Who we are

We are experts in healthcare services. Dedicated to improving the health of our population, we provide joined-up services with partners that meet everyone's needs, nearer to home.

NHS
Worcestershire Acute Hospitals NHS Trust

Why we exist
Our Purpose

Helping people to live healthier, more fulfilling lives

What we do every day
Our Mission

Being the best team we can be for our patients, each other and our partners

Where we want to get to
Our Vision

Everyone is proud of the difference we make. We are more than a hospital, we bring care together for people

How we will get there
Strategic Priorities

By being better connected with what matters

People
Nurturing a culture people want to be a part of

Patients
Meeting the needs of our patients and communities

Collaboration
Building strong connections and pathways

Excellence
Focusing on continuous improvement

Effectiveness
Enhancing our efficiency and effectiveness

Guided by our Values

Being open and honest • **Ensuring people feel cared for** • **Showing respect to everyone**

Our Strategy 2025-30

Membership of the Foundation Group

Worcestershire Acute Hospitals NHS Trust is a member of the Foundation Group of NHS Trusts. 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 Trust. Since joining the Foundation Group, we have benefited from opportunities for closer joint working and sharing of ideas and best practice.

Our vision, values and strategic objectives

We have been engaging with colleagues across and beyond the Trust over the last 12 months to review our strategy for 2025-30, including our purpose, vision, strategic objectives, and values. Through doing so, we have been co-developing a clear narrative to help people understand the Trust's focus and direction whilst building engagement and shared ownership amongst colleagues, and ensuring that we remain aligned to national, Integrated Care System (ICS) and Foundation Group strategies and priorities.

Our Values

These are underpinned by our **values** which are what we believe in. They guide everything that we do and help to keep us connected to each other, our patients and our community. In 2024/25 we launched a major staff engagement programme to develop a new set of Trust values. Hundreds of colleagues from wards and departments in all parts of our hospitals had their say in shaping these values and the behaviours which underpin them.

Our values are:

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

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

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

Our Improvement Methodology

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

- A shared method for identifying and seizing every opportunity to improve the quality and safety of care we provide.

- A common language to describe those improvements.

- Robust ways of measuring the improvements we have made and the benefits that have delivered in terms of patient experience and outcomes; staff morale; efficiency and waste reduction and organisational reputation.

Welcome from our Chief Executive and Chair

Russell Hardy
Chair

Glen Burley
Chief Executive

Over the last 12 months our dedicated, professional colleagues at Worcestershire Acute Hospitals NHS Trust have continued to strive to provide compassionate, safe and high-quality care for our patients and local communities, while continuing to focus on our improvement journey.

Ongoing challenges posed by increasing demands on our healthcare system remain, yet enhancement of our services has still been achieved through innovative initiatives, collaborative partnerships and sharing best practice.

New ways of working - including Single Point of Access, the ambulance pit-stop, increased same day emergency care services, and a Discharge Response Volunteers service - are helping to streamline access and improve patient flow.

Patient experience and outcomes are being improved following the opening of a Urology Investigation Unit offering a 'one-stop' facility for patients with bladder and prostate issues; and gynaecology patients are benefitting from the expanded use of our Da Vinci Xi robot - initially used for prostate cancer surgery – often going home the same day following robotic hysterectomy or endometriosis removal.

Guided by our Quality Roadmap, we have seen more wards achieve their Care Excellence Accreditation, we've launched our Fundamentals of Care Committee to ensure that we are delivering all aspects within the fundamentals of care framework, and we have developed and shaped our Patient Voice and Involvement Strategy with our local community, patient representatives and staff, with a view to launching in 2025.

The phased roll out of our Electronic Patient Record has continued, as part of our wider Digital Strategy, helping our colleagues deliver better care for our patients, and the CQC acknowledged notable improvements across our children and young people services.

Engaging with staff across and beyond the Trust has been a key priority as we have reviewed our future strategy for the next five years, setting out our shared focus and direction aligned to national, Integrated Care System and Foundation Group strategies and priorities, and it was pleasing to see improvements in our NHS Staff Staff survey scores, which drive improvements to patient care.

Moving forward, we will now begin to refresh our Quality Strategy to make sure this is aligned to our new strategic objectives, Clinical Strategy and values, as well as continuing our focus on our quality priorities, shaped by the responses to our Big Quality Conversation.

Thank you to all our staff and volunteers for their continued commitment and professionalism, and, as we move into a time of national changes across the NHS landscape, we would like to assure our partners, Inspection and Regulatory Bodies, and wider communities of our continued commitment to our improvement journey.

A Year in Numbers

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 2023/24 Quality Account. We will also outline the Quality Priorities we are taking forward for the next 12 months and will account for these in next year's Quality Account.

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

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

To do this we aim to foster a culture that empowers our staff to make improvements across our hospitals, using a patient-centred care approach that we tailor to individual needs.

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

- The Quality Governance Committee (QGC) continues to play a pivotal role in our quality governance framework. We have refined the reporting structure through the Improving Safety Action Group with a rolling quarterly agenda. This includes oversight and discussion of key quality and safety issues, progress against safety recommendations and escalation to QGC.
- Our Capacity Site Management team undertake daily safety walks, this includes a review of ward environments, including any areas where patients are receiving care in the corridor. We call these temporary escalation spaces (TES). Use of these temporary spaces 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 weekly on inpatient Wards and Departments.
- Ward to Board reporting structure, to provide assurance from Ward level through Divisional level and up to the Trust Board.
- A new Safety and Leadership Walkarounds process has been implemented, where a team comprised of an Executive Director, Non-Executive Director and member of the Patient and Public Forum visit a department to openly discuss patient and staff safety. This includes sharing good practice, learning and any concerns arising from the experience of staff in delivering clinical care.
- Our Quality Roadmap outlined key aims in reviewing fundamentals of care, sustaining improvement and incorporating the patient voice. You can read more about this on page X.

Quality Roadmap

In last year's Quality Account we included our Roadmap to Improving Quality 2023-2025, which we had already made progress with. The aim of the Quality Roadmap was to direct our journey since we joined the Foundation Group, to realign our priorities to the current climate and goals of our organisation. We have included a summary of the progress of our Roadmap below.

Fundamentals of Care Committee

In November 2023, we launched our Fundamentals of Care Committee (FOC). This is attended by specialist Leads and representation from our Clinical Divisions. During 2024/25 the Committee continued to provide targeted oversight to ensure that we are delivering all aspects within the Fundamentals of Care framework to our patients. The 12 Fundamentals as follows:

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

The Committee also receives reports from specialist areas such as Safeguarding, Dementia, our Digital team and Infection, Prevention and Control. This year we have also implemented quarterly reporting from each of our Clinical Divisions which includes assurance of how the Fundamentals of Care are being met for patients in their areas, and sharing of good practice across other teams.

Care Excellence Accreditation

In November 2023, we relaunched our internal Ward Accreditation Programme, which we call the Care Excellence Accreditation (CEA). During 2024/25, we have seen great engagement from the ward teams, and accredited all adult inpatient wards as planned in the first cycle of our programme. You can read more about our CEA on page X.

Hospital Acquired Functional Decline (HAFD) Improvement Programme

In December 2023 we undertook a #EndPJParalysis 30-Day Challenge where we encouraged our Wards to sit patients out of bed every day. This reinforced the benefits of early mobilisation in patient recovery. During 2024/25, integrating activity tracking from our initial 30-Day Challenge into routine care has led to greater engagement. You can read more about how our HAFD programme is supporting our quality priorities on page X.

Quality Boards

Last year we trialled different forms of Quality Boards across the Trust to support departmental safety huddles and areas of focus. These have now been embedded across the main building at the Worcester site, however we have identified that some of the departments across our other sites for example the Alexandra Hospital had limited space for this type of board. Going forward in 2025, we are looking to produce digital boards that include patient information and roll these out across the Trust.

Since its launch in September 2023, we have consistently held our weekly Chief Nursing Officer (CNO) Production Board. This face-to-face meeting brings together Divisional Directors of Nursing and Corporate Lead Nurses to review a summary of key data, including reported incidents, patient flow, infection prevention and control, workforce, maternity, and children and young people. The weekly snapshot enables Lead Nursing teams to proactively identify trends and set focus areas. Over the past year, we have refined the data reviewed, and some Divisions have introduced their own Production Boards at a divisional level.

Inpatient Monthly Survey

The Inpatient Survey was launched in February 2024, with the aim to gain real-time feedback from patients whilst they are an inpatient. The survey currently has 13 questions related to the Fundamentals of Care. The feedback is helping us to see what is important to patients care to plan improvements moving forward.

The Inpatient Survey is supported by a dashboard with live data where teams can compare results between Wards to see how they're performing. The results, along with feedback the Friends and Family Test, complaints and compliments will together feed into 'You Said, We Did' initiatives to continuously improve patient experience. Results are also reported to the Nursing, Midwifery and Allied Health Professional Board bimonthly. You can read more about how our Inpatient Survey is supporting our quality priorities on page X.

Nursing, Midwifery and Allied Health Professionals (AHP) Strategy

We have not yet produced Nursing, Midwifery and Allied Health Professionals (AHP) Strategy as planned whilst awaiting national guidance. However, the launch of our new Clinical Services Strategy will provide the foundation for further strategies to be developed in the future. You can read more about our Clinical Services Strategy on page X.

Patient Voice and Involvement Strategy

We have developed and shaped our Patient Voice and Involvement strategy with our local community, patient representatives and staff. Engagement opportunities to provide feedback on our strategy included workshops for patient involvement and for staff. At the time of writing, the feedback for the Strategy is being reviewed by our Trust Board with a view to launch the Strategy in 2025. You can read more about how our Patient Voice strategy is supporting our quality priorities on page X.

Our Internal Ward Accreditation Programme

Care Excellence Accreditation

In November 2023, we relaunched our internal Ward Accreditation Programme, which we call Care Excellence Accreditation. The Programme aims to empower staff to improve standards, quality of care and celebrate team achievements. The first accreditation week took place in February 2024.

The Programme involves:

- Teams developing a portfolio of evidence, which is presented to and reviewed by a Panel
- A Quality Assurance Visit (QAV) to the Department. The purpose of the QAV is for a review team to observe the ward or department against agreed criteria.
- An outcome process, where wards receive their level of accreditation at one of four levels – Not Accredited, Good, Outstanding or Exemplary.

The review teams are a specialised and diverse group and include Nursing and Service Leaders, Non-Executive and Executive Directors, external partners (for example, colleagues from the Integrated Care Board) and the Patient and Public Forum. These teams support a process which gives ongoing assurance to our Board that the Trust is providing a high-quality standard of care.

During 2024/25, we have seen great engagement from the ward teams, shared learning and evidence of innovative improvements from learning and patient feedback. A ward accreditation dashboard of data has been created which has allowed monitoring sustainability of ward achievements. Any areas or elements that have not been accredited have been reviewed and supported by the Quality Matron and spot checks carried out to ensure improvement and learning has taken place.

Between February 2024 and March 2025, all 34 adult inpatient wards have achieved a level of accreditation – 12 wards have achieved “Good”, and 22 wards have been awarded an “Outstanding” accreditation, with five of these wards having improved their level through a re-accreditation process.

Following the first cycle of accreditation for all adult inpatient areas, the programme has moved into its second phase from March 2025. The second phase expands the programme to include specialty areas such as Paediatrics, Critical Care and Emergency Departments.

"As a newly appointed Ward Manager of Surgical Assessment Unit, I was honoured to present at my first CEA presentation. This opportunity allowed me to showcase my team's dedication and significant strides we have made in patient care. Under my leadership we transformed the unit's performance from a 'Good' to an 'Outstanding' rating.

This demonstrates the hard work and commitment from every team member and reflects not only my own personal growth, but the collective achievements of my team. I am proud to have been a part of the CEA process, engaging with it from multiple perspectives including presenting our improvements to the Foundation Group and I look forward to continuing our journey in patient care."

Amy Clarke,

Ward Manager for Surgical Assessment at the Worcestershire Royal Hospital with the team

Wards Accredited Good

- Aconbury 3
- Aconbury 4
- Acute Frailty Unit
- Acute Medical Unit ALX
- Acute Medical Unit WRH
- Avon 3
- Beech C
- Hazel Unit
- Head & Neck
- T&O A
- T&O B

Following reaccreditation:

- Avon 2

Wards Accredited Outstanding

- Aconbury 1 & 2
- Acute Respiratory Unit
- Acute Stroke Unit
- Avon 4
- Beech B
- Laurel 1
- Laurel 2
- Medical Short Stay Unit ALX
- Medical Short Stay Unit WRH
- Ward 12
- Ward 14
- Ward 15
- Ward 17
- Ward 18
- Ward 2
- Ward 5
- Ward 9

Following reaccreditation:

- Beech A
- Laurel 3
- Surgical Assessment Unit
- Ward 6
- Ward 16

Freedom to Speak Up

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

A group of Freedom to Speak Up (FTSU) Champions supports the FTSU Guardian across the Trust's three hospital sites. The Champion role was relaunched last year to reach more staff and raise awareness of the FTSU programme. There are now 38 Champions, and staff can find and contact them easily through a dedicated page on the Trust Intranet.

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.

In 2024/25, staff raised 134 concerns through the Trust's confidential reporting portal. Of these, 28% were anonymous. This is an increase from 102 concerns the year before, when 45% were anonymous. This shows more staff are speaking up and fewer feel the need to stay anonymous, suggesting they are more confident in speaking up.

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

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

The National Guardian's Office (NGO) launched 'Speak Up' training this year. It is mandatory for all staff and explains what speaking up means and why it is important. A new 'Listen Up' module was also launched for specific roles, which focuses on listening to concerns and understanding the barriers to speaking up.

Registration with the Care Quality Commission (CQC)

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

During 2024/25, CQC have implemented a new framework for assessing services, and have started to complete the first assessments under this new framework. The Trust has received four assessments under CQC's new Single Assessment Framework.

May 2024 – Urgent and Emergency Care, Worcestershire Royal Hospital

Report published 19th November 2024. The service continues to be rated "Requires Improvement" overall and was re-rated as "Requires Improvement" for Safe, Responsive and Well-Led, and re-rated "Good" for Effective. CQC did not assess "Caring", therefore this remains as "Good". Inspectors found:

- **Areas of good practice:** Staff were committed to improving the standard of care, including learning from people's experiences, planning discharges and working together with partner health organisations.

- **Areas of identified improvement:** Improvements around waiting times and making sure that patients were given pain relief while in the department, and medicine to take home.

August 2024 – Medical Care (Stroke Services), Worcestershire Royal Hospital

Report published 19th February 2025, this assessment looked at our Stroke services only. Medical Care continues to be rated "Requires Improvement" overall and was re-rated "Requires Improvement" for Safe, and "Good" for Effective. Caring, Responsive and Well-Led were not assessed, therefore these ratings remain the same as the previous assessment. Inspectors found:

- **Areas of good practice:** Safety was a priority for the service, including managing medicines safely and gaining consent from patients.

- **Areas of identified improvement:** Continued focus on capacity and flow across our hospitals to make sure patients can access the Stroke Unit.

September 2024 – Services for Children and Young People, Kidderminster Hospital & Treatment Centre

Report published 18th February 2025. Overall the service received an improved rating of "Good", and improvements were seen in the Safe, Effective, Responsive and Well-Led key questions. All areas are now rated "Good". Inspectors found:

- **Areas of good practice:** The service kept people safe including reviewing referrals for children's surgery, managing medicines and making sure patients were supported. Best practice was shared across the service.

- **Areas of identified improvement:** Service worked quickly so that people did not have to wait a long time for theatre. Quality audits will be developed.

October 2024 – Services for Children and Young People, Alexandra Hospital

Report published April 2025. Overall the service received an improved rating of "Good". CQC reported improvements in the Safe, Effective and Well-Led key questions, which are now rated "Good". The Caring key question was not inspected and remains "Good". Responsive retained a rating of "Requires Improvement". Inspectors found:

- **Areas of good practice:** The service learned from people's experiences to keep people safe, had a clean environment and supported people to make choices about their care. There is a dedicated Transition team, supporting patients moving from Children's to Adults care.

- **Areas of identified improvement:** No funded phlebotomy service; however the team ensures patients who are urgently referred are seen in 2 weeks.

The Trust maintains a positive relationship with CQC operational team and meets bi-monthly with them to provide assurance on key quality and safety concerns and to showcase areas of best practice. No regulatory breaches have been identified by CQC following the assessments undertaken in 2024/25. Any action plans identified based on the recommendations of inspections are monitored through the Improving Safety Actions Group, which reports into the Trust Board.

Overall, the Trust continues to be rated positively "Good" in the Effective and Caring key questions, and "Requires Improvement" in the Safe, Responsive and Well-Led key questions. The overall quality rating for the Trust remains as "Requires Improvement" and there has been no change to hospital site ratings during 2024/25.

Core service ratings following assessments in 2024/25 are shown in the charts below:

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

Urgent and Emergency Services, Worcestershire Royal Hospital						
	Safe	Effective	Caring	Responsive	Well-Led	Overall
Urgent and Emergency Services (WRH)	↔ Requires Improvement Nov 2024	↔ Good Nov 2024	Good Apr 2023	↔ Requires Improvement Nov 2024	↔ Requires Improvement Nov 2024	↔ Requires Improvement

Medical Care (Including Older People's Care), Worcestershire Royal Hospital						
	Safe	Effective	Caring	Responsive	Well-Led	Overall
Medical Care (WRH)	↔ Requires Improvement Feb 2025	↔ Good Feb 2025	Good Apr 2023	Requires Improvement Apr 2023	Requires Improvement Apr 2023	↔ Requires Improvement

Services for Children and Young People, Kidderminster Hospital and Treatment Centre						
	Safe	Effective	Caring	Responsive	Well-Led	Overall
Services for Children and Young People (KTC)	↑ Good Feb 2025	↑ Good Feb 2025	Good Jun 2018	↑ Good Feb 2025	↑ Good Feb 2025	↑ Good Feb 2025

Services for Children and Young People, Alexandra Hospital						
	Safe	Effective	Caring	Responsive	Well-Led	Overall
Services for Children and Young People (ALX)	↑ Good Apr 2025	↑ Good Apr 2025	Good Jun 2018	↔ Requires Improvement Apr 2025	↑ Good Apr 2025	↑ Good Apr 2025

Our Trust level overall CQC ratings are shown in the chart below:

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

The ratings for the acute services/acute Trust sites:

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

Further detail of ratings of our services are included in Appendix 2 on page X.

