NHS
Worcestershire
Acute Hospitals
NHS Trust

QUALITY ACCOUNT

2023/24

Acknowledgements and feedback

Acknowledgements

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

Feedback

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 and Introduction

What is a Quality Account?

A Quality Account is a report that NHS Healthcare providers must publish annually. Our Quality Account is an opportunity to make the Trust accountable to the public and look back at the last 12-months, where we:

- Review the quality of services that we offered and plan for further improvement.
- Support our communities of patients, their relatives, and carers to make informed decisions and choices about their healthcare.
- Other Providers and External Stakeholders can hold us to account as a Trust.

What will we share with you?

This Quality Account reviews our performance against the Quality Priorities we set ourselves last year in our Quality Account. Quality Priorities are our goals that we prioritise to improve the quality of care overall. After reviewing each priority, we will either keep them in place for the following year or set new ones for 2024/25. Our engagement with the public through the Big Quality Conversation supported the development of our Quality Priorities, an annual survey and we will share our findings on page 50.

We review the quality of care and set our priorities within three pillars:

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

A look back of good news stories further supports our review of quality achievements, this year we would like to promote the efforts of our four Clinical Divisions. We also report on an overview of our quality performance, based on locally chosen indicators, and a report of the key national indicators from the NHS Outcomes Framework.

Finally, we will share with you the opinions we have received in relation to the Quality Account from our external stakeholders from; the Integrated Care Board, Healthwatch, Worcestershire Health Overview and Scrutiny Committee, and our Patient and Public Forum.

About Worcestershire Acute Hospitals NHS Trust

Worcestershire Acute Hospitals NHS Trust provides a wide range of services to a population of over 603,000 people in Worcestershire and projected to rise to almost 679,000 by 2043. The age groups with the highest forecasted population growth are amongst our elderly population.

Our catchment population extends beyond Worcestershire as our patients also come from neighbouring areas including South Birmingham, Warwickshire, Shropshire, Herefordshire, Gloucestershire, and South Staffordshire. This results in a catchment population which varies between 420,000 and 800,000 depending on the service.

We operate services from:

- Alexandra Hospital, Redditch
- Kidderminster Hospital and Treatment Centre, Kidderminster
- Worcestershire Royal Hospital, Worcester
- Princess of Wales Community Hospital, Bromsgrove
- Evesham Community Hospital, Evesham
- Malvern Community Hospital, Malvern

We provide a broad range of acute services:

- General Surgery
- General Medicine
- Acute Care
- Cancer Care
- Intensive Care
- Women's and Children's services

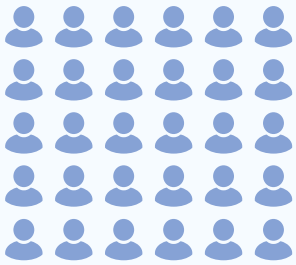
About our Trust

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

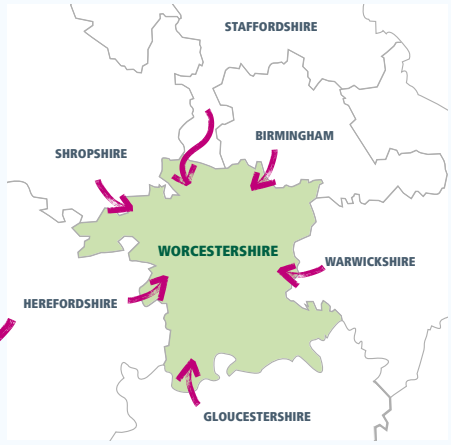
603,000

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

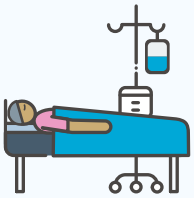
420,000 - 800,000



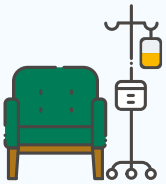
We provide a **broad range** of **acute services:**

GENERAL SURGERY

GENERAL MEDICINE



ACUTE CARE



CANCER CARE

INTENSIVE CARE

WOMEN'S & CHILDREN'S SERVICES

We also have a range of support services, including Diagnostics and Pharmacy.

During 2023/24, Worcestershire Acute Hospitals NHS Trust provided and sub-contracted additional services in six areas of elective care, including our General Surgery, Gynaecology, ENT, Orthodontics, Urology and Dermatology services. Worcestershire Acute Hospitals NHS Trust has reviewed all data available to them upon the quality of care in these healthcare services.

The income generated by these subcontracts when reviewed in 2023/24, represents 1.4 per cent of the total income generated from the provision of healthcare services by Worcestershire Acute Hospitals NHS Trust for 2023/24.

Membership of the Foundation Group

On the 1st of August 2023, Worcestershire Acute Hospitals NHS Trust became a full member of the Foundation Group. The Foundation Group is a provider collaborative between South Warwickshire University NHS Foundation Trust, Wye Valley NHS Trust, George Eliot Hospitals NHS Trust, and our Acute Trust. Since joining the Foundation Group, we have identified ten priority areas which are the focus of our current work, and which help staff in all parts of the Trust to understand their role in delivering and sustaining improvements.

A summary of our Ten-Point Plan:

1. **Focus on Flow**
   We will work together to make sure that patients in need of urgent care do not spend a minute longer in any part of our hospital than they need to.

2. **Home First Mindset / There's No Place Like Home**
   A focus on prevention and increased use of same day emergency care will help keep people at home, protecting them from hospital acquired functional decline, infections and falls.

3. **Elective care: Planning for No Delays**
   We will make sure that every patient on our waiting list gets the most timely treatment possible.

4. **Staff Experience**
   Making our hospitals even better places to work will help us to attract, and keep, the best people and deliver even better patient care.

5. **Leadership and Structures**
   We will empower leaders at all levels of the organisation - fewer priorities, clearer expectations and genuine accountability, underpinned by more effective structures.

6. **Governance**
   A revised performance and accountability framework will support the delivery of sustainable quality, safety and efficiency improvements.

7. **4ward Improvement system**
   We will simplify our improvement system to support the delivery of sustainable quality, safety and efficiency improvements.

8. **Think (and Act) as a Lead Provider**
   We will actively work with partners to improve the wellbeing of the communities we serve, deliver better health outcomes and reduce pressure on our services.

9. **Partnership with large specialist (tertiary) providers**
   We will build partnerships regionally and across the Group which improve care for our patients and secure a sustainable future for our more challenged or fragile services.

10. **'Big Moves'**
    We will test and refine our priorities to make sure we are meeting the needs of patients, while delivering improvements to achieve our Group's shared long-term strategic objectives and 'Big Moves'.

We have underpinned our Strategic Big Moves by the following **6 Strategic Pillars**:

1. **Quality:** We will improve the experience, outcomes and safety of people accessing our services.

2. **Workforce:** Our staff are our organisation. The retention, happiness and wellbeing of our workforce is essential. We want the Trust to continue to be an employer of choice, attracting the very best.

3. **Productivity:** Making the best use of our limited resources and maximising the benefits of Foundation Group working will help us to be an efficient and effective organisation.

4. **Digital:** Digital solutions can enhance services and patient experience to transform care and experience for our staff.

5. **Sustainability:** We are committed to minimising our impact on the local environment and helping to improve it.

6. **Research:** We will create a culture which harnesses and supports research opportunities and improved access to clinical research.

Our 4ward behaviours underpin these Big Moves, by which we strive to model as positively as we can, as often as we can.


Do What We Say We Will Do

No Delays, Every Day


We Listen, We Learn, We Lead


Work Together, Celebrate Together

Our improvement methodology is key to making all of this happen. Empowering and equipping 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 that have delivered in terms of patient experience and outcomes; staff morale; efficiency and waste reduction; organisational reputation and our contribution to leading improvement not just in our Trust but across our local health and care system.

10. 'BIG MOVES'
We will test and refine our priorities to make sure we are meeting the needs of patients, while delivering improvements to achieve our Group's shared long-term strategic objectives and 'Big Moves'.

1. FOCUS ON FLOW
We will work together to make sure that patients in need of urgent care do not spend a minute longer in any part of our hospital than they need to.

9. PARTNERSHIP WITH LARGE SPECIALIST (TERTIARY) PROVIDERS
We will build partnerships regionally and across the Group which improve care for our patients and secure a sustainable future for our more challenged or fragile services.

2. HOME FIRST MINDSET/ THERE'S NO PLACE LIKE HOME
A focus on prevention and increased use of same day emergency care will help keep people at home, protecting them from hospital acquired functional decline, infections and falls.

8. THINK (AND ACT) AS A LEAD PROVIDER
We will actively work with partners to improve the wellbeing of the communities we serve, deliver better health outcomes and reduce pressure on our services.

3. ELECTIVE CARE: PLANNING FOR NO DELAYS
We will make sure that every patient on our waiting list gets the most timely treatment possible.

7. 4WARD IMPROVEMENT SYSTEM
We will simplify our improvement system to support the delivery of sustainable quality, safety and efficiency improvements.

4. STAFF EXPERIENCE
Making our hospitals even better places to work will help us to attract, and keep, the best people and deliver even better patient care.

6. GOVERNANCE
A revised performance and accountability framework will support the delivery of sustainable quality, safety and efficiency improvements.

5. LEADERSHIP AND STRUCTURES
We will empower leaders at all levels of the organisation - fewer priorities, clearer expectations and genuine accountability, underpinned by more effective structures.

Visit our website to download a larger version of our Ten Point Plan.

Welcome from our Chair and Chief Executive

At Worcestershire Acute Hospitals NHS Trust, we remain committed to providing compassionate, safe and high-quality care - ensuring our services consistently exhibit the three key components of quality – patient safety, clinical effectiveness and patient and carer experience.

Russell Hardy
Chair

Glen Burley
Chief Executive

Despite the ongoing challenges posed by industrial action and increasing demands on our healthcare system, our dedicated and professional staff continue to go the extra mile every day and have worked tirelessly to deliver high-quality care to our patients and local communities.

Through innovative initiatives, collaborative partnerships and sharing best practice across the Foundation Group - which was joined by Worcestershire Acute Hospitals NHS Trust in the summer of last year - we have been able to enhance our services and better meet the evolving needs of our local communities across Worcestershire.

This work is being enabled by our new Ten Point Plan, which includes our Strategic Big Moves, and is underpinned by six Strategic Pillars - Quality, Workforce, Productivity, Digital, Sustainability and Research. Together with our 4ward behaviours and Improvement System, these are empowering colleagues and equipping them with the tools to deliver and sustain improvements across the Trust.

A collective team effort from our Trust staff, our partners across the health and care system, the voluntary sector, and our wider communities means that we have successfully completed some major transformational projects – including the opening of our brand-new Emergency Department at Worcestershire Royal Hospital, state-of-the-art theatre complex at the Alexandra Hospital and the next phase of Community and Diagnostic Centre development at Kidderminster.

We have continued the phased roll out of our Electronic Patient Record as part of our wider Digital Strategy, helping our colleagues deliver better care for our patients, and the CQC acknowledged notable improvements across our maternity service and as a result of this, the overall rating moved from ‘requires improvement’ to ‘good’.

As we head into 2024/25, our Quality Roadmap will direct our journey, and the continuation of our Care Excellence Accreditation programme will further help foster a culture of safer patient care and the sharing of best practice between departments as we focus on our Quality Priorities.

These were informed by the 904 respondents to our Big Quality Conversation and include reducing the number of hospital acquired infections, improving the safe and timely discharge of patients, reducing the time patients are waiting for treatments and ensuring patients, their relatives and carers feel listened to and have clear lines of communication with staff about their condition, treatment, and care.

We would like to put on record our thanks to all our staff and volunteers for their continued commitment and professionalism and assure our partners across the Herefordshire and Worcestershire Integrated Care System, Inspection and Regulatory Bodies, and wider communities of our commitment to our improvement journey.

Russell Hardy
Chair

Glen Burley
Chief Executive

The state-of-the-art theatre complex at the Alexandra Hospital, Redditch

The Community and Diagnostic Centre at Kidderminster Hospital and Treatment Centre

A YEAR IN NUMBERS 2023/24

549,464
OUTPATIENTS (FACE TO FACE)

121,015
OUTPATIENTS (VIRTUAL)

125,549
WALK-IN PATIENTS (A&E)

45,390
PATIENTS ARRIVING BY AMBULANCE

143,002
INPATIENTS

4,710
BIRTHS

4,300
EMERGENCY OPERATIONS

20,554
ELECTIVE OPERATIONS

2,826
TRAUMA OPERATIONS

7.1 days
AVERAGE LENGTH OF STAY

£64.9m
VALUE OF PRESCRIPTIONS ISSUED

You can see how this year compares to our previous Year in Numbers in our last Quality Account.

Download a copy from our website.

Registered Nurses and Midwives
2432

TOTAL STAFF
7546

Doctors and Consultants
840

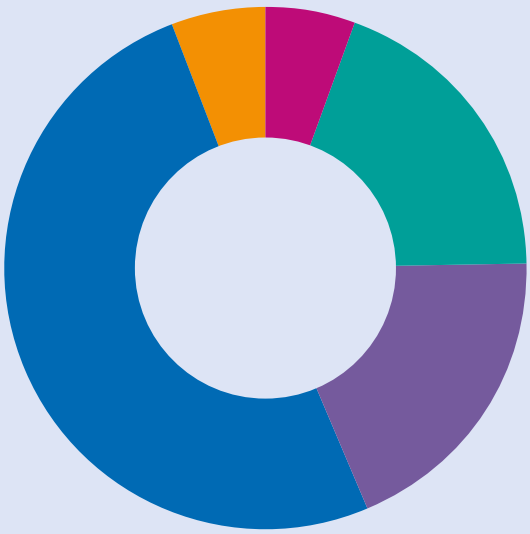
HCAs, Helpers and Assistants
1534

Other Clinical staff and Allied Health Professionals
880

Other non-clinical Support Staff
1860

Volunteers
382

Diagnostics



- MRI scans - **23,759**
- Non-obstetric ultrasound scans - **73,782**
- CT scans - **79,333**
- Plain film X-Rays - **197,904**
- Endoscopies - **22,012**

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 2022/23 Quality Account. We will also outline our Quality Priorities we are taking forward for the next 12 months and will account for these at the end of the financial year.

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

- Care that is safe
- Care that is effective
- Care that is a positive experience

We ensure the delivery of these pillars by fostering a culture that ensures we empower our staff to make improvements in their own areas. We are Putting Patients First, using a patient-centred care approach that we tailor to individual needs.

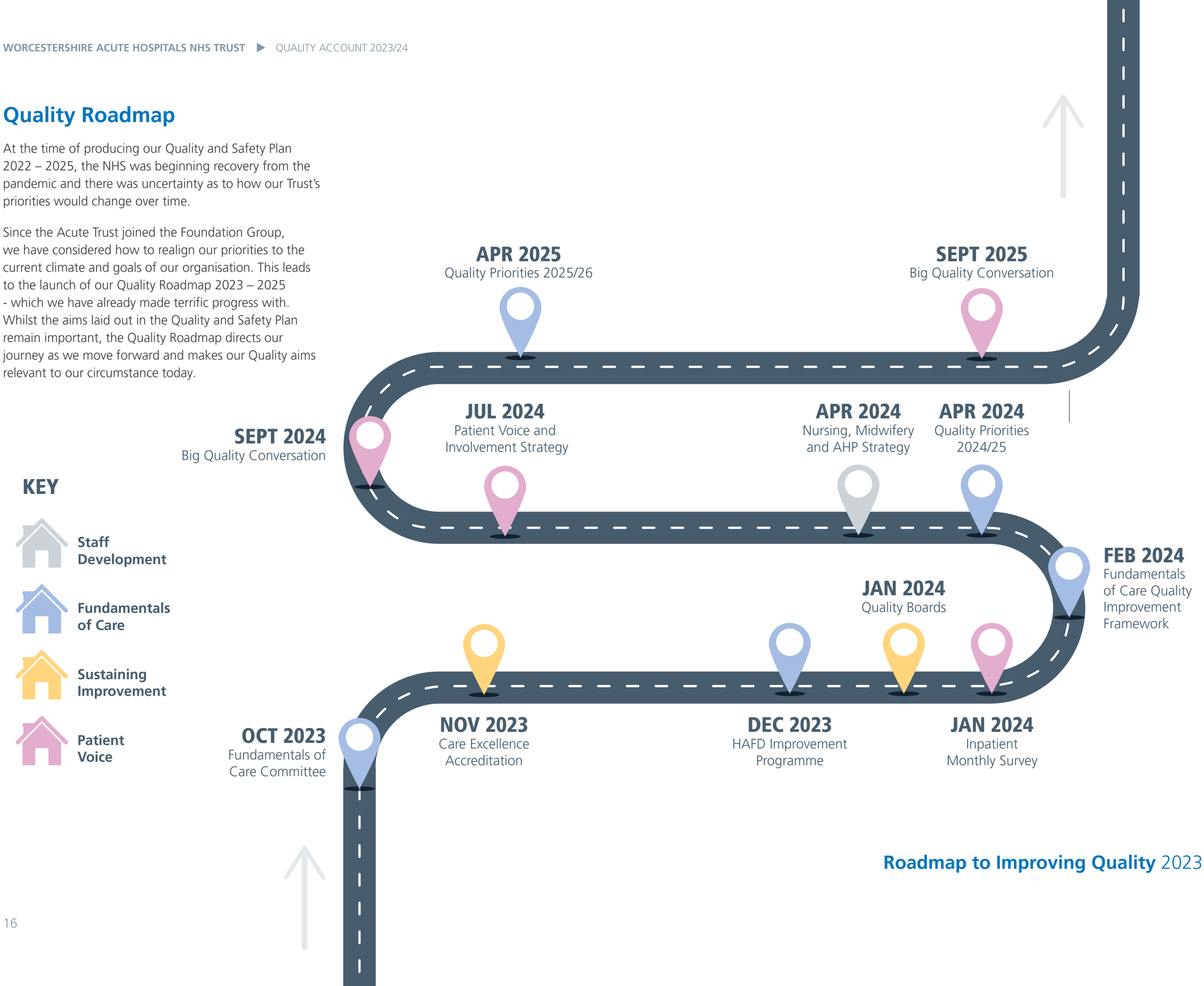
The Trust maintains its commitment to quality and continues to improve methods of quality assurance. Since our last Quality Account, assurance methods we have embedded include but not limited to are:

- The Quality Governance Committee (QGC) continues to play a pivotal role in our quality governance framework. Over the past year, we have enhanced this reporting structure by establishing three new groups:
  - Regulatory Compliance Group
  - Improving Safety Action Group
  - Clinical Audit and Effectiveness Group
- We launched a new Fundamentals of Care Committee (FOC). This gathers specialist Leads and representation from our Clinical Divisions to give assurance that we are delivering and exceeding the very fundamental basics of care. The FOC Committee can commission focused audits in line with fundamentals across the Trust.
- Our relaunched internal ward accreditation programme, Care Excellence Accreditation. See page 18 for more information.
- Our Capacity Site Management team undertake daily safety walks, this is a review of the areas where patients are receiving care in the corridor. This usually occurs due to limited resources; we ensure our patients remain safe while being in communal areas and waiting for a bed.
- Senior Nurse Quality checks continue twice weekly on inpatient Wards and Departments.
- Ward to Board Assurance reported through Divisional and Board Governance Frameworks.
- Genba walks, in line with our 4ward Improvement System, this is where Executive and Non-Executive Directors and Senior Leaders visit 'where the work is done'.

