. This supports them to deliver safer, higher-quality care for patients. To ensure clear oversight of agreed work and to link digital priorities with wider Trust objectives, new systems and processes are being developed. These will improve visibility and transparency of requests across the organisation.

In 2026/27, options to respond to clinical and operational requests will be reviewed and developed with services. The focus will be on rapid, simple changes that make a real difference. This approach will be supported by strong clinical digital leadership, with assurance and oversight through existing Trust quality and safety governance arrangements.

The Trust has also secured national funding to develop an integrated Digital Patient Flow solution. Deployment is underway, with delivery planned by the 2026/27 winter period. This work will support better oversight of patient flow by integrating with Sunrise, establishing Hospital Co-ordination Centres, and linking housekeeping and portering services. Once in place, the system will provide a clear and accessible view of bed availability across all Trust sites.

Quality Priorities 2025/26

Looking Back – a review of our Quality Priorities for 2025/26

During 2025/26, we continued to deliver patient-centred care which aligns to our Fundamentals of Care framework. Promoting an open learning culture to support us to provide all patients with safe, clinically effective care which is a positive experience.

Last year, we looked at key local and national quality indicators and introduced those key areas of focus into our priorities. This year our Quality Account sets out whether each indicator has been met, partially met or not met. It also includes narrative explaining what the data tells us and shares examples of our improvement work, showing how we are continuing to improve the quality of our services.

Our Fundamentals of Care Committee (FOC) continues to be attended by specialist Leads and representation from our Clinical Divisions. The Committee provides targeted oversight to ensure the needs of our patients are being met and sharing of good practice across teams. The 12 Fundamentals are:

- Communication and information
- Respect, privacy and dignity
- End of Life Care
- Ensuring a safe environment
- Mobility and falls management
- Relationships
- Rest and sleep
- Comfort and pain management
- Personal hygiene
- Nutrition and hydration
- Elimination
- Tissue viability management

THE QUALITY HOUSE

Our Quality Statements and Priorities 2025/26

Safe	Clinically Effective	Positive Experience
We will work to reduce avoidable healthcare acquired infections. We will ensure our patients experience safe and timely discharge from hospital, supporting patient flow. This includes a focus on Hospital Acquired Functional Decline (HAFD). We will ensure that there is timely treatment for patients diagnosed with sepsis. We will ensure high standard of nutrition and hydration assessment for all patients.	We will continuously learn from deaths, to improve the quality of the care we provide to patients, relatives and carers. We are also committed to ensuring patients dying in our hospitals receive high quality individualised care at the end of their lives. We will reduce the time patients are waiting for treatment in line with national targets, recognising that long waits may increase the risk of harm.	We will work to ensure all patients will receive safe, personalised care and achieve equality of outcomes. This will include patients requiring reasonable adjustments. We will ensure patients, their relatives and carers feel listened to and have clear lines of communication with staff about their condition, treatment and care. This will also include patients with health inequalities and/or sensory needs. We will continuously learn from patient feedback on their experience of care.

Care that is Safe

We will work to reduce avoidable healthcare acquired infections.				
Quality Indicator & Target for 2025/26	*HOHA	*COHA	**Outcome**	**Evaluation**
National thresholds for infections that were set during Quarter 2 of 2025/26:	5 out of 6 indicators met			**We partially met our targets**
► C. diff infection: no more than 129 cases	74	40	114	
► E. coli: no more than 108 cases	75	45	120	
► Klebsiella: no more than 35 cases	35	15	50	
► MSSA: no more than 40 cases (internally set threshold)	31	11	42	
► MRSA: no more than 0 cases	4	1	5	
► Pseudomonas: no more than 9 cases	12	8	20	
► The target for completion of Infection control mandatory training is 90%	As at March 2026: Level 1 – 95.4% Level 2 – 86.9%			**We partially met our targets**

**We have split the data by Hospital Onset Healthcare Associated (HOHA) which refers to infections that occur within 48 hours after healthcare contact and Community Onset Healthcare Associated (COHA). COHAs are infections that occur within the first few days of hospital admission or in the community. The national thresholds include both HOHAs and COHAs combined.*

What the data tells us

During 2025/26, the Trust partially met national infection thresholds, with performance above the thresholds for E. coli, MRSA bacteraemia, MSSA bacteraemia. Klebsiella and Pseudomonas blood stream infections. However, we were under the threshold for C. difficile and are showing improvements against previous years for this target.

While pressures continued to impact some infection rates, this data has informed our ongoing focus on antimicrobial stewardship, early identification of infections, mandatory IPC training and additional opportunities for education. All bloodstream infection and *Clostridioides difficile* cases are reviewed weekly by the Infection Prevention and Control (IPC) team alongside consultant microbiologists, the antimicrobial pharmacist and the Integrated Care Board (ICB). This enables close oversight, timely identification of themes and robust challenge where required.

Lessons learned from each review are shared with clinical teams, governance structures and services to support improvement and help prevent further cases. Ongoing learning, themes and trends, alongside practical advice and updates, are communicated through a monthly IPC newsletter to support continued monitoring and safer practice.

Our celebrations and what this means to our patients

- During 2025/26, we strengthened our approach to infection prevention and control. This focused on reducing the risk of infection and harm for patients. NHS England's rating of the Trust reduced from 'requires intensive scrutiny and monitoring' to 'enhanced monitoring and support'.
- Following a visit to the Worcester site by NHSE in May 2025, NHSE delivered IPC masterclasses to matrons and ward sisters at our three sites.
- We worked closely with our Integrated Care Board (ICB) and system partners to reduce *Clostridioides difficile* (C. diff) infections. We achieved our contracted objective for the year.
- The IPC team introduced an audit escalation plan following IPC audits. The IPC annual audit plan was RAG rated and risk assessed. Following audits the IPC team introduced bespoke infection prevention and control training in areas needing additional support and increased visibility of the IPC team overall through regular department visits and audits. These visits were supported by the ICB and patient representatives. Clinical teams were supported through face-to face education to identify and address risks early to reduce infection. Non receipt of an audit action plan was reported via the Trust's Infection Prevention Control Committee (TIPCC) monthly and quarterly meetings.
- The IPC team commenced walkarounds with PFI partners, Estates and Facilities, Patient and Public Forum representatives, Matrons and Ward staff. These walkarounds review IPC practices in clinical areas and gives the ward the opportunity to ask questions and areas where they may require support.
- We continued to receive multidisciplinary support through the Cleanliness Scrutiny Group to review all areas that have scored 3 stars or less in their cleaning audits. This meeting looks at cleaning matters, outstanding estates works as well as staffing. This group then reports to the Trust's Patient Environmental Operational Group (PEOG).
- IPC and Procurement teams worked together on several projects. These included reducing couch roll and introducing reusable blood pressure cuffs. The IPC team is also supporting the change to surgical site preparation.
- We also focused on safer sharps use, investigation of needlestick injuries and prevention of future harm. Teams continued to promote good practice in peripheral vascular access device (PVD) care, which will continue during the coming year.
- We continued to promote the "Gloves Off" campaign. This was supported by the Trust's Green Network, which is helping to create a safer and more sustainable care environment for patients.

We will ensure our patients experience safe and timely discharge from hospital, supporting patient flow. This includes a focus on Hospital Acquired Functional Decline (HAFD).		
Quality Indicator & Target for 2025/26	**Outcome**	**Evaluation**
► 33% of patients discharged from the hospital before midday	20%	**We did not meet the target**
► 80% of patients are dressed and out of bed where they are able to	84%	**We met the target**
► Reduction in length of stay (in Medicine) from 8 days to 5	7.9 end of year average	**We did not meet the target**
► 50% reduction in outliers across specialties	8% reduction of Medical outliers 3.5% reduction of Surgical outliers	**We did not meet the target**
► Length of stay for outliers is in line with the length of stay for the specialty they are under	Medicine Speciality vs Medical Outliers: 7.9 vs 18.6 Surgery Specialty vs Surgical Outliers: 5.7 vs 17.4	**We did not meet the target**

What the data tells us

The Trust has seen a month-on-month increase in 'Call before you convey' through improved communications through the single point of access with system partners. Ensuring all care options have been discussed with patients before they attend the Acute Trust.
We continued to use the principles of #EndPJparalysis across inpatient wards. Exceeding our target of 80% of patients dressed and out of bed where they can, helping to reduce deconditioning and support recovery.

There has been a change in the use of some inpatient areas, including the introduction of acute assessment areas for surgical and medical patients. This change may have influenced the reported length of stay data and as a result, inpatient length of stay data may increasingly reflect patients with higher levels of acuity. While no deterioration in overall length of stay has been observed, we will continue to focus on improving patient flow and reducing unnecessary delays to care.

The Trust will continue to monitor data for outlying patients, recognising that some patients may still be cared for outside their usual specialty ward, while continuing efforts to reduce both length of stay and hospital-acquired functional decline (HAFD) for all patients. The focus for 2026/27 will be on the quality of the patient experience for outlying patients, including how care, communication and support are provided when patients are cared for outside their parent ward. We will look to undertake a review and respond to the experience of patients who are outliers.

Our celebrations and what this means to our patients

- We have now created an Integrated Discharge Team (IDT), this merged the Health & Care Trust and Acute Discharge teams. This supported joined-up working to help patients leave hospital safely and in a timely way.
- We are still working with system partners to review a new digital solution for a Patient Tracker, however the integration of discharge teams working under the Acute Trust is significant process to support efficient and collaborative working.
- We developed 'Hospital at Home.' A virtual ward helping to deliver care closer to patient's own home through clinical reviews and diagnostics and some treatment like antibiotics. Hospital at Home is assisting in early discharges from the Acute hospitals and assisting with admission avoidance. With a growing caseload, Hospital at Home can treat up to 18 patients remotely.
- We made strong progress in embedding the principles of #EndPJparalysis across inpatient areas. This included supporting patients to be dressed and out of bed, where they were able to. Local participation global summit reinforced the importance of movement and mobility as part of everyday care. As a result, patients benefited from improved independence, wellbeing, and greater involvement in their recovery.
- We have implemented a complex care review meeting at Executive level, helping to progress care for patients with exceptionally complex care needs and bring clinicians and other professionals together to support care planning and timely discharge.
- We secured national funding to develop an integrated Digital Patient Flow solution. Moving forwards this work will support better oversight of patient flow by integrating our EPR with hospital coordination centres, and housekeeping and portering services. Once in place, the system will provide a clear and accessible view of bed availability across all Trust sites.

Focus areas going forward

The principles that support patient flow and reduce hospital acquired functional decline are now firmly embedded across services. For this reason, it will not be a dedicated Quality Priority for 2026/27. Work to improve patient flow will continue through the Quality Priority focused on reducing waiting times, in line with national targets, where we also share our plans for our Urgent Care Transformation Programme on page 49.

For patients, this means a continued focus on reducing deconditioning and maintaining independence. It also supports a more positive hospital experience. As we move forward, our focus will be on sustaining progress and building on these improvements. These principles will continue to underpin high-quality, person-centred care. The planned return visit from Professor Brian Dolan, founder of #EndPJparalysis, will support continued learning and improvement.

We will ensure that there is timely treatment for patients diagnosed with sepsis.		
Quality Indicator & Target for 2025/26	**Outcome**	**Evaluation**
► 85% of patients diagnosed with sepsis receive antibiotics within one hour, where required	Reporting unavailable	**On Hold**

What the data tells us

During 2025/26, formal performance reporting against this indicator has been paused while the Trust completes the implementation of a new sepsis document within the electronic patient record (EPR), at the time of writing it is scheduled to go live on the 29th of April 2026. This has been designed to support clinicians to recognise deterioration early, standardise escalation, and ensure care is reliably recorded.

Since the implementation of EPR, and as reported last year, the Trust has identified that sepsis activity and performance data has not been consistently or reliably captured, which risks providing a misleading picture of care delivery. To avoid reporting data that may not accurately reflect clinical practice, the Trust has taken a deliberate decision to pause routine reporting until the new, standardised sepsis documentation is live and data can flow consistently.

Importantly, reviews through incident reporting, morbidity and mortality review, and patient safety investigation has not identified an increase in sepsis-related harm during this period. This has provided assurance that patients who are clinically unwell are being identified and managed on the appropriate clinical pathways, while work continues to strengthen digital recording and reporting.

Our celebrations and what this means to our patients

Despite the pause in formal reporting, we have continued to progress improvements to safety, consistency and reliability of sepsis care across the organisation:

- A Trust-wide Sepsis Task & Finish Group continues to provide clinical leadership and oversight, reporting through established governance routes, up to our Trust Board.
- Revised sepsis guidance within critical care has been reviewed and approved, with work underway to finalise a Trust-wide sepsis Standard Operating Procedure (SOP). This will reflect the forthcoming changes to digital systems.
- We have ensured that all related documents and sepsis training is compliant with the NICE Guidance updated in 2025 for ‘Suspected sepsis in people aged 16 or over: recognition, assessment and early management’.
- Learning from patient safety incidents and inquests involving sepsis or clinical deterioration has been reviewed through the Improving Safety Action Group (ISAG), with actions focused on early recognition, escalation and documentation.
- We established a working group for the implementation of Martha’s Rule. This is a patient safety initiative that empowers patients and their families to request an urgent review of care if they feel their concerns about a patient's condition are not being adequately addressed. The core elements are in place or being finalised with a phased go-live approach across the Trust.

Focus areas going forward

For patients, this means the Trust is focusing not only on compliance with time-based targets, but on building a safer system that supports staff to recognise sepsis promptly, escalate concerns effectively, and evidence the care provided.