Digital Quality

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. During 2024/25 we set an internal target of 95% for the DQMI; the latest data reported in December 2024 was 94%. At the time of writing, we expect to achieve our 95% target by the end of the year.

The Trust's DQMI has improved this year, following the successful implementation of the Emergency Care module in Sunrise, our Electronic Patient Record (EPR) system. This has allowed greater review and challenge of the data included in the Emergency Care Dataset. We use this to inform improvements for processes and quality of care.

Elective Care waiting list data quality is an ongoing national focus. This includes regular contact with patients to confirm whether they still require appointments and treatments. We are compliant with the national target of validating over 90% of patients who have been on the waiting longer than 12 weeks.

There is a dedicated Referral to Treatment (RTT) Validation team in place who monitor and review the application of RTT guidance. This team works closely with the Data Quality team to ensure the waiting list is as accurate as possible.

To further enhance this, the Trust has committed to take part in Sprint 2 of NHS England's National Validation Programme between April and June 2025. This is an optional programme with the aim to improve the data quality of waiting lists.

The National Data Quality tool, LUNA also supports improvements with elective care pathways. At the start of 2024/25, the biggest data quality issues were due to 'unknown referral at specialty'. This was identified as a technical system issue, which has now been resolved with robotic processing automation (RPA). This means using a robot to complete a repetitive admin task rather than investing human time. We plan to use RPA for further data quality improvements in 2025/26.

In May 2024, an internal audit was undertaken to review the data quality of our diagnostic waiting list and reporting. The assurance level was moderate, and there were five recommendations for improvement. All recommendations have since been completed.

Another key priority is making sure our clinical and operational data is accurate. This will support us to find ways to improve productivity and work more efficiently. We rely on this data to make important decisions about how we run our services and how we can continue to provide high-quality, cost-effective care for patients. It is important that incorrect or misleading data doesn't misinform our decision making, a robust data quality strategy will support is more important than ever.

Deployment of Digital Care Records across the Trust

The Trust has continued work to improve patient care with the use of Digital Care Records.

During 2024/25, we focused on the deployment of Sunrise Emergency Department (ED) electronic record system, which is being rolled out in stages. The system was first introduced in October 2024 at Minor Injury Units across the county. By 5th November 2024, it was also made available in Same Day Emergency Care departments and the Emergency Departments at Alexandra and Worcestershire Royal Hospitals.

To make sure the system works well for our local teams, we've spent time adapting it to fit with local ways of working. This helps ensure the system is as useful as possible for staff and patients.

For the first time, patients treated in Emergency Care settings are on the same system as those in inpatient areas. This integration supports smoother admissions from ED to inpatient care and ensures a more complete electronic patient record. The use of Sunrise ED by clinical teams has stabilised, and this in part is contributing to the efforts leading to improved performance against Emergency Access Standards.

The core system and ED modules will keep improving as we move forward. A dedicated Optimisations Team plays a crucial role in ensuring Sunrise remains relevant and supportive of clinical care across the Trust. They maintain a log to support in prioritisation of optimisations that may impact patient outcomes, so the system's updates focus on what matters most for patient care and safety.

The next step for our digital care record is introducing Electronic Prescribing and Medicines Administration (ePMA) in June 2025. This will first include updates to how allergies are recorded. Then, in September 2025, the main ePMA system will be launched.

Initial delivery will include the main inpatient Surgical and Medical Drug Chart as well as ED prescribing. The launch will be supported by a 24/7 command centre to provide assistance.

The ePMA system will help manage medicines more safely and efficiently, improving how medications are used across the Trust.

The Trust submitted the following number of records during 2024/25 to the Secondary Uses Service (SUS) for inclusion in England's Hospital Episode Statistics:

- **A&E Records:** 181,637 patients attended our Accident and Emergency departments at Worcestershire Royal and Alexandra Hospitals and our Minor Injuries Unit at Kidderminster Hospital and Treatment Centre

- **Inpatient Records:** 145,899 patients were admitted to our hospitals
  - 95,039 were planned (Day case: 88,276 / Elective admission: 6,763)
  - 50,860 were emergencies

- **Outpatient Records:** 722,705 patients attended an outpatient clinic
  - 246,299 attend their first appointment
  - 476,406 attended their subsequent (follow-up) appointment

Quality Priorities 2024/25

Looking Back – a review of our Quality Priorities for 2024/25

Last year we shared the quality priorities that we would be working towards during 2024/25. Our quality priorities are set under three parts:

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

In this section, we have provided a summary of the key data and narrative to share how we did against those priorities we set.

Care that is Safe

We will work to reduce avoidable healthcare acquired infections.

What the data tells us

- In 2024/25, the national target was no more than 129 healthcare-acquired Clostridioides. difficile (C. diff) cases. We did not meet the target and had 142 cases. Of these, 40 were Community-Onset Healthcare Associated (COHA). The Trust is not an outlier, with cases similar to neighbouring Trusts.
- During 2024/25 the Trust had a 50% reduction in C. diff outbreaks, with 2 outbreaks this year compared to 4 last year. Ribotyping (bacteria sample testing) reassuringly showed minimal transmission between patients.
- We met the target of zero MRSA bloodstream infections.
- Antimicrobial Stewardship (AMS) audit compliance was 88.64%, just under our 90% target. We continue to monitor compliance through the Trust AMS Groups and IPC Committee.
- We exceeded our mandatory training goals, with 96% compliance for Level 1 and 90% for Level 2 IPC training.

Showcases and celebrations

- We closely monitor C. diff cases to keep patients safe by reviewing all re-admissions to make sure staff are aware of patient's C. diff history. Patients with a positive result at our Trust receive information letters and "passports" to help prevent relapse.
- Our IPC team and microbiologists meet weekly to ensure patients get the right care and we work with our ICB to review C. diff relapses to ensure best practice with treatment, including faecal microbiota transplantation (FMT).
- We are supporting our staff by providing education and resources to reduce infections. This includes the development of e-learning for C. Diff reduction, video guides on bed cleaning and study days with our IPC Champions to promote best practice.
- We invested in Rediair air purification filtration devices throughout the hospital wards. These devices filter the air in poorly ventilated areas to reduce the risk of airborne infections.

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. Our additional education to staff ensures that they are supported to provide patients with clean and safe care.

The Trust is continuing to improve the quality of antimicrobial treatment and stewardship, by monitoring patients' infection history and symptoms. This continues to 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).

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)

What the data tells us

- 64% of our patients were seen within 4 hours in our Emergency Department.
- 950 ambulance arrivals with handover delay of 1 hour or more each month on average.
- 32,618 patients attended our Same Day Emergency Care (SDEC). This is double the amount as last year.
- 21.4% of our patients were discharged from the hospital before midday.
- During 2024/25 89.4% of patients who were able to move were up and out of bed. This exceeded our goal of 80%. We tracked this activity through our #EndPJParalysis app, demonstrating our commitment to safer mobility and reduce risks like pressure ulcers and infections.

Showcases and celebrations

- We now conduct twice-weekly Long Length of Stay (LLOS) reviews and hold a dedicated Complex MDT to help us monitor progress of patient journeys and remove discharge barriers. These meetings include detailed case reviews and promote shared learning. We've seen positive outcomes for discharged patients as a result.
- We've continued to implement our shortened Electronic Discharge Summary (EDS) and Internal Professional Standards (IPS), which clearly outline expected values and behaviours to support patient flow.
- An education package was created to help wards improve the quality of their board rounds. This remains a key focus as part of our wider quality improvement work.
- The Trust remains committed to safe, timely discharges. A dedicated workstream is reviewing and improving all discharge processes to ensure they are efficient, consistent, and patient-centred.
- Our Physiotherapy Team and Frailty Ward Managers also facilitated an Enrichment Programme. This focuses on person-centred care and supports staff to include movement in everyday care, especially for patients with dementia or delirium. It encouraged physical, mental, and social activity, and positive feedback was received from both staff and patients.

What this means to our patients

We are building on the work started last year, continuing to prioritise the improvement of patient flow and discharge through a Trust-wide workstream. This ongoing initiative is designed to engage and empower staff at all levels to drive sustainable change, reduce unnecessary delays, and ensure patients are safely and promptly supported in their transition from hospital to home.

This continued focus on improving flow and discharge directly supports patient safety by reducing unnecessary hospital stays, which can lead to deconditioning, increased risk of hospital-acquired infections, and delayed recovery. By streamlining discharge processes and empowering staff to address barriers proactively, patients are more likely to return home safely and with the right support in place. Timely discharges also improve patient experience, increase satisfaction, and ensure hospital resources are available for those in greatest need, ultimately contributing to safer, more effective, and person-centred care.

Supporting movement and activity leads to better outcomes, like shorter hospital stays, less risk of conditioning, and improved wellbeing. We are fostering a culture that supports movement and recovery, helping people regain strength and confidence during their hospital stay and beyond.

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

What the data tells us

A new electronic document for reporting sepsis screening was implemented in May 2024. There have been some issues embedding this form in a way that seamlessly integrates with clinical practices, leading to a reduction in the number of patients with documented completed pathways. However, we are reassured by our mortality data that our patients are receiving appropriate treatment.

As a result, neither of the sepsis screening key metrics have been met.

- Patients with a NEWS>=5 with a Sepsis Pathway Document completed has ranged between 20.9% and 35.6%
- Patients diagnosed with sepsis documented as receiving all elements of the Sepsis Six Bundle in one hour has ranged between 11.0% and 20.5% each month

Showcases and celebrations

We have launched a new project to improve how we screen for sepsis. Three dedicated project groups have been set up. Invitations to participate have been sent to colleagues from the following teams: Doctors, Healthcare Assistants, Nurses, the Digital Electronic Patient Record Team, the Training Team, and the Information Team.

The three project groups are:

- Standard Work Project Group
- Digital Project Group
- Training Project Group

We're also learning from the expertise of a neighbouring Trust that has won awards for their electronic sepsis system. Their experience is helping us shape and improve our own approach.

What this means to our patients

Our mortality data shows that outcomes for our patients with sepsis are within acceptable clinical ranges. This reassures us that patients with sepsis are receiving appropriate care, even if this is not always fully documented in the records.

In some areas, such as the treatment of neutropenic sepsis, we have positive evidence that demonstrates sepsis is treated effectively. This comes from other audits that run alongside the main sepsis pathway.

We will continue our project work and gather assurance that patients with a high NEWS are screened for sepsis. We do need to be assured that we are identifying all patients that require treatment for sepsis to maintain good outcome metrics.

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

What the data tells us

We did not meet the Trust Target of 90% for our Malnutrition Universal Screening Tool (MUST). Compliance with the training was 85.19%. We will continue to monitor compliance and target non-compliant areas, as training is developed.

There were 7 formal complaints related to Nutrition and Hydration in 2024/25. (This is 0.9% of total formal complaints).

Showcases and celebrations

- During 2024/25 we made Nutrition and Hydration (N&H) related training essential to role. Through our Nutrition and Hydration (N&H) Steering group, we have also developed new e-learning modules for Fluid Balance and Mouth Care. These modules aim to support all staff in delivering safe, effective care and improving outcomes for our patients and will be launched in May 2025.
- We developed an informational video on how to complete Fluid Balance Charts (FBC) on our Electronic Patient Record to support staff education.
- We have also collaborated with our Digital team to ensure that discharge information from Speech and Language Therapy review is included within extended electronic discharge summaries. This work is nearing completion at the time of writing this account.
- We have identified areas of learning from Regulation 28 Prevention of Future Deaths reports from the Coroner, particularly relating to Consultant oversight of patients. Following this, our policy for Adult Outliers has been approved and implemented.
- We commenced a Trust wide project to improve patient experience at mealtimes and this has now been embedded across both our Alexandra Hospital and Worcestershire Royal Hospital sites, and will be audited to monitor compliance
- We have seen an increased number of improvement projects across the Trust to support nutrition and hydration, some of these include:
  - We have rolled out our “Snack and Snooze” initiatives across all wards. Patients are offered a snack and a drink in the evening to aid them to rest and sleep.
  - Granary bread and low-fat yoghurt was added to menus to support diabetic parents in the Maternity Unit.
  - Ward 1 and Daycase at Kidderminster Hospital reintroduced a stock of microwave meals and made an easy read menu with pictures of how the food was served.
  - Urgent care teams introduced ‘nutritional trollies’ in their areas, these stock repair kits for gastrostomy tubes and oral hygiene products.
  - One of our wards, Aconbury 4, developed a ‘mouth care trolley’ in response to Speech and Language Therapy related incidents, which has had a positive impact.
  - The Acute Respiratory Unit improved the quality of mouthcare for complex patients using Non-Invasive Ventilation (NIV) masks. This is a treatment to help with breathing.
  - Ward 9 developed a quality improvement for patients with nasogastric (NG) tubes. This included producing a leaflet of information to guide staff.

What this means to our patients
Accurate fluid balance monitoring is essential for identifying deterioration early, supporting appropriate clinical decision-making, and preventing complications such as dehydration, fluid overload, and electrolyte imbalance. Providing regular and effective mouth care is a key aspect of maintaining dignity and comfort, as well as preventing issues such as infection, aspiration pneumonia, and poor nutritional intake. By introducing essential to role training, we ensure that our staff are appropriately equipped with the knowledge and skills needed to support patients' nutrition and hydration needs effectively.

Care that is Clinically Effective

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

What the data tells us

During 2024/25 our Summary Hospital-level Mortality Indicator (SHMI) score has remained 'as expected'. This position has now been maintained for five years.

There have been 462 mortality reviews requested in the past year, and 315 have been completed. This means an overall completion rate of 68%, which increased from 57% last year. This also includes all patients with a learning disability who have died.

We increased percentage of mortality reviews within 30 days of request, with 22.6% compliance in comparison to 9.4% last year. At the time of writing, a further 18 are within the KPI.

Our performance in terms of completion of mortality reviews is not yet where we would like it to be; we will continue to aim towards 100% of all requested mortality reviews within 30 days of notification.

Showcases and celebrations

- We are assured that all Divisions are providing assurance that they have morbidity and mortality meetings and steadily more mortality reviews are being completed in a timely manner.
- We have strengthened our ties with the ICB through regular attendance at their mortality review and learning into action meetings. Health inequalities are discussed with the local authority at public health representatives' meetings. This is helping us focus on how we plan future services.
- We are able to target interventions from our palliative care team in our Emergency Departments with support from informatics. We have renewed a focus on improving care at the end of life.
- We are now looking at national inquest reports as part of our work in the Learning from Deaths Group. For example, the Grenfell Inquiry has led us to reevaluating our fire evacuation procedures, and the Contaminated Blood Inquiry is being used as a learning package for our clinical governance teams.

What this means to our patients

Our patients can be reassured that our Trust continues to have a rate of deaths no higher than our peer organisations. Our mortality reviews may inform quality improvement projects. They also highlight errors that have happened so that lessons may be learnt and ensure equity of access to healthcare. They may also answer some questions of bereaved families.

Mortality review processes also safeguard high-risk or vulnerable patient groups by reviewing their care to ensure care decisions have not been taken simply on the basis of protected characteristics.

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.

What the data tells us

We achieved 99% of NICE technology appraisals, exceeding our 95% target.

We completed at least one Plan, Do, Study, Act (PDSA) improvement cycle of 91% of the local audits included in the Trust forward audit plan, exceeding our 80% target.

We participated in 89% of eligible national audits. You can read more about our audits on page X. After review, we will now focus on audits that offer the most benefits to our patients and will assess any non-participation to ensure it aligns with our quality standards.

Showcases and celebrations

- During 2024/25, our Kidderminster site was accredited as an elective surgery hub for both adults and children. This was part of a national NHS England programme called Getting It Right First Time (GIRFT).
- We support all clinical audit and project leads with their audits where required. This includes designing data collection tools, analysing data, and writing reports. We introduced 'Feedback at a Glance' forms to highlight key findings, actions, and improvements from audits. These are shared on the Trust Intranet to promote transparency, shared learning, and to celebrate progress.
- Our Clinical Effectiveness team also created a central library of Clinical Patient Information Leaflets. Each leaflet is now under governance controls, including regular reviews, to ensure accuracy and consistency.
- We simplified our Quality Improvement Tracker and have started testing with staff, we plan to launch the app wider in 2025. This will allow staff to easily share learning from quality improvement projects.

What this means to our patients

We are committed to constantly improving the care we provide. By regularly reviewing our work through audits and PSIRF we make sure that best practice is followed. We design processes like our feedback forms and trackers to share our learning across teams.

Our staff are supported to use evidence-based approaches helping to deliver safe, effective, and personalised care. When changes are needed, we update key information like our Clinical Patient Information Leaflets so that patients always receive the most accurate and up-to-date advice about their condition or procedure. The recognition of our surgical hub's high standards in clinical and operational practice, reducing waiting times particularly for children means they receive their treatment more quickly and reduces the impact on their education and social life.

Focus areas going forward
Clinical Audit is part of our everyday work and so this is not one of our Quality Priorities for next year. However, we will continue to complete audits and remain focused on making continuous improvements to our services. For example: ► We are working to have the Alexandra Hospital accredited as an elective surgical hub for adults in 2025 and will receive further GIRFT reviews. ► We will be strengthening our National Audit process, working towards being able to demonstrate that clear actions and improvements are achieved as a result of us contributing to the audit. ► We will continue to offer tailored support to every clinical audit lead, with a view to producing clear and achievable actions, leading to sustainable improvements. ► We will ensure that any changes to practice following local or national audits, or NCEPOD recommendations are mirrored in our local key documents and relevant Clinical Patient Information Leaflets.

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.

What the data tells us

Referral to Treatment (RTT)

We have improved our position with a month-on-month reduction over the last two years.

- In March 2025, our total RTT waiters reduced to 55,410 patients from 61,753 at the end of March 2024; this is a 10.3% reduction.
- The proportion of patients waiting less than 18 weeks for their first treatment improved from 54.3% (March 2024) to 59.3% at the end of March 2025.
- The number of patients waiting over 52 weeks for their first treatment reduced from 2,536 (March 2024) to 811 at the end of March 2025; this is a 68% reduction.

Cancer

- Over 79% of patients referred with suspected cancer waited less than 28 days for a diagnosis (March 2025); the performance was sustained for the entire year.
- Over 87% of patients waited less than 31 days for their treatment once a decision to treat had been agreed (March 2025); the performance was sustained for the entire year but was below the operational standard.
- Over 71% of patients referred with suspected cancer waited less than 62 days for first treatment (March 2025); the performance for the entire year was below this at 65%.