Quality Roadmap

At the time of producing our Quality and Safety Plan 2022 – 2025, the NHS was beginning recovery from the pandemic and there was uncertainty as to how our Trust's priorities would change over time.

Since the Acute Trust joined the Foundation Group, we have considered how to realign our priorities to the current climate and goals of our organisation. This leads to the launch of our Quality Roadmap 2023 – 2025 - which we have already made terrific progress with. Whilst the aims laid out in the Quality and Safety Plan remain important, the Quality Roadmap directs our journey as we move forward and makes our Quality aims relevant to our circumstance today.



Roadmap to Improving Quality 2023 – 2025

Care Excellence Accreditation

In November 2023, the Acute Trust relaunched an internal accreditation programme. The programme was reviewed and aligned with our Foundation Group and renamed 'Care Excellence Accreditation' or CEA.

The basic principles of the original Path to Platinum framework remain:

- Departments produce a Portfolio to show their journey of improvement.
- Departments receive a Quality Assurance Visit by a team of specialist leads and stakeholders.
- A Panel will assess the findings from the visit and the Portfolio to decide the Level of Accreditation.

The CEA Programme outlines four levels of accreditation that Departments can progress through:

NOT ACCREDITED

This means not fulfilling most essential elements in the Portfolio or significant concerns identified relating to patient or staff safety or experience during visit.

GOOD

This means comprehensive actions found and agreed upon, with limited evidence of improvement.

OUTSTANDING

This means comprehensive actions found and agreed upon, with clear evidence of improvement.

EXEMPLARY

This means comprehensive actions found and agreed upon, with clear evidence of sustained improvement over 12 months.

Accreditation programmes in the NHS are known for fostering a culture of safer patient care, so when twin pillared with the Trust's 4ward Improvement System, we feel the programme will inspire staff to share best practice across Departments and overall enhancing the quality of patient care. Our development over time, means we can work with other departments and outpatient settings rather than just Adult Inpatient Wards. The Acute Trust's CEA Programme reviews all evidence within six domains:

- **Environment.** The surrounding environment that influences the health and wellbeing of patients, visitors, and staff.
- **Infection Prevention and Control.** A series of practices to protect patients and others from avoidable infections.
- **Medicines Management.** The safe handling and use of medicines to ensure patients get the maximum benefit from the medicines they need, simultaneously minimising potential harm.
- **Patient Experience.** The steps taken towards a person-centred care approach. How we engage with patients, their relatives and carers and respond to their needs.

- **Staff Experience.** How leaders and colleagues contribute to fostering an environment where staff feel supported and empowered in their roles.
- **Well-Led and Governance.** There is an inclusive and positive culture of continuous leaning and improvement. Staff act on the best information about risk, performance, and outcomes to manage and deliver high quality care.

Since our first panel in February 2024, we are pleased to announce that 15 wards have achieved Accreditation.

GOOD

Alexandra Hospital

- Ward 6
- Ward 16
- Acute Medical Unit

Worcestershire Royal Hospital

- Surgical Assessment Unit
- Aconbury 1 and 2
- Acute Frailty Unit
- Avon 2
- Laurel 3
- Beech A
- Avon 3

OUTSTANDING

Alexandra Hospital

- Ward 9
- Ward 14

Worcestershire Royal Hospital

- Acute Respiratory Unit
- Medical Short Stay Unit
- Laurel 2

"The process was really enjoyable overall, and although there is a lot of work involved to create your portfolio, it gives you a greater understanding of areas that you need to focus on in terms of making improvements. It's also been a real morale boost for the team because we have been recognised for all the hard work that has been put in collectively to ensure our patients are well cared for and have the best possible experience whilst they are with us. The process definitely brought the team together knowing that we were all working towards the same goal of achieving 'outstanding' and that's just what we did!"

Claire Townsend, Ward Manager for Ward 9 at the Alexandra Hospital with the team.

National Guardian
Freedom to Speak Up

Freedom to Speak Up

A cohort of Freedom to Speak Up (FTSU) Champions across the three hospital sites support the FTSU Guardian, who is also the Lead 4ward Advocate, promoting our 4ward behaviours to influence a positive culture.

In this financial year, staff raised 102 concerns through the Trust's confidential portal. Similarly to last year the predominant theme is attitudes and behaviours. The FTSU team allows staff to raise concerns in a safe and supportive environment, provides therapeutic support and agrees a process with staff to support resolution to their concern.

The FTSU Guardian continues to promote civility and respect and the Trust's behavioural charter. The Champion role was recently relaunched, to recruit from a wider reach across the Trust, in turn this will raise awareness of the FTSU programme.

Registration with the Care Quality Commission (CQC)

The CQC is the independent regulator of health and adult social care in England. Worcestershire Acute Hospitals NHS Trust is required to register with the Care Quality Commission, and it currently maintains its registration status.

The Care Quality Commission has not taken enforcement action against the Acute Trust during 2023/24 and Worcestershire Acute Hospitals NHS Trust not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust's Regulated activities include:

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

Throughout the last year, our Executive teams have held regular meetings to engage with the CQC. These meetings serve as a platform for the Acute Trust to highlight our best practice and offer any necessary assurances of the quality of care we provide.

Since the publication of the last Quality Account in 2022/23, the Trust has received the CQC for inspection activity three times. These are as follows:

- Maternity Core Service Inspection in October 2023
- Critical Care Core Service Inspection in December 2023
- Inspection of compliance against Ionising Radiation (Medical Exposure) Regulations in February 2024

An inspection was conducted at Worcestershire Royal Hospital as part of the CQC's national Maternity Inspection Programme. The inspection reported improvements across the service, particularly in the 'Well-Led' domain. The overall rating of the Core Service improved from 'Requires Improvement' to 'Good.' The Maternity Teams remain committed to enhancing the service and are actively using the CQC's feedback to drive continuous improvement.

An unannounced inspection of our Critical Care services was conducted at Worcestershire Royal Hospital, this included a review of the Acute Respiratory Unit. The inspection reported improvements across all areas and

the overall rating of the Core Service improved from 'Requires Improvement' to 'Good'. The rating reflects the dedication and hard work of our Critical Care team who consistently go above and beyond to deliver high-quality, compassionate care to those in need.

A team of CQC's specialist inspectors conducted an announced inspection of compliance with the IR(ME)R regulations 2017. This related to the radiotherapy service at Worcestershire Royal Hospital. The CQC does not publish IR(ME)R inspection reports and the report does not directly impact the ratings of the Trust. The findings serve as valuable insights and learning for the Trust.

The Trust's overall quality rating of 'Requires Improvement' remains. The Trust continues to be rated positively as 'Good' in the CQC's Effective and Caring domains. The Trust 'Requires Improvement' in the Safe, Responsive and Well-Led domains. A table of all the Trust's CQC ratings can be found on page 96.

Digital Care Records across the Trust

We have continued our phased implementation of the Sunrise Electronic Patient Record (EPR) solution throughout 2023/24. By March 2024, our clinical teams had launched over 11 million clinical documents in our EPR, with more than 50,000 documents completed daily across our inpatient locations, as staff record episodes of care. As the EPR deployment expands, more users are coming online.

In addition to progressing through our phased work, we recognised the need to begin work on the list of optimisations for Sunrise EPR. In response, we have established the 'Operational Team', whose tasks are extremely beneficial for users of Sunrise. The goal of the Operational Team is to keep Sunrise up to date, address any safety issues identified, ensure the system aligns with updates to policies, and incorporate features that enhance user experience.
A user-friendly digital system is more likely to be used correctly and safely. The prioritisation of these tasks is based on clinical safety, Trust values, and data quality evaluation. We fully appreciate the time and effort where staff have raised concerns and changes needed. With our dedicated team, we can ensure these issues are reviewed and addressed as necessary.

Phase Three digitised the documents for our Physiotherapy and Occupational Therapy services, enabling these key Allied Professional services to fully contribute to the EPR. The EPR team have worked extensively with other key services to ensure the integration of documentation and support clinical pathways including the Bereavement Service, End of Life Care, Frailty and Tissue Viability.

The delivery plans for Phase Four: Paediatrics, and Phase Five: Cardiology Outpatients are being finalised at the time of writing and both phases are on track to go live early on in 2024/25. The Cardiology Outpatient solution has been designed to provide a blueprint to apply to other outpatient services. Once the trial is completed within Cardiology, a plan will be developed to extend the functionality to other outpatient services.

We have commenced work on the next two major phases of EPR that will be delivered in 2024/25. These include the migration from the current Emergency Department (ED) system to Sunrise EPR. This will be the first time our patients accessing urgent care in our EDs will be on the same digital solution as the rest of the hospital. 'Sunrise ED' will go live in August 2024 and the key benefits include:

- Enhanced Urgent Care Pathways – the patient journey will be digitised and available via a single electronic solution.
- Notes on patient care will be recorded electronically and be immediately available across the Trust with no legibility issues.
- Site Management and Capacity Teams will have a real-time view of ED enabling enhanced admission planning and may reduce the wait for patients.
- Sunrise Tracking Boards will be available across the hospitals, supporting our bed planning to ensure patients are receiving care in the best setting.

Work continues to develop our Electronic Prescribing and Medicines Administration (EPMA) solution and the initial delivery scope has been extended to include prescribing in our EDs as well as across our adult inpatient surgical and medical wards. EPMA is expected to go live in early 2025 and will make a significant contribution to safe and effective medicines management.

Digital Care Records Specifically in Intensive Care

Prior to the implementation of the Electronic Patient Record at the Trust, a working group was formed to evaluate the use of EPRs in the Intensive Care setting. Intensive Care is a specialist environment, where many hundreds of variables are measured and recorded for each patient daily. Critical Care teams often care for patients who may have multi-organ failure and this may involve the use of multiple pieces of equipment and medications to support them.

Most EPRs that are used trustwide focus on the care of lower acuity patients, and they require less observations and intervention. The Intensive Care working group found from their peers at other Trusts that unfortunately the Sunrise EPR being implemented across the Trust did not deliver performance as well in the Critical Care setting. After a market review for suitable products was undertaken, the preferred choice was the Philips IntelliSpace Critical Care and Anaesthesia system (ICCA).

ICCA has opportunities to configure the system to replicate and enhance existing workflows in our Critical Care team to meet their needs, with the ability to be fully integrated with all main organ support technologies currently used in the Trust. Our peers across the region already had experience with the system, meaning the risks associated with integration were minimised.

The implementation of the project was supported by a fully staffed clinical working group, headed up by a full-time project manager, and multidisciplinary members of the Critical Care team. There was also close collaboration between the Trust IT and Sunrise EPR teams. The decision was to have a full implementation of all functionalities including noting, prescription, machine integration, lab reporting, observations, and charting.

The configuration team worked tirelessly for the mammoth task of full integration between ICCA with Trust systems and technology. Our staff were trained across a 6-month period on system configuration, followed by the design and testing of a huge number of bespoke documents for every imaginable scenario. All essential staff were then trained comprehensively, to ensure a safe roll out.

Implementation was staged over two days, with the Philips commercial team on site with the full configuration clinical team. Roll out was systematic and smooth, with the configuration team having already prepared existing patients for transfer and exhaustively tested all integrations. Full transfer of all systems was achieved in this short period, with high visibility of the configuration team, along with a trained group of clinical ‘superusers’ to troubleshoot issues as they developed.

The system has been fully embedded for six months, and feedback has been extremely positive. Now the auto population of data, immediate remote access to a full medical record, and access for staff at home when on call, means the experience of our staff has improved and contributes to the experience of our patients too. Since implementation, we have continuously made hundreds of tweaks to continuing improving the system for users.

The quality of service overall has improved. The Philips team have named us an exemplar, with other organisations visiting to spend the day with the Acute Trust’s ICU team for advice on system implementation. The Trust’s ICCA configuration team has also won in the Digital Category for their implementation at the National Leadership Awards.

Work is now underway to upskill the local ICCA clinical configuration team to take advantage of the powerful audit and reporting tools available within ICCA, in which any of the thousands of variables can be pulled out for dashboard or local audit reporting. Useful reports have already been generated, including KPIs for admission timeliness and clinical reviews. This contributes to the Trust's Quality Priorities for this year from page 52 onwards.

Data Quality

Our Data Quality Priorities

Every year, the Trust contributes to national submissions of data through the Data Quality Maturity Index (DQMI), which is produced by NHS England and Improvement. We have seen steady improvements in our data submissions and our performance of 92.9% is well above the national average of 75.8% this year. Our goal for the next year is to reach 95%.

We have continued to support the recovery of elective care by ensuring that the waiting lists are as accurate as possible. The validation of patients on waiting lists remained a priority. In 2022 NHS England and Improvement provided a framework for organisations to undertake ongoing validation, by contacting patients whilst waiting to receive elective care. This meant that 9% of all the patients we contacted responded to advise they no longer needed their appointment or treatment in 2023/24.

Unfortunately, we did not meet the national target for data quality, with our submission having 6% of data quality issues instead of the permitted 2%. We are looking to improve performance in this area in the next year.

We continue to carry out regular checks against the NHS Spine. This includes checking that the record is closed for deceased patients and updating missing demographic data including patient NHS numbers, date of births, GP surgery details and personal contact details.

Data quality and the new Electronic Patient Record (EPR)

Implementing the first phases of the new EPR has provided us with a unique opportunity to refresh our staff's knowledge on the importance of complying with our data quality principles. Such as ensuring data is recorded in a timely manner, producing an accurate reflection of facts, and data has purpose, is relevant and complete.

The design process for the EPR identified opportunities to improve the efficiency of data flows, which is how data moves from one component to another within a system or programme and we are seeing early signs of improvement in the accuracy of clinical and operational data.

This is predicted to lead to financial benefit in the future, by reducing the resources required to fix data errors. As we expand the EPR's capabilities and integrate it with other systems, we anticipate fewer data quality issues, especially in areas like emergency care and maternity services.

Optimising our financial position with data quality

We have been resolving errors in our secondary user submission (SUS), this includes where there are gaps in records for our activities such as telephone consultations or outpatient activity. In the next year, we will review our SUS submission process to find more financial benefits.

Our Digital Data Quality team has been working alongside our finance team to ensure the Trust

receives payment for the services it provides. One project is focused on identifying cohorts of overseas and private patients earlier, informing them of payment requirements before they receive NHS treatment.

The Trust submitted the following number of records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in England's Hospital Episode Statistics:

- **A&E Records:** 170,939 patients attended our Emergency Departments at Worcestershire Royal and Alexandra Hospitals and our Minor Injuries Unit at Kidderminster Treatment Centre
- **Inpatient Records:** 146,545
  - **Elective:** 84,980 (Daycase: 78,950 / **Ordinary Elective:** 6,025)
  - **Non-Elective:** 61,570
- **Outpatient Records:** 531,360
  - **First Outpatient Appointments:** 308,375
  - **Subsequent Outpatient Appointments:** 222,985

2023/24 Quality Priorities

In last year's Quality Account, we set our Quality Priorities a little differently, to continue to align with the Care Quality Commission's new way of working and their introduction of their Quality Statements. The CQC say that Quality statements are the commitments that providers, commissioners, and system leaders should live up to.

In our Quality and Safety Plan 2022-2025, we used Quality Statements to say what we would do to improve the quality of care. The Quality Priorities we used under each statement help the Trust to fulfil our pledges.

Last year the Quality Priorities we set were narrative based, to support us in accounting for events by building a story for the public, where in previous years we set numerical targets.

When accounting for our Quality Priorities, we have continued to include metrics and data. This includes both data that we gather and review internally and data that is nationally benchmarked. We have also said; 'what this means to our patients' so you understand how our showcases and areas of focus will affect their care and access to our services. Following the accounting for our Quality Priorities, you can see the areas of focus we are taking forward for each Quality Statement on page 52.

We still visualise the three pillars of quality in a house. After the Trust introduced the Quality House last year, we asked each of our Clinical Divisions to create their own and outline how they will contribute to the Trust's Quality Priorities.

Each department overseen by our Clinical Divisions then made their own too. This meant every team in the Trust had the opportunity to say what the Quality House should look like in their areas and specialties and how they were contributing to overall quality improvement for the Trust.

THE QUALITY HOUSE

Our Quality Statements and Priorities 2023/24

Safe

Our patients will continue to receive the highest levels of Infection Prevention and Control (IPC) excellence, reducing the risk of nosocomial (healthcare acquired) infections in hospital.

Our patients will experience safe and timely care from hospital.

Clinically Effective

We will commit to continuous learning from deaths and monitor and seek to reduce mortality rates for patients whilst under our care.

Our patients will experience better health outcomes due to a regular programme of clinical audit and subsequent quality improvement projects.

Our patients will receive timely treatment and care through improved waiting times, seven day services and a focus on reducing our backlog.

Positive Experience

Our patients, their relatives and carers will experience better access to our services, particularly those who live with health inequalities.

Our patients, their relatives and carers will be involved in decisions about their healthcare and be given information in a way that they can understand.

Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services to ensure learning and improvements can be prioritised.

The Quality House

Our Quality Statements and Priorities for 2023/24

Care that is Safe

We will work to reduce Clostridium difficile healthcare acquired infections

Data and Outcome Measures:

The national target for 2023/24 was no more than 78 cases.

We did not achieve the target. We had 127 healthcare acquired C. Difficile cases.

We set ourselves an internal target of 90% for Antimicrobial Stewardship audits and achieved 90.6% in 2023/24.

We are meeting our Infection, Prevention and Control mandatory training goals.

Our compliance is 95.6% for Level 1 and 90.1% for Level 2, both exceeding the Trust's 90% target.

Showcases and Celebrations:

Despite not having met the trajectory that has been set, the C. Diff action plan is nearing completion, and we will continue the outstanding actions into the new financial year. At the time of writing, the actions we have completed include:

- The successful launch of the diarrhoea risk assessment on the new electronic patient record (EPR) system, to ensure that our treatment for relevant patients is optimised. We will continue to ensure its use is embedded.
- Strengthened our promotion of hand hygiene for patients prior to and post meals, ensuring all wards have supplies of hand wipes.
- Weekly reviews between the IPC team and microbiologist to ensure the treatment of patients with C. Diff is optimised.
- Optimisation of items stored in the Ward sluices to prevent cross-contamination.
- The Launch of a 'Gloves off Campaign' to promote good hand washing practice.
- Continuous deep clean of cubicles in the Emergency Dept. at the Alexandra Hospital.

Care that is Safe

- Improved compliance with commode cleaning by changing the sporicidal wipes to a more user-friendly product.
- Developed a schedule to replace mattresses across the hospital sites.
- Implementing a process to notify patients GPs of C.Diff results through letters.

Our Infection Prevention Control (IPC) team have successfully hosted study days to our link practitioners across the Trust, this supports the sharing of learning and championing the best IPC practices, such as sustaining the standard of hydrogen peroxide vapour (HPV) cleaning when a patient with C. Diff has left one of our side rooms.