Sepsis will not be progressed as a formal Quality Priority for this year as the Trust is completing the implementation of new digital sepsis documentation and reporting within EPR, and will resume performance monitoring once reliable, standardised data is available, supported by strengthened governance and oversight.

During 2026/27, the Trust will prioritise embedding and assuring the new sepsis pathway, with a clear focus on sustainability and assurance:

- Following the implementation of new documentation in our electronic patient record, the governance structure for sepsis will sit with the Hospital 24/7 team we established last year.
- New quick reference guides will be issued to wards to support consistent completion of the sepsis documentation and escalation processes.
- A new Attensi sepsis training module, will be rolled out to support staff learning and confidence in recognising and managing sepsis.
  All sepsis-related training, including escalation and recognition of deterioration, will be monitored and reported via our Electronic Staff Record (ESR), providing assurance of staff compliance and coverage.
- Martha's Rule will be implemented across adult and paediatric inpatient areas to support patients, families and carers to request an urgent clinical review if they are concerned about deterioration. This strengthens existing escalation processes and complements early recognition and timely treatment of sepsis, enhancing patient safety and outcomes.

We will ensure a high standard of nutrition and hydration assessment for all patients.		
Quality Indicator & Target for 2025/26	**Outcome**	**Evaluation**
► 90% compliance with essential to role MUST and Fluid Balance training	As at March 2026: 98% Fluid balance 97% MUST	**We met the target**
► 90% of patients are weighed on admission and within 7 days	89% of patient weighed on admission and 79% within 7 days	**We did not meet the target**
► 90% of patients have a MUST assessment	86%	**We did not meet the target**
► Reduction in complaints relating to nutrition and hydration by 25%, and reduction in incidents relating to nutrition and hydration	23% reduction in complaints Reported incidents remains consistent with last year.	**We partially met the target**

What the data tells us

- In addition to the indicators set for this Quality Priority, additional reviews and audits have taken place across the Trust which show variation in nutrition and hydration practice across wards, with opportunities to improve consistency and reliability.
- We improved our training compliance for the Malnutrition Universal Screening Tool (MUST) to 97% in comparison to 85% last year. Since MUST and Fluid Balance training was made essential role in 2024/25, compliance was monitored through our Nutrition & Hydration Steering Group with Divisional assurance reports driving improvement. Moving forwards we will continue to monitor this training, alongside the new training modules that were developed for Mouth Care and Dysphagia.
- At the beginning of 2026 our Dietetics and Speech & Language Therapy (SLT) teams began to collate data on how many patients with a referral had been seen before they were discharged. Moving forwards, the Dietetics and SLT teams will continue to monitor referral and assessment data to help reduce the number of patients discharged without being seen, alongside reducing inappropriate referrals.

Our celebrations and what this means to our patients
• Following approval of the Business Case last year, two Nutritional Nurses joined the team at the beginning of 2026 and recruitment has been successful for two Dieticians. When embedded in their roles, they will support in improving coordination of care for complex patients, including those requiring parenteral nutrition, and increasing capacity in the acute service. • We delivered a Trust-wide Nutrition Champions Day, with 51 members of staff in attendance to cascade learning and good practice to departments. • We developed e-learning for Dysphagia, a medical condition that can cause difficulty swallowing. This is now mandatory for staff, supporting timely and appropriate referrals to Speech and Language Therapy. • The completion of a MUST audit found the recording of patient weight within the EPR was inconsistent, with multiple locations for documentation. These findings provide a realistic baseline from which to drive improvement. Moving forwards, we are reinforcing the need for clearer standards and documentation with optimisation work underway. • We updated our nasogastric tube policy, with Trust-wide teaching delivered. This included targeted training for the Hospital 24/7 Team to support emergency situations. We are now strengthening the guidance available to staff to manage feeding tubes. • Our Lead Nutrition Clinical Nurse Specialist now prescribes in nurse-led clinics. This reduces delays and improves continuity of care for patients with complex nutritional needs, as they no longer need to return to their GP. It also supports timely monitoring and review, with patients receiving direct specialist support.

Care that is Clinically Effective

We will continuously learn from deaths, to improve the quality of the care we provide to patients, relatives and carers. We are also committed to ensuring patients dying in our hospitals receive high quality individualised care at the end of their lives.		
Quality Indicator & Target for 2025/26	**Outcome**	**Evaluation**
► Increase the number of mortality reviews completed within 30 days	39%	**We met the target**
► Remain within the "as expected" range for Summary Hospital-level Mortality Indicator (SHMI)	"As expected"	**We met the target**
► All expected adult deaths should have an Individualised Last Days of Life Care Plan (ILDOL) completed	54% of patients that died had an ILDOL completed. 76.5% of patients that died with an Uncertain Recovery Plan also had an ILDOL completed.	**We did not meet the target**
► Increased staff engagement with the Uncertain Recovery Plan (AMBER Care Bundle) for all adult patients with an unplanned admission to hospital	48%	**We met the target**

What the data tells us

- The Trust remains within the "as expected" range for SHMI, indicating mortality rates comparable with peer organisations.
- Of the mortality reviews requested, 66% were completed, consistent with last year. The proportion of reviews completed within 30 days has improved from 22% to 39%, demonstrating more timely learning. All deaths of patients with a learning disability or autism continue to be reviewed in line with national requirements.
- The Individualised Last Days of Life Care Plan (ILDOL) is used for inpatients approaching the end of life and ensures that care is tailored to individual needs, including physical, emotional, spiritual and cultural considerations. Of the patients who died in our care, 54% had an Individualised Last Days of Life Care Plan (ILDOL) in place.
- Performance improves significantly where an Uncertain Recovery Plan (URP) is in place, with 76.5% of these patients also having an ILDOL. Overall, use of the Uncertain Recovery Plan (URP) also increased, with 17% more patients supported by this approach, reflecting greater engagement in early conversations about treatment escalation and patient preferences.
- Despite this progress, further work is required to support staff in recognising when patients are entering the last days of life. We will continue to promote consistent use of care plans to ensure all patients receive personalised, compassionate care. The introduction of the Gold Standards Framework (GSF) and the new End of Life Care Dashboard will strengthen this approach. The dashboard, which was not in place when last year's targets were set, now provides improved oversight and will support ongoing monitoring and improvement in care plan utilisation.

Our celebrations and what this means to our patients
We have continued to strengthen how learning from deaths informs care improvement, alongside ongoing developments led by our End-of-Life Care teams: • We reviewed mortality data at Trust and site level, enabling us to understand differences between hospital sites and ensure equitable care. • Improvements to the bereavement app have helped staff identify which deaths require review and supported clearer processes. • Structured Judgement Reviews (SJRs) are well embedded within departmental mortality and morbidity meetings, with evidence of learning and action. We have been approached by Peer Organisations to learn from our DREAMS reporting process. • We introduced the Peony Volunteer Service, providing comfort and companionship to patients and families during the last days of life. • We developed a new End of Life Care dashboard to monitor use of the Individualised Last Days of Life and URP care plans as outlined in our Quality Indicators. This is supporting targeted improvement and assurance through governance routes. • We participated in Dying Matters Week, with strong staff engagement, and promoted the ICS-wide 'My Wishes' Advance Statement to support earlier conversations about care preferences. • System partners have committed funding to regional programmes, including COMPASS, enhancing palliative care in emergency departments and supporting Hospital at Home, and the Gold Standards Framework, providing training and accreditation for wards caring for patients likely to be in the last year of life.

We will reduce the time patients are waiting for treatment in line with national targets, recognising that long waits may increase the risk of harm.		
Quality Indicator & Target for 2025/26	**Outcome**	**Evaluation**
► Less than 1% of patients waiting over 52 weeks on our waiting list	1.36% as at March 2026	**We did not meet the target**
► 67% of our patients are waiting less than 18 weeks for a first appointment	65.6% as at March 2026	**We did not meet the target**
► 80% of patients know whether they have cancer within 28 days	72.2% as at March 2026	**We did not meet the target**
► 75% of patients will receive treatment within 62 days of referral	57.2% as at March 2026	**We did not meet the target**
► 18% increase in compliance with the Emergency Access Standard (patients seen, treated & either admitted or discharged from the Emergency Department within 4 hours)	64% (Consistent with last year)	**We did not meet the target**
► Ambulance handover time of 45 minutes to be achieved	73% (4.7% increase)	**We partially met the target**
► 13% decrease of patients spending 12 hours or more in the Emergency Departments	4.5% decrease	**We did not meet the target**
► 85% of patients receive surgery within 36 hours for a fractured neck of femur	43.8%	**We did not meet the target**

What the data tells us

Throughout 2025/26, the Trust experienced high levels of demand, including increased Emergency Department attendances and sustained pressure across urgent and elective pathways. Performance for patients with a fractured neck of femur remains below the level we aim to achieve, primarily due to challenges with timely access to theatre, particularly for patients transferring from the Alexandra Hospital. Mortality from fractured neck of femur is as expected for a hospital our size despite the challenges of getting patients to theatre promptly.

System-wide improvement work has supported progress, including improvements against the Emergency Access Standard across non-admitted, non-elective and Children and Young People's pathways. Early improvements have also been seen through focused work to reduce ambulance handover delays, supported by a 45-minute handover programme.

Alongside this, the Trust has continued its Elective Recovery Programme, focusing on reducing long waits and improving access to planned care, cancer services and diagnostics. However, in some areas demand continues to exceed capacity, reinforcing the need for sustained recovery activity and ongoing system working to reduce waiting times and minimise the risk of harm.

Our celebrations and what this means to our patients

Operational Divisions have embraced the improvement model approach, utilising PDSA models to assess cycles of change. For patients, this means shorter waits, earlier assessment, and care delivered in the most appropriate setting, reducing the risk associated with prolonged delays. Learning from this approach has seen the implementation of:

- The Acute Surgical Assessment pathway has reduced time spent in the Emergency Department by 1 hour 35 minutes for these patients and reduced 12-hour waits by 28%.
- We introduced an Acute Medical Assessment (AMA) Area for a new model of care, improving flow through short-stay areas and earlier streaming from the Emergency Department.
- Increased use of Same Day Emergency Care (SDEC) pathways, including Cardiology, Medical and Surgical, has improved direct streaming from the front door and reduced unnecessary waits.
- A Trust-wide focus on ambulance handover delays has delivered measurable reductions in prolonged waits through coordinated, cross-divisional working.

Teams across the Trust have continued to deliver targeted recovery actions throughout 2025/26, using focused improvement approaches to address the areas of greatest risk from long waits.

- Sprint programmes (allocation of targeted funding) were introduced to increase activity and address backlog of patients waiting for assessment and treatment. A commitment was made to deliver more than 5,000 additional outpatient appointments and additional activity was targeted at specialties managing the longest waits. This includes Oral and Maxillofacial Surgery and Trauma & Orthopaedics.
- A continued focus on validation (ensuring the up-to-date status of patients on waiting lists) helped ensure patients were reviewed regularly, prioritised appropriately, and supported safely while waiting for care.
- Additional funding supported cancer recovery programmes, including extended and new schemes for urology and breast services. Joint working with GP partners, including breast pain pathways, has improved access and streamlined referrals. And digital pathways such as Teledermatology have been expanded, supporting faster assessment and reducing unnecessary waits by managing skin conditions using digital images or videos remotely.
- We have made improvements in our diagnostic performance, made possible with an additional CT scanner. Closer collaboration across services supported recovery planning and more efficient use of available capacity.

Care that is a Positive Experience

We will work to ensure all patients will receive safe, personalised care and achieve equality of outcomes. This will include patients requiring reasonable adjustments.		
Quality Indicator & Target for 2025/26	**Outcome**	**Evaluation**
► The target for completion of Oliver McGowan mandatory training e-learning is 90%	**93% As at March 2026**	**We met the target**
► Engagement and promotion of working with identified external stakeholders in partnership to support better patient experience including AccessAble, Word360, Cancer Patient Forum and Patient and Public Forum, and local charities.		**We met the target**

What the data tells us

- We exceeded our 90% target for completion by our staff of the Oliver McGowan Mandatory Training e-learning.
- We continue to work in partnership with people with lived experience and external organisations, including AccessAble, Word360, the Patient and Public Forum and local charities, networks and community groups. This supports co-production and informs service delivery and improvements. Our approach and the impact of this work are set out in detail in our Equality, Diversity and Inclusion report and Equality Delivery System report, published on our Trust website.

Our celebrations and what this means to our patients

We have strengthened staff capability, systems and partnerships to improve patient experience and accessibility:

- We have seen a continued focus on compliance with Oliver McGowan e-learning and sharing of good practice in Divisional meetings, Trust steering groups and committees.
- We have expanded the scope of our Trust's Learning Disability Steering Group and Trust Policy to include Autism, Neurodiversity and Children and Young People to better involve patients and carers with lived experience. We also reviewed and updated our Trust's Learning Disability action plan following participation in the NHSE Learning Disability Improvement Standards Benchmarking Project.
- We continued to promote use of the Reasonable Adjustments flag on our EPR to raise awareness of individual needs. We also strengthened our guidance to staff for the flag and developed a report to monitor its use. Our Reasonable Adjustments posters for patients and staff were relaunched to better highlight hidden disabilities.
- We have increased the number of Reminiscence/Rehabilitation and Interactive Therapy Activities (RITA) machines. We worked in partnership with service users to share their stories and experiences in a variety of ways with a focus on maintaining existing partnerships and forming new collaborations.
- We have continued to develop our Discharge Response and Peony Volunteers, working with national charities to develop these important new programmes. Our approach to Discharge Response has received national recognition.