Diagnostics

- At the end of March 2024, 2,905 patients were waiting longer than 6 weeks for their diagnostic test. This was 25.8% of all patients on the diagnostics waiting list.
- At the end of March 2025, this had reduced to 1,635 patients were waiting longer than 6 weeks, having peaked in-year at 4,579. This was 14.4% of all patients on the diagnostics waiting list.

Patient Initiated Follow Up (PIFU) & Outpatients

- We achieved the target of more than 5%, with a performance of 5.2% of patients discharged or transferred to Patient Initiated Follow Up (PIFU).
- We achieved the target of no more than 5%, with a performance of 4.9% for patients who 'Did Not Attend' their outpatient appointments.

Showcases and celebrations

- We have increased the frequency we check in with patients on our waiting lists so that over 90% of patients who have been waiting over 12 weeks have been contacted to check if they still need treatment
- We have continued to see positive progress in supporting patients to attend their clinical appointments through a two-way text and telephone reminder service, which has been showcased regionally and neighbouring Trusts are now implementing
- We carried out our first day case knee replacement surgery at both the Alexandra Hospital and Kidderminster Treatment Centres. This means patients are able to mobilise and return home on the day of surgery.
- Through our initiatives like the Ambulance Pitstop and changing our Same Day Emergency Care (SDEC) criteria, we ensure our patients are getting the right care, in the right place, at the right time. This is supporting to reduce handover times and release ambulances back out to the community more quickly.

What this means to our patients
By increasing the number of operations where patients can go home on the same day, we are helping more people recover in the comfort of their own homes. More of our patients are also finding out whether they have cancer more quickly and the next steps in their care. Improving contact with patients on our waiting lists means we can provide better information to them, and if someone no longer needs care we can offer their slot to others. Initiatives like our Ambulance Pitstop are helping patients receive care directly from the most appropriate specialty and avoid admission to our Emergency Department.

Care that is a Positive Experience

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

What the data tells us

We introduced the e-learning package for the Oliver McGowan Mandatory Training on Learning Disability and Autism in September 2024. Compliance has increased month on month to 81%.

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.

- 1,102 patients with the LD flag on our patient record system were seen in the last 12 months
- There were 524 contacts of day case, elective or emergency admission to hospital, and 4,163 outpatient appointments arranged in the same period

Each month, we typically have around 31 patients (elective and non-elective) with a learning disability who stay in one of our hospitals for at least one night.

Showcases and celebrations

- We successfully purchased three Reminiscence/Rehabilitation and Interactive Therapy Activities (RITA) machines. These provide music, games and films for patients to engage with, and are designed to help to calm and reduce anxiety.
- We've worked with our system partners to receive 'Sensory visits', with the Senior Programme Lead for Learning Disability & Autism at the ICB. These took place in Endoscopy, Day Case Surgery and Emergency Departments across the Trust.
- We participated in the 7th annual NHS England Learning Disability Benchmarking Project. This year we improved the participation in the staff survey with 79 responses, in comparison to 44 last year.
- Our divisions have purchased items in sensory boxes for use across several areas. This includes fidget toys and communication lollipops as a simple way for people to express how they are feeling or how their sensory environment is affecting them.

What this means to our patients

Our staff continue to be supported and educated in order to advocate for patients with a learning disability and their carers. Those with lived experience are invited to join our Learning Disability Steering Groups to share their experiences and support our learning.

The reasonable adjustments flag will support our staff to involve patients in their care and document their needs. This means we can deliver individualised care throughout their stay and if they return to our hospitals in the future. We want to ensure both staff and patients feel confident to communicate and are supported to do this in the way they choose with resources

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.

What the data tells us

We continue to record key topics which our complaints and PALS are about and the top themes of patient feedback are shared by Divisions into the Patient, Carer and Public Engagement meeting.

In 2024/25, we have looked at complaints and PALS that we have received where the main theme was communication.

- We received 54 complaints where the main theme was communication; this is a 36% decrease compared to last year.
- We also received 2154 PALS where the main theme was communication; a 2.6% decrease compared to last year.

We also asked our service users in the Big Quality Conversation survey. if we communicated well; you can read about the results on page X.

In May 2024, the Trust appointed two Patient Safety Partners (PSPs). We are the first Trust in our Integrated Care System to appoint PSPs, this is now a national requirement. They attend our incident review group and to help keep discussions focused on the patient's point of view and make sure we stay patient centred.

Showcases and celebrations

- We held drop-in sessions with Hearing Link Services at our Worcester site to raise awareness about hearing loss and hearing impairment.
- We installed a Wayfinding line at our Kidderminster site, in response to feedback from our Patient and Public Forum. This supports with navigation for people with a visual impairment.
- We now have eight Interpreting on Demand machines across our hospitals to reduce barriers to communication by providing video interpreting.
- We now have a Patient Safety Alert for Literacy on our Electronic Patient System, to ensure communication we send out meets patient's needs.
- We set up a bowel cancer support group and a support group for young people transitioning to adult services to provide wellbeing and peer support.
- We have started the launch of the new Patient Portal as a digital solution to empower patients to access information, such as details about appointments.

What this means to our patients

It is important to us that we deliver effective, caring and compassionate communication for our patients, their carers and families. This will support the best outcomes for our patients and will help us to engage with and involve our patients as partners in their care. Our Patient Safety Partners are helping to improve the quality of our incident reports. Their input ensures the key messages are clear, the language is accessible, and the public can have confidence in the actions taken

We have continued to create opportunities to invite patients, carers, family, and friends to share their experiences with us. It is important to us to involve the public in lots of different ways and to work together, as partners in care whenever we can, to improve health outcomes.

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

What the data tells us

In 2024/25, we received 5,952 compliments, a 53% increase compared to last year. We also received 746 formal complaints; a 0.5% decrease compared to last year. For the year the top 5 themes were:

- Clinical Treatment 50.9%
- Appointments 8.2%
- Communications 7.2%
- Values & Behaviours 7.2%
- Admission or Discharge 7.1%

The below shows the percentage of service users that would recommend our A&E, Inpatient, Outpatient and Maternity services to their friends and family. Our target is 95%:

- A&E 77.9%
- Inpatient and Daycase 94.8%
- Outpatient 93.9%
- Maternity 91.1%

During 2024/25 we completed 8 Patient Safety Incident Investigations (PSII). At the time of writing another 6 are in progress. PSIIs are undertaken when an incident or near-miss indicates significant patient safety risks and there is potential for new learning.

During 2024/25 we completed 19,463 adult Inpatient Surveys to gain real-time feedback from patients during their stay.

Showcases and celebrations

- We are involving families early to agree the plan for patient safety investigations; this helps us to understand what happened and identify key learning. We also speak with families before an inquest, to guide and support them through the process. In one case, there was no family to join the investigation. A Patient Safety Partner supported this to offer the patient's view and helped make the process meaningful.
- We have started to approach complaints with the same ethos as Patient Safety Events, recognising them as a valuable source of learning opportunities and driving positive improvements.
- We introduced a 'Responding to Complaints' training package to support Divisions in improving the quality of responses. The training offers clear guidance on providing responses and helps standardise the format.
- We launched a new Friends and Family Test (FFT) dashboard with a live comments, comparisons and benchmarking to other Trusts. This supports our staff to access, review and monitor FFT data.

What this means to our patients

We are encouraging teams to speak with people making complaints early in the process. This helps us understand what matters most to them and give clearer, more compassionate responses. By being open, honest, and fair, we can improve how we respond to complaints and incidents and make our review processes stronger, driving continuous improvement.

We are developing a Patient Voice and Involvement Strategy that focuses on common themes from feedback. This will help support ongoing conversations with our local communities. We also want to find better ways to "share back" how we've acted on feedback.

Setting our new Quality Priorities

Big Quality Conversation & Results

Every year we carry out our “Big Quality Conversation” survey. This is a Worcestershire Acute Hospitals Trust idea. We created this approach because we want to know what our patients, carers, families and friends think about care at our hospitals over the last 12 months. This helps us understand what we are doing well and where we need to focus on improvements.

This survey helps us to understand what is important to our local community, how patients feel about the quality of services we provide, and it helps us to better understand the experiences of people living with a health inequality.

Our survey is in an Easy Read format to make it accessible. Our engagement programme supported people to access the survey in four ways:

- Via an online survey which could be accessed via a QR code on posters
- Face to face – workshops and sessions
- Via online promotions in newsletters, mail outs, social media and on websites
- Via partners and networks

Our survey focused on care that is safe, care that is clinically effective and care that is a positive experience.

We launched our survey in September 2024 and it ran until January 2025. Local networks were contacted to support survey distribution, with a focus on reaching patients with health inequalities. Hundreds of local charities, organisations, groups and individuals were invited to engage with the survey.

We are using the results to inform the development of our Patient Voice and Involvement Strategy, with a focus on how we can support people to give us feedback and how we can develop ways of feeding back to the public about the improvements we have made.

You can find a poster of our results from the Big Quality Conversation 2024/25 on the next page.

THE BIG QUALITY CONVERSATION

2024/2025

NHS
Worcestershire Acute Hospitals
NHS Trust

Background

Every year, Worcestershire Acute Hospitals NHS Trust carry out the Big Quality Conversation (BQC). We want to know what our patients, their family, friends, and carers think about care at our hospitals in the last year. In 24/25, we received 951 responses.

Our questions

We ask questions about the quality of the services at our hospitals. We ask is it Safe? Is it Clinically Effective? Is it a Positive Experience?

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

What we did this year

- We reached out to local networks to share our survey as widely as possible, this included a focus on health inequalities.
- We contacted hundreds of local charities, organisations, groups and individuals and we would like to thank these groups for sharing our survey at their events, in newsletters, on websites and on the walls of community buildings.
- We met with our local community, this included:
  - The d/Deaf community at a Coffee Morning, supported by Word360 and Action Deafness
  - Sight Concern took our survey to groups around the county
  - Learning Disability Liaison Nurses engaged directly with our patients
  - The Patient and Public Forum and our Volunteers supported us to engage with the public
  - Presentations and networking between the Trust and Worcestershire Youth Cabinet, Worcestershire Engagement Network and Healthwatch Worcestershire
- Our survey was in an Easy Read format again to make it accessible, all text and questions had an Easy Read image this year. Here are some examples of what they looked like:

Our next steps

- We got over 1,750 comments, which we analysed deeply and sorted into categories
- The results of
at by Leads in
plan to improv
and comment
- Every year, we
this is a nation
We focus on t
year and we s
Our next Qual
on our Trust w
- The next Big Q
open at the st

our BQC will also be looked
the Trust. They will make a
ve, based on the survey results
s.

write a Quality Account,
al requirement for NHS Trusts.
he quality priorities we set last
et new ones for the next year.
ity Account will be available
ebsite in July 2025.

Quality Conversation survey will
art of Autumn 2025.

Results of the Big Quality Conversation 2024/2025

Compared to last year's survey, **we have not seen significant areas of improvement** in how people feel about our hospitals.

Our main points of focus from the survey results are communication and supporting people to make decisions about care. As well as ensuring we meet people's needs for food, drink, rest and sleep.

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

Question	Always	Sometimes	Rarely	Never
Did you feel our hospitals were clean?	60%	35%	4%	1%
Did you feel safe in our care?	55%	36%	8%	2%
Did you get the food and drink you needed when you were in our hospital?	45%	35%	15%	5%
Did you have enough rest or sleep, if you were staying the night in our hospital?	21%	38%	28%	13%
Did we communicate well with you, and give you enough information when you needed it?	45%	36%	14%	5%
Did you feel involved in making decisions about your care?	50%	31%	13%	6%
Did you feel that our staff were friendly and welcoming?	57%	37%	5%	1%
Did we meet your individual needs, if you required any reasonable adjustments?	45%	39%	9%	7%
If you had an appointment with us, were you able to change it if you needed to?	59%	26%	8%	6%
In the last 12 months, have we cancelled any of your appointments?	33% said Yes.		67% said No.	

Question	Outstanding	Good	Requires Improvement	Inadequate
How would you describe the quality of your care?	28%	44%	19%	9%

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

*Percentages rounded to the nearest whole number

Quality Priorities 2025/26

Introducing our Quality Priorities for 2025/26

During 2024/25, we have been working on refreshing our Trust Clinical Strategy to make sure that we have a clear narrative to describe our focus and direction. This is to make sure we are working together and aligned with national, ICS and Foundation Group priorities. We have also launched our values, sharing what keeps us connected to each other, our patients and our community.

The overall themes and trends from the Big Quality Conversation are similar to what we heard last year. We continue to use what our public tell us to contribute to our key quality priorities.

During 2025/26, we will continue to deliver patient-centred care which aligns to our Fundamentals of Care framework. We will continue to promote an open learning culture to support us to provide all patients with safe, effective care which is a positive experience. The 12 fundamentals of care underpin our quality priorities for 2025/26.

Fundamentals of Care Framework

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

Following review of our quality priorities through Trust processes, the Board have agreed to continue our focus this year on many of the priorities we set ourselves for last year. We have also looked at key local and national quality indicators and included those key areas of focus. While most of our priorities will be continued into this year, we have made the following changes:

- Inclusion of key performance indicators or targets for those quality priorities where we measure data.
- Including specific focus on administration of antibiotics for patients who are diagnosed with Sepsis.
- Including indicators which focus on provision of good care at the end of life.
- We will continue to complete clinical audits and strengthen continuous quality improvement throughout daily work; therefore, this is not a specified quality priority for this year.
- Alignment to nationally set priorities around waiting times for patients.

Over the next year, we will begin to refresh our Trust Quality Strategy to make sure this is aligned to our new strategic objectives, Clinical Strategy and values, and regional and national quality strategies.

Care that is Safe

We will work to reduce avoidable healthcare acquired infections.

National thresholds for infections will be set during Quarter 2 of 2025/26. We have agreed to continue with the thresholds for last year until this year's national thresholds are set.

- IPC mandatory training: 90%
  - C. Diff infection: 129 cases
  - E. Coli: 112 cases
  - Klebsiella: 35 cases
  - MSSA: 40 cases
  - MRSA: 0 case
  - Pseudomonas: 15 cases

We will do this by:

- We will continue to work closely with the ICB, with a focus on reducing the rates of C. Diff infections within the Trust. We will follow any relevant national guidance issued by the Department of Health.
- We will continue to prioritise education and support areas that score below the audit threshold of 91% for IPC audits to provide face to face training prior to reaudits.
- We will collaborate with our PFI partners to improve standards of cleanliness throughout the hospitals. Our established cleanliness scrutiny group will support areas achieving less than 3 out of 5 stars following cleanliness audits.
- Our IPC Team will increase our visibility across the Trust and promote a more proactive approach to IPC rather than a reactive one. We will do this by increasing our face-to-face teaching and ward visits.
- Our IPC Team will work with Health and Safety and Procurement colleagues to introduce safer sharps and promote and educate correct peripheral vascular access device care.
- Our IPC Team will continue to collaborate with staff to promote the "gloves off" campaign.

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 targets for 2025/26 are: ▶ 33% of patients discharged from the hospital before midday ▶ 80% of patients are dressed and out of bed where they are able to ▶ Reduction in length of stay (in Medicine) from 8 days to 5 ▶ 50% reduction in outliers across specialties ▶ Length of stay for outliers is in line with the length of stay for the specialty they are under
We will do this by: ▶ We are continuing to work with system partners to review our Patient Tracker and find a more sustainable, fit-for-purpose digital tool to improve outcomes for patients and staff. This tool supports communication and discharge planning. ▶ We will continue to raise awareness of our LLOS and complex MDTs, to provide support to clinicians. ▶ We will continue our Trust-wide focus on improving patient flow and discharge through a dedicated workstream aimed at engaging and empowering staff to deliver sustainable change. The objective is to eliminate unnecessary delays and ensure patients are supported to return home safely and in a timely manner following their hospital admission. ▶ We will continue tracking how many patients are dressed and out of bed where they are able to and aim to achieve a consistent rate of ≥80%. We will also begin to capture how many patients are wearing their own clothes, to promote their wellbeing and a sense of normal life. ▶ We will develop metrics based on our guidelines for patients who are outliers to make sure that we are delivering safe care. This means where a patient is admitted to a ward that is not the specialty under which they are being treated.

We will ensure that there is timely treatment for patients diagnosed with sepsis.
Our target for 2025/26 is: ▶ 85% of patients diagnosed with sepsis receive antibiotics within one hour, where required
We will do this by: ▶ We will improve our guidance, data collection and ease of use of the sepsis screening system to ensure a set of robust systems. ▶ At the time of writing, we have launched a new Hospital Outreach 24/7 service. This team is providing expert support around the clock for patients who are sick, deteriorating, or septic across both the Worcestershire Royal Hospital and Alexandra Hospital.

We will ensure high standard of nutrition and hydration assessment for all patients.
Our targets for 2025/26 are: ► 90% compliance with essential to role MUST and Fluid Balance training ► 90% of patients are weighed on admission and within 7 days ► 90% of patients have a MUST assessment ► Reduction in complaints relating to nutrition and hydration by 25%, and reduction in incidents relating to nutrition and hydration
We will do this by: ► We will continue to monitor MUST training and Fluid Balance Charts (FBC) training figures, as these are now both essential to role, our N&H Steering Group will continue to review compliance monthly with divisional assurance reports. ► We will continue to use our Nursing Quality Checks to ensure MUST action plans are completed and FBCs are calculated correctly. ► We will continue to seek approval of the Nutrition Business Case to provide an extended/enhanced nutrition team (including Nutrition Nurses, Speech and Language Therapy and Dietetics).

Care that is Clinically Effective

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

Our target for 2025/26 is:

- Increase the number of mortality reviews completed within 30 days
- Remain within the "as expected" range for Summary Hospital-level Mortality Indicator (SHMI)
- All expected adult deaths should have an Individualised Last Days of Life Care Plan completed
- Increased staff engagement with the Uncertain Recovery Plan (AMBER Care Bundle) for all adult patients with an unplanned admission to hospital

Patients who are recognised to be receiving end of life care within our hospitals should have an Individualised Last Days of Life Care Plan in place to ensure that the care they receive meets their physical and psychological needs, and that those important to the patient are offered the emotional and practical support they need.

Patients who have an uncertain recovery should have the opportunity discuss this with their clinical team to understand the patient's wishes and preferences regarding their care should they continue to deteriorate despite treatment, whilst continuing that treatment with the hope of recovery.