This has not yielded the outcomes we anticipated in an overall reduction in cases, however we have seen a reduction in C. Diff outbreaks. Each sample is sent for ribotyping, a technique used for bacterial detection, and there have been only two that have returned the same, this indicates that there have been minimal transmission events.

What this means to our patients:

Maintaining and sustaining our IPC fundamentals of care are essential to providing clean and safe care for our patients.

We are working to improve the quality of antimicrobial treatment and stewardship, this will reduce the risks of inadequate, inappropriate, and adverse effects of antimicrobial treatment for our patients. By doing this we will improve the safety and quality of patient care and make a significant contribution to the reduction in the emergence and spread of antimicrobial resistance (AMR).

Care that is Safe

We will ensure our patients experience safe and timely discharge from hospital, supporting patient flow

Data and Outcome Measures:

In 2023/24:

- 65% of our patients were seen within 4 hours in our Emergency Departments, this is the same as our performance last year.
- On average, 948 ambulance arrivals experienced a handover delay of 1 hour or more each month. This was an improvement compared to last year, where the average was 1,102 ambulance arrivals.
- 16,500 patients attended our Same Day Emergency Care (SDEC) units which is a 20.7% increase compared to last year, indicating that we are effectively alleviating pressure on our Emergency Department.
- 20% of our patients were discharged from the hospital before midday, overall this is a 1% increase compared to last year. However, we are observing month-on-month improvements and anticipate this positive trend will continue.

Showcases and Celebrations:

Our Trust's Hospital Flow Improvement Programme has been relaunched with additional resources from Transformation, Project, and Improvement teams. The Flow programme covers:

- Site Management
- Virtual Wards
- Single Point of Access
- Frailty
- Front Door: this includes Same Day Emergency Care services, GP streaming, and supporting professional activities as well as our Emergency Departments
- And Discharge transformation workstreams

These six workstreams share the aims of improving flow through our hospitals, improving patient care and the experience of the public and our staff. The scoping of

Care that is Safe

workstreams and agreement of KPIs are in the early stages, however the establishment of this programme has created significant scope for improvement work, which has already commenced.

- We have active collaboration with our system partners, working together to improve the provision of care and access to services for patients across the Integrated Care System.
- We have undertaken trials under our Discharge Transformation workstream, across four of our Wards to enhance their Board Round processes. This is when our multi-disciplinary team meet and review patients jointly to ensure they are getting the best care and are discharged home when they are ready. Two more Wards are in line to start trails and the long-term aim is to roll this out Trustwide across all wards.
- One of the trial Wards will be producing a video of their board round to facilitate shared learning trustwide. This has been celebrated as a positive test of change.

What this means to our patients:

We are setting clear objectives and building foundations in our projects to deliver high-quality board rounds throughout our wards. This is to improve timely discharge for our patients.

Our workstreams have been established to resolve any delays in our patient's stay, and by doing this we are enhancing patient experience and reducing the risk factors associated with prolonged hospitalisation.

The workstreams, look not only at Emergency Departments, streaming processes, and admission avoidance. They also look at flow, discharge, and processes throughout the Trust to improve our patient's journey from start to finish as well as across the care system.

Care that is Clinically Effective

We will continuously learn from deaths, to improve the quality of care we provide to patients, relatives and carers and identify where we could do more

Data and Outcome Measures:

Summary Hospital-level Mortality Indicator (SHMI)	
SHMI (Jan-Dec 2023)	1.06
Banding	'As expected'

Showcases and Celebrations:

- We have integrated our internal committees together to share more learning and have an integrated Learning from Deaths report. Our 'DREAMS' Committee joins the specialist and key leads from:
  - The Deterioration of patients
  - Resuscitation
  - End of Life Care
  - And Mortality Studies.
- Divisions now regularly report to the DREAMS meetings. They pull together data from complaints, and any clinical incidents for the Committee to review and discuss.
- The Committee works closely with our Informatics team. This ensures we are prioritising getting the right data and plan actions against the findings.
- We have developed new standard operating procedures, which set a standard for timely Structured Judgments Reviews (SJR) – this is where we look at the death of a patient and the care we gave them. The findings feed into Mortality and Morbidity meetings.
- The findings from SJRs now lead to deeper investigations where opportunities for improvement are identified.

Care that is Clinically Effective

- We have been working closely with the Integrated Care Board and their mortality and learning from deaths group. This ensures the Acute Trust is represented, and it has supported links with other Acute Hospitals.
- We have undertaken deep dives into areas of high mortality or national concern to help Executives make decisions around resource allocation for example, Covid-19 or care of the elderly in Emergency Departments.
- We continue to monitor the Trust's mortality rates and more information can be found on page 74.

What this means to our patients:

Our patients can be reassured that our Trust has a rate of deaths no higher than our peer organisations. Teams within the Trust have a prompt robust system for escalation when there are deteriorating patients that attend our Emergency Departments.

We are also working closely with the medical examiner system, this means any concerns about the care that has been provided is examined, particularly for our most vulnerable patients.

Care that is Clinically Effective

We will deliver action plans and identify improvements to achieve local and national best practice initiatives

Showcases and Celebrations:

Attaining local and national best practice initiatives is a fundamental part of delivering high quality care. We regularly assess our operations, clinical procedures, and patient outcomes, and this enables us to identify areas for improvement and formulate action plans to address the needs of our services.

In 2023/24, we completed four National Institute for Clinical Excellence (NICE) audits:

- We repeated an audit of Alcohol Withdrawal Management in Accident and Emergency. This relates to NICE Clinical Guidelines CG115.
  - This audit supported the continued funding of an Alcohol Liaison Nurse in the Emergency Department.
- We conducted an audit of Venous thromboembolism (VTE) compliance. This relates to NICE Guidance NG89.
- We repeated an audit of Acute Kidney Injuries (AKI) in patients with neck of femur (NOF). This relates to NICE Guidance NG148.
  - We found the incidence has decreased from 28% to 5.5%, which is lower than national rates for similar patient groups.
  - There is enhanced fluid balance and monitoring in this group which reflects improved education of Junior Doctors and Nursing teams.
  - A recommendation was to consider implementation of an AKI checklist.
- We repeated an audit to evaluate the waiting time, reporting time and outcome of suspected spinal metastasis, referred for MRI whole spine on 7-day pathway. This relates to NICE Clinical Guideline CG75.
  - Our re-audit revealed a significant improvement in the reporting of MRI scans conducted under the metastatic spinal cord compression (MSCC) 7-day pathway. Our NICE compliance improved from 66% to 90%.

Care that is Clinically Effective

What this means to our patients:

The Clinical Effectiveness team now work more collaboratively with specialist leads undertaking audits. This provides opportunities to support the undertaking of clinical audits and that relevant stakeholders have been involved to plan the associated actions.

Our patients should be assured that any audits undertaken within Trust are purposeful and the findings will lead to meaningful improvements.

Showcases and Celebrations:

The safety of our Maternity services remains a critical area of focus within the NHS. The Maternity Incentive Scheme (MIS) is a financial incentive programme designed to enhance maternity safety within NHS Trusts. It rewards Trusts that can demonstrate that they have implemented a set of core safety actions, by adopting best practices.

In 2023/24, which is fifth year of the MIS since its introduction, we achieved successful compliance with 9 out of the 10 safety actions outlined. At present, we are awaiting confirmation of additional funding to support recruitment of additional theatre staff which will expand our workforce. This pivotal step will move us closer towards accomplishing our final action.

What this means to our patients:

Our commitment to achieve all ten actions outlined in the Maternity Incentive Scheme, will lead to an improvement in the quality of care for women, families, and newborns. Service users can be assured that the Trust is reaching a very high level of nationally recommended safety actions. Pending receiving the necessary funds, the expansion of our workforce will enhance our staff's capacity to provide care and support to families.

Data and Outcome Measures:

The Improvement Team deliver essential-to-role Foundation Training for all staff and as of April 2024, approximately 38% have completed this.

The following Rapid Process Improvement Workshops (RPIW) were held in 2023/24:

- Patient Flow Value Stream focused on timely Occupational Therapy referrals; we

Care that is Clinically Effective

were able to reduce the time from referral to be seen from 18 hours 30 minutes to under 1 hour

- Recruitment Value Stream focused on Consultant recruitment, we made Consultant recruitment faster cutting the process from over 27 weeks to just over 14 weeks

Showcases and Celebrations:

The 4ward Improvement System at Worcestershire Acute is our Trust's methodology for continuous improvement, ensuring we achieve our purpose of Putting Patients First. It empowers all staff to develop skills and mindset for daily improvement, ensuring high-quality, safe care for patients and staff satisfaction. There are a range of methods we use to undertake and showcase our improvement work:

- Training and coaching
- Showcasing Walls available to view by the public, across all three hospital sites
- Weekly Accountability Walls that staff can attend to receive updates and get support from members of the Executive Team, if required, to implement and sustain improvement
- Rapid Improvement Events (RIE) focus on improving a particular process
- Rapid Process Improvement Workshops (RPIW) are five-day workshops that include cross functional teams coming together to collaborate
- Kaizen Events are 1-3 day workshops for small teams to improve a process

What this means to our patients:

Our improvement system seeks to help us identify and eliminate waste. Waste can be anything that doesn't add value to our patients or customers. When we eliminate waste, we free up time and resources. This means that our staff will benefit from reduced pressure, greater efficiency, improved morale, increased job satisfaction and a better work/life balance. As a result, patients receive timely, high-quality care that meets their needs and improves their overall experience.

Care that is Clinically Effective

We will deliver an annual programme of focused national and local audits including Best Outcome for Patient Programme (BOPP) to provide assurance and improve quality

Data and Outcome Measures:

Throughout 2023/24, our Trust actively engaged in 54 national clinical audits and 3 national confidential enquiries relevant to our healthcare services. We are pleased to report that we participated in 100% of eligible audits and enquiries.

Showcases and Celebrations:

In addition to national audits, we have a Trustwide Forward Plan that identifies local audits that we would like to undertake. In 2023/24, we completed 3 audits:

- To audit the appropriateness of MRI head done for Transient Ischemic Attacks (TIA) from the Stroke Team – This audit revealed need for improvement at several points in the pathway, which have been discussed at the appropriate Leads meeting and disseminated to the relevant teams. A repeat audit will be considered once the changes have been embedded.
- An audit of current waiting times for joint injection clinics in Rheumatology – As a result of this audit, the Rheumatology Department have expanded joint injection clinic capacity and refined referral criteria. This has resulted in a significant improvement to waiting times which will continue to be monitored through regular updated to Department Business Meetings going forward.
- An audit in Paediatrics of the Kaiser Permanente Sepsis Risk Calculator – As a result of this audit, a clear flowchart developed by the neonatal network is now available on our intranet and prominently displayed in relevant areas This tool helps midwives easily identify babies eligible for the KP sepsis calculator and guides Junior Doctors on its use to identify at-risk infants. Additionally, every new rotation of Junior Doctors receives a training video on using the KP sepsis calculator. These measures ensure the correct babies are identified for screening, reducing unnecessary blood tests and antibiotic use.

More detail on our audit programme can be seen on page 86.

Care that is Clinically Effective

What this means to our patients:

Undertaking national and local audits provide valuable insights into the quality of care being delivered, identify areas for improvement and help ensure that our services meet national standards and guidelines. Additionally, audits can provide assurance to our patients and stakeholders regarding the safety and effectiveness of healthcare services.

Ultimately, these audits contribute to better patient outcomes, improved patient experiences and the delivery of high-quality care across our Trust.

We will reduce the time patients are waiting for treatment in line with national targets

Data and Outcome Measures:

In March 2024, our continued efforts to eliminate the longest waiting period means there are now no patients waiting over 104 weeks, for their treatment.

In March 2024, over 75% of patients referred with suspected cancer waited less than 28 days for a diagnosis.

In 2023/24, 192 procedures were undertaken robotically across Gynaecology and Urology specialties. This newly commenced service will improve elective productivity and support the annual turnover of procedures.

Showcases and Celebrations:

We have continued to successfully reduce waiting periods for our patients in both elective and non-elective settings. The expansion and investment in several of our services have made this possible, including:

- Opening additional operating theatres at the Alexandra Hospital, increasing our capacity for surgery. And our robotic surgery programme continues to go from strength to strength.
- Opening our modern Emergency Department at Worcestershire Royal Hospital, including an expanded paediatric department and dedicated space for ambulatory majors.

Care that is Clinically Effective

- Co-locating our medical and surgical same day emergency care (SDEC) provision on the Worcestershire Royal, has increased the capacity in this service.
- Leading the introduction of the Single Point of Access, with our system partners. This means advice and guidance for clinical teams across the county on access to on alternatives to Emergency Departments.

What this means to our patients:

Our reduction in waiting times, means that all patients can expect to wait for less time for routine or cancer treatment than they would a year ago. This is likely to reduce the risk of harm whilst waiting for treatment.

For patients with urgent care needs, our investments and expansion of services, means that patients are more likely to be able to access the care they need in the first instance. And the time for those who need to access our Emergency Department will improve.

Care that is a Positive Experience for our Patients

We will work to ensure patients with Learning Disabilities will receive safe, personalised care and achieve equality of outcomes

Data and Outcome Measures:

There is a 'digital flag' on our patient record system which is applied to let our staff know that a patient has a learning disability. Each month, we typically have around 39 patients with a learning disability who stay in one of our hospitals for at least one night.

Showcases and Celebrations:

We reintroduced our internal Learning Disability Steering Group and have seen dedicated attendance and investment not only from our Clinical Divisions but others with an interest across the Trust. This meeting allows for the sharing of information, real life cases to be discussed and how wards have changed their practice or intervention to appropriately deal with the needs of patients.

We also hold a mirroring external Learning Disability meeting on a quarterly basis, inviting stakeholders and those with lived experience and past patients to share their experiences and suggest where improvements for patients could be made. The new format of our meetings and improved engagement has supported the following:

- We will be introducing a working document for staff working with the A&E departments about the assessment, care, and treatment of patients with a Learning Disability and or Autistic people. As we understand these patients can be frequent attendees within healthcare services.
- Our Emergency Department have introduced boxes with fidget toys and communication fans to support those who may be non-verbal, to support our patients feeling at ease and bridge communication with staff.
- We participated in NHS Benchmarking Network's Annual Learning Disability Project. Last year the Trust struggled with the resources to engage with the patient and staff survey elements. This year we collated forty-five staff responses in comparison to zero the previous year, and we collated twenty-seven patient surveys in comparison to four the previous year. We look forward to receiving our tool kit from the

Care that is a Positive Experience for our Patients

benchmarking team and this will inform a trustwide action plan for Learning Disabilities.

- Departments across specialties have introduced standard practice to offer visits for patients with Learning Disabilities prior to an operation or procedure so they can see the area and meet the staff. This helps to reduce their anxieties and prepares them for their onward care.
- We have continued to work with the Integrated Care Board for our staff to access the Oliver McGowan training and have received great feedback from our staff around the overall message and delivery of the training.

What this means to our patients:

Our staff are being supported and equipped to advocate for patients with Learning Disabilities. We want to ensure both staff and patients feel confident to communicate and are supported to do this in the way they choose with the addition of our resource boxes.

We are working to deliver individualised care and reasonable adjustments, so that patients have a positive experience when they are with us and will be less fearful and worried about returning to hospital in the future.

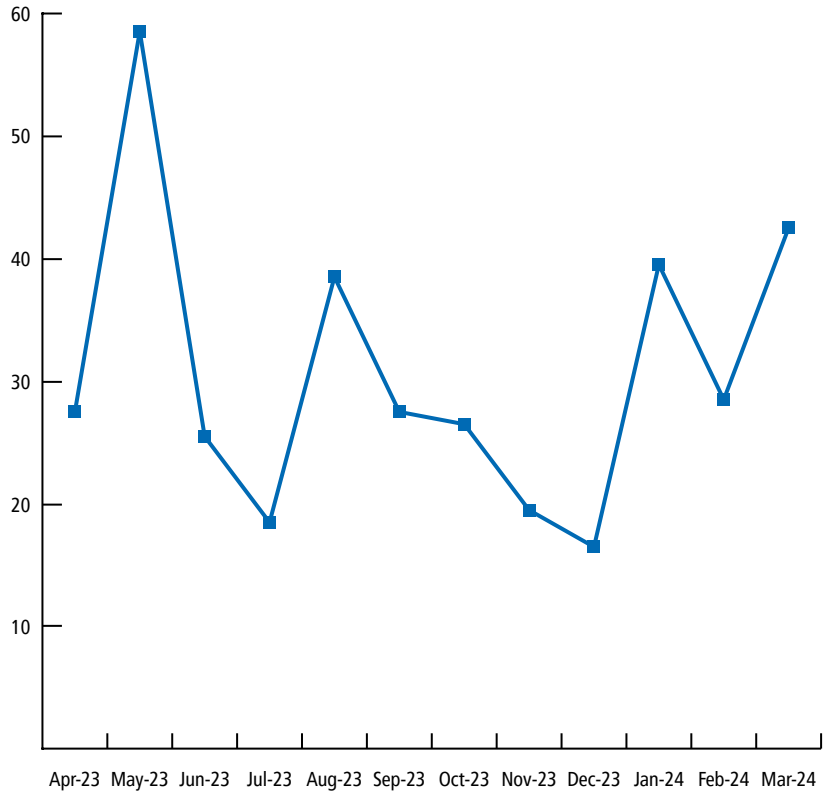
Care that is a Positive Experience for our Patients

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

Data and Outcome Measures:

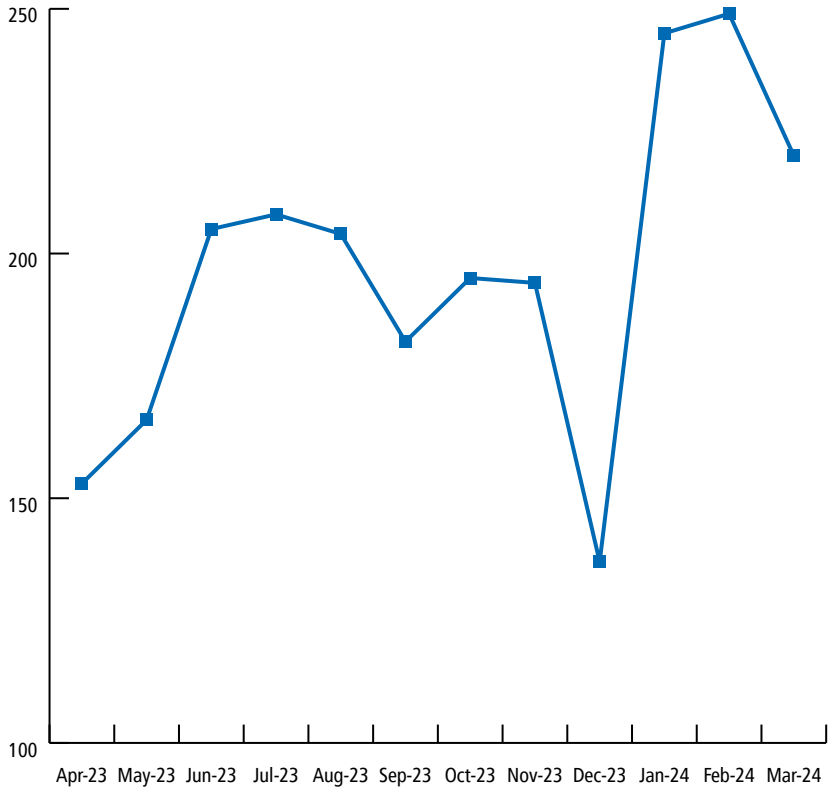
Below shows the number of formal complaints and PALS received each month, where 'Communication' was identified as a theme.