We will ensure patients, their relatives and carers feel listened to and have clear lines of communication with staff about their condition, treatment and care. This will also include patients with health inequalities and/or sensory needs.		
Quality Indicator & Target for 2025/26	**Outcome**	**Evaluation**
► Reduction in complaints and PALS where the theme is inconsistent or poor communication with patients, relatives and carers	14% reduction	**We met the target**
► Maintain 80% of PALS responded to in 2 working days	90%	**We met the target**
► 80% of formal complaints responded to within timeframe	67.5%	**We did not meet the target**
► 15% increase in phone calls made to the complainant within 5 days of receipt of their complaint	17% increase	**We met the target**

What the data tells us

During 2025/26, the Trust experienced a continued increase in the number and complexity of formal complaints. This increased demand affected the Trust's ability to consistently meet its target of responding to 80% of complaints within the Trust agreed timeframes, with variation across Clinical Divisions. We saw a 10% improvement compared to last year, leading to a 67.5% compliance against the target of 80%. However, this includes the compliance of the 40 working day timeframe and does not include complaints received in March 2026 as these responses are not yet due.

The data calls made within 5 working days of receiving complaints will be distorted, due to the trial process for the Surgical Division from mid-November 2025 onwards. This is due to the complaints team making the 5-day call from receipt of the complaint and the complaint timeframe starting post the 5-day call.

Despite these pressures, the Trust remained focused on using complaints as a source of learning and improvement, with closer links established between the Complaints Team, Patient Safety and Clinical Governance to strengthen oversight of actions and shared learning. You can read more about our Commitment to improve our complaints service on page 15.

Our celebrations and what this means to our patients
• We co-developed a Communication Passport alongside our existing co-produced 'I am Deaf' cards to help patients share their needs and preferences and shared it with key community groups and made available to download from our website. This was adapted from another NHS Trust and shared with teams and groups for feedback, including AccessAble, members of the Worcestershire Sensory Impairment Action Group, and the Patient and Public Forum. • We continued to offer patients and staff a choice of interpreting options for patients who do not communicate in spoken English. We updated our policy to place greater emphasis on digital and telephone interpreting. We increased the number of on-demand and pre-booked interpreting machines from 8 to 17 across our hospitals. Staff can also access video interpreting using iPads and laptops and are supported by a rolling training programme. We also offer face to face and telephone interpreting. • We continued our work with AccessAble to survey our hospital sites and keep our accessibility guides up to date. In the last 12 months, the Trust's Guides have been used nearly 50,000 times by more than 34,500 people. • We worked with the ICB and launched a new Health Literacy Hub on our staff intranet. The Hub outlines the approach to Health Literacy at Worcestershire Acute Hospitals Trust - to support and enable the delivery of safe and effective, person-centred care and awareness of health inequalities. We also developed our "Deaf Awareness" pages for staff, to include key information and resources for awareness about British Sign Language as well as communicating with people with hearing loss. • We strengthened our approach to accessibility and reasonable adjustments within the complaints process, including improvements to asking complainants about their needs and how best to support them. • We recruited our second Patient Safety Partner to attend our incident review group and help to keep conversations patient focused. Both Partners are also members of the Patient and Public Forum and registered volunteers at the Trust. • Our Eye Clinic Liaison Officer started in role during November 2025 to provide support for patients within our Ophthalmology service. This dedicated role is supporting patients by providing a safe listening ear to help patients and their families come to terms with eye conditions. This includes help with understanding their diagnosis and complex medical terms, and signposting for financial benefits employment advice.

We will continuously learn from patient feedback on their experience of care.		
Quality Indicator & Target for 2025/26	**Outcome**	**Evaluation**
► 10% increase in compliments recorded	26% increase	**We met the target**
► More than 95% Friends and Family Test (FFT) recommended rate	Mixed compliance	**We partially met the target**
› Emergency Department	84%	
› Inpatient	95%	
› Maternity	96%	
› Outpatient	93%	
► All areas will meet their local targets for completion of the Inpatient Survey	97%	**We partially met the target.**
► No more than 10% of complaints returned (further concerns) from those who are not satisfied that the response answered their initial questions	10%	**We met the target**
► 50% of complaints that are closed and upheld have an associated action recorded	52%	**We met the target**

What the data tells us

During 2025/26, we focused on making it easier for patients, families and carers to share feedback about their experience of care. We did this by offering a range of accessible feedback routes, listening to lived experience, and acting on what people told us:

- We worked with our Clinical Divisions to promote and improve the capture of our learning from complaints as actions. As well as compliments to learn from excellence, recording more than 1,500 in comparison to last year.
- We have continued to improve our understanding with our complainants by engaging them earlier in the processes by improving the 5-day phone call and encouraging the clear communication of agreed terms of reference for the response.
- We continue to aim to better understand the reason for further concerns raised by complainants, so that we can ensure our responses are right first time. The success of this is reflected by the achievement of the below 10% target of further concerns where disagreement alone is removed.
- We met our target of 50% of upheld complaints have an associated action recorded using our complaints management system, Datix. Some actions in response to complaints may be tracked through wider improvement work or ongoing projects rather than against individual complaints. We continue to support Clinical Divisions to ensure that any actions in response to upheld complaints are recorded.
- Although we did not meet the 95% Friends and Family Test (FFT) recommended rate across all services, we have seen improvements in comparison to last year including our Emergency Department, which improved by 6%.
- Although not all areas met their local targets for completion of the Inpatient Survey, five months out of the year we met 100% compliance Trust wide.

Our celebrations and what this means to our patients
• Our Trust steering groups for patient experience are enabling real-time feedback on care and services and supports open discussion about patient experiences and areas for improvement. • We launched our Inpatient Survey within the Children and Young People services on the 3rd of February 2026. Following its launch we will be continuing to work to embed it this year, to enable real-time feedback on patient experience for paediatric patients, their parents and carers. • We created additional patient feedback opportunities across our Trust sites, promoting ways people can feedback, which included speaking to patients and their carers, families and friends for our annual Big Quality Conversation survey. You can read more about this on page 42. • We continued to engage with external agencies and partner organisations that use our services to gain insight into what is working well and areas for further improvement. • We continued to support staff through regular complaints response training, aligned with patient safety learning, cultural change and kindness-focused approaches, to improve the quality and tone of responses. • We engaged closely with people who raised concerns or complaints and offered a range of ways to reflect on their experience. Early contact with complainants was further embedded to help clarify concerns, agree expectations, and support timely resolution where possible. We also explored additional ways of sharing learning from feedback that does not progress through the formal complaints process, ensuring valuable insight from patient experience continues to inform improvement.

Setting our new Quality Priorities

During 2025/26, we continued to share our Strategic Objectives with Senior Leaders and Clinical teams and submitted our Integrated Delivery Plan. This describes how we will deliver our strategic and operational priorities over the next five years in line with both national and local priorities. Our ongoing work to foster cultures of kindness, psychological safety and wellbeing will also support the delivery of our objectives and priorities.

The overall themes from our Big Quality Conversation remain consistent and continue to reinforce what matters most to people who use our services: safe care, good communication, timely access, and compassionate care. We used this feedback, alongside staff insight, quality data and learning from our incidents and complaints to shape our quality priorities for 2026/27.

We will be supported by the ongoing work to strengthen an open learning culture. The 12 Fundamentals of Care continue to underpin our quality priorities, helping to ensure that improvement is grounded in the day-to-day needs of patients, families and carers.

- Communication and information
- Respect, privacy and dignity
- End of Life Care
- Ensuring a safe environment
- Mobility and falls management
- Relationships
- Rest and sleep
- Comfort and pain management
- Personal hygiene
- Nutrition and hydration
- Elimination
- Tissue viability management

Following review of our quality priorities through Trust processes, the Board has agreed the quality priorities and key indicators we will focus on during over the next year. These priorities reflect areas where we can make the greatest difference to patient outcomes and experience, and where our data and learning tell us we must strengthen to reduce avoidable harm and improve experiences of care. We have made the following changes:

- We have commenced an early review to strengthen the reporting of our quality indicators and targets for those priorities where we can measure and track progress over time.
- We have made it clear where our quality priorities will benefit from the ongoing optimisation of our digital systems, introduced earlier in the Quality Account on page 21.
- We have updated our safety focus to reflect our current risks and improvement programmes, expanding our focus on Nutrition & Hydration, across the full service.
- We also introduced a new Quality Priority to refresh our focus on Medicines Management. We commenced a working group dedicated to improving medicines safety across the Trust, overseen by our Improving Safety Action Group. This work is being delivered in phases to ensure changes are embedded and sustained and our dedicated Quality Priority will support this focus.
- We have separated our clinically effective priorities to align with national waiting time standards and targets. This ensures clarity across the different workstreams that are working concurrently to reduce delays for unplanned care and long waits for planned care.
- Our patient experience Quality Priorities are continuing to be monitored alongside the Experience of Care Framework. This will inform developments with our Patient Voice and Involvement strategy, which we coproduced with local partners and charities.

Big Quality Conversation and Results

Big Quality Conversation 2025 to 2026

Background

Every year, Worcestershire Acute Hospitals NHS Trust carry out the Big Quality Conversation (BQC). We want to know what our patients, their family, friends, and carers think about care at our hospitals in the last year. In 25/26, we received 924 responses.

Our Questions

We ask questions about the quality of the services at our hospitals. And to understand what matters most to you, we also asked these questions:

- What is the most important thing to make you feel **safe** in hospital?
- What is the most important thing to make your care **effective**?
- What is the most important thig we can do to make your experience in hospital **positive**?

We use the results to set the Trust's Quality Priorities, to improve the quality of care we provide.

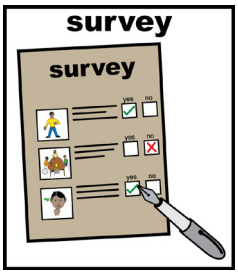
What we did this year

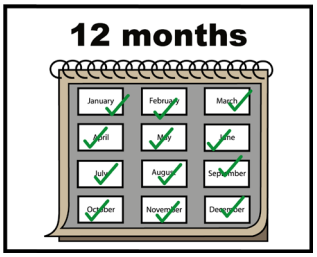
Our engagement programme encouraged people to take part in the survey in four main ways:

- We ran an online survey accessed by a QR code which we promoted on posters and table-toppers across our hospitals, cafes and restaurants.

- A digital poster was featured in mail-outs, e-newsletters and social media, targeting community partners and networks.
- Press release shared through local media channels.
- We met with people in different ways, inside and outside our hospitals. This included conversations in our hospitals, at community events and workshops supported by our volunteers, patient representatives and staff. *We would like to thank everyone involved.*

Our survey was in an Easy Read format again to make it accessible. All text and questions had an Easy Read image this year. Here are some examples of what they looked like:





Our next steps

- We got over 1,870 comments, which we analysed deeply and sorted into categories.
- The results of our BQC will be looked at by Leads in the Trust. They will make a plan to improve, based on the survey results and comments.
- Every year, we write a Quality Account, this is a national requirement for NHS Trusts. We focus on the quality priorities we set last year and we set new ones for the next year. Our next Quality Account will be available on our Trust website in July 2026.
- The next Big Quality Conversation survey will open at the start of Autumn 2026.

Results of the Big Quality Conversation 2025/26

Compared to last year's survey, we saw improvements in how people feel about our hospitals.

Our key areas for improvement remain communication, supporting people to be involved in decisions about their care, and meeting individual needs for food and drink.

Most of our questions were multiple choice, respondents could answer questions to say whether we 'Always', 'Sometimes', 'Rarely' or 'Never' met their needs. Some questions had a 'Not applicable' option, but we have excluded those results below.

	Always	Sometimes	Rarely	Never
Did you feel our hospitals were clean?	67% ▲	30%	3%	1%
Did you get the food and drink you needed when you were in our hospital?	58% ▲	30%	10%	3%
Overall, did you feel safe in our care?	67% ▲	27%	5%	2%
Did we communicate well with you, and give you enough information when you needed it?	57% ▲	31%	10%	2%
Did you feel involved in making decisions about your care?	58% ▲	27%	11%	4%
Overall, did you feel your care was effective?	63%	27%	7%	2%
Did you feel that our staff were friendly and welcoming?	72% ▲	25%	3%	0%
Did we meet your individual needs, if you required any reasonable adjustments?	61% ▲	28%	8%	3%
Overall, did you have a positive experience in our hospitals?	58%	31%	7%	4%

** The green triangle shows that this question scored better than in last year's survey. Questions without a triangle are new in this year's survey.*

We asked what is the most important thing we can do to make your experience in hospital positive?

Quality Priorities 2026/27

Care that is Safe

We will work to reduce avoidable healthcare acquired infections.