We will do this by:

- We will continue to improve the quality of our mortality reviews through staff training. This will be done by random sampling of reviews and feeding back to the reviewer.
- We will increase the number of mortality reviews completed towards our overall KPI of 100% within 30 days of request.
- From Directorate mortality reviews, we will continue to share key learning from deaths through our Deteriorating Patient, Resuscitation, End of Life Care and Mortality Studies (DREAMS) meetings and disseminate learning to all Divisions.
- We will move towards action plans being clearer as a result of learning from deaths and introduce the measure of 'avoidability' into the judgements.
- We will continue monitoring and providing training and education to all clinical staff on End of Life Care and Uncertain Recovery.
- We will introduce Peony Volunteers to support family members staying with patients receiving end of life care in our hospitals.
- We will continue to participate in the National Audit of Care at End of Life (NACEL) to evaluate and benchmark the End of Life Care delivered at WAHT.
- We will continue to seek feedback from the bereaved via a Bereavement Survey.
- We will continue to explore the introduction of the Gold Standards Framework to WAHT.

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.

Our target for 2025/26 is – *as at March 2026*:

- Less than 1% of patients (no more than 478) waiting over 52 weeks on our waiting list
- 67% of our patients are waiting less than 18 weeks for a first appointment
- 81.5% of patients know whether they have cancer within 28 days
- 75.28% of patients will receive treatment within 62 days of referral
- 69.34% of patients seen, treated and either admitted or discharged from the Emergency Department within 4 hours
- Mean average time for ambulance handovers across 2025/26 to be no more than 43 minutes 52 seconds
- 13.69% of patients spending 12 hours or more in the Emergency Departments
- 85% of patients receive surgery within 36 hours for a fractured neck of femur

We will do this by:

- We will continue to focus on reducing the longest waits
- We will continue to improve waiting times
- We will continue to focus on diagnosis and treatment for patients who are referred to us with suspected cancer
- We will carry out projects aimed at reducing all cause cancellations of outpatient appointments and surgical treatments
- Through our Urgent and Emergency Care Recovery Approach we have four programmes of work, each led by a member of the Trust's Senior Leadership Team:
  - Urgent and Emergency Care Transformation
  - Operational Management and Oversight
  - Inpatient Flow
  - Frailty Transformation
- These workstreams have action plans that will cover all urgent and emergency care pathways including pre-hospital, alternatives to Emergency Department, Length of Stay and early supported discharge. This will enable more patients to be treated without the need to attend an Emergency Department and to make sure that those who do need admission can be admitted and discharged without unnecessary delay once they are ready and able to leave hospital.

Care that is a Positive Experience

We will work to ensure all patients will receive safe, personalised care and achieve equality of outcomes. This will include patients requiring reasonable adjustments.
Our target for 2025/26 is: ► The target for completion of Oliver McGowan mandatory training e-learning is 90% ► Engagement and promotion of working with identified external stakeholders in partnership to support better patient experience including *AccessAble, Word360, Cancer Patient Forum and Patient and Public Forum, and local charities.*
We will do this by: ► We will continue to monitor compliance with the Oliver McGowan mandatory training e-learning through the Learning Disability Steering Group to meet the Trust target of 90%. ► We are continuing to work with system partners to review the provision of the tier 1 (non-patient facing) and tier 2 (patient facing) Oliver McGowan mandatory training and will ensure this is available to staff within their training records. We will encourage staff to attend this training in line with national requirements. ► We will promote the use of the new reasonable adjustments flag on our Electronic Patient Record. We will then review its usage and the data collected. ► We will continue to review our internal action plans to ensure that they represent the findings from the NHS England Learning Disabilities Improvement Standards Project. ► We will continue to involve those with lived experiences and engage in the Sensory Impairment Collaborative Group in order to help steer our services and make improvements for all patients. ► We will continue to work with local service users, organisations and charities as partners to engage in an ongoing cycle of feedback with opportunities for learning and improvement. We will explore how we can feed back actions, developments and our learning. ► We will continue to promote opportunities for collaboration and co-production with local networks and organisations focused on health inequalities, alongside development of our volunteering offer to include Peony Volunteers and Discharge Response Volunteers.

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.
Our target for 2025/26 is: ▶ Reduction in complaints and PALS where the theme is inconsistent or poor communication with patients, relatives and carers ▶ Maintain 80% of PALS responded to in 2 working days ▶ 80% of formal complaints responded to in 25 working days ▶ 15% increase in phone calls made to the complainant within 5 days of receipt of their complaint
We will do this by: ▶ We will develop a Communication Card and Passport for our patients and their carers to share communication and assistance needs in an easy-to-follow format. This helps our patients to tell their story once. ▶ We will continue to offer choice about how our staff can access interpreters for our patients who do not communicate in spoken English as a first language. This supports the reduction of inequalities so that language is not a barrier to accessing quality healthcare. ▶ We will make sure that our online Detailed Access Guides on the AccessAble website are updated in 2025. ▶ We will explore how we can effectively “share back” how we have responded to feedback with our communities. ▶ The Trust is currently recruiting for a second PSP again and will follow national guidance to make sure our PSPs are well supported in their role. ▶ We will improve collection of data sets – this means, how we record the main subjects or categories which complaints and PALS are about. ▶ We will implement any actions that are identified following the re-audit of our complaints processes. More information can be found on page X. ▶ We will ensure that a record of phone calls made to complainants are documented

We will continuously learn from patient feedback on their experience of care.
Our target for 2025/26 is: ► 10% increase in compliments recorded ► More than 95% Friends and Family Test (FFT) recommended rate ► All areas will meet their local targets for completion of the Inpatient Survey ► No more than 10% of complaints returned (further concerns) from those who are not satisfied that the response answered their initial questions ► 50% of complaints that are closed and upheld have an associated action recorded
We will do this by: ► We will be working with our divisions to promote and improve the capture of learning from complaints as actions. ► We will be looking to have improved understanding with our complainants by engaging them as we work to provide a response. ► We will aim to better understand the reason for further concerns raised by complainants, so that we can ensure our responses are right first time. ► Following the successful implementation of our Adult Inpatient Survey in February 2024 to address issues or concerns as they arise for patients, we will be launching the survey in Children's services. ► We will create 6 additional focused Patient Feedback opportunities per year across our three main hospital sites, as an opportunity for the public visiting our hospitals to share their experiences of care directly with our lead staff in Patient Experience and Engagement. This learning will be fed back to heads of services and leads for action. ► We will ensure that any actions in response to upheld complaints are recorded.

Internal Complaints Audit

In line with our Quality Priorities around Communication and Feedback, a review of complaints was carried out by 360 Assurance in mid-2023 and a summary of the actions were published in our last Quality Account 2023/24. 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. At the time of writing this audit is now being repeated and we are awaiting the formal report.

The 2023/24 report identified the following detailed areas for improvements. Since then, we have taken a number of actions to strengthen our processes and a summary of these actions has been included below. These actions have been closed with discussion and agreement of the Company Secretary:

Section 1: Timely recording and investigation of complaints

1.1 **Complaints Policy –** Following last year's audit we updated our Complaints Policy. This year we have made several further changes and our update policy is due for approval early 2025.

1.2 **Timeliness of response –** Most sample cases did not meet the 25-working day target. The backlog that accrued has been cleared and the Trust continue to work on the targets set with a range of strategies to ensure the improvement is sustained. There are occasions where our complaints process may not always be appropriate for some more complex and multi-issue complaints and require alternative routes of response. We recognise this and have clarified the process in our revised complaints policy.

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. As part of the ongoing work to improve the complaints processes and responses, the records of evidence have been included in our internal training programme for complaints and changes such as additional prompts have been made to the Datix system to support this

1.4 **Clear Outcome** – Complaints responses did not specify if the case was upheld or not upheld. This has been recognised and now incorporated in the revised complaints policy and new response templates have been drafted ready for use.

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. This has been recognised and now incorporated in the revised complaints policy and a review meeting has been regularly scheduled. This will be attended by the Clinical Divisions, with a focus on sharing learning and providing

support or resolution to concerns raised.

2.2 Investigations – None of the sampled cases included any documentation of the investigation**.** We are now turning our attention to approaching complaints with the same ethos as Patient Safety Events with PSIRF methodology and processes.
Complaints should be seen as another valuable avenue for identifying learning opportunities and driving positive improvements.

2.3 Feedback – It was noted that feedback had not been requested on the complaints process from complainants. The Trust recognise where improvements are required and the collection of feedback will be considered once these improvements have been embedded in 2025/26.

The following recent improvements to our complaint processes have been identified:

- During 2024/25 we introduced a new method of raising a complaint, with the Introduction of an online form accessible via the Trust Web page and via QR codes.

- There is now an additional opportunity for complainants to provide specific questions to form the Terms of Reference for complaints. This will help to reduce further concerns.

Statement of Directors Responsibilities

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

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

- The content of the quality report meets the requirements set out in the NHS foundation Trust annual reporting manual 2019/20 and supporting guidance
- The content of the quality report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2024 to June 2025
  - Papers relating to quality reported to the board over the period April 2024 to June 2025
  - Feedback from Integrated Care Board dated 30/05/2025
  - Feedback from Patient and Public Forum dated 24/05/2025
  - Feedback from local Healthwatch organisation dated 02/06/2025
  - Feedback from Overview and Scrutiny Committee dated XX/XX/2025
  - 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 2024 national patient survey for Maternity published 28/11/2024
  - The 2023 national patient survey for Adult Inpatients published 21/08/2024
  - The 2024 national patient survey for Urgent and Emergency Care published 21/11/2024
  - The national staff survey 2024 published 13/03/2025
  - The Head of Internal Audit's annual opinion of the Trust's control environment dated 2024/25
  - CQC Urgent and Emergency Care inspection report dated 19/11/2024
  - CQC Medical Care (Stroke Services) inspection report dated 19/02/2025
  - CQC Services for Children and Young People inspection reports dated 18/02/2025 and 11/04/2025
- The quality report presents a balanced picture of the NHS Trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the board

Stephen Collman
Acting Chief Executive Officer

Date: XXth June 2025

Showcasing our Quality Improvement

This section of the Quality Account showcases some of the hard work of our teams that has resulted in quality improvements.

Improvements in Safety

Volunteers Supporting Discharges

We introduced a new volunteer role called Discharge Response Volunteers as part of ongoing efforts to improve the patient flow and discharges from our hospitals. This initiative aims to assist ward and pharmacy teams with tasks such as delivering medications and helping patients prepare for discharge.

Volunteers play a key role in supporting our staff, reducing delays and improving the overall experience for patients. These volunteers will also benefit patients awaiting discharge who may need reassurance or support with final steps before leaving hospital.

Ambulance Pit Stop Trial Enhances Patient Flow at Worcestershire Royal Hospital

A new Ambulance Pit Stop was launched at Worcestershire Royal Hospital with the aim to ensure patients are going to the right place at the right time.

The Advanced Clinical Practitioners assess patients on the back of the ambulance in the Pit Stop before directing them to the appropriate place of care. This might be the Emergency Department, Same Day Emergency Care, or Minor Injuries Units. The overall aim is to reduce ambulance handover times at the hospital, to release ambulances back out to the community more quickly. Trials have been extended to evaluate the Pit Stop's sustainability, linking with other projects to assess its impact.

Worcestershire Nurse Recognised with Regional NHS Champion Award

Claire Hughes, our trust Lead Nurse for Tissue Viability received a Regional NHS Champion Award for her outstanding work to save costs and improve patient safety.

Claire worked to secure a contract for high-specification hybrid mattresses, which improve patient comfort and help prevent pressure ulcers. This change is expected to save the Trust £1 million over four years.

Her collaborative work with the Procurement and Supplies team was also recognised at the Midlands and East of England Excellence in Supply Awards, run by the Health Care Supply Association. The award highlights her commitment to innovation and patient safety across the NHS.

New Fall Alarms Enhance Patient Safety at Worcestershire Hospitals

The Friends of Worcestershire Royal Hospital donated four new Ramblegard Fall Alarm systems at the end of 2024. These are now in use on the hospital's wards for frail and elderly patients. Falls can be more likely in hospital as patients are recovering from illness or surgery and are often weaker. These alarms are designed to promptly alert staff when a patient at risk attempts to move unassisted, thereby reducing the likelihood of falls.

The initiative is part of the Trust's commitment to proactive patient care, ensuring timely interventions and minimising potential injuries. Early feedback from Avon 4, a General Medicine Ward for high-risk patients, indicated a positive impact on patient outcomes with a decrease in unwitnessed falls.

Streamlined Access: Single Point of Access Initiative

The Single Point of Access (SPoA) launched in December 2023, as an integrated care co-ordination hub. This was a collaboration between Herefordshire & Worcestershire Health and Care NHS Trust and Worcestershire Acute Hospitals NHS Trust.

In the last year the team introduced an IT platform called 'Adastra'. This means that calls from Worcestershire residents contacting 111 can be streamed to the Worcestershire Single Point of Access. With knowledge of local services, the Single Point of Access staff have a direct conversation with callers and direct them to appropriate levels of care. This helps avoid unnecessary ambulance use and directs people to more suitable care instead of the Emergency Department when appropriate.

HRH The Princess Royal visits New Emergency Department in Worcester

In July 2024, Her Royal Highness The Princess Royal met the dedicated clinical teams working in Worcestershire Royal Hospital's new Emergency Department.

Following a tour of the department, The Princess Royal met staff from teams including stroke, frailty and same day emergency care. The teams shared how their work forms part of the wider network of urgent and emergency care services at the Trust. A plaque was then unveiled marking the Department's official opening.

The £35 million development opened its doors to patients in October 2023. The Department includes an expanded paediatric area with separate entrance, enhanced resuscitation and majors areas, dedicated CT and other imaging facilities, and an improved layout to support patient flow.

The new Emergency Department contributes to the improvements being led across the local health and care system. This includes reducing waiting times, improving ambulance handovers and introducing new and improved models of care in and out of hospital.

Improvements in Clinical Effectiveness

Robotic Surgery Enhances Gynaecological Care at Alexandra Hospital

Since its introduction at Alexandra Hospital in Redditch, over 100 patients have benefited from robotic surgery for gynaecological conditions. Using the Da Vinci Xi robot, surgeons achieve greater precision, reduced pain, and lowers the risk of complications.

Initially used for prostate cancer surgery at the Trust in 2022, the robot is now used for a range of gynaecological, urological, and colorectal procedures. Its 3D view and enhanced movement enable more complex surgeries that were previously not possible for some patients. Notably, patients undergoing robotic hysterectomy or endometriosis removal often go home the same day with no conversions to open surgery. Robotic surgery has also made it possible to treat patients with obesity, who were once advised to lose weight before surgery.

Rare Life-Saving Procedure Performed at Worcestershire Royal Hospital

In late 2024 Dr Rahul Chivate successfully performed the first ever mechanical pulmonary thrombectomy at Worcestershire Royal Hospital saving patient, Christopher's life. This is a complex and time-critical procedure used to remove blood clots from the lungs.

This marks the first time the procedure has been carried out at the Trust, offering new hope for patients with severe pulmonary embolism when other treatments have not worked. Following this, the Worcestershire Royal Hospital planned to form a new Pulmonary Embolism Response Team bringing together expertise from respiratory, cardiology, intensive care, and radiology to manage these high-risk emergencies. Planning also began to upgrade the Interventional Radiology Suite at the hospital, to strengthen its capacity to deliver advanced care locally bringing specialist treatment closer to home when every second counts.

New Urology Unit Enhances Patient Care at Alexandra Hospital

In August 2024 a £1.6 million Urology Investigation Unit (UIU) opened at Alexandra Hospital in Redditch. This offers a 'one-stop' facility for patients with bladder and prostate issues, including cancer. The purpose-built unit means that consultations, investigations, and treatments, such as biopsies can be done in a single location, reducing the need for patients to have multiple hospital visits. The launch of the UIU is a key part of the vision for Alexandra Hospital to become a surgical centre of excellence, demonstrating a commitment to providing the best care and outcomes for patients.

Celebrating Sean: A Remarkable Journey with a Clinical Trial

Worcestershire Royal Hospital staff have received thanks for their care for a patient called Sean, who is the UK's longest surviving patient with Paroxysmal Nocturnal Haemoglobinuria (PNH). This is a very rare disease which destroys red blood cells, creates blood clots, as well as causing various other complications. Sean needed a blood transfusion every few weeks with any minor infection requiring serious treatment.

In 2002, with his symptoms so severe, Sean was told he would be receiving end-of-life care due to his life-threatening blood disorder.

However, following a consultation with Consultant Haematologist, Dr Salim Shafeek arranged for Sean to take part in a world-first trial for a new type of drug treatment for PNH. Following the successful international trial, the drug treatment called Eculizumab was eventually approved for wider use both in the UK and around the world. Sean had an excellent response to the treatment and continues to receive it today.

Dr Shafeek has outlined that he uses Sean's case to educate new Haematology trainee doctors on this rare condition as part of their qualifying examination and have presented about it at international Haematology meetings. Early detection is important and Sean's miracle story can hopefully help others in future.

Improvements in Patience Experiences

Love put back into Mortuary Garden at Worcestershire Royal Hospital

The Mortuary Garden at Worcestershire Royal Hospital has been given a heartfelt transformation. Staff and volunteers worked together to plant flowers and make it a calm, peaceful place for people to visit.

The space is used by many grieving families during Chapel visits so it is really important that it is a calm, peaceful, welcoming space. Working with members of the Mortuary team, Worcestershire Acute Hospitals Charity, Equans and kind volunteers, refurbished the garden and donated plants and flowers that have begun to flourish. This is now an inviting and welcoming space for all who need to use it.

New Self-Referral System for Pregnancy Care in Worcestershire

Maternity services have introduced an online self-referral form for people who are pregnant, allowing them to contact midwives directly without a GP referral. Launched in November 2024, the system enables expectant parents to start their antenatal care promptly after confirming their pregnancy.

The form, available 24/7, collects essential information and allows people to benefit from early care, ensuring timely support for expectant parents. This initiative, developed in collaboration with the Maternity and Neonatal Voices Partnership (MNVP), improves access to maternity services and strengthens patient-centred care. The introduction of the new form has been promoted by Trust and MNVP social media pages, local newspapers, the County Council and the Integrated Care System, along with direct advertising in GP surgeries, family hubs, children's centres and local chemists.