Complaints received relating to Communication



Care that is a Positive Experience for our Patients

PALS received relating to Communication



We also asked our service users about Communication in the Big Quality Conversation, take a look at our results on page 50.

Showcases and Celebrations:

It is important that we engage with our community to ensure that we understand barriers to accessing good healthcare and in partnership, we can work towards improving outcomes for our local community. Our approach is more than an annual focus and throughout 2023-2024 we have developed our external partner engagement.

Care that is a Positive Experience for our Patients

- We have regularly met with the Voluntary and Community Sector and Engagement teams from across our county and we have joined networks to inform our understanding of underrepresented groups and communities.
- Our action group with local partners has been shortlisted as a finalist for the Public Partnership LGC Award this year. This is for resources we launched during Deaf Awareness Week 2023 and collaborative approaches, in response to local feedback.
- We launched our co-produced 'I am Deaf' card, this was created from feedback to empower and give confidence to the d/Deaf community. The cards direct patients on how to check if an interpreter has been booked for their appointment, there is number to text, and this is a feature which we have launched on our website.
- Following a successful trial, we purchased two Interpreting on Demand machines for our Emergency Departments and have recently expanded this by an additional six machines to support patients on our wards and clinics. Staff can connect to an interpreter within minutes, and they support spoken languages and British Sign Language.
- We have launched a new website which is more accessible. We worked with local stakeholders to develop our new website to help ensure that the information is as clear and easy to navigate as possible for the public.
- We work in partnership with Access Able to create accessibility guides to support people coming to our hospitals – we now have 157 guides which are available via our website, Access Able's and their dedicated App.

What this means to our patients:

We are creating opportunities to invite you as our patients, carers, family, and friends to share their experiences. We want to work with you in a variety of ways, so that we can deliver on our commitment to Putting Patients First. We know our patients and communities are diverse and it is important to us to provide choices and different ways for you to share feedback and collaborate with us, to be really included as partners in care.

Care that is a Positive Experience for our Patients

Our continued focus on the provision of accessible health services is supported by our approach to collaborative engagement. This enables our ongoing learning; more detail on our approach can be found in our Annual Equality and Diversity report for 2023.

We will continuously learn from patient feedback on their experience of care

Data and Outcome Measures:

In 2023/24, we received 3,894 compliments, a 42% increase compared to last year. We also received 750 formal complaints; a 6% increase compared to last year. For the year, the top 5 themes from complaints were:

- Clinical Treatment 48.5%
- Patient Care 7.7%
- Appointments 7.5%
- Values and Behaviours 7.5%
- Communications 5.6%

The Friends and Family Test (FFT) is an NHS tool to gather feedback on our services and patient experience. Throughout April 2023 to January 2024, our Trust achieved the highest recommended rate for A&E for seven times out of the ten months in the West Midlands region.

The below shows the percentage of service users that would recommend our A&E, Inpatient, Outpatient and Maternity services to their friends and family:

A&E	Inpatient and Daycase	Outpatient	Maternity
84.5% (target 95%)	**96.2%** (target 95%)	**95.5%** (target 95%)	**97.7%** (target 95%)

Care that is a Positive Experience for our Patients

Showcases and Celebrations:

Alongside our annual Big Quality Conversation survey, which can be found on page 49, we are expanding our methods of collecting feedback and relaying feedback to the relevant departments to act.

- We continue our promotion for patients and their carers, family and friends to feedback on their care and experience via our Friends & Family Test (FFT) cards and text messaging. In January 2024 we introduced FFT posters with a QR code for people to scan and give feedback. This provides more options for feedback at a convenient time.
- We launched a brand-new inpatient survey in February 2024, where patients are asked to anonymously feedback on ten questions that relate to the Fundamentals of Care which include the importance of communication, sleep and food. The results are produced monthly across all inpatient areas to see themes and trends in areas where improvements may need to be made. The approach supports staff to action feedback from our inpatients in real time and improve their stay.
- We have increased our recording, monitoring, and reporting on the number of compliments received across Divisions. These are then highlighted in the Quarterly Patient Experience and Engagement meetings which take place with our staff, patient, and carer representatives as well as external partners. This supports our ability to share best practice and learn from excellence.
- We review the NHS Choices website for any feedback left by patients so that we can respond accordingly.
- We have recruited additional volunteers to support at the main entrances of hospitals with wayfinding and assisting patients whilst in the hospital areas, in response to patient feedback.
- Complaints relating to specific groups, for example learning disabilities, are reported through relevant steering groups and committees to promote shared learning and appropriate actions. Additionally, our Complaints Team identifies overarching themes for dissemination among Divisions, fostering proactive learning and swift action identification.

Care that is a Positive Experience for our Patients

To provide an example of how we learn from feedback, our Specialised Clinical Services Division recently received a complaint regarding an Endoscopy appointment. This outlined that the environment caused anxiety and was not suitable for patients with neurodiversity, there was also a lack of awareness of the management of patients with learning disabilities.

Following this complaint, the Endoscopy team have progressed through the Oliver McGowan Training and included this in their checks for all new and existing staff to ensure compliance across the team going forwards. The Unit also has an Advocate for Learning Disabilities to provide additional support and awareness.

The findings of the complaint and subsequent actions were taken to the Trust's Learning Disability Steering Group to share good practice and learning, and the Division have also invited a patient representative with lived experience from the steering group to visit the area and give further feedback for us to continuously improve.

What this means to our patients:

We gather feedback to let us know where improvements need to be made and to inform us where our patients, carers, friends, and family think we are doing well. We are promoting an open and honest culture so that patients of all ages, ethnicity and ability can provide feedback in a variety of ways that best suits their individual needs.

Patients can feel confident to raise concerns and know that they will be listened to, and that what is raised will be taken seriously and reviewed. In doing so, this should improve feedback and external inspections should indicate that we have a transparency and willingness to learn and change where needed to make improvements.

Setting our New Quality Priorities

Big Quality Conversation

In September 2023 we launched our annual Big Quality Conversation. This is a multimodal survey, where we gather views from patients, carers, family, and friends. We ask about experiences of care at our hospitals in the last 12 months. This helps us to plan our Quality Priorities in line with the Public's needs, so we ask questions in line with the three quality pillars; is it safe, is it effective and did you have a positive experience? In total this year we received 904 responses.

We also added a free text option to every question. We received over 2,000 comments, which we analysed deeply and sorted into categories. Our focuses are communication, food and drink, feedback, and reasonable adjustments.

We wanted our survey to be as accessible as possible and this year we launched our survey in Easy Read format. We made an online survey with the help of pictures from 'Easy on the I,' an information design service within the Learning Disability Service at Leeds and York Partnership NHS Foundation Trust.

To support our survey engagement alongside our posters and online promotions we did the following:

- We launched a British Sign Language video to explain the survey during International Week of Deaf People.
- We invited the local d/Deaf community to an engagement workshop with the support of Action Deafness and an interpreter from Word360. We collaborated with Healthwatch, with representatives attending to understand community feedback about areas outside our hospitals.
- The Survey was accessible in 99 languages in comparison to 95 languages the previous year.
- We increased our partnerships across local networks and working groups, health care providers and voluntary/community organisations to help us reach as many people as possible.
- We ran a social and local media campaign and encouraged our partners and contacts to also share through their social media channels.
- We went out into community centres and charities, and we presented at groups with a focus on health inequalities.
- Our registered volunteers and patient representatives to engaged directly with patients across our three hospital sites.
- Volunteers from local charity Sight Concern telephoned service users to support their engagement with the survey, alongside face-to-face engagement with people accessing the Low Vision clinic.

The Fundamentals of Care Committee reviewed the results, and each specialist Lead provided an action plan in response which will further support the delivery of our Quality Priorities. You can see the results from our Equality and Diversity monitoring on page 99.

Big Quality Conversation Results

Compared to last year's survey, we have seen improvements in how people feel about our hospitals. People have shared that staff are friendlier, they have more privacy, they feel more involved in decisions and it's easier to change appointments when needed. During the supporting work the PPF members undertook during the Big Quality Conversation, there were some comments received related to visitor car parking. This equated to approximately 0.02% of comments, and so car parking was not identified as an overall theme from this year's feedback.

All 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.

Big Quality Conversation Questions	Always	Sometimes	Rarely	Never
Did you feel our hospitals were clean?	64%	33%	3%	< 1%
Did you feel safe in our care?	64%	28%	6%	2%
Did you get the food and drink you needed when you were in our hospital?	57%	27%	9%	7%
If you had an appointment with us, were you able to change it if you needed to?	63%	24%	8%	5%
Did you feel that our staff were friendly and welcoming?	64%	31%	3%	1%
Did we meet your needs if you required any reasonable adjustments?	54%	28%	11%	7%
Did you have enough privacy when you had care or treatment in our hospital?	66%	24%	6%	4%
Did we communicate well with you when you were in hospital, or waiting for care and treatment?	52%	31%	12%	5%
Did you feel included in making decisions about your care?	59%	26%	8%	7%
Did you feel you could give us feedback, in the way you wanted to?	50%	27%	13%	10%

We asked What is most important to you when receiving healthcare in our hospitals? And did we do this?

What is most important to you when receiving healthcare in our hospitals? And did we do this?	Always	Sometimes	Rarely	Never
277 said Communication	46%	34%	15%	4%
273 said Being cared for	60%	30%	6%	2%
39 said Friendly staff	69%	26%	3%	3%
57 said Being listened to and comforted	39%	39%	14%	5%
71 said Being involved in making decisions	46%	42%	7%	3%
5 said I had privacy	40%	20%	40%	0%

2024/25 Quality Priorities

We take pride in the strides we have made towards achieving our Quality Priorities outlined on page 25 for our Trust over the past year. Our priorities were built around a wealth of engagement from our internal teams, and patients and stakeholders through the Big Quality Conversation.

The overall themes and trends identified in this year's Big Quality Conversation closely mirror those of the previous year. However, we now recognise the pivotal role of communication as a golden thread running through all our activities.

Our approach of using Quality Houses has ensured the active involvement of all departments in contributing to the overall picture of quality for the Acute Trust. We are proud of our Clinical Divisions for their thoughtful consideration in aligning our Quality Priorities within their scope and services.

While we acknowledge the progress made, we remain committed to continuous improvement. To sustain the momentum of our departments and teams in enhancing quality through their Quality Houses, our current Quality Priorities will remain, with the following refinements:

- We have expanded our Infection Prevention and Control Quality Priority to all healthcare acquired infections, moving beyond our previous focus on Clostridium difficile (C. Diff).
- We have emphasised our focus on Hospital Acquired Functional Decline in our safe and timely discharge Quality Priority.
- Following feedback from external partners, we have reintroduced a focus on ensuring timely identification and management of Sepsis in our Emergency Departments and Inpatient Wards.
- We have introduced a new Quality Priority concentrating on the Nutrition and Hydration needs of our patients.
- We have combined two Quality Priorities from last year into one, overlapping our focal points of clinical audits and national recommendations for best practice.
- We have acknowledged that long waits may increase the risk of harm for our patients in our Quality Priority to reduce waiting times.

Our specialist leads have refined the areas of focus and translated them into detailed descriptions of how we will achieve our Quality Priorities. While maintaining a narrative-based approach, we also align our efforts with metric and operational targets set at a national level.

Care that is Safe

Our patients will receive the highest levels of Infection Prevention and Control (IPC) excellence, reducing the risk of nosocomial (healthcare acquired) infections in hospital

We will work to reduce avoidable healthcare acquired infections.

Antimicrobial Stewardship (AMS) will be a strong focus. This is not just from a C. Diff perspective but is best practice to ensure patients receive antibiotics tailored to them.

- The Integrated Care Board have developed a collaborative and system wide Antimicrobial Stewardship reduction strategy. Our Trust contributes to their strategy and progress is monitored via both the ICB and Acute Trust AMS group.
- Our IPC team will continue to focus on the fundamentals of IPC and supporting our staff to ensure that patients receive clean and safe care. Our Trust Infection Prevention and Control Committee reviews areas of learning and best practice, including the management of incidents and how we learn from them.
- We will focus on the outputs from our EPR system for assurance on our compliance of documentation and risk assessments.
- Education and training are vital to support the ambition in reducing C. Diff cases, our IPC team will focus on prevention in the first quarter of this financial year and continue their programme of education throughout the year.
- Ensuring that our hospital maintains high standards of cleanliness, this includes closely monitoring the performance of our Private Finance Initiatives (PFI) and Estates partners.

Care that is Safe

Our patients will experience safe and timely care from hospital

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).

Our initial trials and reviews have identified initial key themes that may be contributing to delayed discharges, however further scoping will take place and actions will be planned. From our initial findings the Discharge Transformation workstream have the following focus areas:

- A review of our tracker that details where patients are in their pathways for discharge.
- Deep dives into specific delayed discharges to support our learning.
- The implementation of a shortened Electronic Discharge Summary (EDS) across the Trust.
- The implementation of our Internal Professional Standards (IPS), these are a clear and unambiguous description of the values and behaviours expected in an organisation. Our IPS will be focused on collaborative working, including with our system partners, for improved flow in our hospitals.

Our Site Management team are commencing a workstream that will be reviewing Transport for our patients when they leave hospital and how we can make improvements.

We have already established an onward care group, and going forwards will be working on the improvements identified that can be made system wide in relation to onward care.

We will be producing a package of education for our wards on the use of board rounds to ensure they are effective as possible, and we see the maximum benefit supporting patients on their care pathways.

Care that is Safe

We will continue to focus on our Hospital Acquired Functional Decline improvement work, and you can read about our #EndPJParalysis 30 Day Challenge on page 68.

We will ensure that there is timely screening for Sepsis and implementation of the Sepsis Six bundle

The identification and management of Sepsis (with implementation of the Sepsis Six bundle for patients with suspected Sepsis) is a refreshed priority for 2024/25.

The Sepsis Six bundle is a set of six tasks including oxygen, cultures, antibiotics, fluids, lactate measurement and monitoring of urine output which should be put in place within one-hour for patients with suspected Sepsis.

- Baseline position for screening in the Emergency Department – target of >95%
- Baseline position for screening in inpatient wards – target of >95%
- Baseline position for implementing the Sepsis Six bundle in the Emergency Department – target of >85%
- Baseline position for implementing the Sepsis Six bundle in inpatient wards – target of >85%

Care that is Safe

Our patients' nutrition and hydration needs will be met during their time in our hospitals

We will ensure high standard of nutrition and hydration assessment for all patients

- We will review the food and drink menus provided to our Inpatients regularly to ensure they incorporate a well-balanced and nutritional diet for all.
- We will develop a clear pathway and escalation policy to improve the management of patients with additional nutritional needs.
- We will ensure there is clear guidance and escalation for the urgent management of patients that have dislodged Percutaneous Endoscopic Gastrostomy (PEGs) or feeding tubes.
- We will enhance our training programme to improve competence and awareness with regards to patients with additional nutritional needs.
- We will ensure the Nutritional Team are aware of patients with additional or complex nutritional needs at the point of admission.
- We will work towards expanding our Nutritional Team to increase the clinical oversight of patients with additional or complex nutritional needs.

Care that is Clinically Effective

We will commit to continuous learning from deaths and monitor and seek to reduce mortality rates for patients whilst under our care

We will continuously learn from deaths, to improve the quality of the care we provide to patients, relatives and carers and identify where we could do more.

From our integrated Committees and joined up approach for cross team for learning, we have now identified the following priorities:

- We would like to see improvement of the SJR process and bolstering of the morbidity and mortality meetings at Directorate level. Our reviews of the death of patients with learning disabilities is good, however we will continue to review deaths of groups of patients that face health inequalities. Overall, more SJRs need to be performed in a timely manner.
- We will focus on end-of-life care in our Emergency Departments and improve our staff's awareness of the Amber pathway and when to use it. We put patients on an Amber pathway when their recovery is uncertain.
- We will ensure Executive oversight of the increased risk that our frail and elderly population may face when accessing emergency services.
- We will ensure cardiovascular health is prioritised for our patients. Cardiovascular diseases were found to have increased as an avoidable cause of mortality in the community.

Care that is Clinically Effective

Our patients will experience better health outcomes due to a regular programme of clinical audit and quality improvement projects

We will deliver an agreed annual programme of focused, national, and local audits and the implementation of best practice.

From this, we will identify actions that will drive quality improvement for our patients.

- We will support the continual rollout of GIRFT related workstreams and engagement with Directorate Teams in the development and delivery of Specialty-Led improvement plans.
- We will continue to implement NICE guidance and risk assess against non-compliance.
- We will coach our Clinical Leads to carry out all activity required for National Audits and deliver their aims and actions.
- We will improve our communication by ensuring the learning from each audit is shared with relevant colleagues and wider teams.
- We will continue to identify audits to be included in our forward plan, based on national audits and themes that Divisions have identified through the Patient Safety Incident Response Framework (PSIRF) to drive improvements required.
- We will redesign our Quality Improvement Tracker to monitor quality improvement efforts across the Trust, facilitating shared learning and collaboration.

Care that is Clinically Effective

Our patients will receive timely treatment and care through improved waiting times, seven-day services and a focus on reducing our backlog

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.

There is still work for us to do to deliver timely access to care, that not only our patients deserve, but our teams want to deliver. To do this we have five top areas of focus for the next year:

- Eliminating our longest waits for treatment, so no-one will wait longer than 65-weeks by the end of September 2024, and our patients waiting much less.
- Improving the time to confirm a diagnosis for suspected cancer. More patients will know their diagnosis within 28 days, and an increasing number of patients will start their cancer treatment within 62 days where they chose to do so.
- Maximising the use of our appointments, for those who really need to see our clinical teams. We will expand our patient initiated follow up programme, supporting patients attending appointments and give them greater control.
- For patients with urgent care needs, we will continue to work with our system partners to ensure that alternatives to Emergency Departments are available. So, patients access the best care in the most appropriate setting.
- For patients attending our Emergency Departments, we continue to focus on reducing the time spent in our departments and will eliminate our longest ambulance handovers for those arriving by ambulance.

Care that is a Positive Experience

Our patients, their relatives and carers will experience better access to our services, particularly those who live with health inequalities

We will work to ensure all patients with Learning Disabilities will receive safe, personalised care and achieve equality of outcomes.

- We will improve our platforms for those with lived experience to share their views on our services to ensure we are making improvements to meet their needs.
- We will continue the roll out of the Oliver McGowan training for all Trust staff under the direction of the Integrated Care Board
- We will continue to champion the hospital passport so that staff will understand the needs of our patients, preference and what support they require. This will help us to fulfil reasonable adjustments.
- We will continue the promotion of 'pre-visits' for patients and family expecting surgery or treatment such as mammograms.
- We will strive to further improve our engagement to repeat our participation in NHS Benchmarking Network's annual Learning Disability project. Although our number of survey returns was significantly higher in comparison to last year, there is still room for improvement to ensure we gather ample data to benchmark ourselves.