Quality Indicator & Target for 2026/27

- We will continue to work to reduce bloodstream infections and further reduce C. Difficile infections.
- National thresholds for blood stream infections will be set during Quarter 2 of 2026/27. We have agreed to continue with the thresholds set for last year until this year's national thresholds are released, these include:
  - C. diff infection: 129 cases
  - E. coli: 108 cases
  - Klebsiella: 35 cases
  - MSSA: 40 cases (internal ambition)
  - MRSA bacteraemia: 0 case
  - Pseudomonas: 9 cases

We will do this by…

- We will continue to promote safe device care. This will include:
  - Developing peripheral venous cannulation (PVD) Champion roles.
  - Promoting "Scrub the Hub" with clinical teams. This is the practice of cleaning the intravenous catheter hub to help prevent bloodstream infections.
  - The IPC Team is currently working with informatics to update and improve electronic documentation for PVD care.
  - Promotion of 8-hourly completion of Visual Infusion Phlebitis (VIP) scores to identify early signs of phlebitis.
  - Promoting safer urinary catheter care and increasing awareness of splash risks.
- We will increase support to clinical teams through education, visits, reviews, and audit. The IPC team are now completing audits electronically, improving access and transparency of audit data.
- Reviewing themes and trends from bloodstream infections and supporting Clinical Divisions to take early and preventative action, including a deeper dive into E. Coli
- Continuing joint work with the Antimicrobial Stewardship Pharmacist. This will support early identification and safe management of infection.
- Strengthening case management through timely isolation, appropriate treatment, effective cleaning, and use of HEPA air filters where required to reduce the spread of infection.
- Developing our IPC link worker network. This will focus on engagement from qualified nursing staff, regular visits, departmental reviews, and the audit programme.
- We will work towards changes in the Electronic Patient Record to introduce a prompt for staff to repeat MRSA screening for patients after 28 days.

We will ensure high standard of nutrition and hydration assessment for all patients.
Quality Indicator & Target for 2026/27
► 70% of patients with measured weights recorded on the electronic patient record ► 90% compliance with essential to role MUST, Fluid Balance, Mouth Care & Dysphagia training ► 15% reduction of nutrition and hydration related complaints
We will do this by… ► We will further review the full patient pathway for Nutrition & Hydration to identify and address gaps in service provision. This will be supported by the forthcoming refresh of our Nutrition & Hydration Strategy. ► We will continue recruitment to a fully established Nutrition & Hydration team and embed our newly appointed staff into their roles and responsibilities. ► We will continue to use RAG-ratings to prioritise review of patients by clinical risk. ► We will review referrals forms, with a view to improve and clearly identify appropriate referrals. ► We will work with Digital teams to embed an escalation process to support the timely completion of swallow assessments for patients. ► We will continue completion of bi-annual MUST audits, providing feedback to the Trust's Nutrition and Hydration Steering Group. ► We will strengthen ward-based education delivered by Dietetics and Speech and Language Therapy teams through targeted training for wards requiring additional support. This will improve awareness of Nutrition and Hydration services, clarify when and how to refer patients, and support appropriate prioritisation based on clinical risk. ► We will ensure timely specialist review and advice for patients with PEG-related issues presenting in the Emergency Department or via ambulance services, supporting safe management and admission avoidance where appropriate. ► We will ensure collaborative working between Allied Health Professional leads to design an integrated service model with agreed KPIs.

We will ensure the safe and effective administration of medicines across the Trust, reducing the risk of avoidable harm and supporting patients and staff through robust systems, education and assurance.

Quality Indicator & Target for 2026/27

- 90% compliance with new medicines competencies available through 'Alchemy'
- Compliance with the Trust's medicines management key standards:
  - Less than 6% of medicines incidents that cause harm
  - 90% compliance against the Controlled Drug audit criteria across wards and clinical areas

We will do this by…

- In May 2026 we are launching a training module on the Alchemy platform, for injectable medicines. This training will be required by all registered staff that administer injectable medications and the training package will be renewable every three years.
- At the time of writing, we are reviewing our Medicines Management Key Standards with a view to relaunch in May 2026. Our Key Standards act as our assurance framework, summarising performance to reduce avoidable harm to patients associated with medicines.
- We will work with Education Partners and Universities to ensure students are supported to have appropriate training and compliance for medicines management.
- We will launch medicines management and IV administration competence records to a learning platform, where it will be accessible to the Senior ward leadership teams.
- We will continue to use our Care Excellence Accreditation Programme to support clinical teams with safe and securing storage and handling of medication and drive improvement.

Care that is Clinically Effective

We will continuously learn from deaths, to improve the quality of the care we provide to patients, relatives and carers. We are also committed to ensuring patients dying in our hospitals receive high quality individualised care at the end of their lives.

Quality Indicator & Target for 2026/27

Evidence suggests that around 80% of deaths in hospital are anticipated. However, only 54% of patients who died in our care had an Individualised Last Days of Life Care Plan in place, and we are aiming to increase the proportion of patients supported by our care plan.

Around a third of hospital inpatients are in their last year of life, often with repeated unplanned admissions. Through a countywide programme, we are implementing the Gold Standards Framework (GSF) to identify patients earlier, improve communication, and provide personalised end of life care. Over the next few years, wards will join the GSF programme in cohort with a phased approach towards accreditation, beginning with a comprehensive package of training. Moving forwards our quality priorities focused on end of life care, are:

- Increase of patients approaching end of life are supported with an Individualised Last Days of Life Care Plan
- Support 13 wards to complete Gold Standards Framework training in 2026/27

We will do this by…

- We will continue to hold regular DREAMS (Deteriorating Patient, Resuscitation, End of Life Care and Mortality Studies) meetings to discuss and monitor learning from deaths processes within the Trust and hold Clinical Divisions to account for the provision of morbidity and mortality meetings.
- We will continue to improve the completion and timeliness of Structured Judgement Reviews.
- We will continue to meet national requirements for Learning from Deaths, including all deaths of patients with a learning disability or autism. And will use mortality data to identify and respond to any patient groups with disproportionate mortality.
- We will continue to share learning from inquests and Coroner's Regulation 28 reports.
- We will explore digital and AI-enabled approaches to support timely review and learning.
- We will work closely with other provider organisations across the ICS to support the implementation of the Gold Standards Framework and delivery of training.
- We will continue to support end-of-life care training for all clinical staff.
- We will continue to participate in NACEL (National Audit of Care at End of Life) to evaluate and benchmark end-of-life care delivered in our Trust.
- We will work to secure the Peony Volunteer Service through a permanent coordinator role.
- We will continue to seek feedback from the bereaved via a bereavement survey.
- We will work with Digital teams to improve visibility and usability of end-of-life care documentation within Sunrise EPR.

We will ensure patients requiring urgent and emergency care receive safe, timely assessment and treatment, reducing delays that may increase the risk of harm.

Quality Indicator & Target for 2026/27

- 74% compliance with the Emergency Access Standard (patients seen, treated & either admitted or discharged from the Emergency Department within 4 hours)
- Ambulance handover time of 45 minutes to be achieved
- Reduce number of patients spending 12 hours or more in the Emergency Departments
- 85% for patients receiving surgery within 36 hours for a fractured neck of femur

We will do this by…

- We are instigating an urgent and emergency care recovery board that will be Chaired by one of our Non-Executive Directors, this will involve resetting our programme with senior leaders and executive sponsors for a series of workstreams.
- We will build on the 45-minute ambulance handover programme by continuing system-wide monitoring, strengthening escalation and recovery processes using our agreed 'red lines', to reduce ambulance handover delays.
- We are working towards the reduction and elimination of corridor care in 2026/27 with our de-escalation plan, ensuring we maintain the quality of our services in ward and inpatient areas.

We will improve access to planned care by reducing waits for diagnosis and treatment, in line with national standards recognising that long waits may increase the risk of harm.

Quality Indicator & Target for 2026/27

- 81% of patients know whether they have cancer within 28 days
- By March 2027:
  - We will reduce our referral to treatment waiting list by 13,000
  - 80% of patients will receive treatment within 62 days of referral
  - No more than 14.8% of patients will be waiting longer than 6 weeks for their diagnostic test
  - 68% of our patients are waiting less than 18 weeks for a first appointment

We will do this by…

- We will continue to deliver the Elective Recovery Programme through targeted sprint activity (the allocation of funding to drive rapid increases) with a focus on high-risk specialties.
- We will expand our outpatient capacity and strengthening waiting list validation to reduce long waits and minimise the risk of harm to patients.
- We will continue targeted cancer and diagnostic recovery work by securing additional funding, expanding schemes in high-pressure services,
- We will strengthen collaboration with GP partners and maintain increased diagnostic capacity to reduce long waits and support timely diagnosis and treatment.

Care that is a Positive Experience

We will work to ensure all patients will receive safe, personalised care and achieve equality of outcomes. This will include patients requiring reasonable adjustments.

Quality Indicator & Target for 2026/27

- 90% compliance with the Oliver McGowan e-learning training
- 50% increase in the use of the Reasonable Adjustments flag

We will do this by…

- The Trust continues to promote the completion of the Oliver McGowan Mandatory Training e-learning package internally to ensure staff are supported with core learning resources. Delivery of Tier 1 (online workshop) and Tier 2 (face to face) training is funded at system level by the Integrated Care Board. While further programme delivery has been impacted by funding constraints, the Trust will continue to actively engage with system partners to support access to Oliver McGowan training for its workforce where opportunities arise.
- We will continue to monitor training compliance through steering groups and committees and support areas that require improvement. As well as sharing best practice through our Patient, Carer and Public Engagement Steering Group.
- We will continue to strengthen our involvement of people with lived experiences of hidden and seen disabilities in service planning and explore ways to share their stories and inform our learning.
- We will use our newly expanded steering group to improve staff awareness and confidence in meeting the needs of patients with learning disabilities, autism and neurodiversity and providing space to understand lived experience.
- We will continue to promote staff awareness of reasonable adjustments and sensory needs through targeted ward visits, communications and participation in Patient Experience Week.
- We will strengthen opportunities to work with networks and organisations focused on reducing health inequalities. And will continue to develop and expand volunteering roles that support patient experience.
- We are continuing to review our Patient Voice and Involvement Strategy. To support ongoing progress, we have updated the Patient and Public Forum (PPF) Terms of Reference to include external organisations, helping to strengthen links with the local community, improve our understanding of patient experience, and opportunities for joint working. We successfully launched this new way of working in September 2025, with external membership invited to join the PPF and progress reported bi-annually to Trust Board.

We will ensure patients, their relatives and carers feel listened to and have clear lines of communication with staff about their condition, treatment and care. This will also include patients with health inequalities and/or sensory needs.

Quality Indicator & Target for 2026/27

As the Trust continues to experience a sustained increase in both the volume and complexity of complaints, this has impacted our ability to meet KPIs of responding to 80% of complaints within 25-working days a target that has not been achieved for several years.

The Trust has undertaken a benchmarking exercise with neighbouring Trusts, which showed a wide variation in response standards, with many organisations extending their timeframes in recognition of rising complexity. Following this our definition of targets have been extended but, remain aligned to compliance with Parliamentary Health Service Ombudsman (PHSO). Whilst the original 25 working day target remains, we have included the clarification that a complaint will be classed as "responded to" if a meeting date is confirmed in writing within the 25 working days, and the timeframe to respond to complex complaints will increase from 40 to 60 working days. Implementation is planned from 1st May 2026 and our indicators for 2026/27 are therefore:

- 80% of formal complaints responded to within the timeframe agreed
- 80% of letters to be sent following the arranged complaint meetings within 20 working days of the meeting date.

We will do this by…

- We will continue to promote our Communication Passports and 'I am Deaf' cards with local charities that support people who are d/Deaf to engage with and reach members of the public and raise awareness across our staff.
- We have agreed a new five-year partnership so we can continue to provide and update our accessibility guides. We will work together to make it easier for people to use our services and help reduce health inequalities.
- We will continue to engage with groups and individuals with heath inequalities and sensory needs and ensure we feedback actions and updates. Our annual Big Quality Conversation survey and results summary poster supports our feedback mechanism.
- We will develop and improve our reporting arrangements to support clearer oversight of themes, trends and performance, enabling better tracking of learning and actions arising from complaints.
- We are introducing additional assurance through the development of a complaint response review process. This will support transparency, learning and alignment with national good practice. You can read more about this on page 15.

We will continuously learn from patient feedback on their experience of care.
Quality Indicator & Target for 2026/27
► 90% compliance for local targets of the Adult Inpatient and Children & Young People's surveys ► 95% Friend & Family Test recommended rate across all Clinical Divisions ► 5% increase in compliments recorded
We will do this by… ► We will continue to work with our steering groups and forums, to continuously share feedback with our staff. ► We will use our Patient Experience Week to raise awareness for both our staff and the public about how to share patient feedback and invite them to feedback on their experiences of care. We will deliver an approach that focuses on the essentials for patient experience. ► We will highlight Inpatient Survey results at Senior Nurse Board meetings to identify opportunities to improve patient experience. ► For the Patient Experience team to work closely with the PALS and complaints team and be accessible and available to meet with patients, their relatives and carers as required. ► We will continue to take patient stories to Trust Board for shared learning and awareness as well as promotion of resources available for staff. ► We will continue to learn from patient feedback and identify reoccurring themes, including complaints, PALS and the Friends and Family Test.

Statement of Directors Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS foundation Trust annual reporting manual 2019/20 and supporting guidance
- The content of the quality report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period Apr-25 to Jun-26
  - Papers relating to quality reported to the board over the period Apr-25 to Jun-26
  - Feedback from Integrated Care Board dated 27/05/26
  - Feedback from Patient and Public Forum dated 26/05/26
  - Feedback from local Healthwatch organisation dated 26/05/26
  - Feedback from Overview and Scrutiny Committee dated 01/06/26
  - The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 18/09/2023
  - The 2025 national patient survey for Maternity published Dec-25
  - The 2024 national patient survey for Adult Inpatients published Sep-25
  - The 2024 national patient survey for Children and young people published May-25
  - The 2024 national patient survey for Urgent and Emergency Care published Nov-24
  - The national staff survey 2025 published Mar-26
  - The Head of Internal Audit's annual opinion of the Trust's control environment dated 13/05/2025
  - CQC Urgent and Emergency Care inspection report dated 19/11/2024
  - CQC Medical Care (Stroke Services) inspection report dated 19/02/2025
  - CQC Services for Children and Young People inspection reports dated 18/02/2025 and 11/04/2025
- The quality report presents a balanced picture of the NHS Trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

Glen Burley
Chief Executive Officer

Frances Martin
Chair

Showcasing our Quality Improvement

Care that is Safe

Earlier bowel cancer detection through improved screening

Worcestershire Acute Hospitals NHS Trust has helped lead a national pilot to improve bowel cancer screening, supporting earlier diagnosis and prevention. By introducing a lower threshold for home testing kits, more people are now being referred for further checks when small traces of blood are found. This means screening and diagnostic teams are working closer for cancers and high-risk conditions can be identified earlier, when treatment is more effective. The programme is now being carefully and fairly rolled out nationally, with expectations that more lives will be saved through earlier detection and preventative care.