Successful Charity Cancer Care Appeal

Towards the end of 2024, Worcestershire Acute Hospitals Charity started a Cancer Care Appeal. The Charity succeeded in their aim to raise £40,000 to provide four additional cold cap machines for Rowan Suite at Worcestershire Royal Hospital. As part of their treatment for cancer, some patients may receive Chemotherapy. Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells.

Unfortunately, chemotherapy also affects some normal cells which can cause side effects, including hair loss.

Hair loss from cancer treatment can affect people in different ways and can have aa effect on a patient's wellbeing, when their world has already been turned upside down. For many of us our hair is a big part of our identity and a change in our appearance can affect our self-confidence. Scalp cooling works by reducing the temperature of the scalp which reduces the size of the blood vessels restricting blood flow. This means that less of the cancer drugs can reach the hair follicles and cause damage.

Charitable Funds Raised for Additional Day Beds in End-of-Life Care

A fundraising appeal for The Trust's Palliative and End of Life Care Teams has successfully raised £20,000 to provide 20 additional day beds across the Trust Sites. The initiative, supported by the Friends of Worcestershire Royal Hospital, aims to enhance comfort for families during their loved ones' final days. The day beds, which can recline and lie flat to allowing family members to feel more rested, can make a difficult and emotional time that bit easier for everyone. This ensures that more families can stay close to patients, fostering a supportive environment in challenging times.

Hydrotherapy Course Supports Breast Cancer Recovery

Breast cancer patients are benefitting from reduced pain and improved movement following treatment, thanks to a new hydrotherapy rehabilitation course at Worcestershire Royal Hospital. The group, named 'The Worcester Waders,' offers warm water exercise sessions designed to alleviate pain and improve mobility following treatments such as surgery, chemotherapy, or radiotherapy.

During a successful six-month trial, 53 participants reported significant improvements, to their quality of life and most patients experienced reduced pain in their arms, shoulders or hands. The course, led by trained radiographers from the Worcestershire Oncology Centre, also provides a supportive environment for individuals to connect with others facing similar experiences.

Rasing Awareness through Endometriosis Action Month

In March 2025 our endometriosis and pelvic pain team, raised awareness of the condition for Endometriosis Action Month. It is important to raise awareness as some symptoms can be similar to other conditions.

Endometriosis is a condition affecting 1 in 10 women and those assigned female at birth, where cells like those lining the uterus (womb) are found in other parts of the body. Every month these cells react like the womb lining, building up and then breaking away.

The Trust continues to run a group for those living with endometriosis four times a year, with guest speakers generously giving their time and sharing information. In February 2024, a local artist held four art workshops for those living with endometriosis to demonstrate how creative expression with others can provide respite from daily routine. With the positive feedback so far, the teams are looking at how we can extend this to more people.

Quality Dashboard – NHS Outcomes Framework

Domain	Indicator	Current Performance	National average value	Where applicable: Best NHS performer	Where applicable: Worst NHS performer	Trust statement	Previous values (where data available)		
Preventing people from dying prematurely	SHMI value and banding Period: Jan 24 – Dec 24 Published 15th May 2025	1.06 Banding 2 'as expected'	The SHMI cannot be used to directly compare mortality outcomes between trusts. It is inappropriate to rank trusts according to their SHMI.			*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* We continue to monitor mortality indices on a monthly basis and these are reported through to Trust Board. Our mortality indices continue to remain within expected limits, but we do review and respond to any changes as required. *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* Further information is detailed within our Quality Priority focused on Learning from Deaths on page X.	1.04 Banding 2 'as expected' (Apr-23 – Mar-24)	1.0450 Banding 2 'as expected' (Apr-22 – Mar-23)	1.0460 Banding 2 'as expected' (Apr-21 – Mar-22)
	% of deaths with either palliative care specialty or diagnosis coding Period: Jan 24 – Dec 24 Published 15th May 2025	26%	44%	17%	66%		28% (Apr-23 – Mar-24)	29% (Apr-22 – Mar-23)	35% (Apr-21 – Mar-22)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
	Patient-reported outcome score for hip replacement surgery – adjusted average health gain (Oxford Hip Score) Published 13th Feb 2025 April 2023 to March 2024	21.138 Not an outlier	22.3	25.998	18.101	Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons: There was no national data available the previous two financial years. The Trust is not an outlier for Patient-reported outcome scores for Hip and knee replacement surgery. Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by: Further information is detailed within our Quality Priority focused on reducing the time patients are waiting for treatment on page X.	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	17.071 Not an outlier	16.8	20.115	11.445		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)		
				Best NHS performer	Worst NHS performer				
	30-day readmission rate for patients aged <16 Period: 2023/24 Published: 26th November 2024	12.3%	13.2%	1.6%	19.1%	Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons: The Trust is performing above the national average value. Even when beds are in high demand, we work to ensure patients are fully ready before sending them to their usual place of residence. Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by: Further information is detailed within our Quality Priority focused on safe and timely discharge from hospital on page X.	13.4% (22/23)	12.1% (21/22)	12.8% (20/21)
	30-day readmission rate for patients aged 16+ Period: 2023/24 Published: 26th November 2024	13.6%	15.1%	4.9%	23.0%		12.8% (22/23)	13.6% (21/22)	15.2% (20/21)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs scored from the National Inpatient Survey Last published: 20th Aug 2020	*No recent data published*				**This is a mandatory indicator however, there is no national data available for 2024/25.** However, Worcestershire Acute Hospitals NHS Trust intends to continue to take action and improve the quality of its services and further information is detailed within our Quality Priority focused on learning from patient feedback on page X.	13.4% (22/23)	12.1% (21/22)	12.8% (20/21)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
	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 2024 Published 13th March 2025	13.6%	15.1%	4.9%	23.0%	*Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:* We have been undertaking a culture review within the Trust to improve the experience for our staff and ultimately our patients. We have seen steady improvement in this percentage for the last three years. *Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:* The Trust monitors staff survey results through the People and Culture Committee. Our Quality Account outlines our priority areas for improvement, including our Quality Priority focused on learning from patient feedback on page X.	12.8% (22/23)	13.6% (21/22)	15.2% (20/21)

Domain	Indicator		Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
					Best NHS performer	Worst NHS performer				
	Inpatient Friends and Family test Period: January 2025 Published: 13th March 2025	% Positive	96%	94%	100%	72%	Please see comment on page X.	94% (Mar-24)	93% (Mar-23)	97% (Mar-22)
		Response Rate	25%	20%	100%	1%		37% (Mar-24)	37% (Mar-23)	30% (Mar-22)
	A&E Friends and Family test Period: January 2025 Published: 13th March 2025	% Positive	83%	80%	97%	56%		77% (Mar-24)	78% (Mar-22)	78% (Mar-22)
		Response Rate	4%	10%	100%	0%		24% (Mar-24)	17% (Mar-22)	17% (Mar-22)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
Treating and caring for people in a safe environment and protecting them from harm	% of patients risk-assessed for venous thromboembolism December 2024 Published: 10th April 2025	95.0%	90.1%	100%	12.6%	*WAHT considers that this data is as described for the following reasons:* The Trust's VTE assessment rates are above the national average value. *WAHT intends to take the following actions to improve this number and so the quality of its services, by:* Will continue to monitor VTE assessment rates locally.	96.4% (Q3 19/20)	94.45% (Q4 18/19)	92.26% (Q4 17/18)
	Rate of C.difficile per 100,000 bed days Period: Apr-23 to Mar-24 Published 26th September 2024	83.6	29.5	0.0	131.2	*WAHT considers that this data is as described for the following reasons:* We acknowledge the continued national rise in C. Diff cases, and the Trust is not an outlier, with cases similar to neighbouring Trusts. *WAHT intends to take the following actions to improve this number and so the quality of its services, by:* Further information is detailed within our Quality Priority focused on reducing avoidable healthcare acquired infections on page X.	70.5 (Apr 22 to Mar-23)	71.3 (Apr 21 to Mar-22)	61.7 (Apr-20 to Mar-21)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust statement	Previous values (where data available)		
				Best NHS performer	Worst NHS performer				
	Rate of patient safety incidents per 1,000 bed days Period: Apr-21 to Mar-22 Published: 13th October 2022	*No New Data Available*				***This is a mandatory indicator however, there is no national data available for 2024/25.***	42.5 (Apr-21 to Mar-22)	52.8 (Apr-20 to Mar-21)	53.1 'No evidence for potential under-reporting' (Oct-19 to Mar-20)
	Percentage of patient safety incidents that resulted in severe harm or death Period: Apr-21 to Mar-22 Published: 13th October 2022	*No New Data Available*				***This is a mandatory indicator however, there is no national data available for 2024/25.***	0.17% (Apr-21 to Mar-22)	0.26% (Oct-19 to Mar-20)	0.26% (Oct-19 to Mar-20)

Participation in Clinical Research

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

The Research and Innovation 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. The Research and Innovation Strategy raises awareness and engagement in research activity throughout the Trust and delivers:

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

The table below shows the indicators we use to assess our research performance from data available through NIHR Research Delivery Network.

Indicator	2023/2024	2024/2025
Number of research studies open to recruitment	Non-Commercial – 39 Commercial – 9	Non-Commercial – 42 Commercial – 10
Number of patients recruited into research studies	2,314	5,792
Number of clinical specialties involved in research studies	14	13
Average number of days to set up new research studies and recruit the first patient	Non-Commercial and Commercial combined – 101 days	Non-Commercial – 47 days Commercial – 69 days
Proportion of studies that closed to recruitment and achieved the agreed recruitment target	74%	93%
Number of responses to NIHR Participant in Research Experience Survey	233	297

Showcases and celebrations:

- Significant increase in the number of patients participating in research, 250% more compared to last year
- A project to streamline study set-up processes has meant that we are able to open new research studies and recruit participants much more quickly
- Two members of our team started studying for the MSc Leading Clinical Research Delivery with University of Exeter
- We supported the development of a new local Integrated Care System (ICS) Research Strategy, which aims to grow research in new areas, develop staff to support research, and ensure inclusivity for all involved in research
- Participants in several studies have been able to receive treatment more quickly, or access treatments that would otherwise not normally be available
- A research study has introduced a new process to assess and manage post-partum haemorrhage, significantly improving the care and outcomes for Worcestershire women and birthing people in childbirth
- We have been given new equipment that we are allowed to keep after the end of the research study, for the benefit of all patients
- We celebrated research on International Clinical Trials Day in May 2024, and Red4Research day in June 2024

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

Here are some of the things our patients have to say about their research experience:

"I was made to feel that my participation was appreciated and valuable"

"I have really enjoyed the experience and would recommend other people to do this"

"The staff were all fabulous. Very friendly and put me at ease. First class"

"I feel I'm getting first rate treatment, and know that I'm helping future generations"

Our priorities for 2025/26 are to:

- Develop a new Research and Innovation Strategy that will take us through to 2028
- Build our capacity to deliver more research, giving more patients the opportunity to participate
- Encourage research to become a routine part of patient care
- Strengthen training and development opportunities for research delivery staff
- Ensure that the research studies we support are aligned with the health needs of our local population

Commissioning for Quality Innovation (CQUINS)

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

We continued to focus on delivering high-quality care and making ongoing improvements with the optional quality indicators provided and maintained good progress with these.

The usual national CQUIN financial incentive, set out in Service Condition 38 of the NHS Standard Contract, did not apply during this time.

Further details of the CQUIN framework can be found here; NHS England » Commissioning for Quality and Innovation

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

Commissioning for Quality Innovation (CQUIN)		Non-mandatory target 24/25	Q1	Q2	Q3	Q4	Full year
Supporting patients to drink, eat and mobilise (DrEaMing) after surgery		90%	100%	95%	98%	100%	98%
Recording of and response to NEWS2 score for unplanned critical care admissions	ALX	75%	92%	91%	93%	89%	91%
	WRH		100%	100%	89%	96%	96%
Prompt switching of intravenous to oral antibiotic		No more than 15% still on IV ABx	12%	8%	16%	10%	11%
Flu vaccinations for frontline healthcare workers		75%	N/A **full year data only*				15.7%

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

During 2024/25 62 national clinical audits and 4 national confidential enquiries covered the relevant health services that Worcestershire Acute Hospitals NHS Trust provides. During this period, we participated in 89% of the national clinical audits and 100% of the national confidential enquiries that we were eligible to participate in.

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

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

The national confidential enquiries that Worcestershire Acute Hospitals NHS Trust participated in, and for which data collection was completed during 2024/25, are listed below.

National Confidential Enquiry into patient Outcome and Death (NCEPOD)	% of Clinical Questionnaires returned	% of organisational Questionnaires returned
Acute Limb Ischaemia	60% (6/10)	Open for data collection at the time of writing
Blood Sodium	62% (5/8)	50% (1/2)
Emergency (non-elective) Procedures in Children and Young People (CYP) Study	43% (6/14)	0% (0/2)
Intensive Care Unit (ICU) Rehabilitation	45% (5/11)	100% (1/1)

National Audits

National Audits	
Number of Quality Account audits the Trust is eligible to participate in	62
Number of Quality Account audits the Trust participated in	55

This is broken down further into mandatory National Clinical Audit and Patient Outcomes Programme audits (NCAPOP) and Non-NCAPOP.

NCAPOP (National Clinical Audit and Patient Outcomes Programme)	
Total participated in	33
Total not participated in (National Audit of Dementia, required element for 2024/25 was optional)	1

Non NCAPOP (National Clinical Audit and Patient Outcomes Programme)	
Total participated in	22
Total not participated in	6

The national clinical audits that Worcestershire Acute Hospitals NHS Trust participated in, and for which data collection was completed during 2024/25, 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.

The national audits that the Trust are eligible to participate in, together with participation status, are outlined below.

Eligible National Audit	Participation	% or No's cases submitted
EPILEPSY 12 - National Clinical Audit of Seizures and Epilepsies in Children and Young People	Yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Data submission deadline outside of this accounting period (deadline 15th April 2025)
National Neonatal Audit Programme (NNAP)	Yes	100%
National Respiratory Audit Programme (NRAP) - Pulmonary rehabilitation	Yes	Cohort 1: April to June 2024 – 94 cases submitted Cohort 2: July to September 2024 - 105 cases submitted Cohort 3: - October to December 2024 - 103 cases submitted Cohort 4: January to March 2025 Data submission deadline outside of this accounting period (deadline after 31st March 2025)
National Respiratory Audit Programme (NRAP) - Secondary Care - Adult Asthma	Yes	Cohort 1: April to June 2024 – 63 cases submitted Cohort 2: July to September 2024 – 34 cases submitted Cohort 3: October to December 2024 – 22 cases submitted Cohort 4: January to March 2025 Data submission deadline outside of this accounting period (deadline 16th May 2025)
(National Respiratory Audit Programme (NRAP) - Secondary Care - COPD	Yes	Cohort 1: April to June 2024 – 184 cases submitted Cohort 2: July to September 2024 – 142 cases submitted Cohort 3: October to December 2024 – 249 cases submitted Cohort 4: January to March 2025 Data submission deadline outside of this accounting period (deadline 16th May 2025)
National Bowel Cancer Audit (NBOCA)	Yes	100%
National Pregnancy in Diabetes Audit (NPID)	Yes	100%

Eligible National Audit	Participation	% or No's cases submitted
National Lung Cancer Audit (NLCA)	Yes	100%
National Vascular Registry (NVR)	Yes	Q1 – 142 Q2 – 105 Q3 – 86 Q4 - Data submission deadline outside of this accounting period (deadline after 31st March 2025)
National Audit of Care at the End of Life (NACEL)	Yes	CNR – 82 Staff Survey – 101 Quality Survey – 40 Organisational Level - completed
National Paediatric Diabetes Audit (NPDA)	Yes	100%
National Hip Fracture Database (NHFD)	Yes	Data submission deadline outside of this accounting period (deadline 31st March 2025) Cases are being submitted accordingly and will continue to be by the deadline
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) - Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	100% All cases reported at the time they occur
National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	100%
National Audit of Dementia (NAD) - Care in General Hospitals	No	Did not submit during 2024/25 as the element required was optional
National Diabetes Audit (NDA) - National Diabetes Foot Care Audit	Yes	100%
National Diabetes Audit (NDA) - Adults National Diabetes Core Audit	Yes	Data submission deadline outside of this accounting period (deadline 25th May 2025)
National Emergency Laparotomy Audit (NELA)	Yes	Data submission deadline outside of this accounting period (deadline April 2025)
National Maternity and Perinatal Audit (NMPA)	Yes	100%
National Prostate Cancer Audit (NPCA)	Yes	100%
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Q1 – 208 Q2 – 218 Q3 – 182 Q4 – Data submission deadline outside of this accounting period (deadline June 2025)

Eligible National Audit	Participation	% or No's cases submitted
National Audit of Inpatient Falls (NAIF)	Yes	Data submission deadline outside of this accounting period (deadline after 31st March 2025)
National Diabetes Audit (NDA) - National Diabetes Inpatient Safety Audit (NDISA)	Yes	100% Data submitted at the time a harm occurs
National Respiratory Audit Programme (NRAP) Paediatric Asthma - Secondary Care	Yes	Cohort 1: April to June 2024 – 6 cases submitted Cohort 2 - 1 July 2024 – 30 September 2024 – 31 Cohort 3 - 1 October 2024 – 31 December 2024 – 26 Cohort 4 – 1 January 2025 – 31 March 2025 Data submission deadline outside of this accounting period (deadline 16th May 2025)
National Obesity Audit	Yes	100%
National Perinatal Mortality Review Tool (PMRT)	Yes	100% The Trust reports each case at the time it occurs directly to PMRT
National Cancer Audit Collaborating Centre (NATCAN) - National Audit of Metastatic Breast Cancer	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN) - National Audit of Primary Breast Cancer	Yes	100%
National Diabetes Audit (NDA) - Adults - Transition (Adolescents and Young Adults) and Young Type 2 Audit	Yes	Data submission deadline outside of this accounting period (deadline after 31st March 2025)
National Cancer Audit Collaborating Centre (NATCAN) - National Kidney Cancer Audit (NKCA)	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN) - National Ovarian Cancer Audit (NOCA)	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN) - National Pancreatic Cancer Audit (NPaCA)	Yes	100%