Care that is a Positive Experience

Our patients, their relatives and carers will be involved in decisions about their healthcare and be given information in a way that they can understand

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 continue to work in partnership with our local community to support challenges with accessing healthcare and support – this will include exploring new ways of working to support patients with a visual impairment.
- We will continue to focus on improving the quality of patient information and communication through our Outpatient Transformation programme – we will invite patient and carer representatives to work with us on our improvement journey. We will focus on health inequalities and ability to access services. We will support the development and launch of a Patient Portal as a digital solution to empower patients to access information.
- We will improve and strengthen our Complaints service in response to the internal audit undertaken in October 2023, with a focus on ensuring complaints are investigated in a complete and timely manner.
- We will have appointed Patient Safety Partners from the public who will collaborate with us to improve and enhance our patient safety efforts.

Care that is a Positive Experience

Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services, to ensure learning and improvements can be prioritised

We will continuously learn from patient feedback on their experience of care.

- We will develop a survey designed to gather feedback from Complainants regarding their experience with the Complaints process.
- Our Complaints Team is enhancing its reporting process to share actions taken and lessons learned from complaints, promoting collaborative learning with Divisions through PSIRF.
- We will enhance patient engagement and involvement throughout the entirety of patient safety investigations in line with PSIRF guidance, ensuring that the patient voice is actively heard and incorporated into our processes.
- We will use our Inpatient Survey and Friends and Family results to inform our learning.
- We will implement a Patient Voice and Involvement Strategy, which will include our system partners and the voluntary sector.

Internal Complaints Audit

In line with our Quality Priorities around Communication and Feedback, we wanted to share that a review of Complaints was carried out by 360 Assurance in mid-2023 and published in late Quarter 3. This review examined the effectiveness of controls in place within the Complaints Process, to assure that complaints are being fully investigated and responded to in a timely manner and that lessons are learnt.

The report identified the following detailed areas and actions were agreed for each:

Section 1: Timely recording and investigation of complaints

1.1 Complaints Policy

This was overdue for review. An immediate action was taken to revise, resubmit and approve the policy, which was completed in Quarter 3.

1.2 Timeliness of response

Most sample cases did not meet the 25-working day target. This was affected primarily by a large backlog which had accumulated but was cleared by the end of Quarter 3. The Complaints Team are now reporting regularly to the Head of Patient Safety & Complaints and Associate Director of Patient Safety & Risk, for consideration of escalation through the Chief Nursing Structure.

1.3 Completion of Datix

The evidence captured in the Datix system was poorly completed with a lack of documentation submitted to ensure the quality of an investigation. The Complaints Team have set up regular reporting which will be circulated to Divisional Teams from the end of Quarter 4 which will detail gaps in compliance.

1.4 Clear Outcome

Complaint responses provided by WAHT do not specify if the case is upheld or not at present, although this is recorded on Datix internally; this leaves the potential for complainants to misunderstand the outcome of the investigation. In Quarter 1 of 2024/25, consideration will be given to modifying the response template to add this section in, based on sourcing best practice examples from other organisations.

Section 2: Learning from complaints and monitoring performance

2.1 Action Plans and Lessons Learnt

None of the sampled cases had an action plan or details of any lessons for the Trust. In Quarter 1, the requirement for actions and lessons will be reinforced with the Divisional Governance Teams and compliance will also form part of the monthly monitoring detailed above.

2.2 Investigations

None of the sampled cases included any documentation of the investigation; as above, this will form part of regular monthly monitoring to commence from the end of Quarter 4.

2.3 Feedback

It was noted that feedback had not been requested on the complaints process from complainants; from April 2024 onwards, a new feedback survey will be developed and circulated to a random group of complainants on a regular basis. Comments will be considered as part of the development of ongoing actions and improvements.

Statement of Director's 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.

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

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 April 2023 to June 2024
  - papers relating to quality reported to the board over the period April 2022 to June 2024
  - feedback from Integrated Care Board dated 03/06/2024
  - feedback from Patient and Public Forum dated 29/05/2024
  - feedback from local Healthwatch organisation dated 03/06/2024
  - feedback from Overview and Scrutiny Committee dated 22/05/2024
  - 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 2023 national patient survey for Maternity published 09/02/2024
  - the 2022 national patient survey for Adult Inpatients published 12/09/2023
  - the 2022 national patient survey for Urgent and Emergency Care published 08/08/2023
  - the national staff survey 07/03/2024
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated 30/05/2024
  - CQC inspection report dated 29/11/2023 and 17/05/2024
- the quality report presents a balanced picture of the NHS foundation 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

Russell Hardy
Chairman

Glen Burley
Chief Executive

Date: 11th June 2024

Showcasing our Quality Improvement

The Acute Trust's clinical services and departments are grouped into four divisions. This section of the Quality Account showcases their hard work resulting from their Quality Houses. Each division has introduced their services in a statement below. Though departments and services have divided management, we work collaboratively across all services, so as an Acute Trust we are always Putting Patients First.

Medicine Division

The Specialty Medicine and Urgent & Emergency Care divisions recently joined together. They now share the leadership of one Clinical Director.

Specialty Medicine's services support patients across 24 wards at the three hospital sites. This includes elective, non-elective and cancer care. The division's innovative projects focus on admission avoidance, improving patient safety and reducing hospital stays. The services and therapies within Specialty Medicine include:

Services:

- Cardiology
- Diabetes and Endocrinology
- Gastroenterology
- Geriatric Medicine
- Infectious Diseases
- Neurology
- Renal Medicine
- Respiratory Medicine
- Stroke Medicine

Therapies:

- Dietetics
- Neurophysiology
- Occupational Therapy
- Physiotherapy
- Speech & Language Therapy

The Urgent and Emergency Care teams manage the Emergency Departments (EDs), located at the Worcestershire Royal and Alexandra Hospitals. Both have primary care streaming, to ensure patients are seen in the most appropriate setting. The urgent care model was recently expanded, meaning there is now a dedicated ED for children and a diagnostics department at Worcestershire Royal Hospital. The division also oversees Acute Medicine services across the Worcestershire Royal and Alexandra Hospitals, including:

- Aconbury 0, additional capacity area
- Acute Medical Units
- Medical Same Day Emergency Care
- Medical Short Stay Units
- Minor Injuries Unit at Kidderminster Treatment Centre

Surgery Division

The Surgical Division oversees both outpatient departments and inpatient wards under three directorates and seven specialties, including:

- Dermatology
- Ear Nose and Throat (ENT) and Audiology
- Oral and Maxillofacial
- Trauma and Orthopaedics
- Upper/Lower Gastrointestinal
- Urology
- Vascular

The Worcestershire Royal Hospital is central to all emergency trauma care, and a full team of trauma nurses were recently recruited to support the service. The service for Same Day Emergency Care (SDEC) has also recently increased its capacity, ensuring patients have access to tests and treatment on the same day, or are provided with a convenient appointment time. Our SDECs reduce pressure on our Emergency Departments, especially during weekends.

Specialised Clinical Services Division (SCSD)

SCSD's key aim is to ensure safe patient care through a united, skilled, and appreciated workforce. As well as running their own departments and wards, the SCSD ensures the correct resources are in place for the other divisions. The division provides optimal clinical support through agreed, standardised pathways and equipment. SCSD employs approximately 2,500 staff across 6 hospitals in the county. Services include:

- Anaesthetics
- Critical Care
- Day Case
- Endoscopy
- Haematology
- Oncology
- Ophthalmology
- Outpatients
- Pain Management
- Palliative Care
- Pathology
- Pharmacy
- Pre-Operative Assessment
- Radiology
- Rheumatology
- Theatres

Women's and Children's Division

Our Women and Children's Division provides compassionate, individualised, and high-quality care in services across our county and into Herefordshire.

- Worcestershire Royal Hospital is home to the Maternity and Neonatal inpatient services. And are supported by the antenatal and community services, provided across the county.

- There is an emergency assessment unit for Gynaecology at Worcestershire Royal Hospital. And outpatient, diagnostic and surgical services are provided across the county.

- Breast screening services are provided for patients across Herefordshire and Worcestershire, with a specialist service for patients requiring breast surgery.

- The Children's Ward supports inpatients at Worcestershire Royal Hospital with high dependency care when required. Children's outpatient clinics are provided across the county.

Improvements in Safety

ACUTE FRAILTY UNIT MAKE #MINUTESMATTER BY SPEEDING UP DISCHARGES WITH THEIR IMPROVED BOARD ROUNDS

The Acute Frailty Unit at Worcestershire Royal Hospital has reduced the average inpatient stay by six days by implementing a focused template for their twice-daily Board Rounds. Led by Ward Manager Ray Padilla and created by Ward Sister Emily Fish, the template streamlines the Ward's discharge process. Each morning, the team reviews patients, discusses plans, interventions, and discharge readiness. A midday meeting ensures progress continuity. These efforts have cut average stays from 17 to 11 days. The new template also aids communication with families and identifies discharge obstacles, overall improving flow within our hospitals and patient experience. Other teams will be taking up this successful initiative, and further improvements are planned, making #MinutesMatter.

ARTIFICIAL INTELLIGENCE SOFTWARE HELPING STROKE PATIENTS

The recent introduction of artificial intelligence (AI) software is aiding the treatment of our stroke patients. The RapidAI software assesses brain images, assisting clinicians in determining treatment methods, such as surgery or medication, for clot removal. The technology enhances hyperacute stroke care by analysing neuro images and detecting large vessel occlusion and blood circulation status. This expedites decision-making and facilitating communication with our tertiary centre at Queen Elizabeth Hospital, Birmingham. Clinical lead Dr. Girish Muddegowda emphasises improved stroke services and thrombolysis rates, thanking the Radiology team for support in these initiatives. The software's implementation promises quicker decisions,enhanced patient pathways, and potentially transformative outcomes for stroke patients, aligning with NHS trends towards AI-driven stroke interventions.

#ENDPJPARALYSIS 30 DAY CHALLENGE

In Winter 2023 we launched a #EndPJParalysis 30-Day Challenge, which celebrated notable successes, sitting patients out of bed, and getting them dressed supported mobility and helping to promote their recovery. Wards 9, 12, and 16 at the Alexandra Hospital, demonstrated exemplary engagement throughout the challenge. These wards sat patients out of bed consistently for the full 31 days. The challenge was supported by a successful implementation of an app, with over 5000 patient movement episodes recorded. The increased patient mobility we observed during the challenge underscores the campaign's effectiveness in promoting safer movement and reducing functional decline. Moving forward, the challenge's success will guide efforts to embed daily monitoring of patient activity into standard practices, ensuring sustained impact on patient outcomes.

STERILE SERVICES NEW TRACEABILITY

A new county-wide traceability system for surgical instruments has been installed by Sterile Services, tracking all instruments used per patient. The implementation includes two new machines that have significantly reduced turnaround times. This system enhances patient safety by ensuring the accurate sterilisation and tracking of instruments, thereby minimising the risk of infections and improving the efficiency of surgical procedures.

Surgical instrument traceability is crucial as it ensures each instrument is properly sterilised and accounted for, reducing the risk of cross-contamination and infection. It also helps in identifying and addressing any sterilisation issues quickly, enhancing overall patient safety and care quality.

NEW ROTA INTRODUCED TO BENEFIT PATIENTS AT RECEIVING BLOOD TRANSFUSIONS

Worcestershire Royal Hospital has implemented a new rota system, expanding the service to include Saturdays for the Blood Transfusion department. This initiative aims to alleviate the weekday workload, ensuring more efficient and timely care. By spreading the workload across the week, patients will experience reduced wait times and improved access to necessary transfusions, enhancing overall patient care and satisfaction.

PROMOTING A RESTFUL NIGHT'S SLEEP FOR PATIENTS

To ensure patients get a restful night's sleep, we have launched SLEEPY Eyes guidelines This includes monitoring patients closely, dimming lights, keeping noise levels low, encouraging use of call bells, offering nighttime snacks, and limiting mobile device use. Our patients can be provided with eye masks and ear plugs to assist them getting a restful night's sleep to aid recuperation and recovery.

OUTPATIENT ONLINE TRANSPORT BOOKING

The Outpatient Department at Worcestershire Royal has successfully transitioned to online transport booking, improving efficiency. Previously, patients and staff faced challenges with unreliable pick-up times and communication with the transport service. Following an improvement event in January 2024, the team adopted the Patient Transport System, eliminating the need for phone calls, and providing accurate pick-up estimates. This change has resulted in zero delays to the wait for transport, improved patient communication, and enhanced utilisation of staff time. The success of the pilot has led to plans to extend it hospital-wide.

Improvements in Clinical Effectiveness

PULMONARY REHABILITATION TEAM RECEIVE ACCREDITATION.

Pulmonary rehabilitation is a tailored exercise and education program for patients with respiratory diseases like COPD, bronchiectasis, and lung cancer. Courses are held in Worcester, Kidderminster, Redditch, Evesham, and Malvern. The COPD team provides care in hospitals, homes post-discharge, and via referrals. We are pleased to share that we have recently gained accreditation from the Royal College of Physicians, only the eight team out of 139 within the UK to receive this, showcasing excellence in clinical standards. The process prompted improvements, like personalised exercise prescriptions and increased patient engagement through prehab sessions.

OPENING OF THE NEW STATE-OF-THE-ART OPERATING THEATRES

In September 2023, the Alexandra Hospital unveiled two new state-of-the-art operating theatres, part of a plan to establish the hospital as a surgical centre of excellence. These theatres aim to expedite surgical care for approximately 2,300 patients annually across various specialties, including urology, general surgery, orthopaedics, and gynaecology. Costing £18 million, the theatres expand the hospital's capacity to nine, accompanied by staff facilities and a dedicated recovery space for patients. This expansion will improve access and reduce waiting times, enhancing both patient experience and staff morale. These new theatres complement existing high-quality surgical services, including our robot-assisted surgery.

OPENING SAME DAY EMERGENCY CARE UNITS

Following the opening of our new Emergency Department, our Medical and Surgical Dame Day Emergency Care (SDEC) units were co-located to the old Emergency Department space to create additional capacity at Worcestershire Royal Hospital. This also saw the opening of a new Cardiology SDEC unit which provides timely specialist care, reducing Emergency Department (ED) waits and admissions. Accepting referrals from Urgent Care, ambulance services, and Primary Care, the service admitted 102 patients during a pilot week, with only nine requiring inpatient treatment. Directing patients from ED triage prevented 73 A&E admissions. The Cardiology SDEC Unit aims to alleviate pressure on urgent care areas and ensure patients receive appropriate care promptly, aligning with the hospital's goal of efficient patient flow and timely treatment.

OPENING OF THE NEW EMERGENCY DEPARTMENT AT WORCESTERSHIRE ROYAL

The move to the new Emergency Department (ED) at Worcestershire Royal in October 2023 was a success, thanks to extensive planning and teamwork. After relocating from the main hospital building to Aconbury East, the transition was seamless. The new facility, part of a £35 million investment, combines the ED, Acute Medical Unit, and Medical Same Day Emergency Care Unit. It features expanded paediatric areas, enhanced resuscitation and major areas, dedicated imaging facilities, and improved layouts for patient flow. Co-location with other units promotes new working methods and a focus on home care for older patients. 'Finishing touches' including interior and exterior artwork was supported by a hugely successful fundraising appeal led by Worcestershire Acute Hospitals Charity.

MATERNITY UNIT ENHANCES CARE WITH NEW CTG MACHINES

The Maternity Unit at WRH recently received a significant boost in technology with the delivery of 30 new cardiotocograph machines (CTG). CTG machines are essential tools for monitoring baby's well-being during pregnancy and labour, close monitoring of both the baby's health and the progress of labour supports women and birthing people to be mobile while in labour.

This advancement empowers birthing people to move freely during labour while maintaining a close watch on their baby's well-being.

This represents a significant step forward in maternal and fetal health at Worcestershire Royal Hospital.

IMPROVING CARE FOR GYNAECOLOGY PATIENTS AT WORCESTERSHIRE ROYAL HOSPITAL

Patients at Worcestershire Royal Hospital's Gynaecology department can expect some of the best care in the region. For planned procedures, the average stay is just over a day, making it the third fastest in the country. Emergency admissions are also handled swiftly, with an average stay of 3.6 days. Our hospital excels in specific surgeries, like open abdominal hysterectomies and vaginal hysterectomies, ensuring most patients return home in under two days. This means where allowing, patients can return home and have more time spent comfortably at home for their recovery.

In the last year the Emergency Gynaecology Assessment Unit relocated to Mulberry suite, providing a more appropriate environment for our patients with sensitive gynaecological and early pregnancy concerns, overall making efforts to improve patient experience.

EMPOWERING RHEUMATOLOGY PATIENTS

The Rheumatology Department has embraced the patient-initiated follow-up (PIFU) pathway. This innovative approach empowers stable patients to manage their own care. Now, they can request appointments when needed, avoiding unnecessary hospital visits. By putting control in their hands, Rheumatology aims to enhance patient experience and streamline services

Improvements for Patient Experience

OPENING OF OUR PEONY ROOMS

Worcestershire Acute Hospitals Charity supported the opening of two new Peony rooms at the Alexandra Hospital, offering relatives of end-of-life patients a quiet retreat. This initiative, part of the SUPPORT initiative, aims to ease the experience for loved ones by providing comfort care packs and dedicated spaces. Using feedback from bereavement surveys, the development addresses the need for private spaces highlighted by relatives. As part of this initiative, our Specialist Palliative Care team made Hessian bags to be used for patients' belongings, which included a candle and pack of Forget Me Not seeds, alongside an organza bag for jewellery. Macmillan information books were also ordered for families/ carers with fabric hearts and crocheted blankets from local community groups.

REOPENING OF OUR MATERNITY TEAM'S MEADOW BIRTH CENTRE AND COMMUNITY MIDWIFERY CELEBRATIONS

The Meadow Birth Centre, established in 2015, offers a serene setting for low-risk pregnancies, with four birthing suites and large birthing pools. Despite challenges from the COVID-19 pandemic, the centre is back to full capacity, welcoming 32 births in January. A new video tour of the MBC enhances the experience for families.

This year, our Ruby and Sapphire Continuity of Carer Midwife Teams celebrated their 4th birthdays, marking a successful model of care launched in April 2019. These teams provide personalised support to women and families throughout pregnancy, birth and postnatal periods, fostering trusting relationships. Joined by three sister teams in 2020, they offer 24/7 on-call services, triaging labouring mothers at home or hospital. Their flexible approach accommodates birthing preferences, including home births. Autonomy plays a pivotal role, allowing teams to tailor care to community needs, while involving students enhances learning and skills development. Sharing experiences and learning with other teams locally and nationally fosters continuous improvement in maternity services.

EVENT PROMOTES BREAST SCREENING TO PATIENTS WITH LEARNING DISABILITIES.