Alexandra Hospital recognised for high-quality surgical care

The Alexandra Hospital has been awarded national accreditation as an elective surgical hub, by NHS England's Getting It Right First Time (GIRFT) programme, recognising the high standards of safety and quality for patients undergoing planned surgery.

The accreditation follows several months of hard work compiling a portfolio of evidence and hosting a visit by a team of external expert reviewers who met Trust staff as well as patients who had been cared for at the Alexandra.

Reviewers highlighted the efficient, patient-focused approach and strong commitment to continuous improvement. The recognition reflects the collaborative work of teams across the hospital to ensure positive outcomes and safe, high-quality care.

Support to stop smoking improves health outcomes

The Trust's Tobacco Dependency Service continues to support patients to stop smoking, improving recovery and reducing harm. The service offers tailored support, helping many people to quit and stay smoke free. The programme has demonstrated positive outcomes, including improved patient health and reduced demand on hospital services. In recognition of this work, the service achieved NHS England Level One Service Quality Award, reflecting its commitment to best practice and focus on prevention and safer care through early intervention.

Trial improves safe transfer of patients' medicines

A trial of patient medication transfer bags at the Alexandra Hospital is helping to improve the safe handling of medicines during patient journeys. The initiative supports staff to securely store and transport patients' own medications between wards and departments, reducing the risk of loss or error. By improving visibility and organisation, the bags help ensure medicines remain with the patient and are reviewed appropriately on admission and discharge. Early feedback highlighted improved efficiency and confidence for staff, supporting a more consistent approach to medicines management across the hospital.

Care that is Clinically Effective

Neonatal team innovation delivers cost savings

Staff on the Neonatal Unit identified a simple but effective improvement that has reduced waste and delivered significant cost savings of £19,000. By reviewing existing processes and introducing a more efficient approach, the team was able to reduce stock from 49 to 23 products. Alongside the financial benefit, the changes support more sustainable use of resources and allow funding to be reinvested in patient care.

Research supports improved dietary care for kidney disease

Dr Andrew Morris, a Clinical Lead Dietitian at the Trust has published research exploring how patients with chronic kidney disease can better manage their diet. The study focuses on supporting patients to understand and take an active role in their own care. By developing more accessible approaches to dietary advice, the work supports personalised care and empowers patients to make informed choices. If you'd like to read the full publication, you can access it here:

Nutritional Self-management of Chronic Kidney Disease: A Systematic Review and Co-created Qualitative Synthesis

New study aims to improve endometriosis care

Towards the end of 2025, a major clinical study was underway at the Trust, exploring new ways to improve care for people with endometriosis. The ADDEND study focuses on enhancing diagnosis, treatment pathways and long-term support for patients living with the condition.

Endometriosis affects 1 in 10 women, but it takes an average of eight years to be diagnosed, and surgery is usually required to confirm a diagnosis. The work highlights the importance of research in driving improvements and ensuring services are based on the latest clinical evidence.

Exploring innovation at the Trust's first AI Summit

The Trust brought together experts and staff for its first Artificial Intelligence (AI) Summit, exploring how new technologies can support healthcare delivery. Discussions focused on the potential for AI to improve diagnosis, streamline processes and enhance patient care. The event provided an opportunity to share learning, showcase innovation and explore future opportunities to improve patient care and reduce waiting times. This reflects the Trust's ambition to embrace digital developments while ensuring safe and effective implementation in clinical settings.

Remarkable recovery highlights specialist cancer care

Sylvia, a patient treated at the Trust has achieved a remarkable recovery after cancer left her paralysed. Through specialist care, rehabilitation and ongoing support, she has regained mobility and independence. Her story highlights the dedication of multidisciplinary teams working together to deliver personalised treatment and rehabilitation. It also reflects the importance of early intervention and coordinated care pathways in achieving better outcomes. This example demonstrates the Trust's commitment to delivering effective, compassionate care even in complex and life-changing situations.

Care that is a Positive Experience

Supporting patients and carers during Dementia Action Week

During Dementia Action Week, teams across the Trust raised awareness and shared information to better support patients living with dementia. Activities focused on improving understanding, enhancing communication and promoting dementia-friendly care. Staff worked alongside partners and carers to highlight the importance of compassionate, personalised support. The week reinforced the Trust's commitment to improving experiences for patients and families, particularly those with complex needs.

National recognition for innovative discharge support

The volunteer-led Discharge Response Volunteering service has received national recognition for its innovative approach. The service supports patients as they leave hospital, helping them return home safely and with confidence. By working alongside clinical teams, volunteers help reduce delays and improve patient flow. This recognition highlights the positive impact of collaborative working in improving patient experience. By the beginning of 2026, the initiative had been running for 10 months and was seen as business as usual, and a total of 4,031 patients were supported or had items delivered.

Peony Volunteers bring comfort at end of life

Our Peony Volunteers are supporting end-of-life care continue to make a meaningful difference to patients and their families. Providing companionship, reassurance and practical support, volunteers help create a more compassionate and dignified experience. Their presence offers comfort during difficult times and complements the care provided by clinical teams. This work highlights the important role volunteers play in improving patient experience across the Trust.

Engaging communities through local outreach

The Trust has been working with the Kidderminster community to improve engagement and encourage conversations about health and wellbeing.

In the Summer of 2025, a 'Happy to Chat' bench was installed thanks to the collaboration of local resident Heather, Worcestershire Acute Hospitals Charity and Kidderminster Specsavers Manufacturing and Distribution Team. This approach helps to ensure spaces are available for our patients, communities, staff and visitors to have room for rest, reflection and connection.

Improving care through Acute Medical Unit redesign

In November 2025, work commenced to reset Acute Medical Units with a focus on improving patient flow and overall experience. Changes aimed to reduce waiting times, improve assessment processes and ensure patients receive the right care in the right place. By reviewing pathways and working collaboratively across teams, the Trust is developing more responsive services. These improvements support both patient safety and experience, helping to create a more efficient and patient-centred system.

Quality Dashboard - NHS Outcomes Framework

Where applicable, use of the symbol W = National average lies within expected variation (95% confidence interval)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
Preventing people from dying prematurely	SHMI value and banding Period: Jan 25 – Dec 25 Published 14th May 2026	1.08 Banding 2 'as expected'	The SHMI cannot be used to directly compare mortality outcomes between Trusts. It is inappropriate to rank Trusts according to their SHMI.			*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* We continue to monitor mortality indices on a monthly basis and these are reported through to Trust Board. Our mortality indices continue to remain within expected limits, but we do review and respond to any changes as required. *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* Further information is detailed within our Quality Priority focused on Learning from Deaths and End of Life Care on page 48.	1.06 Banding 2 'as expected' (Apr-24 – Mar-25)	1.04 Banding 2 'as expected' (Apr-23 – Mar-24)	1.0450 Banding 2 'as expected' (Apr-22 – Mar-23)
	% of deaths with either palliative care specialty or diagnosis coding Period: Jan 25 – Dec 25 Published 14th May 2026	33%	44%	17%	68%		26% (Apr-24 – Mar-25)	28% (Apr-23 – Mar-24)	29% (Apr-22 – Mar-23)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
Preventing people from dying prematurely	Patient-reported outcome score for hip replacement surgery – adjusted average health gain (Oxford Hip Score) Published 2nd April 2026 April 2024 to March 2025	22.35 Not an outlier	22.1	25.59	16.17	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* The Trust is not an outlier for Patient-reported outcome scores for Hip replacement surgery, however, is a positive outlier for Patient-reported outcome scores for knee replacement surgery. *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* Further information is detailed within our Quality Priority focused on reducing the time patients are waiting for planned and unplanned care on page 49.	21.138 Not an outlier (23/24 Final)	21.637 Not an outlier (21/22 Final)	22.754 Not an outlier (19/20 Final)
	Patient-reported outcome score for knee replacement surgery – adjusted average health gain (Oxford Knee Score) Published 2nd April 2026 April 2024 to March 2025	19.39 Positive Outlier	16.6	21.5	12.4		17.071 Not an outlier (22/23 Final)	16.034 Not an outlier (21/22 Final)	17.342 Not an outlier (19/20 Final)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
Preventing people from dying prematurely	30-day readmission rate for patients aged <16 Period: 2024/2025 Published: 27th November 2025	12.4% Band W	13.0%	1.2%	48.1%	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* The Trust continues to perform above the national average value. Even when beds are in high demand, we work to ensure patients are fully ready before sending them to their usual place of residence, avoiding readmissions. *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* Further information is detailed within our Quality Priority focused on planned and unplanned care on page 49.	12.3% (23/24) Band W	13.4% (22/23) Band W	12.1% (21/22) Band W
	30-day readmission rate for patients aged 16+ Period: 2023/24 Published: 27th November 2025	12.4%	14.9%	6.1%	25.8%		13.6% (23/24)	12.8% (22/23)	13.6% (21/22)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs scored from the National Inpatient Survey Last published: 20th Aug 2020	*No recent data published*				**This is a mandatory indicator in the NHS Outcomes Framework, however, no national data has been available since 2022/23.** Worcestershire Acute Hospitals NHS Trust intends to continue to use its quality priority focused on learning from patient feedback to improve the quality of its services. Further details are outlined on page 52.	13.4% (22/23)	12.1% (21/22)	12.8% (20/21)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
Ensuring that people have a positive experience of care	The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends. NHS Staff Survey 2025 Published 12th March 2026	58.45%	62.84%	87.3%	49.6%	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* We have continued our culture review within the Trust to improve the experience for our staff and patients. This included the launch of the Trust's Kindness in Action workshops on page 13. We have seen significant improvement in comparison to the last three years. *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* The Trust continues to monitor staff survey results through the People and Culture Committee. Our Quality Account outlines our priority areas for improvement, including our Quality Priority focused on learning from patient feedback on page 52.	13.6% (23/24)	12.8% (22/23)	13.6% (21/22)

Domain	Indicator		Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
					Best NHS performer	Worst NHS performer				
Ensuring that people have a positive experience of care	Inpatient Friends and Family test Period: March 2026 Published: 14th May 2026	% Positive	94%	95%	100%	77%	Please see previous comment.	96% (Mar-25)	94% (Mar-24)	93% (Mar-23)
		Response Rate	54%	21%	%	0%		25% (Mar-25)	37% (Mar-24)	37% (Mar-23)
	A&E Friends and Family test Period: March 2026 Published: 14th May 2026	% Positive	89%	80%	100%	64%		83% (Mar-25)	77% (Mar-24)	78% (Mar-22)
		Response Rate	26%	9%	%	0%		4% (Mar-25)	24% (Mar-24)	17% (Mar-22)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
Treating and caring for people in a safe environment and protecting them from harm	% of patients risk-assessed for venous thromboembolism Period: October 2025 to December 2025 Published: 12th March 2026	92%	91.5%	99.7%	0%	*WAHT considers that this data is as described for the following reasons:* The Trust's VTE assessment rates are above the national average value. We will continue to monitor VTE assessment rates locally to continue to improve.	95.0% (Q3 21/22)	96.4% (Q3 19/20)	94.45% (Q4 18/19)
	Rate of C.difficile per 100,000 bed days Period: Apr-24 to Mar-25 Published 24th February 2026	83	33	3	125	*WAHT considers that this data is as described for the following reasons:* Whilst there has been a continued national rise in C. Diff cases, the Trust's data is consistent with the previous year and met its contractual obligations for C. Diff. *WAHT intends to take the following actions to improve this number and so the quality of its services, by:* Further information is detailed within our Quality Priority focused on reducing avoidable healthcare acquired infections on page 45.	83.6 (Apr 23 to Mar-24)	70.5 (Apr 22 to Mar-23)	71.3 (Apr 21 to Mar-22)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
Treating and caring for people in a safe environment and protecting them from harm	Rate of patient safety incidents per 1,000 bed days Period: Apr-21 to Mar-22 Published: 13th October 2022	*No New Data Available*				***This is a mandatory indicator however, there is no national data available for 2025/26.***	42.5 (Apr-21 to Mar-22)	52.8 (Apr-20 to Mar-21)	53.1 'No evidence for potential under-reporting' (Oct-19 to Mar-20)
	Percentage of patient safety incidents that resulted in severe harm or death Period: Apr-21 to Mar-22 Published: 13th October 2022	*No New Data Available*				***This is a mandatory indicator however, there is no national data available for 2025/26.***	0.17% (Apr-21 to Mar-22)	0.26% (Oct-19 to Mar-20)	0.26% (Oct-19 to Mar-20)

Participation in Clinical Research

The Research and Innovation Strategy contribute to quality and safety at the Trust by recruiting patients into clinical research across a range of specialties. This ensures our patients experience better health outcomes through improvements to preventative medicine, diagnosis, treatment and care.