Eligible National Audit	Participation	% or No's cases submitted
National Cancer Audit Collaborating Centre (NATCAN) - National Non-hodgkin Lymphoma Audit (NNHLA)	Yes	100%
LeDeR - Learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	Yes	100%
National Cardiac Arrest Audit (NCAA)	Yes	ALX Q1 – 13 Q2 – 9 Q3 – 14 Q4 – data collection ends 31 March 2025 WRH Q1 – 15 Q2 – 19 Q3 – 22 Q4 – data collection ends 31 March 2025
British Association of Urological Surgeons (BAUS) Data & Audit Programme - I-DUNC (Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and compliance with standard care practices)	Yes	100%
National Cardiac Audit Programme (NCAP) Cardiac Rhythm Management (CRM)	Yes	Data submission deadline outside of this accounting period (deadline 14th April 2025)
National Cardiac Audit Programme (NCAP) Myocardial Ischaemia National Audit Project (MINAP)	Yes	Data submission deadline outside of this accounting period (deadline 14th April 2025)
National Cardiac Audit Programme (NCAP) National Audit of Percutaneous Coronary Interventions (PCI)	Yes	Data submission deadline outside of this accounting period (deadline 14th April 2025)
National Cardiac Audit Programme (NCAP) National Heart Failure Audit	Yes	Data submission deadline outside of this accounting period (deadline 14th April 2025)
National Major Trauma Registry (NMTR)	Yes	100%
College of Emergency Medicine (CEM) Care of Older People	Yes	Data submission deadline outside of this accounting period (deadline 31st March 2025)
College of Emergency Medicine (CEM) Time Critical Medicines	Yes	Data submission deadline outside of this accounting period (deadline 31st March 2025)

Eligible National Audit	Participation	% or No's cases submitted
British Association of Urological Surgeons (BAUS) Data & Audit Programme - Environmental lessons learned and applied to the bladder Cancer care pathway audit (ELLA)	Yes	100%
Intensive Care National Audit & Research Centre (ICNARC) Case Mix Programme	Yes	Data submission deadline outside of this accounting period (deadline 30th September 2025)
National Audit of Cardiac Rehabilitation (NACR)	Yes	Data submission deadline outside of this accounting period (deadline 31st May 2025)
National Ophthalmology Audit Database – Age Related Macular Degeneration Audit	No	0 cases Database Upgrade required in order to participate – due early 2025
National Bariatric Surgery Registry	Yes	Data submission deadline outside of this accounting period (deadline after 31st March 2025)
National Joint Registry (NJR)	Yes	Data is regularly recorded, however yearly check of annual data to be undertaken from 1 April 2025 to capture missing data prior to sending to the National Team for inclusion in the annual report.
SHOT - Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	100%
Society for Acute Medicine Benchmarking Audit (SAMBA)	No	Neither site participated
Peri-Operative Quality Improvement Programme (PQIP)	No	No clinical Lead for this national audit and data has not been submitted
AKI - National Acute Kidney Injury Audit	Yes	100%
UK Renal Registry Chronic Kidney Disease Audit	Yes	100%
Breast and Cosmetic Implant Registry (BCIR)	Yes	100%
Audit of Blood Transfusion against NICE Quality Standard 138	No	Did not take part
National Comparative Audit of Blood Transfusion - Bedside Transfusion Practice Audit	Yes	100%
National Ophthalmology Audit Database - Cataract Audit	No	0 cases Database Upgrade required in order to participate – due early 2025

Eligible National Audit	Participation	% or No's cases submitted
British Association of Urological Surgeons (BAUS) Data & Audit Programme - Penile Fracture Audit	Yes	100%
British Hernia Society Registry	Yes	Data submission deadline outside of this accounting period (deadline 31st March 2025)
Quality and Outcomes in Oral & Max Fax Surgery	No	0 cases.

Worcestershire Acute Hospitals NHS Trust were eligible to participate in the following national audits, however these were removed from the Quality Account list and did not take place nationally during 2024/25;

- CEM - Adolescent Mental Health
- NDA – National Gestational Diabetes Audit

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

Ineligible National Audit	Scope
Mental Health Clinical Outcome Review Programme	Audit applies to Mental Health
National Audit of Pulmonary Hypertension (COPD)	Specialist Audit
National Clinical Audit of Psychosis	Specialist Audit
Paediatric Intensive Care (PICANet)	Specialist Audit
Prescribing Observatory for Mental Health (POMH-UK)	Audit applies to Mental Health
UK Cystic Fibrosis Registry	Specialist Audit
Falls and Fragility Fracture Audit Programme (FFFAP) - Fracture Liaison Service Database (FLSD)	The Trust does not provide this service. It has been de-commissioned as of 31/08/19
Cleft Registry and Audit Network (CRANE)	Specialist audit
National Cardiac Audit Programme (NCAP) - National Congenital Heart Disease (CHD)	Specialist audit
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	Applies to primary care and ambulance Trusts
National Cardiac Audit Programme (NCAP) -National Adult Cardiac Surgery Audit	Specialist audit
National Child Mortality Database	Sole providers of data are Child death overview panels (CDOP) Does not apply to the Trust
The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	Trust does not provide this service.
National Audit of Mitral Valve Leaflet Repairs	Trust does not provide this service.
National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	Primary Care
National Cardiac Audit Programme (NCAP) - Left Atrial Appendage Occlusion (LAAO) Registry	Trust does not provide this service.
National Cardiac Audit Programme (NCAP) - Patient Foramen Ovale Closure (PFOC) Registry	Trust does not provide this service.
National Cardiac Audit Programme (NCAP) - Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	Trust does not provide this service.
National Diabetes Audit (NDA) - Adults - Diabetes Prevention Programme (DPP) audit	Primary Care audit

A number of National Clinical Audit reports have been published in 2024/25 for national audits that the Trust participated in. These reports were all reviewed during 2024/25 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.

Report Title	Published Date	Specialty	Improvements/achievements
National Lung Cancer Audit (NLCA) State of the Nation Report	10/04/2024	Respiratory	▶ We have improved in our performance indicators year on year ▶ We have published 2 posters at national conferences for the British Thoracic Oncology Group (BTOG)
Breathing Well Respiratory Audit Report National Respiratory Audit Programme (NRAP). This single report summarised data from the following National Audits: ▶ Children and Young people with Asthma Audit ▶ Pulmonary Rehabilitation (PR) Audit ▶ Secondary Care Adult Asthma Audit ▶ Secondary Care Chronic Obstructive Pulmonary Disease (COPD) Audit	11/07/2024	Respiratory	▶ Asthma Respiratory Nurse Specialist (RNS) contact acute footprint ward for pro-active case identification, referrals on the Sunrise EPR system, bleep, email using rhapsody alerts ▶ Front door acute asthma bundle being developed ▶ Tobacco dependency service now in place ▶ COPD RNS contact acute footprint ward for pro-active case identification ▶ Ensuring all sites have appropriate track and time available for people undertaking practice exercise ▶ Change to exercise prescription and course to maximise exercise change ▶ Reviewing face-to-face education component, new PR education book

Report Title	Published Date	Specialty	Improvements/achievements
Epilepsy 12 State of the Nation Report	11/07/2024	Paediatrics	► Mental health screening for all epilepsy patients using the PAVES questionnaire (psychology adding value to epilepsy services). The Trust has 3 psychologists providing screening, sign posting and when required psychology input for patients and families which has been a major improvement in the service.
Early Inflammatory Arthritis (EIA) 2024 report (NEIAA)	10/10/2024	Rheumatology	► In the Year 6 annual report, 72% of patients with suspected EIA referred to WAHT were seen within 3 weeks of referral (well above the national average of 44% and the highest in the West Midlands). ► National standards recommend that patients with EIA suitable for DMARDs should be prescribed a DMARD within 6 weeks of referral. The Year 6 data showed 62% of patients at WAHT reached this target (national average 60%).
National Vascular Registry – State of the Nation Report 2024	14/11/2024	Vascular	► We continue to be in the top 10 nationally for elective infrarenal abdominal aortic aneurysms (AAA) repair

Report Title	Published Date	Specialty	Improvements/achievements
Neonatal Audit Summary Report (NNAP)	10/10/2024	Paediatrics	▶ Use of steroids within the week before delivery has improved and is now above national average following perinatal work locally ▶ Parent consultation by senior clinician within 24hrs of admission significantly improved and well above national average ▶ Retinopathy of prematurity (ROP) screening to the new guideline has improved and is above national average ▶ Neonatal Nurse staffing levels were greater than national average and improved on last year's data
National Vascular Registry – State of the Nation Report 2024	14/11/2024	Vascular	▶ We continue to be in the top 10 nationally for elective infrarenal abdominal aortic aneurysms (AAA) repair
National Cardiac Audit Programme (NCAP) Annual Report – this includes the following subspecialty audit reports: ▶ National Audit of Cardiac Rhythm Management (NACRM) ▶ National Heart Failure Audit (NHFA) ▶ Myocardial Ischemia National Audit Project (MINAP) ▶ National Audit of Percutaneous Coronary Intervention (NAPCI)	13/03/2025	Cardiology	The data collated through the National Institute for Cardiovascular Outcomes Research (NICOR) shows that we are performing well in comparison to similar centres in our region, and has highlighted a number of areas that we are excelling in: ▶ Timeliness of admission to treatment for Myocardial Infarction (MI) patients, both for emergency and urgent patients. ▶ Complication rates for patients undergoing pacemaker / complex device implant are low. As the Heart Failure Specialist Nurse Team have grown, we can also see an improvement in our care for Heart Failure patients against the national recommendations.

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

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

Worcestershire Royal Hospital

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

Alexandra Hospital

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

Kidderminster Hospital and Treatment Centre

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

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

Healthwatch Worcestershire's response to the Quality Account of the Worcestershire Acute Hospitals NHS Trust for the financial year 2024/25.

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 2024/25.

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?**

Yes. The most common feedback Healthwatch regularly receives from service users is that communication needs to be improved. This has been captured by the Trust in the quality priorities for 2025/26 - for example, a brief summary:

- We will ensure patients, relative and carers feel listened to… including patients with health inequalities and/or sensory needs. We will learn from patient feedback

Waiting times for assessment and treatment are also patient priorities. This is also captured in the quality priorities for 2025/26 – summarised as:

- We will reduce waiting times for treatment
- We will ensure patients experience safe and timely discharge

Where there are complaints the local population can expect to have these dealt with in a timely manner and therefore we welcome the internal complaints audit process and associated learning processes. The results from the annual Big Quality Conversation survey also bring to the attention of the Trust how the local population feel about how they have been treated and the quality of their care. We also look forward to hearing more about the patient voice and involvement strategy.

Healthwatch also receives regular feedback on time spent in ambulances, waiting times in A&E and hospital discharge. This is addressed by the Trust as patient flow and much work continues to be taken by the

Trust to improve flow through the system with examples being the ambulance pit-stop, single points of access and same day emergency care services (SDEC). Innovative solutions like the discharge response volunteers are making a difference by speeding up the delivery of medications to patients waiting to go home.

Healthwatch welcomes the introduction of new methods of raising a complaint, an on-line form via the Trust Web pages and through the use of QR codes.

2. Are there any important issues missed?

Healthwatch Worcestershire would like to acknowledge the addition of the narrative on sepsis in this year's Quality Accounts. Last year we noted that in the draft we had received this was missing- it was subsequently added. We are reassured that even though the recording of sepsis and the use of the new electronic screening tool has faced some challenges this year, the clinical outcome for sepsis is within expected ranges. There is a clear focus on the effective use of the Sepsis Six Bundle which has been noted by the Trust is a critical challenge.

We have also seen, for example, in the maternity team, that a fully staffed team can provide high quality care and be a source of pride for those involved, in this case attracting a waiting list of staff who wish to join the unit. And much is made of the Care Excellence Accreditation, which is about empowering staff to improve standards, resulting in 12 wards achieving a level of accreditation of 'Good' and 22 wards achieving 'Outstanding', led by the nursing teams. The regular Quality Governance Committee meetings, which we attend as observers, regularly review the nursing levels across the Trust. What is missing, certainly at these meetings, is the same level of scrutiny on the impact of medical and surgical vacancies of senior clinicians. A clear example of where this leads to problems are seen in the issues managing the different Dermatology providers and convoluted pathways that are in place due to senior vacancies. Can we therefore have a focus the impact of senior workforce vacancies, especially with respect to fragile services, and an update on reducing these vacancies included in the Quality Accounts?

Looking at both the summary of the quality accounts 2024/2025 document and the full document there has been a target set for completion of the Oliver McGowen mandatory e-learning training. However, there has been no target set for completion of face to face tier 2 training, this is aimed at staff who may be providing care/support for someone with a Learning Disability/Autism. As it will not always be obvious if a patient has autism (as opposed to LD) tier 2 training is for all patient facing staff. Has the Trust identified who requires Tier 2 training?

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

The trust has delivered on much of the Quality Road Map it set out in last year's quality accounts, in particular, of note are the regular inpatient ward surveys, the fundamentals of care framework, the care excellence accreditation and the Big Quality Conversation which demonstrate a learning organisation and a desire for continual improvement. These have all contributed to the quality priorities for 2025/26.

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

In our response to last year's WAHT Quality Accounts, we recommended that the Trust should produce a summary of the Quality Accounts in an accessible format, selecting important information for the public and to complement this with an Easy Read version.

We were therefore pleased to see the Summary Quality Accounts 2024/25 document which is a slimmed down version of the 91 pages of the full WAHT Quality Accounts 2024/25. The layout (still in draft form) is easier to follow: setting out the Trust's commitment to quality; looking back at progress against last year's priorities and setting out the priorities for 2025/26. The graphic 'about our trust' is clear and helpful and a page has been left blank for the Trust's year in numbers – hopefully a suitable story on a page graphic will be inserted here similar to last year's.

In conclusion, the Trust has many challenges due to the numbers presenting at their front door and the associated quality challenges. The Trust has a range of systems in place to handle these challenges, and it is clear they are building a learning culture to support the delivery of safe and effective care. Healthwatch will continue to work with the Trust to ensure that patients receive a positive experience.

Chris Byrne

Director – Healthwatch Worcestershire

Trust Comment in response to Healthwatch Worcestershire's External Opinion

We continue to develop our understanding and approach the futureproofing of clinical services to ensure that our local population has appropriate access to services to meet their healthcare needs. In some instances, services may experience short-, medium- or long-term medical workforce gaps. Clinical and operational teams work together to mitigate the impact on patients of these gaps and mitigations may include additional worked sessions by existing staff, the use of locum doctors as well as working with local providers to maintain services for local people. Dermatology is a service where there are considerable medical workforce challenges and we have been working with our Foundation Group partners at Wye Valley NHS Trust to establish a managed network arrangement, where a local service for local people will remain in place within Worcestershire, with medical staff provided by Wye Valley NHS Trust. In the interim, we have contracted with Health Harmonie to provide medical staffing for our dermatology services. This is overseen through the Trust's internal governance processes and is subject to the Trust's policies, procedures and quality standards. In conjunction with our provider partners and the local Integrated Care Board, will be reviewing these arrangements in 2025/26.

There is a systemwide Service Sustainability framework in place and where there are concerns about service sustainability, we work with partners through this framework to support developing and delivery of plans to support the continued delivery of appropriate local services for the local population.

Herefordshire and Worcestershire Integrated Care System

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 2024/25. HWICB recognises the Trust's achievements during 2024/25 considering the ongoing challenges faced within Urgent and Emergency Care (UEC). The ICB would 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 2024/25 priorities and reflects an ongoing commitment to ensuring effective patient safety and quality improvement in a focussed and innovative way for 2025/26. We note the inclusion of strategic aims for 2025-30 and look forward to seeing progress with the new quality priorities identified for 2025/26.

We are pleased to note developments that have contributed to achieving the 2024/25 quality priorities such as the Discharge Response Volunteers, the Single Point of Access initiative, the Ambulance Pit Stop Trial and the development of Robotic Surgery in gynaecology.

HWICB acknowledges the progress noted by the CQC during their visit to Children and Young Peoples Service at Kidderminster Treatment Centre in February 2025, which resulted in an improved rating of 'Good' in all areas.

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 patient flow and reducing avoidable healthcare acquired infections.

HWICB acknowledges the positive work identified above and the need for continued and renewed focus on maintaining quality improvements. We support and welcome the specific quality priorities identified for 2025/26. All are appropriate areas to target for continued improvement and build upon the achievements of 2024/25. We particularly welcome the continued focus on improving patient waiting times in the Emergency Department, maximising patient flow, improving infection prevention and control, improving nutrition and hydration assessment and ensuring that all

patients with a learning disability will receive safe, personalised care and achieve equality of outcomes.

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.

Yours sincerely

Dr Kathryn Cobain
Chief Nursing Officer

Patient and Public Forum

It is good to see so much innovation this year despite the pressure on the Trust caused by high bed occupancy and patients in corridors causing blocking of patient flow at both admission and discharge.

The Same Day Emergency Care Centres and the ambulance pit stop have all contributed to better patient experience but the Patient and Public Forum PPF feels that much closer working with our partners the Health and Care Trust is paramount to improving the flow rate of our patients through our hospitals.

Other innovations that have impressed are same day joint surgery, one stop urology, extension of robotic surgery and are delighted that electronic prescribing is being rolled out.

There is much evidence in the Quality Account that the Trust is becoming an active learning organisation – new complaints policy with action plans as part of the process, learning from deaths and audit.

It is pleasing to see a substantial increase in compliments.

Infection rates, Sepsis data and time to surgery for fractured neck of femur still concern us as do fragile services such as dermatology. Another concern is the stroke pathway across Worcestershire but that depends on close partnership with the Health and Care Trust.

The PPF were pleased to be involved in the recent Flow Improvement event and were impressed how hard delegates worked together generating ideas. It was good to see that the delegates were truly representative of all sections of the Trust's staff. We look forward to seeing the suggestions advanced being put into practice.