Breast cancer is one of the most prevalent cancers in the UK, with approximately 56,000 cases diagnosed each year. The annual 'My Breasts and Me' event, hosted

by the Worcestershire Community Learning Disability Team, was successful in promoting mammogram attendance among women with learning disabilities. This tailored event aims to educate attendees on screening procedures but also to alleviate worries and anxieties surrounding mammograms. By emphasising the importance of awareness and addressing barriers to accessing health screenings, the Community Learning Disability Team works to ensure that all women, regardless of disability, receive the necessary support for early detection and treatment of breast cancer.

OUR WONDERFUL VOLUNTEERS

The Trustwide volunteer service comprises over 130 volunteers who play a crucial role in enhancing patient and staff experiences at Worcestershire Acute. From assisting in the Macmillan Pod to accompanying therapy dogs around wards, volunteers visibly contribute to patient and staff well-being. Wayfinder volunteers warmly greet and guide patients, while Chaplaincy volunteers offer spiritual support. In Summer 2023, we celebrated through Volunteers' Week across our hospital sites, allowing volunteers to connect and receive gratitude from the Executive and Non-Executive teams. We would like to thank our volunteers for all they do for our patients, families and carers.

RESPONDING TO OUR PATIENT'S FEEDBACK WITH A CANCER SERVICES APP

The Cancer Services Living with and Beyond Cancer (LWBC) Team has developed a cancer services app to support patients and their families in response to a patient survey. The app provides information, guidance, and signposting to local and national services and includes an events calendar for local support groups. The app has received positive feedback from both patients and clinicians, with over 260 downloads and 57,000 user interactions by the end of 2023. Moving forward, the team aims to promote the app, and enhance its content for an even better user experience.

INTRODUCING WOW MACHINES FOR MULTILINGUAL SUPPORT

In a significant leap toward enhancing patient care, our hospitals have acquired interpreting on demand ("WoW") machines. These sleek devices are now stationed across various hospital areas, including wards, clinics, and emergency services. Supporting to bridge language gaps between staff and patients who do not speak English as their primary language.

Since their original introduction in our Emergency Departments, there are now an additional six machines that staff can conveniently book out these portable machines across all Hospital sites. With access to an over 350 languages this is also an operator available 24/7 to assist users. Patients can express their needs making communication more effective. This empowers our dedicated teams to provide personalised care to all, regardless of language barriers.

NHS Outcomes Framework

The following table demonstrates the core set of indicators as defined by Quality Accounts Regulations, under the Health Act 2009 and subsequent Health and Social Care Act 2012.

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Highest NHS performer	Lowest NHS performer				
Preventing people from dying prematurely	SHMI value and banding Period: Dec 22 – Nov 23 Published: 11th April 2024	1.0452 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 monitor mortality indices on a monthly basis and these are reported through to Trust Board. Our mortality indices are within expected limits, but we do review and respond to any changes as required.	1.0452 Banding 2 'as expected' (Apr-22 – Mar-23)	1.0460 Banding 2 'as expected' (Apr-21 – Mar-22)	1.0321 Banding 2 'as expected' (Apr-20 – Mar-21)
	% of deaths with either palliative care specialty or diagnosis coding Period: Nov 22 – Oct 23 Published: 11th April 2024	27%	42%	16%	66%	Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the indicator and so the quality of its services, by: Further information is detailed within our Quality Priority focused on Learning from Deaths on page 57.	27% (Apr-21 – Mar-22)	35% (Apr-21 – Mar-22)	34% (Apr-20 – Mar-21)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Highest NHS performer	Lowest NHS performer				
Helping people to recover from episodes of ill health or following injury	Patient-reported outcome score for hip replacement surgery – adjusted average health gain (Oxford Hip Score) Published: 13th Jul 2023 April 2021 to March 2022	Please note that the Patient Reported Outcome Measures (PROMs) in England for Hip and Knee still cover a period where health services were affected by the COVID-19 pandemic. The completion, return and processing of questionnaire data analysed in the publications will have occurred during a period where restrictions on movement and changes to behaviours may have affected response levels.				**This is a mandatory indicator however, there is no national data available for 23/24.** However, Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the quality of its services, by: Further information is detailed within our Quality Priority focused on reducing the time patients are waiting for treatment on page 59.	21.637 Not an outlier (21/22 Final)	22.754 Not an outlier (19/20 Final)	22.532 Not an outlier (18/19 Final)
	Patient-reported outcome score for knee replacement surgery – adjusted average health gain (Oxford Knee Score) Published: 13th Jul 2023 April 2021 to March 2022						16.034 Not an outlier (21/22) Final)	17.342 Not an outlier (19/20 Final)	18.049 Not an outlier (18/19 Final)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Highest NHS performer	Lowest NHS performer				
Helping people to recover from episodes of ill health or following injury	30-day readmission rate for patients aged <16 Period: 2022/23 Published: 28th Nov 2023	13.4%	12.8%	3.7%	37.7%	Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons: Even when beds are in high demand, we always make sure patients are fully ready before sending them to their usual place of residence. Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the indicator and so the quality of its services, by: Maintaining safe discharge practice.	12.1% (21/22)	12.8% (20/21)	13.5% (19/20)
	30-day readmission rate for patients aged 16+ Period: 2022/23 Published: 28th Nov 2023	12.8%	14.4%	2.5%	27.5%		13.6% (21/22)	15.2% (20/21)	13.7% (1920)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Highest NHS performer	Lowest 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	Update from NHS Digital: Proposals for changes to the NHS Outcomes Framework were proposed as part of a wide-ranging consultation on statistical outputs that ran from December 2023 to March 2024. This data has not yet been published.				**This is a mandatory indicator however, there is no national data available for 23/24.** Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the indicator and so the quality of its services, by: We will continue to use patient feedback to identify areas for improvement. Further information is detailed within our Quality Priority focused on learning from patient feedback on page 62.	*No recent data published*	*No recent data published*	66.3 (19/20)

Domain	Indicator		Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
					Highest NHS performer	Lowest 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 2023*		54.4%	64.9%	88.8%	44.3%	Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons: We are undertaking a culture review within the Trust to improve the experience for our staff and ultimately our patients. Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the indicator and so the quality of its services, by: Our Quality Account outlines our priority areas for improvement, including continuously learning from patient feedback.	53.6% (2022)	60.7% (2021)	68.6% (2020)
	Inpatient Friends and Family Test	% Positive	94%	94%	100%	70%		93% (Mar-23)	97% (Mar-22)	96% (Mar-21)

Domain	Indicator		Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
					Highest NHS performer	Lowest NHS performer				
Ensuring that people have a positive experience of care	Period: March 2024 Published: 9th May 2024	Response Rate	37%	21%	100%	0.8%		37% (Mar-23)	30% (Mar-22)	33% (Mar-21)
	A&E Friends and Family test Period: March 2024 Published: 9th May 2024	% Positive	77%	78%	95%	50%		71% (Mar-23)	78% (Mar-22)	86% (Mar-21)
		Response Rate	24%	11%	100%	0.1%		23% (Mar-23)	17% (Mar-22)	19% (Mar-21)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Highest NHS performer	Lowest NHS performer				
Treating and caring for people in a safe environment and protecting them from harm	% of patients risk-assessed for venous thromboembolism	The VTE data collection and publication was suspended during the pandemic; it has not been reintroduced since this happened (28th March 2020).				This is a mandatory indicator however, there is no national data available for 23/24.	*No Data*	94.45% (Q4 18/19)	92.26% (Q4 17/18)
	Rate of C.difficile per 100,000 bed days Period: Apr-22 to Mar-23 Published: 6th October 2023	70.4	43.6	0.0	133.6	Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons: We acknowledge the national rise in C. Diff cases and have developed a proactive action plan in response. Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the indicator 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 33.	71.3% (Apr 21 to Mar-22)	61.7 (Apr-20 to Mar-21)	39.4 (Apr-19 to Mar-20)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Highest NHS performer	Lowest NHS performer				
Treating and caring for people in a safe environ-ment 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*	*N/A*	*No New Data Available*	*No New Data Available*	**This is a mandatory indicator however, there is no national data available for 23/24.**	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	No New Data Available	No New Data Available	No New Data Available	**This is a mandatory indicator however, there is no national data available for 23/24.**	0.17% (Apr-21 to Mar-22)	0.36% (Apr-20 to Mar-21)	0.26% (Oct-19 to Mar-20)

Participation in Clinical Research

The Clinical Research and Innovation Strategy is one of the building blocks of our Trust vision of Putting Patients First. It contribute to our strategic objectives of providing the best services for local people and is delivered by the best people.

We will ensure that our research team 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. Our strategy continues to raise awareness and engagement with research and innovation throughout the Acute 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 recruitment within hard to recruit to areas.
- Opportunities to create new roles within the Trust's workforce to support delivery of the Clinical Strategy.

The number of patients that were recruited during that period to participate in research approved by a research ethics committee was 1,801. Patients were receiving care from 13 different specialities, provided or sub-contracted by Worcestershire Acute Hospitals NHS Trust in 2023/24.

This was across 44 different trials and means more than a 20% increase in our recruitment to trials in comparison to last year.

We also opened 21 new trials across 9 of the specialties.

- Commercial trials - 142 patients
- Non-commercial - 1,659 patients

Furthermore, the Herefordshire & Worcestershire Research Consortium have been focusing on improving the experience of those who enrol for clinical research in line with the Trust's Patient Experience Quality Priorities.

Patients eligible for a research trial are approached by the appropriate staff member who fully inform patients of the scope of the trial, the benefits in a way the patient will understand. A 'Patient Information Sheet' supports this, it is available in different reading levels, languages or in a video format. Where a specific trial has its own website, we signpost patients to access additional information.

Our priorities for 2024/25 are:

- Aligning research trials in line with local population health needs
- Increasing number of research active Clinicians
- Increasing participation in Commercial research trials
- Ensure staff are aware of information and resources for patients.

- Work with trial sponsors to assess the effectiveness of patient resources and receiving consent.

Our Patient Research Experience Survey (PRES) is offered to all appropriate research trial participants, giving an opportunity for them to provide feedback on their experience, anonymously.

We review comments from the PRES monthly to act accordingly from any feedback received and implement ways of improvement. Going forwards, we will work to ensure patients receive the PRES at the point the trial is set up, to ensure it is offered to all participants in a timely manner.

Here are some comments the things our patients say about us:

Commissioning for Quality Innovation (CQUINS)

Each year, the Trust develops its Commissioning for Quality and Innovation (CQUIN) framework in line with national guidance issued by NHS England. CQUINs are designed to promote improvement by linking a proportion of the Trust's income to the delivery of agreed quality goals.

A proportion of Worcestershire Acute Hospital NHS Trust's income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between the Acute Trust and any person or body they entered a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2023/24 and for the following 12 month period are available at NHS England 2023/24 CQUIN. We have presented the data in the results column below where Q stands for Quarter.

CQUIN	Results	Outcome met
CQUIN01: Flu Vaccinations for frontline healthcare workers	Q1 – Not applicable	N/A
	Q2 – 23.5%	N/A
	Q3 – 32.2%	N/A
	Q4 – 32.2%	No
CQUIN02: Supporting patients to drink, eat and mobilise (DrEaMing) after surgery	Q1 – 6.2%	Yes
	Q2 – 4.5%	Yes
	Q3 – 4.8%	Yes
	Q4 – 6%	Yes
CQUIN03: Prompt switching of intravenous to oral antibiotic **A lower percentage indicates better performance*	Q1 –10%	Yes
	Q2 – 15%	Yes
	Q3 – 16%	Yes
	Q4 – 12.5%	Yes

CQUIN	Results	Outcome met
CQUIN04: Compliance with timed diagnostic pathways for cancer services	Q1 – 20%	No
	Q2 – 29%	No
	Q3 – 36%	Yes
	Q4 – 35%	Yes
CQUIN05: Identification and response to frailty in emergency departments	Q1 – 6.2%	No
	Q2 – 4.5%	No
	Q3 – 4.8%	No
	Q4 – 6%	No
CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions	Q1 – 71%	Yes
	Q2 – 80%	Yes
	Q3 – 89%	Yes
	Q4 – 95%	Yes
CQUIN10: Treatment of non small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	Q1 – 100%	Yes
	Q2 – 67%	No
	Q3 – 70%	No
	Q4 – 75%	No
CQUIN12: Assessment and documentation of pressure ulcer risk	Q1 – 38.5%	No
	Q2 – 30%	No
	Q3 – 22%	No
	Q4 – 18%	No

Appendix 1: Clinical Audit Participation Details, including examples of how clinical audit has been used to drive improvement.

During 2023/24 54 national clinical audits and 3 national confidential enquiries covered the relevant health services that Worcestershire Acute NHS Hospitals Trust provides. During this period, Worcestershire Acute Hospitals NHS Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries that it was eligible to participate in. The below details a list of those audits and national confidential enquiries. We have also detailed a selection of actions we are planning or have taken to improve our services in response to the insights from these audits.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

The national confidential enquiries that Worcestershire Acute Hospitals NHS Trust participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each enquiry as a percentage of the number of registered cases required by the terms of that enquiry, are as follows:

National Confidential Enquiry into patient Outcome and Death (NCEPOD)	% of Clinical Questionnaires returned	% of Organisational Questionnaires returned
End of Life Care	57% (4/7)	Not currently available from NCEPOD
Endometriosis	44% (8/18)	Trustwide 100% (1/1)
Juvenile idiopathic arthritis	100% (1/1)	Trustwide 100% (1/1)

National Audits

The national clinical audits that Worcestershire Acute Hospitals NHS Trust participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit, are as follows:

We have presented the data in the middle column below where Q stands for Quarter.

Eligible National Audits	% or No's cases submitted	Comments
EPILEPSY 12 - National Clinical Audit of Seizures and Epilepsies in Children and Young People	100%	
FFFAP - National Hip Fracture Database (NHFD)	895	
Improving Quality in Crohn's and Colitis (IQICC) (previously known as IBD - Inflammatory Bowel Disease Programme/IBD Registry)	Q1 – 0 Q2 – 10 Q3 – 22 Q4 – ** data not available	Q4 is not available as data collection was suspended.
ICNARC - Case Mix Programme	** Data not currently available	Data is being submitted but is running behind and have only just finished submitting data for 2022. Therefore data submission for 2023 has not yet began
LeDeR - Learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	100%	
MBRRACE - Maternal, Newborn and Infant Clinical Outcome Review Programme	100%	
NRAP - Pulmonary rehabilitation Organisational and Clinical audit	Cohort 1 - 1 April 2023 – 30 September 2023 – 78 cases submitted Cohort 2 - 1 October 2023 – 31 December 2023 ** Data Not Available Cohort 3 – 1 January 2024 – 31 March 2024 ** Data Not Available	Cohort 2 deadline 3 May 2024 Cohort 3 deadline 2 August 2024

Eligible National Audits	% or No's cases submitted	Comments
NRAP - Secondary Care - Adult Asthma	Cohort 1 - 1 April 2023 – 30 September 2023 – 75 completed cases submitted Cohort 2 - 1 October 2023 – 31s December 2023 – 51 Cohort 3 – 1 January 2024 – 31 March 2024 ** Data Not Available	Cohort 3 deadline 10 May 2024
NRAP - Secondary Care - COPD	Cohort 1 - 1 April 2023 – 30 September 2023 – 179 completed cases submitted Cohort 2 - 1 October 2023 – 31 December 2023 – 114 Cohort 3 – 1 January 2024 – 31 March 2024 ** Data Not Available	Cohort 3 deadline 10 May 2024
NACEL - National Audit of Care at the End of Life	CNR – 50 Staff Survey – 54 Quality Survey - 43	
NACR - National Audit of Cardiac Rehabilitation	** data not available	Data collection deadline 31/05/2024
NOGCA - National Oesophago-gastric Cancer Audit	100%	
National Audit of Dementia (NAD) - Care in General Hospitals	ALX - 40 WRH - 40	

Eligible National Audits	% or No's cases submitted	Comments
National Ophthalmology Audit Database	0	Trust was required to update system to enable data submission. National Team advise us that this was not done and no cases were submitted
NBOCA - National Bowel Cancer Audit	100%	
National Bariatric Surgery Registry	100%	
NCAA - National Cardiac Arrest Audit	**ALX** Q1 – 13 Q2 – 3 Q3 – 6 Q4 – ** data not available **WRH** Q1 – 30 Q2 – 27 Q3 – 22 Q4 – ** data not available	Q4 data collection ends 31/03/2024. Data validation for this takes place up until 31/05/24 therefore Q4 not available
NCAP - Cardiac Rhythm Management (CRM)	** Data not available	Data submission deadline 30/06/2024
NCAP - Myocardial Ischaemia National Audit Project (MINAP)	** Data not available	Data submission deadline 30/06/2024
NCAP - National Audit of Percutaneous Coronary Interventions (PCI)	** Data not available	Data submission deadline 30/06/2024
NCAP - National Heart Failure Audit	** Data not available	Data submission deadline 08/06/2024
NEIAA - National Early Inflammatory Arthritis Audit	** Data not available	Data submission deadline 15/04/2024
NDA - Adults - National Diabetes Foot Care Audit	100%	
NDA - Adults - National Pregnancy in Diabetes Audit	100%	

Eligible National Audits	% or No's cases submitted	Comments
NDA - Adults - National Diabetes Core Audit	** Data not available	Data submission deadline Spring 2024
NELA - National Emergency Laparotomy Audit	** Data not available	Data submission deadline 31 May 2024
NJR - National Joint Registry	** Data not currently available	Data is regularly recorded, however yearly check of annual data to be undertaken from 1April 2024 to capture missing data prior to sending to the National Team for inclusion in the annual report.
NLCA - National Lung Cancer Audit	100%	
NMPA - National Maternity and Perinatal Audit	100%	
NNAP - National Neonatal Audit Programme	100%	
NPCA - National Prostate Cancer Audit	** Data not currently available	
NPDA - National Paediatric Diabetes Audit	** Data not Available	Data submission deadline 23 May 2024
NVR - National Vascular Registry	Q1 – 104 Q2 – 119 Q3 – 107 Q4 - ** Data not available	Q4 data submission deadline after 31 March 2024
PROMS - Elective Surgery	** Data not available	Data collection ends 31/03/2024. Data submission deadline later in the year.
SHOT - Serious Hazards of Transfusion: UK National Haemovigilance Scheme	45 cases	
SSNAP - Sentinel Stroke National Audit Programme	** Data not currently available	

Eligible National Audits	% or No's cases submitted	Comments
TARN - Major Trauma Audit	0 Cases submitted	TARN system was taken down following cyber-attack in June 23. TARN is now being replaced by NMTR (National Major Trauma Registry)
FFFAP - (NAIF) National Audit of Inpatient Falls	** Data not available	Data submission deadline 9th April 2024
Society for Acute Medicine Benchmarking Audit (SAMBA)	WRH - 77 Patients ALX – 0 patient	
BTS - Adult Respiratory Support Audit	ALX – 15 WRH - 20	
NDA - National Diabetes Inpatient Safety Audit (NDISA) Previously NaDIA-Harms	100%	
CEM - Mental Health Self Harm	** Data not available	Data submission deadline 3 October 2024
NRAP - Paediatric Asthma - Secondary Care	Cohort 1 - 1 April 2023 – 30 September 2023 – 16 completed cases submitted Cohort 2 - 1 October 2023 – 31 December 2023 – 5 Cohort 3 – 1 January 2024 – 31 March 2024 ** Data Not Available	Cohort 3 deadline 10 May 2024
PQIP - Peri-Operative Quality Improvement Programme	100%	
AKI - National Acute Kidney Injury Audit	100%	
UK Renal Registry Chronic Kidney Disease Audit	100%	
National Obesity Audit	100%	

Eligible National Audits	% or No's cases submitted	Comments
National Perinatal Mortality Review Tool	100%	
Breast and Cosmetic Implant Registry (BCIR)	100%	
CEM - Care of Older People	** Data not available	Data submission deadline 3 October 2024
2023 Audit of Blood Transfusion against NICE Quality Standard 138	100%	
2023 Bedside Transfusion Audit	** Data not Available	Data submission deadline 31 May 2024
National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	100%	
National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	100%	
BAUS Nephrostomy Audit	100%	

A number of National Clinical Audit reports have been published in 2023/24 for national audits that the Trust participated in. These reports were all reviewed during 2023/24 and the table below presents a selection of actions/improvements Worcestershire Acute Hospitals NHS Trust intends to take to improve the quality of healthcare provided, based on National Audits that had a localised baseline report completed during 2023/24.