The Research and Innovation department makes the best use of the resources we are provided with from the National Institute for Health and Care Research (NIHR), research funders, and charitable funding. The Research and Innovation Strategy aims to raise awareness and engagement in research activity throughout the Trust and delivers:

- Increased participation in clinical research
- Increased income and improved efficiency
- Increased awareness of clinical research and innovation across the Trust
- Enhanced reputation externally
- Successful clinical staff recruitment within hard to recruit to areas
- Opportunities to create new roles within the Trust's workforce to support delivery of the Trust services

The table below shows the indicators used to assess our research performance.

Indicator	Benchmark	2025/2026*
Number of patients recruited into research studies	2024/2025 5,015	6,044
Proportion of studies opened within 60 days of HRA approval / site selection	>75%	Non-Commercial – 100% Commercial – 86%
Proportion of studies recruiting first patient within 30 days of site readiness	>70%	Non-Commercial – 78% Commercial – 57%
Proportion of commercial studies recruiting to time and target	>80%	100%
Increase in recruitment to commercial studies	2024/2025 72	37
Increase in number of recruiting commercial studies	2024/2025 5	6

**Data is available through NIHR Research Delivery Network*

Showcases and celebrations:

- We recruited 6,044 patients into 51 different research projects, an increase of 17% compared to 2024/2025
- We were the first UK site to recruit patients into the ECHO-AID and SWITCH research studies
- We opened the Trust-Sponsored ADDEND Study, investigating a new non-invasive way to diagnose endometriosis. This generated enquiries from over 400 women, and resulted in Chief Investigator Ms Donna Ghosh being interviewed by BBC radio
- We have been able to offer referral for cancer vaccine opportunities via the Cancer Vaccine Launch Pad
- The CORE project has offered weight management support for patients on one of our longest Trust waiting lists
- We opened CRASH-4, our first interventional study in A&E, looking at treatment for mild traumatic brain injuries in older adults
- We were credited in FLAIR trial publications as one of the highest recruiting sites. The study looked at treatments for chronic lymphocytic leukaemia (CLL)
- Three members of our team were studying for the MSc Leading Clinical Research Delivery with University of Exeter
- Clinical Lead Dietitian Dr Andrew Morris was appointed as NIHR Research Specialty Settings Lead for renal
- We secured two years of generous funding from Cure Leukaemia for a full-time Haematology research nurse

Our priorities for Clinical Research in 2026/27 are to:

- ► Finalise a new Research and Innovation Strategy that will take us through to 2029
- ► Build our capacity to deliver more research, giving more patients the opportunity to participate
- ► Encourage research to become a routine part of patient care
- ► Strengthen training and development opportunities for research delivery staff
- ► Ensure that the research studies we support are aligned with the health needs of our local population

What our patients say about their research experience

The national Participant in Research Experience Survey (PRES) is offered to all appropriate research study participants, giving them the opportunity to provide anonymous feedback. We review PRES comments and act accordingly in response to the feedback we receive to improve ways of working.

Commissioning for Quality Innovation (CQUINS)

Since 2023/24 the mandatory Commissioning for Quality and Innovation (CQUIN) scheme has been paused. During 2024/25, Worcestershire Acute Hospitals NHS Trust chose to continue with a local quality improvement scheme.

However, during 2025/26 we offered to our clinical teams to continue these innovations where they were directly beneficial to the Service. We therefore continued the CQuIN for 'Supporting patients to drink, eat and mobilise (DrEaMing) after surgery' only. Focusing on the Trust Quality Priorities to deliver high-quality care and making progress with local quality improvements.

Commissioning for Quality Innovation (CQUIN)	Non-mandatory target 25/26	Q1	Q2	Q3	Q4	Full year
Supporting patients to drink, eat and mobilise (DrEaMing) after surgery	90%	100%	100%	100%	100%	100%

Appendix 1: Clinical Audit Participation

Clinical Audit Participation Details, including examples of how clinical audit has been used to drive improvement

During 2025/26 63 national clinical audits and 4 national confidential enquiries covered the relevant health services that Worcestershire Acute Hospitals NHS Trust provides. During this period, we participated in 89% of the national clinical audits and 100% of the national confidential enquiries that we were eligible to participate in.

The below details a list of those audits and national confidential enquiries.

**The table has been updated with information available at the time of writing and may be subject to change following further submissions or audit collation.*

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Worcestershire Acute Hospitals NHS Trust participated in 100% of national enquiries for which it was eligible.

The national confidential enquiries that Worcestershire Acute Hospitals NHS Trust participated in, and for which data collection was completed during 2025/26, are listed below.

National Confidential Enquiry into patient Outcome and Death (NCEPOD)	% of Clinical Questionnaires returned	% of organisational Questionnaires returned
Stabilisation of the Critically Ill Child	100% (5/5)	100% (2/2)
Acute Illness in People with a Learning Disability	100% (12/12)	100% (2/2)
Pleural Procedures	53% (8/15)	50% (1/2)
Rib Fractures	33% (2/6)	*Currently open for data collection

National Audits

The NHS Standard Contract sets out the requirement to participate in:

- any national programme within the National Clinical Audit and Patient Outcomes Programme (NCAPOP)
  or
- any other national clinical audit or clinical outcome review programme managed or commissioned by the Healthcare Quality Improvement partnership (HQIP)
- ***and*** any national programme included within the NHS England Quality Accounts List for the relevant Contract Year (non-NCAPOP)

Worcestershire Acute Hospitals NHS Trust participated in 56 of the 63 of national audits for which it was eligible. Of these, we participated in all 29 NCAPOPs we were eligible for and 27 out of 34 non-NCAPOPs.

The national audits that the Trust are eligible to participate in:

Eligible National Audits	No's cases submitted per quarter Or % at year's end unless specified				
	Q1	Q2	Q3	Q4	Full year
EPILEPSY 12 - National Clinical Audit of Seizures and Epilepsies in Children and Young People	-	-	-	-	100%
NEIAA - National Early Inflammatory Arthritis Audit	-	-	-	-	85 cases
NNAP - National Neonatal Audit Programme	-	-	-	-	100%
NRAP (National Respiratory Audit Programme) - Pulmonary rehabilitation	117	122	69	55*	-
NRAP (National Respiratory Audit Programme) - Secondary Care - Adult Asthma	33	23	31	41	-
NRAP (National Respiratory Audit Programme) - Secondary Care - COPD	160	93	93	77	-
NVR - National Vascular Registry	96	93	94	79	-
NACEL - National Audit of Care at the End of Life	Bereavement (Quality) Surveys - 37 Staff Reported Measure: N/A – This was paused during 2025 Organisational Level Audit: Completed Annual death data collection: Completed				
NPDA - National Paediatric Diabetes Audit	ALX – 114 patients KTC – 71 patients WRH – 143 patients				
NHFD - National Hip Fracture Database	-	-	-	-	100%
MBRRACE - Maternal, Newborn and Infant Clinical Outcome Review Programme	All cases reported at the time they occur				100%
NAD - National Audit of Dementia - Care in General Hospitals	This audit continued to be developed in 2025/26, with audit data to be collated in 2026/27.				
NELA - National Emergency Laparotomy Audit	ALX – 3 WRH – 176				
NELA - National Emergency No Laparotomy Audit	ALX – 0 WRH – 4				
NMPA - National Maternity and Perinatal Audit	-	-	-	-	100%
SSNAP - Sentinel Stroke National Audit Programme	235	223	222	TBC*	-
(NAIF) National Audit of Inpatient Falls	This audit runs per calendar year, not financial year. 47 cases were submitted between 1st Jan 2025 – 31st December 2025.				

Eligible National Audits	No's cases submitted per quarter Or % at year's end unless specified				
	Q1	Q2	Q3	Q4	Full year
NRAP (National Respiratory Audit Programme) Paediatric Asthma - Secondary Care	0	0	16	0	-
National Obesity Audit	-	-	-	-	100%
National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	-	-	-	-	100%
National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	-	-	-	-	100%
National Cancer Audit Collaborating Centre - National Kidney Cancer Audit (NKCA)	-	-	-	-	100%
National Cancer Audit Collaborating Centre - National Ovarian Cancer Audit (NOCA)	-	-	-	-	100%
National Cancer Audit Collaborating Centre - National Pancreatic Cancer Audit (NPaCA)	-	-	-	-	100%
National Cancer Audit Collaborating Centre - National Non-Hodgkin Lymphoma Audit (NNHLA)	-	-	-	-	100%
National Cancer Audit Collaborating Centre - NBOCA - National Bowel Cancer Audit	-	-	-	-	100%
National Cancer Audit Collaborating Centre - NLCA - National Lung Cancer Audit	-	-	-	-	100%
National Cancer Audit Collaborating Centre - NOGCA - National Oesophago-gastric Cancer Audit	-	-	-	-	100%
National Cancer Audit Collaborating Centre -NPCA - National Prostate Cancer Audit	-	-	-	-	100%

Worcestershire Acute Hospitals NHS Trust was eligible to participate in the NDA – National Gestational Diabetes Audit national audit; however, these were removed from the Quality Account list and did not take place nationally during 2025/26.

The 27 out of 34 Non NCAPOP (National Clinical Audit and Patient Outcomes Programme) we participated in:

Eligible National Audits	No's cases submitted per quarter Or % at year's end unless specified				
	Q1	Q2	Q3	Q4	Full year
LeDeR - Learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	-	-	-	-	100%
NCAA - National Cardiac Arrest Audit For the Alexandra Hospital Site	7	9	3	TBC*	-
NCAA - National Cardiac Arrest Audit For the Worcestershire Royal Hospital Site	21	15	15	TBC*	-
BAUS Data & Audit Programme - Evaluating the Management Pathway for Suspected Testicular Cancer Referrals (EMPAST)	-	-	-	-	100%
NCAP (National Cardiac Audit Programme) Cardiac Rhythm Management (CRM)	Data submission deadline 31st May 2026				
NCAP (National Cardiac Audit Programme) Myocardial Ischaemia National Audit Project (MINAP)	Data submission deadline 31st May 2026				
NCAP (National Cardiac Audit Programme) National Audit of Percutaneous Coronary Interventions (PCI)	Data submission deadline 31st May 2026				
NCAP (National Cardiac Audit Programme) National Heart Failure Audit	Data submission deadline 31st May 2026				
NMTR – National Major Trauma Registry	Number of cases submitted currently unavailable				
ICNARC (Intensive Care National Audit & Research Centre) Case Mix Programme *Alexandra Hospital Site*	55 patients	52 patients	59 patients	TBC*	-
ICNARC (Intensive Care National Audit & Research Centre) Case Mix Programme *Worcestershire Royal Hospital Site*	128 patients	134 patients	161 patients	TBC*	-
2025 UK Parkinsons Audit	Neurology = 20 Elderly Care = 0 OT = 0 Physio/SLT = 0 Inpatient Pharmacy = 0				
UK Cystic Fibrosis Registry (Children workstream only)	-	-	-	-	100%

Eligible National Audits	No's cases submitted per quarter Or % at year's end unless specified				
	Q1	Q2	Q3	Q4	Full year
NACR - National Audit of Cardiac Rehabilitation Rehabilitation	Data submission deadline after 31st March 2026				
National Bariatric Surgery Registry	Data submission deadline after 31st March 2026				
NJR - National Joint Registry	*Data is regularly recorded, however yearly check of annual data to be undertaken from 1st April 2026 to capture missing data prior to sending to the National Team for inclusion in the annual report.*				
SHOT - Serious Hazards of Transfusion: UK National Haemovigilance Scheme	-	-	-	-	100%
PQIP - Peri-Operative Quality Improvement Programme	-	-	-	-	17
AKI - National Acute Kidney Injury Audit	Data submission deadline after 31st March 2026				
UK Renal Registry Chronic Kidney Disease Audit	-	-	-	-	100%
BCIR - Breast and Cosmetic Implant Registry	Data submission deadline after 30th June 2026				
National Comparative Audit of Blood Transfusion - 2025 Major Haemorrhage	-	-	-	-	100%
BAUS Data & Audit Programme - British audit Of the investigatiOn and referral of woMen with rEcurrent uRinary trAct infectioN using recent Guidance (BOOMERANG)	-	-	-	-	100%
National Diabetes Audit - Adults - Transition (Adolescents and Young Adults) and Young Type 2 Audit	Data submission deadline after 31st March 2026				
National Perinatal Mortality Review Tool (PMRT)	The Trust reports each case at the time it occurs directly to PMRT				100%
NDA (National Diabetes Audit) - National Diabetes Inpatient Safety Audit (NDISA)	Data is submitted at the time harm occurs				100%
NDA (National Diabetes Audit) National Diabetes Foot Care Audit	-	-	-	-	100%
NDA (National Diabetes Audit) Adults - National Diabetes Core Audit	Data submission deadline 7th May 2026				
NPID (National Pregnancy in Diabetes) National Pregnancy in Diabetes Audit	-	-	-	-	100%

The 7 out of 34 Non NCAPOP (National Clinical Audit and Patient Outcomes Programme) we were eligible for but did not participate in:

Eligible National Audits	Comments
CEM - Care of Older People	Risk assessment was requested for non-participation, for review within the Clinical Division
CEM - Time Critical Medications	
CEM - Adolescent Mental Health	
CEM - Mental Health Self Harm	
BTS - UK Interstitial Lung Disease Registry (ILD)	A risk assessment for non-participation was completed and submitted to the Clinical Effectiveness Team. There were no risks identified.
National Ophthalmology Audit Database – Age Related Macular Degeneration Audit	A Database Upgrade is required in order to participate – this is due early 2026.
National Ophthalmology Audit Database – Cataract Audit	

Worcestershire Acute Hospitals NHS Trust was not eligible to participate in the following national audits because we do not provide the services within the scope of the audit:

Ineligible National Audits	Scope
The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	Trust does not provide this service.
NCAP - Left Atrial Appendage Occlusion (LAAO) Registry	Trust does not provide this service.
NCAP - Patient Foramen Ovale Closure (PFOC) Registry	Trust does not provide this service.
NCAP - Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	Trust does not provide this service.
FFFAP - Fracture Liaison Service Database (FLSD) SCSD/ Rheumatology - Prof. Rai	Trust does not provide this service.
National Child Mortality Database	Not applicable to the Trust.
NAED - National Audit of Eating Disorders	Not applicable to the Trust.
Cleft Registry and Audit Network (CRANE)	Specialist audit.
National Adult Cardiac Surgery Audit - NCAP	Specialist audit.
National Congenital Heart Disease (CHD) - NCAP	Specialist audit.
National Clinical Audit of Psychosis	Specialist audit.
Paediatric Intensive Care (PICANet)	Specialist audit.
National Audit of Pulmonary Hypertension (COPD)	Specialist audit.
NDA - Adults - Diabetes Prevention Programme (DPP) audit	Primary Care audit.
National audit if Cardiovascular Disease prevention in Primary Care (CVDPrevent)	Primary Care audit.
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	Primary Care and Ambulance Trust audit.
Improving the quality of valproate prescribing in adult mental health services	Mental Health audit.
Use of clozapine	Mental Health audit.
Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	Mental Health audit.