Rosemary Smart

Chair PPF

Glossary of Terms

Word	Definition
#EndPJParalysis	#EndPJParalysis is a global healthcare initiative. The campaign aims to help patients to become active in their recovery, keep their independence and help improve mental wellbeing and dignity.
ALX	Alexandra Hospital
AMBER Care bundle	This simple clinical tool is designed to be used with patients in the last year of life who are admitted to hospital with an acute deterioration in their clinical condition that renders their immediate recovery uncertain but who are not thought to be irreversibly dying.
AMR	Antimicrobial Resistance (AMR) occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines.
AMS	An approach to promote and make sure we prescribe antimicrobials (for example, antibiotics) following evidence based prescribing, to preserve their effectiveness in the future.
C. Diff	Clostridium difficile, also known as C. difficile or C. diff, is bacteria that can infect the bowel and cause diarrhoea.
CEA	Care Excellence Accreditation is our Trust's internal ward accreditation programme.
Clinical Effectiveness	Clinical Effectiveness is an umbrella term describing a range of activities that support clinicians and healthcare professionals to examine and improve the quality of care. This focuses on making sure our patients have the best outcomes.
CQC	The Care Quality Commission (CQC) is the independent regulator of all health and social care services in England. Its job is to make sure that care provided including by our hospitals meets government standards of quality and safety.
CQUINS	Commissioning for Quality and Innovation is a payment framework that allows commissioners to agree payments based on agreed quality improvement and innovation work.
Datix	The Trusts web-based patient safety application for monitoring patient safety incidents, compliments, complaints, PALS and risks.
DQMI	The Data Quality Maturity Index (DQMI) is a monthly publication about data quality in the NHS, which provides data submitters with timely and transparent information.

Word	Definition
DREAMS	Deteriorating Patient, Resuscitation, End of Life Care and Mortality Studies. This is a committee within the Trust.
E. Coli	Escherichia coli, or E. Coli is a bacteria that normally lives in the intestines. Some types of E. Coli can cause an infection.
Easy Read	An Easy Read is a way of sharing information in a clear way. It usually features short sentences, easy words and pictures to make difficult information more accessible and easier to understand.
ED	Emergency Department
EDS	Electronic Discharge Summary
ePMA	Electronic Prescribing and Medicines Administration is a system that helps manage medicines more safely and efficiently, improving how medications are used across the Trust. This includes prescription, ordering and recording.
EPR	An Electronic Patient Record is an online system that allows healthcare staff to access a patient's medical records in a secure digital location.
FBC	A fluid balance chart is a tool used to document and monitor a patient's fluid intake, output and hydration.
FFT	Friends and Family Test (feedback), launched in 2013 to help providers and commissioners understand if patients are happy with the service provided. Patients can provide feedback quickly and anonymously.
FMT	This is a procedure that involves transferring stool from a healthy donor to restore the balance of gut microbiota in a recipient. It is used to treat patients with recurrent C. Diff infections (see C. Diff).
FOC	The Fundamentals of Care are a framework that outline basic principles for delivering high-quality care across various healthcare settings.
Foundation Group	The Foundation Group is a partnership between four local NHS Trusts; South Warwickshire University NHS Foundation Trust (SWFT), Wye Valley NHS Trust (WVT), George Eliot Hospitals NHS Trust, Worcestershire Acute Hospitals NHS Trust (WAHT).
FTSU	Freedom to Speak Up is about encouraging a positive culture where people feel they can speak up, their voices will be heard, and their concerns and suggestions acted on with no retribution.
GIRFT	Getting It Right First Time is a national programme designed to improve medical care in the NHS, by reducing unwanted variations.
HAFD	Hospital Acquired Functional Decline. This is where keeping a patient in a hospital bed when they don't need to be in one can slow down their recovery.

Word	Definition
Health inequalities	Healthcare inequalities are unfair and avoidable differences in health across the population, and between different groups within society.
Healthwatch	Healthwatch is a statutory committee of the CQC. They provide an independent voice for people who use publicly funded health and social care services.
HOSC	Worcestershire Health Overview and Scrutiny Committee is responsible for scrutinising services relating to local NHS bodies and health services.
ICB	Integrated Care Board, the ICB is responsible for planning health services for their local area. It manages the NHS budget and works with local providers of NHS services.
ICS	An Integrated Care System (ICS) is when all organisations involved in health and care work together in different, more joined-up ways. The focus is on providing care in a way that benefits patients.
IPC	Infection Prevention and Control is a practical, evidence-based approach preventing patients and health workers from being harmed by avoidable infections.
IPS	Internal Professional Standards clearly outline expected values and behaviours to support patient flow (see patient flow).
Klebsiella	Klebsiella pneumoniae is a type of bacteria usually found in the gut and airways of humans. This can sometimes cause an infection.
KPI	Key Performance Indicator
KTC	Kidderminster Hospital and Treatment Centre
LLOS	Long Length of Stay
MDT	Multi-disciplinary Team
MNVP	Maternity and Neonatal Voices Partnerships. MNVPs are a way of listening to and involving women, birthing people and families in maternity and neonatal services.
MRSA	Meticillin-Resistant Staphylococcus Aureus is a type of bacteria that is resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. You might have heard it called a “superbug”.
MSSA	Meticillin-Sensitive Staphylococcus Aureus is a type of bacteria that many people may carry on their skin and in their nose without causing an infection or harm. Unlike MRSA, MSSA is more sensitive to antibiotics and therefore easier to treat.
MUST	The Malnutrition Universal Screening Tool (MUST) is used by healthcare professionals to screen for malnutrition in adults.

Word	Definition
N&H	Nutrition & Hydration
NCEPOD	The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews clinical practice and identifies potentially remediable factors in the practice of patient care.
NEWS	The National Early Warning Score is a tool which improves the detection and response to deterioration in adult patients and is a key element of patient safety and improving patient outcomes.
NGO	The National Guardian's Office. The NGO leads, trains and supports a network of Freedom to Speak Up Guardians in England and provides support and challenge to the healthcare system in England on speaking up.
NICE	National Institute for Health and Care Excellence. NICE produces guidance, standards and indicators for the NHS and wider health and care system in the UK.
NIHR	National Institute for Health and Care Research. NIHR funds, enables and delivers world-class research that improves people's health and wellbeing, and promotes economic growth.
Oliver McGowan Mandatory Training	The Oliver McGowan Mandatory Training on Learning Disability and Autism is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have better training.
Outliers	This means where a patient is admitted to a ward that is not the specialty under which they are being treated.
PALS	Patient Advice and Liaison Service
Patient flow	Patient flow refers to the movement of patients through various stages of care in hospital, from their admission to discharge.
PFI	The Private Finance Initiative (PFI) is a partnership between the public and private sectors in which a group of private companies contracts to provide public facilities.
Phlebotomy	Phlebotomy is when someone uses a needle to take blood from your vein for testing or treatment.
PIFU	Patient Initiated Follow Up is when a patient initiates an appointment when they need one, based on their symptoms and individual circumstances.
Positive Experience	By Positive Experience we mean making sure that our patients, their family and carers have a good experience when accessing the healthcare we provide.
PPF	The Patient and Public Forum work with the Trust to support a journey of continual improvement.
PRES	Participant in Research Experience Survey

Word	Definition
Pseudomonas	Pseudomonas are a type of bacteria that are commonly found in soil and water. Some strains can cause an infection.
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Review Framework
PSP	Patient Safety Partners
QGC	Quality Governance Committee
Quality Account	A Quality Account is a report about the quality of services offered by an NHS healthcare provider.
Reasonable Adjustments	Reasonable adjustments are simple changes that can make a huge difference for patients with seen and unseen disabilities, for example, autism or learning disabilities.
RITA	Reminiscence/Rehabilitation and Interactive Therapy Activities (RITA) machines are a digital solution to engage with patients by providing music, games and films. They are designed to calm and reduce anxiety.
RPA	Robotic Processing Automation
RTT	Referral to Treatment
Safe	By Safe we mean avoiding any unintended or unexpected harm to people we provide healthcare to.
SDEC	Same Day Emergency Care
Sepsis	Sepsis is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs.
SHMI	Summary Hospital-level Mortality Indicator. The national way of measuring mortality. Includes deaths related to all admitted patients that occur in all settings - including those in hospitals and those that occur up to 30 days after discharge.
SPOA	The Single Point of Access team take referrals from across the health care service, including the ambulance service, GPs and social care. The team aims to provide alternative routes for treatment and avoid unnecessary admissions to Emergency Departments.
SUS	The Secondary Uses Service is a repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.
WAHT	Worcestershire Acute Hospitals NHS Trust
WRH	Worcestershire Royal Hospital

Worcestershire Acute Hospitals NHS Trust

Summary Quality Account 2024/25

Worcestershire Acute Hospitals NHS Trust

Welcome from our Chief Executive and Chair

Over the last 12 months our dedicated, professional colleagues at Worcestershire Acute Hospitals NHS Trust have continued to strive to provide compassionate, safe and high-quality care for our patients and local communities, while continuing to focus on our improvement journey.

Ongoing challenges posed by increasing demands on our healthcare system remain, yet enhancement of our services has still been achieved through innovative initiatives, collaborative partnerships and sharing best practice.

New ways of working - including Single Point of Access, the ambulance pit-stop, increased same day emergency care services, and a Discharge Response Volunteers service - are helping to streamline access and improve patient flow.

Patient experience and outcomes are being improved following the opening of a Urology Investigation Unit offering a 'one-stop' facility for patients with bladder and prostate issues; and gynaecology patients are benefitting from the expanded use of our Da Vinci Xi robot - initially used for prostate cancer surgery – often going home the same day following robotic hysterectomy or endometriosis removal.

Guided by our Quality Roadmap, we have seen more wards achieve their Care Excellence Accreditation, we've launched our Fundamentals of Care Committee to ensure that we are delivering all aspects within the fundamentals of care framework, and we have developed and shaped our Patient Voice and Involvement Strategy with our local community, patient representatives and staff, with a view to launching in 2025.

The phased roll out of our Electronic Patient Record has continued, as part of our wider Digital Strategy, helping our colleagues deliver better care for our patients, and the CQC acknowledged notable improvements across our children and young people services.

Engaging with staff across and beyond the Trust has been a key priority as we have reviewed our future strategy for the next five years, setting out our shared focus and direction aligned to national, Integrated Care System and Foundation Group strategies and priorities, and it was pleasing to see improvements in our NHS Staff Staff survey scores, which drive improvements to patient care.

Moving forward, we will now begin to refresh our Quality Strategy to make sure this is aligned to our new strategic objectives, Clinical Strategy and values, as well as continuing our focus on our quality priorities, shaped by the responses to our Big Quality Conversation.

Thank you to all our staff and volunteers for their continued commitment and professionalism, and, as we move into a time of national changes across the NHS landscape, we would like to assure our partners, Inspection and Regulatory Bodies, and wider communities of our continued commitment to our improvement journey.

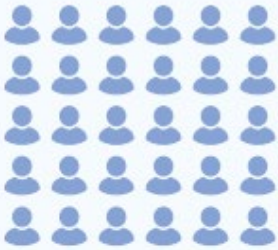
About our Trust

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

A Year in Numbers

Our Commitment to Quality

Worcestershire Acute Hospitals NHS Trust is committed to providing compassionate services that meet the three pillars of quality: Safe, Clinically Effective and a Positive Experience.

To do this we aim to foster a culture that empowers our staff to make improvements across our hospitals, using a patient-centred care approach that we tailor to individual needs.

We have outlined the assurance methods that we have maintained and strengthened across our full Quality Account, please find a summary of these below:

- Our Internal Ward Accreditation Programme successfully accredited all 34 adult inpatient wards with a level of either “Good” or “Outstanding”. No departments have been identified as “Not Accredited”, and teams are continuing to work towards an “Exemplary” standard. We are now expanding our programme to include specialty areas such as Paediatrics, Critical Care and Emergency Departments.
- Our Quality Roadmap outlined key aims that we’ve continued to deliver between 2022 to 2025, by reviewing fundamentals of care, sustaining improvement and incorporating the patient voice.
- We have maintained our registration with the Care Quality Commission (CQC) who monitors, assesses and regulates all health services to ensure they meet fundamental standards of quality and safety. You can read about our Trust’s ratings and recent inspection activity in the full Quality Account or on the CQC’s website.
- We ran our annual Big Quality Conversation, a survey to find out what our patients, their family, friends and carers think about care at our hospitals. This year we received 951 responses and analysed over 1,750 comments. We use the results of the survey to plan to help shape our priorities.
- We continued our participation in clinical research. This year saw a significant increase in the number of patients participating in research, 250% more compared to last year.
- We continued a local quality improvement scheme, although the mandatory Commissioning for Quality and Innovation (CQUIN) scheme was paused during 2024/25.
- We participated in 89% of national clinical audits and 100% of national confidential enquiries we were eligible to.

A Look back at our Quality Priorities during 2024/25

Every year we share the things that we're going to focus on to make a difference to quality and safety for our patients, these are our quality priorities. Last year we outlined a number of quality priorities to support improvement. We have included a summary of what these priorities were and our progress against them, our full account against these priorities can be found in our full Quality Account 2024/25.

We will work to reduce avoidable healthcare acquired infections.
Although we did not meet the national target of no more than 129 healthcare-acquired C. difficile (C. diff) cases, reporting 142 cases, we saw a significant improvement in outbreak control, with the number of outbreaks reduced by half (from 4 to 2 compared to the previous year) and reassuringly low levels of patient-to-patient transmission. C. Diff continues to be a national focus, and the Trust is not an outlier, with cases similar to neighbouring Trusts. Importantly, we achieved zero MRSA bloodstream infections. We've strengthened our infection prevention measures by providing additional resources and education to our staff, and investment in air purification systems across all of our wards. We are continuing our Antimicrobial Stewardship efforts, supporting safer prescribing and reducing the risks of antimicrobial resistance. These ongoing initiatives are helping us deliver safer, cleaner care for our patients.

We will ensure our patients experience safe and timely discharge from hospital, supporting patient flow, this includes a focus on Hospital Acquired Functional Decline (HAFD).
Our performance against the metrics for this Quality Priority were similar to last year. On average, 64% of our patients were seen within 4 hours in our Emergency Department and there were approximately 950 ambulance handovers delayed by 1 hour or more. However, attendance at our Same Day Emergency Care Units doubled compared to last year, with 32,618 patients seen. We also tracked the activity of our patients and found that 89% of those who were able, were up and out of bed, supporting safer mobility and reduce risks like pressure ulcers and infections. With initiatives such as Long Length of Stay reviews, shortened discharge summaries, and improved board rounds, we are streamlining discharge processes and helping patients return home with the right support, reducing risks linked to prolonged hospital stays.

We will ensure that there is timely screening for Sepsis and implementation of the Sepsis Six Bundle.
While implementation of a new electronic sepsis screening tool has faced some integration challenges this year, we have launched a targeted improvement project with three dedicated workstreams focusing on standardisation, digital solutions, and training. We are learning from the work of a neighbouring award-winning Trust which helps to strengthen our systems. Although documentation remains a challenge, clinical outcomes for sepsis remain within expected ranges, and targeted audits provide reassurance that patients are receiving appropriate and timely care. This work will continue to ensure consistent screening and the effective use of the Sepsis Six Bundle across all relevant care areas.

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

We did not meet the Trust Target of 90% for our Malnutrition Universal Screening Tool (MUST). Compliance with the training was 85.19%. However, this year we introduced essential-to-role training and developed new e-learning modules on fluid balance and mouth care to support staff knowledge and practice.

A Trust-wide focus on improving mealtime experiences has been embedded across sites, alongside a range of local quality improvement initiatives, from nutrition trolleys in Urgent Care to additional options for diabetic maternity patients. While training compliance is just below target, ongoing efforts are addressing this, and updates to our electronic systems are helping ensure key information from Speech and Language Therapy is shared at discharge. These actions help protect patients from complications such as dehydration, malnutrition, and aspiration, and are supporting patient recovery.

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.

Our Summary Hospital-level Mortality Indicator (SHMI) has remained 'as expected' for the last five consecutive years. We've made progress in both the number and timeliness of mortality reviews and continue to receive assurance that mortality reviews are undertaken in our divisions, with completion rates rising from 57% to 68%.

We have strengthened ties with our Integrated Care Board, and we use national inquiries to inform local practice. Our focus on mortality reviews may inform quality improvement projects, highlight errors that have happened so that lessons may be learnt and can support to answer some questions of bereaved families.

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.

This year, we exceeded our 95% target for NICE technology appraisals, with 99% compliance. We also exceeded our target of 80% local audits completing at least one improvement cycle, with 91% compliance.

Innovations like the 'Feedback at a Glance' summaries and the pilot of a simplified Quality Improvement Tracker are helping share learning across teams. Our Kidderminster site was also accredited as an elective surgery hub, improving access and reducing waiting times. Through continuous review and audit, we ensure care is safe, effective, and personalised care. We are supporting staff to drive improvement and ensuring patients receive up-to-date information about their condition or treatment. We will continue to complete clinical audits as part of our usual work.

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.

Over the past year, we reduced our overall waiting list of patients referred to treatment by more than 10%, decreased the number of patients waiting over 52 weeks by 68%, and lowered the proportion of patients waiting over six weeks for diagnostics by almost half. Our performance in suspected cancer diagnosis and treatment has been sustained throughout the year and this remains a focus for patients to be diagnosed and treated more quickly.

Our initiatives such as our first cases of same-day knee replacement surgeries and improved patient contact through our text reminder service are supporting elective recovery and communication. By ensuring patients receive timely care in the right setting, we support better outcomes and a more positive experience.

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

Since launching the e-learning for Oliver McGowan Mandatory Training midyear, compliance has steadily increased to 81%. We are actively monitoring progress towards achieving the Trust target of 90% compliance.

Our introduction of Reminiscence/Rehabilitation and Interactive Therapy Activities (RITA) machines are offering therapeutic stimulation and comfort, while sensory visits across clinical areas help staff better understand and adapt environments for these patients. We have participated in national benchmarking and continued our inclusion of those with lived experience in our steering groups to reinforce our commitment to continuous learning and improvement. By embedding these approaches, and by implementing our new digital reasonable adjustments flag, we ensure that patients with learning disabilities receive safe, personalised care. Learning from their experiences informs how we support them now and in the future.

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 have continued our efforts in improving communication and accessibility, introducing initiatives to support patients with sensory impairments and language needs. And the appointment of Patient Safety Partners has brought the patient perspective into our incident review group, helping focus on patients' experiences.

We have introduced drop-in sessions with Hearing Link Services, Wayfinding lines to support navigation at Kidderminster Site for people with a visual impairment, Interpreting on Demand machines, and Patient Safety Literacy Alerts on our Electronic Patient System. Additionally, new peer support groups and the early launch of a Patient Portal are helping to support patients and keep them informed. These actions, along with our ongoing efforts to create opportunities for the public to share their experiences with us, ensure patients feel involved and valued.

We will continuously learn from patient feedback on their experience of care.
In the past year, we received 5,952 compliments, which is a 53% increase compared to last year. We also received 746 formal complaints, a small decrease of 0.5%. Patient feedback is central to improving how we respond and deliver care. We completed Patient Safety Incident Investigations and collected real-time feedback from patients with our Inpatient Survey. We are working to improve how we involve families and patients in investigations, introduced training to enhance the quality of complaints responses, and standardising our response format. By encouraging our teams to speak with people making complaints early in the process, this helps us understand what matters most to them and give clearer, more compassionate responses.