National Audit and Speciality	Actions/Improvements
Corporate: National Audit of Dementia (NAD) - Care in General Hospitals Published 10/08/2023	The Medical Director and Chief Nurse should ensure that staff are trained and supported in the use of appropriate tools for comprehensive pain assessment (e.g. e-lfh Pain Management Programme) The proposal for the training to be made essential to role has been approved at the Nursing and Midwifery Advisory Board and a working group to take this forward.

National Audit and Speciality	Actions/Improvements
Rheumatology: NEIAA - National Early Inflammatory Arthritis Audit Published 17/10/2023	▶ Ensure rapid but safe initiation of DMARDs ▶ CNS dedicated early inflammatory arthritis clinic slots to be re-instated and ring-fenced – changes to be implemented from May 2022 ▶ Departmental review of early inflammatory arthritis pathway and education session scheduled for 6 April 2022 ▶ Please see the action plan uploaded in the documentation section for full details of previous actions ▶ Administrative support for audit to be continued and potentially increased if audit expanded as proposed in 2023 ▶ Ring-fenced dedicated nurse specialist slots for the commencement and escalation of DMARDs to remain ▶ To evaluate NEIAA reports, feedback findings and address any needs NEIAA report 2023 evaluated. Need identified and to be addressed (annual RA review) ▶ To inform department of 2023 changes to audit recruitment and data collection

National Audit and Speciality	Actions/Improvements
Neonatal: NNAP - National Neonatal Audit Programme Published 17/10/2023	▶ Review the BAPM QI toolkit for thermoregulation and implement strategies to improve thermal care in babies born less than 32 weeks at WRH. This will be reviewed in a quarterly NNAP quality improvement group meeting. ▶ To reconsider how the 2 year follow up developmental checks are taking place. We have appointed 2 tier 2 fellows and will consider training them to take on a designated developmental assessment clinic. ▶ Use of less invasive surfactant administration and other respiratory initiatives within a 'respiratory bundle'. A QI project in collaboration with the West Midlands ODN will be led by an identified Consultant Paediatrician. ▶ review the BAPM infant feeding QI toolkit and implement strategies to improve the number of babies receiving mothers milk during their stay on the neonatal unit and at discharge.

National Audit and Speciality	Actions/Improvements
Haematology: SHOT - Serious Hazards of Transfusion: UK National Haemovigilance Scheme Published 04/07/2023	▶ Implement an Electronic Blood management system. ▶ Complete a gap analysis on staff levels within the laboratory ▶ Clinical Governance to prioritise Blood transfusion incidents to enable effective investigation ▶ Develop anaemia policy with referral pathway for Trust use ▶ Lead Transfusion Practitioner to ensure all relevant staff have completed NHS Patient Safety Syllabus training programme by June 2024 ▶ Lead Transfusion Practitioner to investigate how transfusion specific serious incidents can be shared more widely throughout the Trust, so learning can be shared.
Obstetrics: MBRRACE - Saving Lives, Improving Mother's Care Published 17/10/2023	▶ Digital Midwife is Liaising with clevermed to implement. our next step is to implement the testing stage at present.

Appendix 2: Table of CQC Ratings

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 Apr 2023	Good Apr 2023	Good Apr 2023	Requires Improvement April 2023	Requires Improvement April 2023	Requires Improvement
Services for Children and Young People	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 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 Sept 2019	Good Sept 2019	Requires Improvement Sep 2019	Requires Improvement
End of Life	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Sept 2019	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 Sept 2019	Requires Improvement Sep 2019	Good Sept 2019	Requires Improvement
Surgery	Requires Improvement Sep 2019	Good Sept 2019	Good Sept 2019	Requires Improvement Sep 2019	Good Sept 2019	Requires Improvement
Urgent and Emergency Services	Requires Improvement April 2023	Good April 2023	Good April 2023	Requires Improvement April 2023	Requires Improvement April 2023	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 April 2023	Requires Improvement April 2023	Requires Improvement
Services for Children and Young People	Requires Improvement Jun 2018	Requires Improvement Jun 2018	Good Jun 2018	Requires Improvement Jun 2018	Requires Improvement Jun 2017	Requires Improvement
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	Outstanding Sept 2019	Good Sept 2019	Requires Improvement Sep 2019	Requires Improvement
End of Life	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good
Maternity and gynaecology	Requires Improvement Jun 2017	Requires Improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires Improvement Jun 2016	Requires Improvement
Outpatients	Good Sept 2019	Not rated	Good Sept 2019	Requires Improvement Sep 2019	Good Sept 2019	Good
Surgery	Requires Improvement Sep 2019	Good Sept 2019	Good Sept 2019	Requires Improvement Sep 2019	Good Sept 2019	Requires Improvement
Urgent and Emergency Services	Requires Improvement April 2023	Good April 2023	Good April 2023	Requires Improvement April 2023	Requires Improvement April 2023	Requires Improvement

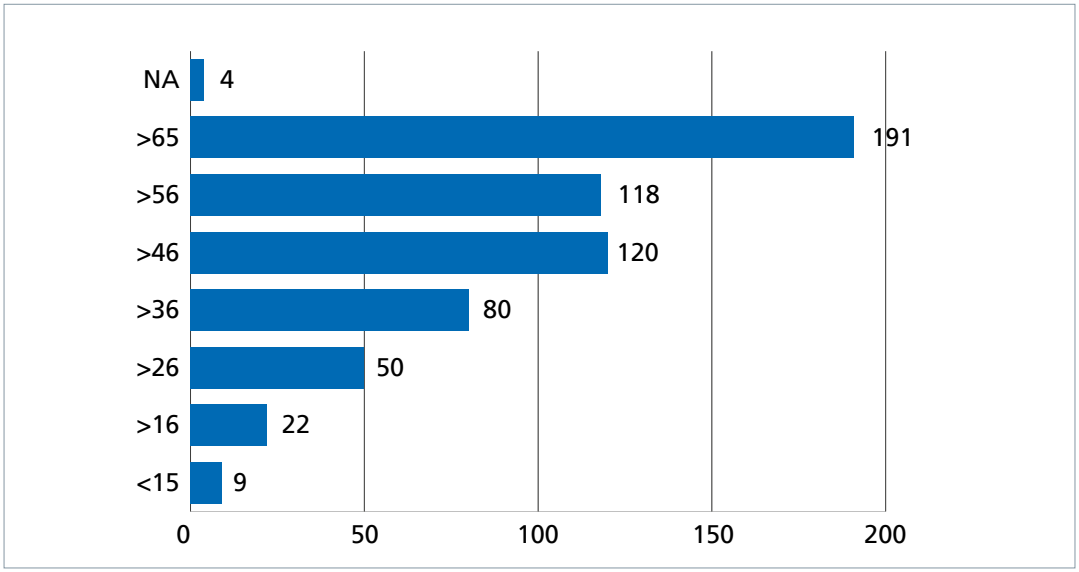
Kidderminster Hospital and Treatment Centre

	Safe	Effective	Caring	Responsive	Well-Led	OVERALL
OVERALL	Good	Good	Good	Requires Improvement	Good	Good
Medical Care (including older people's care)	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good
Services for Children and Young People	Requires Improvement Jun 2018	Requires Improvement Jun 2018	Good Jun 2018	Requires Improvement Jun 2018	Requires Improvement Jun 2018	Requires Improvement
Diagnostic Imaging	Good Sept 2019	Not rated	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good
Maternity and gynaecology	Requires Improvement Jun 2017	Requires Improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires Improvement Jun 2017	Requires Improvement
Outpatients	Good Sept 2019	Not rated	Good Sept 2019	Requires Improvement Sep 2019	Good Sept 2019	Good
Surgery	Good Sept 2019	Good Sept 2019	Good Sept 2019	Requires Improvement Sep 2019	Good Sept 2019	Good
Urgent and Emergency Services	Requires Improvement Sept 2019	Requires Improvement Sept 2019	Good Sept 2019	Good Sept 2019	Requires Improvement Sept 2019	Requires Improvement

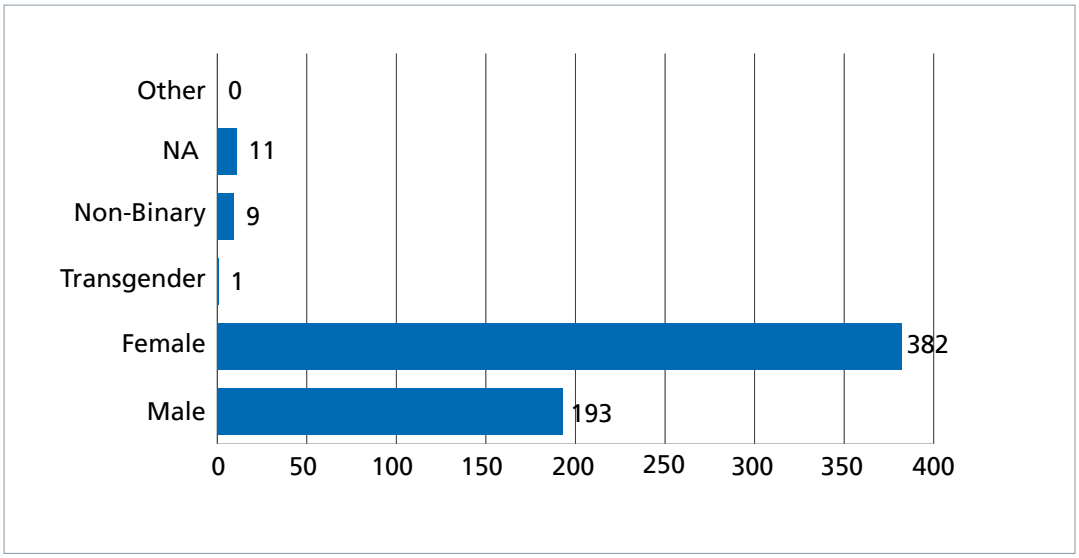
Appendix 3: Equality and Diversity Monitoring in our Big Quality Conversation Survey

At the end of our Big Quality Conversation survey we asked some optional questions for equality and diversity monitoring. The results of these questions are as follows:

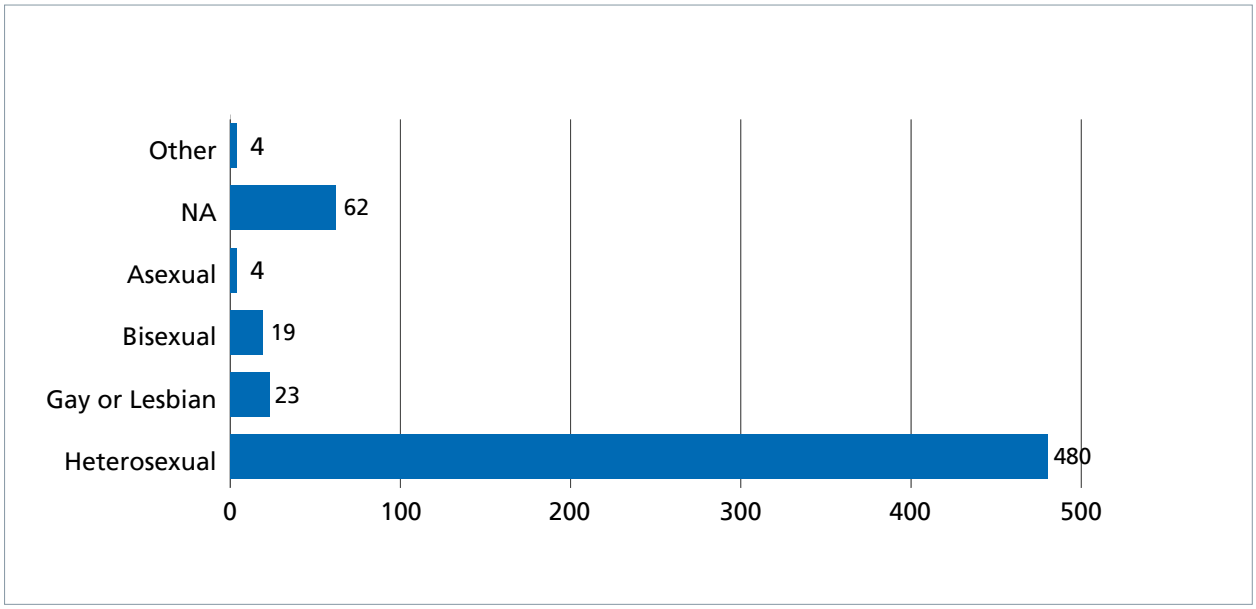
Age



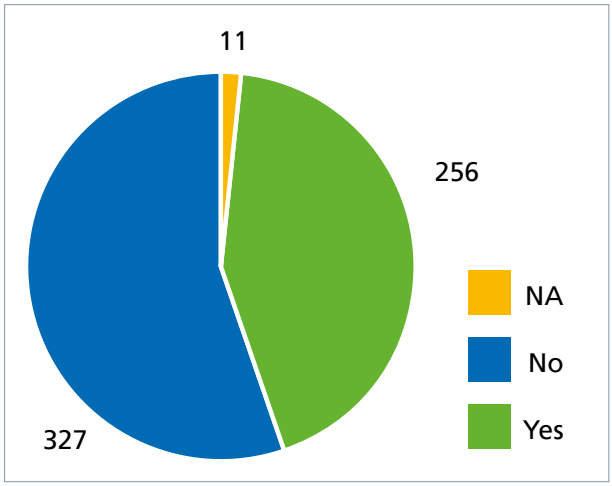
Gender



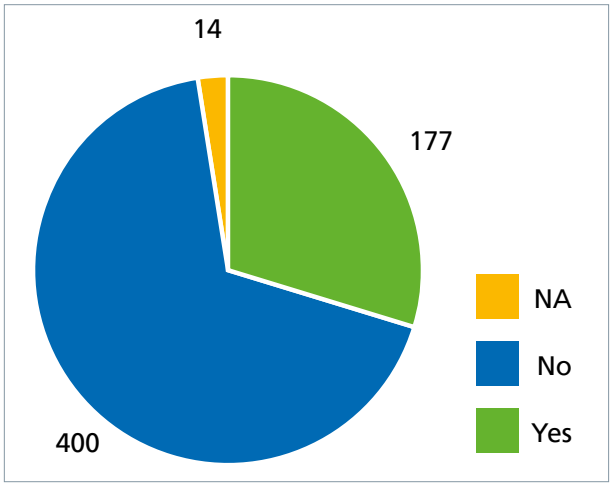
Sexuality



Disability



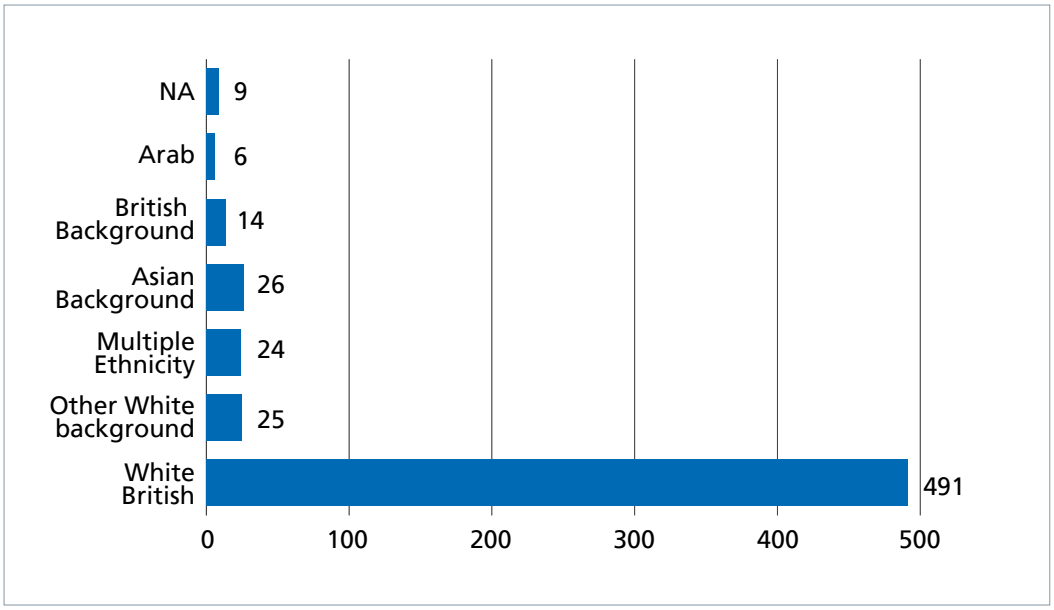
Vulnerable Groups



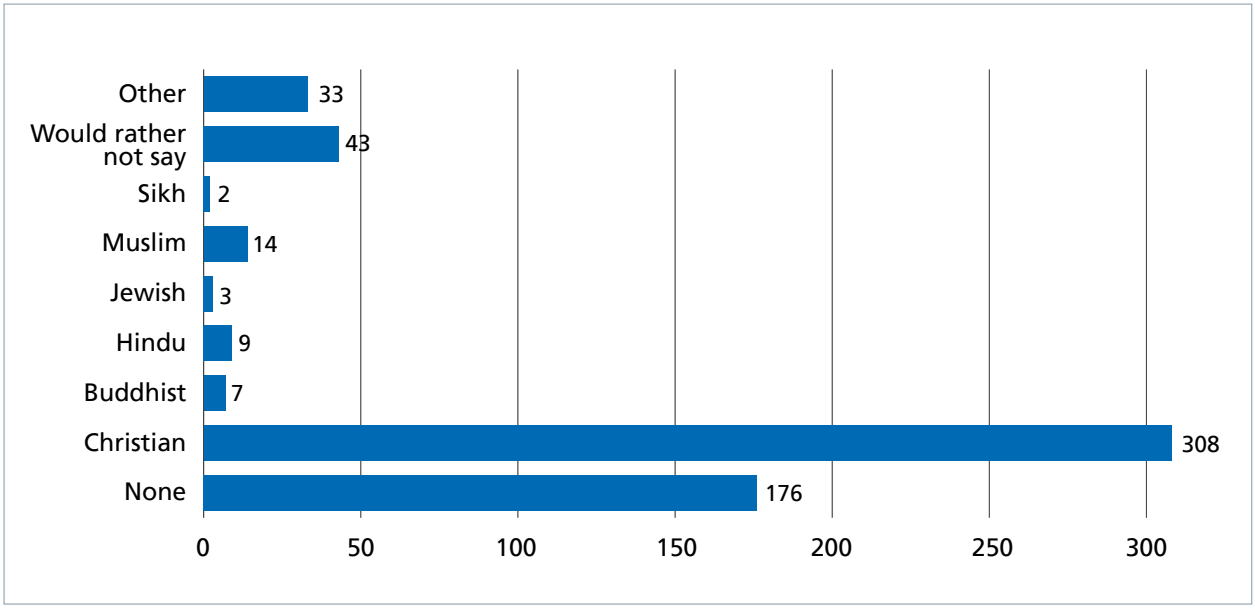
Respondents

Respondents	Number of Respondents
Patients	575
Relatives	290
Friends	72
Carers	83

Ethnicity



Religion



Appendix 4: External Opinions - What Others say about this Quality Account

Healthwatch Worcestershire's response to the Quality Account of the Worcestershire Acute Hospitals NHS Trust for the financial year 2023/24

Healthwatch Worcestershire (HWW) has a statutory role as the champion for those who use publicly funded health and care services in the county and therefore, we welcome the opportunity to comment on the Worcestershire Acute Hospitals NHS Trust Quality Account for 2023/24.