Appendix 2: Care Quality Commission (CQC) Inspections and Ratings

Key		
Rating remained the same ↔	Rating improved ↑	Rating downgraded ↓

Trust Overall Rating

	Safe	Effective	Caring	Responsive	Well-Led	Overall
Overall	**Requires Improvement**	**Good**	**Good**	**Requires Improvement**	**Requires Improvement**	**Requires Improvement**

Site Overall Ratings

	Safe	Effective	Caring	Responsive	Well-Led	Overall
Worcestershire Royal Hospital	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	**Requires Improvement**
Alexandra Hospital	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	**Requires Improvement**
Kidderminster Hospital & Treatment Centre	Good	Good	Good	Requires Improvement	Good	**Good**

Worcestershire Royal Hospital

	Safe	Effective	Caring	Responsive	Well-Led	Overall
Overall	**Requires Improvement**	**Good**	**Good**	**Requires Improvement**	**Requires Improvement**	**Requires Improvement**
Medical Care (including older people's care)	Requires Improvement Feb 2025 ↔	Good Feb 2025 ↔	Good Apr 2023	Requires Improvement Apr 2023	Requires Improvement Apr 2023	**Requires Improvement** ↔
Services for Children & Young People	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019	**Good**
Critical Care	Good May 2024	Good May 2024	Good May 2024	Good May 2024	Good May 2024	**Good**
Diagnostic Imaging	Requires Improvement Sep 2019	Not rated	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	**Requires Improvement**
End of Life care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	**Good**
Maternity	Requires Improvement Nov 2023	Good Feb 2021	Good Jun 2018	Good Jun 2018	Good Nov 2023	**Good**
Outpatients	Requires Improvement Sep 2019	Not rated	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019	**Requires Improvement**
Surgery	Requires Improvement Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019	**Requires Improvement**
Urgent and Emergency Services	Requires Improvement Nov 2024 ↔	Good Nov 2024 ↔	Good Apr 2023	Requires Improvement Nov 2024 ↔	Requires Improvement Nov 2024 ↔	**Requires Improvement** ↔

Alexandra Hospital

	Safe	Effective	Caring	Responsive	Well-Led	Overall
Overall	**Requires Improvement**	**Good**	**Good**	**Requires Improvement**	**Requires Improvement**	**Requires Improvement**
Medical Care (including older people's care)	Requires Improvement Apr 2023	Good Apr 2023	Good Apr 2023	Requires Improvement Apr 2023	Requires Improvement Apr 2023	**Requires Improvement**
Services for Children & Young People	Good Apr 2025 ↑	Good Apr 2025 ↑	Good Jun 2018	Requires Improvement Apr 2025 ↔	Good Apr 2025 ↑	**Good** ↑
Critical Care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	**Good**
Diagnostic Imaging	Requires Improvement Sep 2019	Not rated	Oustanding Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	**Requires Improvement**
End of Life care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	**Good**
Outpatients	Good Sep 2019	Not rated	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019	**Good**
Surgery	Requires Improvement Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019	**Requires Improvement**
Urgent and Emergency Services	Requires Improvement Apr 2023	Good Apr 2023	Good Apr 2023	Requires Improvement Apr 2023	Requires Improvement Apr 2023	**Requires Improvement**

Kidderminster Hospital and Treatment Centre

	Safe	Effective	Caring	Responsive	Well-Led	Overall
Overall	**Good**	**Good**	**Good**	**Requires Improvement**	**Good**	**Good**
Medical Care (including older people's care)	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019	**Good**
Services for Children & Young People	Good Feb 2025 ↑	Good Feb 2025 ↑	Good Jun 2018	Good Feb 2025 ↑	Good Feb 2025 ↑	**Good** ↑
Diagnostic Imaging	Good Sep 2019	Not rated	Good Sep 2019	Good Sep 2019	Good Sep 2019	**Good**
Outpatients	Good Sep 2019	Not rated	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019	**Good**
Surgery	Good Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019	**Good**
Urgent and Emergency Services	Requires Improvement Sep 2019	Requires Improvement Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	**Requires Improvement**

Appendix 3: External Opinions - what others say about this Quality Account

Healthwatch Worcestershire

Introduction

Healthwatch Worcestershire (HWW) has a statutory role as the champion for people who use publicly funded health and care services in the county. We therefore welcome the opportunity to comment on the Worcestershire Acute Hospitals NHS Trust (WAHT) Quality Account for 2025/26.

As is our normal practice, we have used **Healthwatch England guidance** to form our response, structured around the four key questions recommended within that guidance. Our comments are based on the content of the Quality Account and informed by Healthwatch Worcestershire's ongoing engagement with patients, carers and the public.

HWW's role as a **critical friend** is to recognise and acknowledge progress, while also constructively highlighting areas where further focus, assurance or clarity would be beneficial for local people. We welcome the Trust's openness in presenting both achievements and challenges and its continued commitment to learning from patient feedback.

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

Yes – the Trust's priorities broadly reflect what local people continue to tell us matters most to them.

Healthwatch Worcestershire consistently hears that key concerns for patients and carers include:

- **Clear and compassionate communication**
- **Waiting times for assessment and treatment**
- **Timely and safe discharge from hospital**
- **Being treated with dignity and respect**

These concerns are reflected within the Trust's quality priorities across *Care that is Safe*, *Care that is Clinically Effective* and *Care that is a Positive Experience*. In particular, HWW welcomes the continued focus on:

- Patients, relatives and carers feeling listened to, including those with health inequalities and sensory needs
- Learning from patient feedback, complaints and PALS
- Reducing waiting times and improving patient flow
- Ensuring safe and timely discharge

The findings of the **Big Quality Conversation**, including response volumes and thematic analysis, further support alignment between patient feedback and the Trust's stated priorities.

Healthwatch Worcestershire also welcomes ongoing system-wide work to improve patient flow, an issue we regularly hear about through feedback relating to ambulance delays, emergency department waits and discharge pressures. The introduction of **Integrated Discharge Teams** is a positive development in addressing these challenges and demonstrates learning carried forward from previous years.

2. Are there any important issues missed?

No major issues are missing; however, HWW welcomes the opportunity to follow up on several key areas highlighted in previous Quality Accounts.

Reflecting on the Quality Accounts Objectives for 2025/6:

Good End of life – all expected adult deaths should have an individualised Last Days of Life care plan completed – achievement was 74% - the acute did not meet this target, no explanation has been provided. However we welcome the development of a new end of life dashboard to monitor use of individualised last days of life, and this remains a target for 2025/26.

Sepsis

Healthwatch Worcestershire welcomes the continued inclusion of a clear narrative on **sepsis**, following our feedback in previous years when this was initially absent from early drafts.

We note:

- The Trust's recognition of data quality and recording challenges during digital transition. The sepsis report is currently unavailable, and the evaluation is on hold.
- Assurance drawn from incident review and mortality processes that there is no increase in sepsis related harm.
- A continued focus on early recognition and escalation of deterioration However, it seems contradictory that there will be a pause in formal reporting as a quality priority while the new digital sepsis documentation and reporting is embedded as a new sepsis pathway.
- As this work progresses, we would encourage the Trust to continue demonstrating how assurance is being maintained during this transition period and how improvements in recognition, escalation and treatment will be monitored once reporting resumes.

Patient Flow and Discharge

Patient flow remains a significant concern for local people. HWW therefore particularly welcomes:

- The establishment of **Integrated Discharge Teams**
- Continued work on same-day emergency care and the discharge processes.
- Recognition of corridor care pressures and the Trust's stated ambition to reduce and eliminate this where possible
- A focus on waiting lists for discharge and treatment for 2026/27

Given the scale of the challenge, we encourage the Trust to continue to clearly demonstrate how these changes are improving real-world patient experience particularly in relation to reducing delays, improving patient experience and supporting safe, dignified care.

We also welcome the Trust's openness in acknowledging the use of corridor care during periods of operational pressure. Given the significance of this issue for patients and the public, particularly in relation to dignity, privacy, safety and overall experience, Healthwatch Worcestershire would welcome continued transparency regarding the actions being taken to reduce and eliminate this practice wherever possible.

The Trust responded to HWW comments on last year's Quality Accounts on Oliver McGowan training by providing a list of staff that required tiered 2 training. It appears that funding for this training has lapsed. Can we have assurances that level 2 training will be available for those high-lighted staff?

Workforce

HWW continues to welcome the success of the **Care Excellence Accreditation Programme**, which highlights strong nursing leadership and ward-level improvement. However, as raised previously, we encourage further transparency around:

- The impact of **senior medical and surgical workforce vacancies**, particularly in fragile services
- How these vacancies affect patient pathways, continuity of care and clinical risk
- Progress being made to stabilise services where senior vacancies are known to be challenging

This would provide additional reassurance to patients and stakeholders.

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

Yes – there is clear evidence of patient and public involvement influencing both content and priorities.

HWW recognises and welcomes:

- The continued development of the **Big Quality Conversation**
- Ongoing partnership working with the **Patient and Public Forum**
- Co-produced tools and resources supporting communication, accessibility and reasonable adjustments
- The use of multiple feedback routes, including complaints, PALS, surveys and patient stories presented to Trust Board
- The co-opted design of the Communication passport which should help patients share their needs.
- The 14% reduction in complaints with the theme of inconsistent and poor communication and recognition that different levels of complaints will require different time standards for closure.

These activities demonstrate a learning organisation and a commitment to embedding the patient voice into quality governance and improvement.

However, given the increasing volume and complexity of complaints described within the Quality Account, we would encourage continued focus on demonstrating how learning from complaints, PALS contacts and patient feedback is translating into tangible service improvements and "you said, we did" outcomes for patients and carers.

To further strengthen accessibility and public engagement, we would encourage the Trust to consider including more direct patient voice and lived experience within future Quality Accounts, for example through patient stories, case studies or examples of how feedback has influenced change.

HWW would like to have seen some commentary on the CQC ratings. For example, the CQC ratings for Children and Young People at the Alex and Kidderminster have improved. And some indication or an example of how the Trust is dealing with Required Improvements ratings.

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

Yes – the Quality Account is well structured, transparent and generally accessible, though length remains a challenge.

HWW welcomes:

- Clear explanations of quality priorities
- Consistent “what this means for our patients” narratives
- Transparency where targets have not been met, alongside planned actions
- Improved presentation compared to earlier years

As in previous responses, we would continue to encourage the Trust to:

- Produce and promote a **short, accessible public summary**
- Use clear visuals and plain English to support understanding

Conclusion

Healthwatch Worcestershire recognises the scale and complexity of the challenges facing Worcestershire Acute Hospitals NHS Trust. We welcome the

clear evidence of a developing learning culture, openness about performance and sustained efforts to improve safety, communication and patient experience.

As a critical friend, we will continue to work with the Trust to ensure that the voices of patients, carers and the public are heard, and that improvements translate into tangible benefits for people using services across Worcestershire.

Herefordshire and Worcestershire Integrated Care Board

Herefordshire & Worcestershire Integrated Care Board (HWICB) welcomes the opportunity to review and comment on the Worcestershire Acute Hospitals NHS Trust (WAHT) Quality Account 2025/26. HWICB recognises the significant pressures experienced during the year, including sustained demand across urgent and emergency care, workforce challenges and recovery of planned services. It is the view of HWICB that the Quality Account represents an honest appraisal of performance and continued commitment to improvement. The Quality Account demonstrates a clear focus on safety, compassion and learning, supported by leadership development and work to strengthen staff engagement and culture. The ICB would like to thank the Trust for their continued contribution to supporting the wider health and social care system during this period.

The Trust has made encouraging progress in digital transformation, particularly through implementation of electronic prescribing and medicines administration (ePMA), alongside continued enhancement of the electronic patient record (EPR). The ICB also acknowledges improvement in patient experience, including fewer complaints about communication, improved responsiveness from the Patient Advice and Liaison Service and an increase in compliments.

While some areas require sustained focus, the Trust has demonstrated awareness of key challenges and a clear commitment to improvement. Performance in urgent and emergency care remains under pressure, with delays in assessment and treatment, ambulance handovers and extended emergency department waits still below expected standards. However, the ICB recognises the efforts and improvements made to improve performance and reduce delays. The Trust's recognition of corridor care and commitment to eliminate it is welcome, and the ICB will continue to seek assurance on progress and risk mitigation.

Infection prevention and control performance has shown progress, although further work is needed to ensure consistent delivery against national standards. Variations in fundamental care, including nutrition and hydration assessment and end-of-life care planning, highlights the need for greater consistency. The temporary pause in sepsis reporting due to digital changes is understood, and timely restoration of robust reporting will be important.

The ICB supports the Trust's proposed quality priorities for 2026/27, which are appropriately aligned to national expectations and local system needs. The continued focus on reducing avoidable harm, strengthening medicines safety, improving access to urgent and planned care, and enhancing patient experience reflects a clear response to current risks and performance issues. The emphasis on consistency of fundamental care, alongside digital improvement and system-wide working, is particularly welcomed.

We look forward to continuing the close working relationship with the Trust and other partners across Herefordshire & Worcestershire Integrated Care System to enable us collectively to deliver continued quality improvements and work collaboratively to ensure lessons are learnt and shared across the Trust and the wider system.

Simon Trickett
Chief Executive

Patient Public Forum (PPF)

There is a lot to celebrate in this year's quality account but also areas that are giving cause for concern.

Celebrations

Culture change resonates with us. Kindness into Action and the PSIRF process of investigating serious clinical incidents go hand in hand. The PPF have a member who is Patient Safety Partner (PSP), who takes part in this process giving us confidence in it, the Trust is currently working to recruit a second PSP. The more positive staff survey, increase in compliments and all repeated questions in the Big Quality Conversation having a higher score could be an indication of their success.

It was good to read about staff innovation from all sites and disciplines. Also good to see the enthusiasm of staff for the CEA program. Research continues to be developed well and the Dreams committees – learning from deaths, end of life care and resuscitation continue to show an appetite for putting learning into action.

We welcome the scrutiny on medications and the introduction of digital prescribing.

Improving response to complaints is a subject that the PPF has actively worked on with the Trust and are delighted to have been involved with the setting up of the complaints review process and will take an active part in this.

One of our members is a discharge response volunteer. This role has had a positive impact on discharge. The peony volunteers for patients at the end of life is another brilliant innovation. The PPF would strongly urge the trust to continue this by funding a peony coordinator when that external funding stops.

Concerns

Delay in discharge; outliers – medical outliers length of stay LOS is more than twice the average LOS and surgical outliers is nearly three times; nutrition and hydration [but welcome the new recruits to the nutrition team]; slow improvement in infection control; not reaching national targets in ED and time to treatment and time to surgery; outpatient cancellations by the Trust are well above the national average[we welcome working with the Trust on the outpatient transformation which is due to start soon}.

Most of the above are impacted by lack of flow of our patients through our hospitals meaning that our bed occupancy is too high which gives rise to many of our problems.

I know that the Trust has developed many innovations that are helping improve flow, but the Trust needs more help urgently from our partners in our local health economy to make a bigger impact.

Rosemary Smart
Chair, PPF

Worcestershire Health Overview and Scrutiny Committee (HOSC)

On behalf of Councillor Richard Morris, Chair of the Worcestershire Health Overview and Scrutiny Committee:

The Worcestershire Health Overview and Scrutiny Committee (HOSC) welcomes receipt of the draft 2025/26 Quality Account for Worcestershire Acute Hospitals NHS Trust (WAHT). Members of the Committee have appreciated input from WAHT to the scrutiny process during the past year and the contribution of Senior Leaders at HOSC meetings, in particular the HOSC's ongoing scrutiny of how health and social care partners are working together to try and mitigate pressures, improve patient flow and reduce inappropriate hospital admissions.

There have been recent changes in HOSC Membership and the Committee looks forward to working with the Trust in the future. Through the routine work of HOSC, we hope that the scrutiny process continues to add value to the development of healthcare across all health economy partners in Worcestershire.

Glossary of Terms

Word	Definition
#EndPJParalysis	#EndPJParalysis is a global healthcare initiative. The campaign aims to help patients to become active in their recovery, keep their independence and help improve mental wellbeing and dignity.
AI	Artificial Intelligence
ALX	Alexandra Hospital
AMBER Care bundle	This simple clinical tool is designed to be used with patients in the last year of life who are admitted to hospital with an acute deterioration in their clinical condition that renders their immediate recovery uncertain but who are not thought to be irreversibly dying.
Being Fair Tool	The being fair tool has been developed by the NHS England national patient safety team in collaboration with stakeholders including NHS providers and regulators. This tool replaces the 'just culture guide' previously used by NHS England and ensures that staff are treated fairly after a patient safety incident.
C. Diff	Clostridium difficile, also known as C. difficile or C. diff, is bacteria that can infect the bowel and cause diarrhoea.
CEA	Care Excellence Accreditation is our Trust's internal ward accreditation programme.
Clinical Effectiveness	Clinical Effectiveness is an umbrella term describing a range of activities that support clinicians and healthcare professionals to examine and improve the quality of care. This focuses on making sure our patients have the best outcomes.
Corridor care	At times of extreme pressure across the system of Worcestershire and wider, patients may receive care in an area outside of a designated bedspace. We call this corridor care.
CQC	The Care Quality Commission (CQC) is the independent regulator of all health and social care services in England. Its job is to make sure that care provided including by our hospitals meets government standards of quality and safety.
CQUINS	Commissioning for Quality and Innovation is a payment framework that allows commissioners to agree payments based on agreed quality improvement and innovation work.
Datix	The Trust's web-based patient safety application for monitoring patient safety incidents, compliments, complaints, PALS and risks.
DQMI	The Data Quality Maturity Index (DQMI) is a monthly publication about data quality in the NHS, which provides data submitters with timely and transparent information.
DREAMS	Deteriorating Patient, Resuscitation, End of Life Care and Mortality Studies. This is a committee within the Trust.
Dysphagia	A medical condition that can cause difficulty swallowing.

Word	Definition
E. Coli	Escherichia coli, or E. Coli is a bacteria that normally lives in the intestines. Some types of E. Coli can cause an infection.
EPR	An Electronic Patient Record is an online system that allows healthcare staff to access a patient's medical records in a secure digital location.
FFT	Friends and Family Test (feedback), launched in 2013 to help providers and commissioners understand if patients are happy with the service provided. Patients can provide feedback quickly and anonymously.
Fluid Balance	Fluid balance is a term used to describe the balance of input and output of fluids in the body.
FOC	The Fundamentals of Care are a framework that outline basic principles for delivering high-quality care across various healthcare settings.
Foundation Group	Our Foundation Group is a partnership between four local NHS Trusts; South Warwickshire University NHS Foundation Trust (SWFT), Wye Valley NHS Trust (WVT), George Eliot Hospitals NHS Trust, Worcestershire Acute Hospitals NHS Trust (WAHT).
Fractured Neck of Femur	A fractured neck of femur, sometimes referred to as NOF is a common orthopaedic injury that occurs when the top part of the femur, just below the hip joint, breaks.
FTSU	Freedom to Speak Up is about encouraging a positive culture where people feel they can speak up, their voices will be heard, and their concerns and suggestions acted on with no retribution.
GIRFT	Getting It Right First Time is a national programme designed to improve medical care in the NHS, by reducing unwanted variations.
Gold Standards Framework	The Gold Standards Framework (GSF) is an evidence-based approach designed to improve the quality of care for individuals in the last years of life, ensuring they receive the best possible support and dignity.
GP	A doctor based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital.
HAFD	Hospital Acquired Functional Decline. This is where keeping a patient in a hospital bed when they don't need to be in one can slow down their recovery.
Health inequalities	Healthcare inequalities are unfair and avoidable differences in health across the population, and between different groups within society.
Healthwatch	Healthwatch is a statutory committee of the CQC. They provide an independent voice for people who use publicly funded health and social care services.
HOSC	Worcestershire Health Overview and Scrutiny Committee is responsible for scrutinising services relating to local NHS bodies and health services.

Word	Definition
Hospital 24/7	The Acute Trust service that provides consistent, expert support around the clock for patients who are sick, deteriorating, or septic across both Worcestershire Royal Hospital and Alexandra Hospital.
Hospital at Home	Hospital at home is a model of healthcare that delivers hospital level treatment to eligible patients in their own homes, instead of admitting them to a hospital ward.
ICB	Integrated Care Board, the ICB is responsible for planning health services for their local area. It manages the NHS budget and works with local providers of NHS services.
ICS	An Integrated Care System (ICS) is when all organisations involved in health and care work together in different, more joined-up ways. The focus is on providing care in a way that benefits patients.
ILDOL	The Individualised Last Days of Life (ILDOL) is a care plan. It is used for inpatients within the Trust who are approaching the end of life. The care plan is individualised ensuring that physical, emotional, spiritual and cultural considerations are discussed and documented.
IPC	Infection Prevention and Control is a practical, evidence-based approach preventing patients and health workers from being harmed by avoidable infections.
ISAG	Improving Safety Action Group
Klebsiella	Klebsiella pneumoniae is a type of bacteria usually found in the gut and airways of humans. This can sometimes cause an infection.
KPI	Key Performance Indicator
KTC	Kidderminster Hospital and Treatment Centre
Martha's Rule	Martha's Rule is a patient safety initiative to support the early detection of deterioration by ensuring the concerns of patients, families, carers and staff are listened to and acted upon.
MDT	Multi-disciplinary Team
MRSA	Meticillin-Resistant Staphylococcus Aureus is a type of bacteria that is resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. You might have heard it called a "superbug".
MSSA	Meticillin-Sensitive Staphylococcus Aureus is a type of bacteria that many people may carry on their skin and in their nose without causing an infection or harm. Unlike MRSA, MSSA is more sensitive to antibiotics and therefore easier to treat.
MUST	The Malnutrition Universal Screening Tool (MUST) is used by healthcare professionals to screen for malnutrition in adults.
N&H	Nutrition & Hydration

Word	Definition
NCEPOD	The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews clinical practice and identifies potentially remediable factors in the practice of patient care.
NICE	National Institute for Health and Care Excellence. NICE produces guidance, standards and indicators for the NHS and wider health and care system in the UK.
NIHR	National Institute for Health and Care Research. NIHR funds, enables and delivers world-class research that improves people's health and wellbeing, and promotes economic growth.
Oliver McGowan Mandatory Training	The Oliver McGowan Mandatory Training on Learning Disability and Autism is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have better training.
Outliers	This means where a patient is admitted to a ward that is not the specialty under which they are being treated.
PALS	Patient Advice and Liaison Service
Patient flow	Patient flow refers to the movement of patients through various stages of care in hospital, from their admission to discharge.
PDSA	Plan Do Study Act, a four step framework to support continuous improvement processes.
PEG	A Percutaneous Endoscopic Gastrostomy (PEG) tube is a feeding tube inserted directly into the stomach through the abdominal wall to provide nutrition when oral intake is insufficient or unsafe.
PEOG	Patient Environment Oversight Group
PFI	The Private Finance Initiative (PFI) is a partnership between the public and private sectors in which a group of private companies contracts to provide public facilities.
Positive Experience	By Positive Experience we mean making sure that our patients, their family and carers have a good experience when accessing the healthcare we provide.
PPF	The Patient and Public Forum work with the Trust to support a journey of continual improvement.
PRES	Participant in Research Experience Survey
Pseudomonas	Pseudomonas are a type of bacteria that are commonly found in soil and water. Some strains can cause an infection.
PSIRF	Patient Safety Incident Review Framework
PSP	Patient Safety Partners
PVD	Peripheral Vascular Device
Quality Account	A Quality Account is a report about the quality of services offered by an NHS healthcare provider.
Quality Priority	Every year, we share the areas we will focus on to improve the quality and safety of care for our patients. These are known as our Quality Priorities.

Word	Definition
RAG	Red, Amber, Green (RAG) is a traffic light system used to visually represent the status of a project or key performance indicator.
Reasonable Adjustments	Reasonable adjustments are simple changes that can make a huge difference for patients with seen and unseen disabilities, for example, autism or learning disabilities.
RITA	Reminiscence/Rehabilitation and Interactive Therapy Activities (RITA) machines are a digital solution to engage with patients by providing music, games and films. They are designed to calm and reduce anxiety.
RTT	Referral to Treatment
Safe	By Safe we mean avoiding any unintended or unexpected harm to people we provide healthcare to.
Safer Nursing Staffing Yool	The Safer Nursing Care Tool (SNCT) is an evidence-based tool endorsed by NICE. It is primarily used in the NHS to assist nursing staff in determining optimal nurse staffing levels based on patient acuity and dependency.
SDEC	Same Day Emergency Care
Sepsis	Sepsis is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs.
SHMI	Summary Hospital-level Mortality Indicator. The national way of measuring mortality. Includes deaths related to all admitted patients that occur in all settings - including those in hospitals and those that occur up to 30 days after discharge.
SPOA	The Single Point of Access team take referrals from across the health care service, including the ambulance service, GPs and social care. The team aims to provide alternative routes for treatment and avoid unnecessary admissions to Emergency Departments.
TIPCC	Trust Infection Prevention Control Committee
URP	The Uncertain Recovery Plan is an adapted version of the AMBER Care Bundle© - introduced by Guys & St. Thomas NHS Foundation Trust. It is a communication and planning tool which helps teams to identify those patients that have an uncertain recovery and may die during an episode of care.
VIP	Visual Infusion Phelbitis
WAHT	Worcestershire Acute Hospitals NHS Trust
WRH	Worcestershire Royal Hospital