As is our normal practice we have used Healthwatch England guidance to form our response as follows:

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

Patients and families provide HWW feedback on access to emergency care and length of waiting times:
Whilst Ambulance handover times, enhanced access to General Practice from acute care and the number of patients spending over 12 hours in the Emergency Departments remain challenging we note we note that there have been significant initiatives implemented to improve the flow of patients into and out of the Trust Hospitals or to divert them to better targeted care.

These initiatives include single point of access, including 'call before you convey' for West Midlands Ambulance Service and Same Day Emergency Care for Medical and Surgical provision. Frailty Same Day Emergency Care has now gone live and complements the Frailty Virtual Ward that has been successful in Wyre Forest. The aim of these approaches is to get patients 'home before lunch' or to treat them at home (where this is possible and medically appropriate) rather than treat them in an acute setting where family would need to travel to visit. Building on, this further virtual wards are likely to come on stream soon e.g. respiratory and gynaecology virtual wards.

Patient Initiated Follow Ups (PIFU) is another tool being used by the Trust to reduce the pressure on out-patients by involving, usually patients with long term conditions, in deciding as and when

they need their follow-up appointments. The Trust is approaching its 5% PIFU target with some specialities already delivering more than this target.

Patients want timely access for elective procedures:
Elective procedures were heavily impacted by the covid-19 pandemic. Nationally these are measured by the number of patients waiting so there are for example: 104 week waiting lists; 78 week waiting lists; 65 week waiting lists and 52 week waiting lists. There are currently no patients in the Trust on the 104 waiting list. There are however concerns over the number of patients on the Oral Surgery and ENT 65 week waiting lists. There is a commitment to eliminate 78 and 65 week lists with the elimination of the 78 week list by May 2024 and the 65 list by September 2024. There is also a focus on reducing elective length of stay and better use of theatres to help reduce these waiting lists, however we note that workforce challenges are also a factor.

Waiting for diagnostic tests has negatively impacted on treatment start times and elective and cancer recovery waiting lists, especially the number of patients waiting for cystoscopy, echo cardiography, audiology and MRI. Workforce capacity is a major factor.

Cancer
Healthwatch Worcestershire welcome the significant improvements in cancer performance which has meant the Trust moving from tier 1 national escalation and support to tier 2 Regional escalation and support.

A key cancer performance measure is the 28-day Faster Diagnosis Standard (FDS) which requires 75% of referred patients to be told if they have cancer or not within 28 days. Whilst we note that this measure is being achieved in breast, head & neck, skin and upper GI cancers we are concerned that haematology and urology are still a long way off target.

2. Progress made against the 2023/24 priorities set out in the 2022/23 Quality Accounts.

To move away from a purely narrative based approach each clinical division has created their own 'Quality House' graphic to outline how they will contribute to the Trust's Quality Priorities under the headings of Care that is Safe/Clinically Effective and a Positive Experience for Patients.

Care that is Safe:
Healthcare-associated infections (HCAI): we note the continued inclusion and widening of this improvement priority in to 2024/25 given that the trajectory for *Clostridium Difficile (C.Diff)* case numbers was not met in during 2023/24. *C. diff* is one of the HCAI infections that the Infection Prevention Control Team (IPC) is working to reduce. Over the period of these Quality Accounts there were 128 healthcare acquired C. difficile cases compared to the target of 78. It is not clear why the reasons behind this and other HCAI infections of concern were not discussed in the Quality Accounts. We would welcome specific milestones/timelines to accompany the ambition to reduce these numbers and the risk of antimicrobial resistance.

We welcome the continued inclusion of timely discharge processes from the 2023/24 priorities to the 2024/25 priorities and are aware that a discharge transformation programme is underway.

We regularly receive feedback on the discharge process with particular emphasis on the communications associated with discharge and welcome this programme as one of the Trust's six workstreams with the aim of improving flow through the hospitals and look forward to the update to the Trust's Discharge Policy. We would note that this improvement priority is one where patient and carer engagement would be of great value.

Care that is Clinically Effective:
We note that the Trust has a rate of death no higher than its peer organisations and that it has worked closely with the Integrated Care Board to learn from mortality and morbidity meetings and now have an integrated Learning from Deaths Report. This process and the medical examiner system means concerns are examined including vulnerable patients.

The Clinical Effectiveness Team undertake purposeful audits that are aligned with National Institute for Clinical Effectiveness (NICE), for example NICE Guidance NG89 – Venous Thromboembolism (VTE) compliance. An audit of Alcohol Withdrawal Management in Accident and Emergency (CG115) supported the continued funding of an Alcohol Liaison Nurse. An Acute Kidney Injury (AKI) in patients with Neck of Femur (NG148) has had positive clinical outcomes for the Trust. Other improvements have led to significant improvement in the reporting of MRI scans. The Trust engaged in 54 national clinical audits and 3 national confidential enquiries. HWW understands audits contribute to better patient outcomes and improved patient experiences.

We are pleased to recognise the Trust has achieved successful compliance for the fifth year running of The Maternity Incentive Scheme – a financial incentive designed to enhance maternity safety within NHS Trusts, leading to improvement in the quality of care for women, families, and newborns.

Care that is a Positive Experience for Patients and Carers:
We support the improved focus on gaining feedback from patients and carers. Of note is the new inpatient ward surveys which we understand will enable a more granular and timely set of data compared to the Friend and Family Test (FFT), PALS and the annual Big Quality Conversation Survey. We would like to have seen some initial feedback and actions taken because of the inpatient surveys but understand that its use is in early days. The use of QR codes provides an additional method of feedback and the use of extra volunteers to assist and help patients are good additions. We note that that A&E scores under target.

The Trust has reintroduced a Learning Disability Steering Group to ensure patients with Learning Disabilities receive safe, personalised care and achieve equality of outcomes. Of note is the use of the new electronic patient record system to digitally flag patients and alert staff to additional care and communication needs.

We are encouraged by the improvements in how people feel about the Trust's hospitals compared to last year's Big Quality Survey results and note the 52% score for communication.

3. Are there any important issues missed?

HWW understands that communication around admissions, discharges and A&E experiences tend to form the majority of complaints and concerns. We would like to see more examples of incremental improvements in the Trust's Quality Accounts, such as a reduction in time for simple discharge patients, as assurance that improvements are being made and celebrated at ward level. Another example is the feedback you receive from A&E departments, one of the biggest areas of issue for patients and carers – can we see the incremental improvements that are being made on the journey to reaching the target of 95% recommendation by friends and families?

There was no mention of Sepsis in the QA for this year and was also not included last year. Given the national/media focus on sepsis and the introduction of Martha's law it might be useful to include some reference to this in the QA.

We understand that the following were not available in the draft QA we received but will appear in the final document:

- Narrative around Electronic Patient Record optimisation re Digital Care Records

Healthwatch Worcestershire are aware of a number of therapy areas that the Trust classify as fragile/vulnerable services, we would like to have seen some examples of how the Trust is dealing with these due to the potential impact on service delivery to patients. For example, the Dermatology service has had to be redesigned significantly over a short period of time which has had an impact on how patients are assessed and treated.

We also had feedback that there no references to co-production with patients, carers and the public in the Quality Account which is a missed opportunity as Quality Accounts are an ideal document to showcase co-production. We recommend that this is included in future Quality Accounts.

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

We welcome the widening and improvement of the annual The Big Quality Conversation survey and report which sits alongside the Friends & Family Test and the PALS compliments & complaints reports. In particular we welcome the effort that has gone into engaging with groups in the community experiencing health inequalities such the introduction of an easy read version and reaching out to the d/Deaf community and those experiencing vision loss.

We note that the results from this engagement and the online survey were used to help inform Improvement Priorities for 2024/25

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

Healthwatch Worcestershire are aware that there is a challenge in producing a Quality Account which is clearly presented and meaningful for patients and the public, taking into account the technical information required by NHS England. Given those restrictions the introduction does clearly set out the purpose and structure of the QA and the infographics pages are an easily accessible picture of the work of the hospital. We think that presentation of the Account has improved this year.

We recommend that the Trust should produce a summary of the Quality Account in an accessible format selecting important information for the public, complemented by an Easy Read version.

We welcome the clear and readable format in which the Trust's 2024/25 Quality Priorities are presented, having been set out on a single page with more detail following in tables.

In conclusion, we have noted the many achievements reported on in the Quality Account and look forward to them being reflected in future patient feedback.

Chris Byrne
Director – Healthwatch Worcestershire

Trust Comment:
Following feedback from Healthwatch Worcestershire, we have reintroduced a focus on ensuring timely identification and management of Sepsis within our Emergency Departments and Inpatient Wards. This has been outlined on page 34.

Herefordshire and Worcestershire Integrated Care Board

Herefordshire & Worcestershire Integrated Care Board (HWICB) welcomes the opportunity to review and comment on the draft Worcestershire Acute Hospitals NHS Trust (WAHT) Quality Account 2023/24. HWICB recognises the Trust's achievements during 2023/24 considering the exceptional challenges faced within Urgent and Emergency Care (UEC), the ongoing challenges with patient waiting times and the impact of industrial action. The ICB would also like to thank the Trust for their continued contribution to supporting the wider health and social care system during this time.

The Quality Account provides an opportunity to look back on the past year, reflect upon the successes and progress made and make a candid assessment of the focus needed by both the Trust and collectively across the healthcare system to address the significant challenges we continue to face.

It is the view of HWICB that the draft Quality Account represents an honest appraisal of the Trusts performance against its 2023/24 priorities and reflects an ongoing commitment to ensuring effective patient safety and quality improvement addressing these key issues in a focussed and innovative way for 2024/25.

We are pleased to see the positive impact the expansion and investment in several services have had including new operating theatres at the Alexandra Hospital; new Emergency Department at Worcestershire Royal; Single Point of Access service and the new Cardiology Same Day Emergency Care Unit, which have all contributed to meeting some of the 2023/24 quality priorities.

The ICB also acknowledges the significant progress made in relation to quality improvement throughout Maternity Services. This was confirmed at the CQC re-inspection during October 2023 where the rating improved from 'Requires Improvement' to 'Good'. In addition for 2023/24 WAHT achieved compliance with 9 out of the 10 safety actions outlined within the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme.

Although the Trust identified they did not meet targets for some areas within the Quality Account, they have described the progress made to date and have clear plans in place to address the outstanding actions particularly in relation to data quality and clostridium difficile.

HWICB acknowledges the positive work identified above; however, we would also like to highlight the need for continued and renewed focus on maintaining quality improvements. We support and welcome the specific quality priorities identified for 2024/25. All are appropriate areas to target for continued improvement and build upon the achievements of 2023/24. We particularly welcome the continued focus on improving patient waiting times, ensuring safe and timely discharges, maximising patient flow and improving infection prevention and control.

HWICB are satisfied the Quality Account for 2023/4 provides a clear and accurate statement which is a representative and balanced reflection of the quality of healthcare provided by WAHT. We look forward to seeing progress with the new quality priorities identified for 2024/5 in conjunction with embedding the Patient Safety Incident Response Framework (PSIRF) and associated patient safety quality requirements. The ICB would like to commend WAHT on their work in preparation for PSIRF

in 2023/24 and going live in line with national requirements.

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/ICS Lead

Patient and Public Forum

There is much to celebrate in this year's Quality Account. More positive cross healthcare working and cooperation both in Worcestershire and the Foundation Trust bodes well for the future.

The emphasis on Fundamentals of Care and hydration and nutrition going forward will improve the experience and outcomes for our patients.

Although there is much work to do for patients presenting with fractured neck of femur, the audit result of reducing acute kidney injury from 28% to 5.5% is particularly impressive. Reduction in length of stay for frailty patients is a substantial improvement.

The Patient and Public Forum [PPF] have, for many years, tried to support the Trust in improving services for our patients with learning difficulties [LD]. This year's LD strategy gives us more confidence that these patients will have a more positive experience in our hospitals.

Despite a very challenging year with many more patients requiring our services, there has been a bonanza of innovations – among them, new theatres, robotic surgery, roll out of our digital services, SDEC units, Emergency Gynaecological Assessment Unit and not forgetting our new ED department at Worcester.

It was disappointing to see we did not achieve our infection control targets [C Diff et al]. Probably not surprising, as our beds are always full and patients sometimes have to board.

We note the results of the Big Quality Conversation during which several PPF members interviewed patients. Difficulty with parking was a common theme and we are surprised it is not mentioned.

The Ten Point Plan and Six Pillars should give us a sound basis for improvement. We note, particularly, the will to improve staff experience and, also, the emphasis on prevention and hope to see the latter firmly embedded next year and better results in the staff survey.

We note that prescribing is due to be digitalised in 2025. This will improve patient safety and, if possible, should be expedited.

The PPF's key work is speaking to patients about their experience and speaking up on their behalf. We, therefore, welcome the introduction of the Patient Voice Strategy this coming year.

Rosemary Smart
Patient and Public Forum Chair

Trust Comment:
Following feedback from the Patient and Public Forum, we have reviewed the comments received via the 2023/24 Big Quality Conversation which related to visitor car parking and have summarised this on page 50.

Worcestershire Health Overview and Scrutiny Committee (HOSC)

The Worcestershire Health Overview and Scrutiny Committee (HOSC) welcomes receipt of the draft 2023-24 Quality Account for Worcestershire Acute Hospitals NHS Trust (WAHT). Members of the Committee have appreciated the input from WAHT to the scrutiny process during an extremely challenging year, and the opportunity to visit new ED facilities. WAHT has played a positive role in the HOSC's ongoing scrutiny of how health and social care organisations are working to try and improve patient flow, which this year has focused on the new Emergency Department, and partner organisations' work to reduce inappropriate hospital admissions.

HOSC Members have been encouraged by the openness of the new Managing Director and senior team in contributing to HOSC meetings, and the collective message from the health and social care system, that there is recognition that each organisation has a part to play in tackling the pressures on acute hospitals.

The Members look 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.

Councillor Brandon Clayton
Chairman of Worcestershire Health Overview and Scrutiny Committee

Glossary of Terms

Acronym	Long Hand
AI	Artificial Intelligence
AKI	Acute Kidney Injury
AMR	Antimicrobial Resistance
AMS	Antimicrobial Stewardship
BAPM	British Association of Perinatal Medicine
BCIR	Breast and Cosmetic Implant Registry
BOPP	Best Outcome for Patient Programme
BQC	Big Quality Conversation
BTS	British Thoracic Society
C. Diff	Clostridium difficile
CEM	College of Emergency Medicine
CNS	Clinical Nurse Specialist
COPD	Chronic obstructive pulmonary disease
CQC	Care Quality Commission
CQUINS	Commissioning for Quality Innovation
DMARDs	Disease modifying anti-rheumatic drug
DQMI	Data Quality Maturity Index
DrEaMing	Drink, Eat and Mobilise
DREAMS	The Deterioration of Patients, Resuscitation, End of Life and Mortality Studies
ED	Emergency Department
EDS	Electronic Discharge Summary
ENT	Ear, Nose and Throat
EPMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Record

Acronym	Long Hand
FFFAP	Falls and Fragility Fracture Audit Programme
NAIF	National Audit of Inpatient Falls
FFT	Friends and Family Test
FOC	Fundamentals of Care
FTSU	Freedom to Speak Up
ICB	Integrated Care Board
ICCA	IntelliSpace Critical Care Anaesthesia System
ICNARC	Intensive Care National Audit & Research Centre
IPC	Infection Prevention Control
IPS	Internal Professional Standards
IQICC	Improving Quality in Crohns and Colitis
LeDeR	Learning from lives and deaths of people with a learning disability and autistic people
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MIS	Maternity Incentive Scheme
MSCC	Metastatic Spinal Cord Compression
NACEL	National Audit of Care at the End of Life
NACR	National Audit of Cardiac Rehabilitation
NAD	National Audit of Dementia
NBOCA	National Bowel Cancer Audit
NCAA	National Cardiac Arrest Audit
NCAP	National Audit of Percutaneous
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NDA/NDISA	National Diabetes Inpatient Safety Audit
NEIAA	National Early Inflammatory Arthritis Audit
NELA	National Emergency Laparotomy Audit

Acronym	Long Hand
NEWS2	National Early Warning Score
NHFD	National Hip Fracture Database
NICE	National Institute for Clinical Excellence
NIHR	National Institute for Health and Care Research
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NMPA	National Maternity and Perinatal Audit
NNAP	National Neonatal Audit Programme
NOF	Neck of Femur
NOGCA	National Oesophago-gastric Cancer Audit
NPCA	National Prostate Cancer Audit
NPDA	National Paediatric Diabetes Audit
NRAP	National Respiratory Audit Programme
NVR	National Vascular Registry
ODN	Operational Delivery Network
PALS	Patient Advice and Liaison Service
PEGs	Percutaneous Endoscopic Gastrostomy
PFI	Private Finance Initiative
PQIP	Peri-Operative Quality Improvement Programme
PRES	Patient Research Experience Survey
PROMs	Patient Reported Outcome Measures
PSIRF	Patient Safety Incident Response Framework
QGC	Quality Governance Committee
QI	Quality Improvement
SAMBA	Society for Acute Medicine Benchmarking Audit
SDEC	Same Day Emergency Care

Acronym	Long Hand
SHMI	Summary hospital-Level Mortality Indicator
SHOT	Serious Hazards of Transfusion
SJR	Structured Judgement Review
SPoA	Single Point of Access
SSNAP	Sentinel Stroke National Audit Programme
TARN	Trauma Audit and Research Network
TIA	Transient Ischemic Attacks
VTE	Venous Thromboembolism
WAHT	Worcestershire Acute Hospital Trust
WRH	Worcestershire Royal Hospital

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