The tables above provide a summary of some of the work we have done this year to improve the quality of our services.

Setting our Quality Priorities for 2025/26

Over the next year, we will begin to refresh our Trust Quality Strategy to make sure this is aligned to our new strategic objectives, Clinical Strategy and values, and regional and national quality strategies.

During 2025/26 we will continue most of our Quality Priorities and we have set targets for the areas where we measure data. We've included additional information of what we will do to support us in meeting our targets in our full Quality Account.

We will work to reduce avoidable healthcare acquired infections.
• We will continue working to the national thresholds for infections for last year until this year's national thresholds are set in Quarter 2 of 2025/25. • Infection control mandatory training: 90%

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 targets for 2025/26 are: • 33% of patients discharged from the hospital before midday • 80% of patients are dressed and out of bed where they are able to • Reduction in length of stay (in Medicine) from 8 days to 5 • 50% reduction in outliers across specialties • Length of stay for outliers is in line with the length of stay for the specialty they are under

We will ensure that there is timely treatment for patients diagnosed with sepsis.
Our target for 2025/26 is: • 85% of patients diagnosed with sepsis receive antibiotics within one hour, where required

We will ensure high standard of nutrition and hydration assessment for all patients.
Our targets for 2025/26 are: • 90% compliance with essential to role MUST and Fluid Balance training • 90% of patients are weighed on admission and within 7 days • 90% of patients have a MUST assessment • Reduction in complaints relating to nutrition and hydration by 25%, and reduction in incidents relating to nutrition and hydration

We will continuously learn from deaths, to improve the quality of the care we provide to patients, relatives and carers. We are also committed to ensuring patients dying in our hospitals receive high quality individualised care at the end of their lives.
Our target for 2025/26 is: • Increase the number of mortality reviews completed within 30 days • Remain within the "as expected" range for Summary Hospital-level Mortality Indicator (SHMI) • All expected adult deaths should have an Individualised Last Days of Life Care Plan completed. This ensures the care patients receive meets their needs and provides emotional and practical support. • Increased staff engagement with the Uncertain Recovery Plan (AMBER Care Bundle) for all adult patients with an unplanned admission to hospital. This supports patients to have discussions with the clinical team about their wishes should they continue to deteriorate despite treatment.

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.
Our target for 2025/26 is: • Less than 1% of patients waiting over 52 weeks on our waiting list by March 2026 • More patients starting their treatment within 18 weeks • At least 80% of patients know whether they have cancer within 28 days • At least 75% of patients will receive cancer treatment within 62 days of referral • To be confirmed: Emergency Access Standard (4 hours in department) • To be confirmed: Ambulance handover time of 45 minutes to be achieved • To be confirmed: Reduction in the number of patients spending over 12 hours in the Emergency Departments

We will work to ensure all patients will receive safe, personalised care and achieve equality of outcomes. This will include patients requiring reasonable adjustments.
Our target for 2025/26 is: • The target for completion of Oliver McGowan mandatory training e-learning is 90% • Engagement and promotion of working with identified external stakeholders in partnership to support better patient experience including AccessAble, Word360, Cancer Patient Forum and Patient and Public Forum, and local charities.

We 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.
Our target for 2025/26 is: • Reduction in complaints and PALS where the theme is inconsistent or poor communication with patients, relatives and carers • Maintain 80% of PALS responded to in 2 working days • 80% of formal complaints responded to in 25 working days • 15% increase in phone calls made to the complainant within 5 days of receipt of their complaint

We will continuously learn from patient feedback on their experience of care.
Our target for 2025/26 is: • Increase in compliments recorded • More than 95% Friends and Family Test (FFT) recommended rate • All areas will meet their local targets for completion of the Inpatient Survey • No more than 10% of complaints returned (further concerns) from those who are not satisfied that the response answered their initial questions • 50% of complaints that are closed and upheld have an associated action recorded

External Opinions

We continue to work with partners across our local area and you can see what they said about our services in our full Quality Account.

Acknowledgements and feedback

Worcestershire Acute Hospitals NHS Trust wishes to thank its entire staff and the contributors to our Quality Account.
Readers can provide feedback on this report and make suggestions for the content of future reports to the Communications Department:

Communications Department
Worcestershire Acute Hospitals NHS Trust
3 Kings Court
Charles Hastings Way
Worcester
WR5 1DD
Telephone: 01905 760453
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NHS Worcestershire Acute Hospitals NHS Trust

THE TRUST QUALITY HOUSE

Our Quality Statements and Priorities 2025/26

Delivery of high quality care underpinned by our Fundamentals of Care framework

Communication & Information | Respect, Privacy & Dignity | End of Life Care | Ensuring a Safe Environment | Mobility & Falls Management | Relationships | Rest & Sleep | Comfort & Pain Management | Personal Hygiene | Nutrition & Hydration | Elimination | Tissue Viability Management

	Safe	Clinically Effective	Positive Experience
Quality Statement →	**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 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 access to our services, particularly for our patients their relatives and carers who live with health inequalities**
Quality Priority →	• We will work to reduce avoidable healthcare acquired infections.	• We will continuously learn from deaths, to improve the quality of the care we provide to patients, relatives and carers. • We are also committed to ensuring patients dying in our hospitals receive high quality individualised care at the end of their lives.	• We will work to ensure patients will receive safe, personalised care and achieve equality of outcomes. This will include patients requiring reasonable adjustments.
	Our patients will experience safe and timely care from hospital	**Our patients will receive timely treatment and care through improved waiting times, seven day services and a focus on reducing our backlog**	**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 our patients experience safe and timely discharge from hospital, supporting patient flow. This includes a focus on Hospital Acquired Functional Decline (HAFD). • We will ensure that there is timely treatment for patients diagnosed with sepsis.	• We will reduce the time patients are waiting for treatment in line with national targets, recognising that long waits may increase the risk of harm.	• We will 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.
	Our patients' nutrition and hydration needs will be met during their time in our hospitals		**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 ensure high standard of nutrition and hydration assessment for all patients.		• We will continuously learn from patient feedback on their experience of care.

THE TRUST QUALITY HOUSE

Our Quality Priorities and Indicators 2025/26

Worcestershire Acute Hospitals NHS Trust

Delivery of high quality care underpinned by our Fundamentals of Care framework

Communication & Information | Respect, Privacy & Dignity | End of Life Care | Ensuring a Safe Environment | Mobility & Falls Management | Relationships | Rest & Sleep | Comfort & Pain Management | Personal Hygiene | Nutrition & Hydration | Elimination | Tissue Viability Management

Safe

We will work to reduce avoidable healthcare acquired infections.

- 90% for IPC Mandatory Training compliance
- Achieve locally and nationally agreed targets for healthcare acquired infections

We will ensure our patients experience safe and timely discharge from hospital, supporting patient flow. This includes a focus on Hospital Acquired Functional Decline (HAFD).

Quality Priority →

- 33% of patients discharged before midday
- 80% of patients dressed and out of bed where able
- Reduction in length of stay (in Medicine) from 8 days to 5
- 50% reduction in outliers across specialties
- Length of stay for outliers in line with length of stay of the responsible specialty

Quality Indicator(s) →

We will ensure that there is timely treatment for patients diagnosed with sepsis.

- 85% of patients diagnosed with sepsis receive antibiotics within one hour, where required

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

- 90% for MUST and Fluid Balance training
- 90% of patients weighed on admission and within 7 days
- 90% of patients have a MUST assessment
- Reduction in complaints (by 25%) and incidents relating to nutrition and hydration

Clinically Effective

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

- Increase completion of mortality reviews within 30 days, towards 100%
- Remain within "as expected" range for SHMI
- All expected adult deaths should have an Individualised Last Days of Life Care Plan
- Increased staff engagement with the Uncertain Recovery Plan (AMBER Care Bundle) for adult patients with unplanned admission to hospital

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.

- <1% of patients on a waiting list over 52 weeks
- Increase in patients starting treatment in 18 weeks
- 80% of patients know they have cancer within 28 days
- 75% of patients receive cancer treatment within 62 days of referral
- 18% increase in compliance with 4-hour Emergency Access Standard (patients seen, treated & either admitted or discharged from the Emergency Department within 4 hours)
- Ambulance handover time of 45 minutes to be achieved
- 13% decrease in patients spending over 12 hours in the Emergency Departments
- 85% of patients receive surgery within 36 hours for a fractured neck of femur

Positive Experience

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

- 90% for Oliver McGowan Mandatory Training e-learning
- Engagement & promotion of working with external stakeholders in partnership to support better patient experience incl. *AccessAble, Word360, Patient & Public Forum and local charities.*

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.

- Reduction in complaints & PALS where the theme is inconsistent or poor communication with patients, relatives and carers
- 80% of PALS responded to in 2 working days
- 80% of formal complaints responded to in 25 working days
- 15% increase in phone calls made to complainants within 5 days of receiving their complaint

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

- 10% increase in compliments recorded
- 95% Friends & Family Test recommended rate
- All areas meet local targets for Inpatient Survey
- No more than 10% of complaints returned (further concerns) from those who are not satisfied that the response answered their initial questions
- 50% of complaints that are closed and upheld have associated actions recorded

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Private Board**
Date of Meeting:	**10/06/2025**
Title of Report:	Scheme of Delegation and Standing Financial Instructions - Update
Status of report:	**☒Approval ☐Position statement ☐Information ☐Discussion**
Report Approval Route:	Audit and Assurance
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Finance Officer**
Author:	Lynne Walden – Associate Director of Finance; Susana Salva – Deputy Financial Accountant
Documents covered by this report:	Scheme of Delegations Standing Financial Instructions

1. Purpose of the report

The purpose of this paper is to provide the Board with the updated Scheme of Delegation (SoD) and the Standing Financial Instructions (SFI's) following the annual review and approval at Audit and Assurance Committee.

These new SoD and SFI's (March 2025) have been published on the Trust Intranet with appropriate communications to all staff, including all Budget Holders and Budget Managers.

Key areas of change are:

SFI's

- Section 9.3.3 Business Case rule added to Contract Award Governance
- Section 11.1.4 ATR and business case process added to staff appointments
- Section 11.1.6 Delegated responsibilities added to Processing Payroll
- Section 12.2.6 Services provided to staff wellbeing added to Duties of Managers and Officers
- Section 13.1 Business case for capital prioritised by CPDG process added in Capital Investment

SOD's

We have taken the opportunity to amend some of the approval limits to avoid excessive burden from the increased volumes and values of transactions coming through from contract renewals.

- Paragraph 6.2 – Information about the inclusion of VAT in all thresholds
- Section 3a Capital programme and Business Cases – Strategic group names updated. Delegated authority updated.
- Section 4a Income – Strategic group names updated. A new approver added to the delegated authority
- Section 4d Credit of Income – Limit increased from £10K to £50K for Senior Financial Accountant. Delegated authority updated

- Section 5 Expenditure – Deletion of this section as not applicable
- Renumbered of all the sections due to the deletion
- Section 6 Expenditure under financial recovery (now section 5) – Update of the heading. Delegated authority updated to include Non-Voting Executive Directors. TME replaced by TMB. Development Approval Form (DAF) process updated as part of the Business Case process.
- Section 7 Expenditure Internal Finance Team Only (Now section 6) – FP10 invoices included in the delegated matter. Increase of some limits to reflect the increase on invoices values due to inflationary uplifts and costs. Removals and updates on the delegated authority
- Section 10 Procurement, Quotation and Tendering Procedures (now section 9) – Notes added for contracts over £10k.
- Section 18 Losses, Write-off & Compensation – Ex-Gratia, Clinical Negligence (now section 17) – Delegated authority updated
- Section 20 Petty cash disbursements – deletion of this section as covered under section 21 (now section 19)
- Renumbered of all the sections due to the deletion
- Section 21- Petty Cash Disbursements (now section 19) – Heading and notes updated
- Section 23 Non-Financial - Delegated authority updated

The SFI's and SoD is an integral part of the financial governance of the Organisation and as such it is important that they are regularly reviewed, and where necessary strengthened or clarified. The amendments proposed in this review have been identified through internal review, and the outputs of audit work.

Appendices

Scheme of Delegation March 2024 V10 March 2025 - final version
Standing Financial Instructions – March 2024 v8 March 2025 – final version

2. Recommendation(s)

The Board is requested to approve the revised Standing Financial Instructions and Scheme of Delegation as at March 2025.

3. Chief Officer/Executive Director Opinion[1]

Recommend approval.

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

☐ *Focus on Flow*	☐ *Think/Act as a Lead Provider*
☒ *Governance*	☐ *Improve Staff Experience*
☐ *Home First Mindset*	☐ *Tertiary Partnerships*
☐ *4ward Improvement System*	☐ *Leadership and Structures*
☐ *Elective Care: No Delays*	☐ *Strategic 'Big Moves'*

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Documentation control

Detailed Scheme of Delegation

Reference	
Approving Body	Trust Board (recommended for approval by AAC and TMB)
Date Approved	13th March 2025
Implementation Date	13th March 2025
Version	March 2025 v10
Summary of Changes from Previous version	Paragraph 6.2 – Information about the inclusion of VAT in all thresholds Section 3a Capital programme and Business Cases – Strategic group names updated. Authority delegated to updated. Section 4a Income – Strategic group names updated. A new approver added to the Authority Delegated to Section 4d Credit of Income – Limit increased from £10K to £50K for Senior Financial Accountant. Authority delegated to updated Section 5 Expenditure – Deletion of this section as not applicable Renumbered of all the sections due to the deletion Section 6 Expenditure under financial recovery (now section 5) – Update of the heading. Delegated authority updated to include Non-Voting Executive Directors. TME replaced by TMB. DAF process updated Section 7 Expenditure Internal Finance Team Only (Now section 6) – FP10 invoices included in the delegated matter. Increase of some limits to reflect the increase on invoices. Removals and updates on the Delegated authority Section 10 Procurement, Quotation and Tendering Procedures (now section 9) – Notes added for contracts over £10K Section 18 Losses, Write-off & Compensation – Ex-Gratia, Clinical Negligence (now section 17) – Delegated authority updated Section 20 Petty cash disbursements – deletion of this section as covered under section 21 (now section 19) Renumbered of all the sections due to the deletion

	Section 21- Petty Cash Disbursements (now section 19) – Heading and notes updated Section 23 Non-Financial - Delegated authority updated
Supersedes	Version March 2024 v9
Consultations Undertaken	Associate Director of Finance (Financial Services and Coding)
Target Audience	All persons working within the Trust
Next Review Date	February 2026
Lead Executive	Name: Neil Cook, Chief Finance Officer
Lead Manager	Name: Lynne Walden, Associate Director of Finance (Financial Services and Coding)
Author	Name; Lynne Walden, Associate Director of Finance (Financial Services and Coding)
Guidance / Information	wah-tr.Financial-Systems@nhs.net Tel: 01905 760393 Ext: 38369

CONTENTS

1.0 Introduction

1.1 The Standing orders including the Scheme of Delegation (SoD), Standing Financial Instructions (SFIs), Standards of Business Conduct Policy, Contract of Employment and Fraud Bribery and Corruption Policy provide a comprehensive regulatory and business framework for the Trust. All directors, and all members of staff, should be aware of the existence of these documents and be familiar with all relevant provisions. These rules fulfil the dual role of protecting the Trust's interests and protecting the staff from any possible accusation that they have acted less properly.

2.0 Executive Summary

2.1 The Scheme of Delegation describes the powers which the Board reserves to itself and those which are delegated to officers.

3.0 Policy Statement

3.1 Failure to comply with any part of the Standing orders is a disciplinary matter, which could result in dismissal. Non-compliance may also constitute a criminal offence of fraud in which case the matter will be reported to the trust's local counter fraud specialist in accordance with the Fraud Bribery and Corruption Policy. Where evidence of fraud, corruption or bribery offences is identified, this may also result in referral for prosecution which could lead to the imposition of criminal sanctions.

4.0 Definitions

4.1 See scheme of Delegation in Appendix 1

5.0 Roles and Responsibilities

5.1 The Board is responsible for giving final approval to updated versions of the Scheme of Delegation.

The Audit and Assurance committee is responsible for considering draft revisions prior to submission to the Board.

5.2 The Chief Executive and the Company Secretary are responsible for ensuring that the Scheme of Delegation is maintained and regularly reviewed.

All directors and employees of the Trust are responsible for complying with the Scheme of Delegation.

6.0 Policy and/or Procedural Requirements

6.1 The Scheme of Delegation is provided, in full, at Appendix 1
6.2 All thresholds in this policy include VAT

7.0 Training and Implementation

7.1 There are no special training or implementation requirements arising from this version.

There are no additional resources requirements arising from this version.

8. Worcestershire Acute Hospitals NHS Trust – Detailed Scheme of Delegation

Delegated matters in respect of decisions which may have a far-reaching effect must be reported to the Chief Executive. The delegation shown below is the lowest level to which authority is delegated. Delegation to lower levels is only permitted with written approval of the Chief Executive or voting Executive Board member who will, before authorising such delegation, consult with other Senior Officers as appropriate. All items concerning Finance must be carried out in accordance with Standing Financial Instructions and Standing Orders

Absence of Officer to whom Powers have been Delegated

In the absence of a director or officer to whom powers have been delegated those powers shall be exercised by that officer's superior unless the Board has approved alternative arrangements. If the Chief Executive is absent, powers delegated to them may be exercised by the Chairman after taking appropriate advice from the Chief Finance Officer.

1. Management of Budgets – Accountability for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Accountability for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets. At aggregate budget at specified group or individual directorate / departmental level	NA	Voting and Non-Voting Executive Director	
Accountability for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets. At total of budgets at other specified level	NA	Nominated Voting and Non-Voting Executive Director	
Accountability for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets. At total of budgets at a Divisional level	NA	Divisional Director / Directorate Management Team	
Responsibility for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets at directorate/departmental level	NA	Budget Holder	
Responsibility for maintaining expenditure within approved budgets throughout the financial year, including delivery of agreed Financial Recovery Plan targets at individual budget level, cost centre.	NA	Budget Manager	

2. Maintenance/Operation of Trust Bank Accounts

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Maintenance/Operation of Bank Accounts	NA	Chief Finance Officer	

3a Capital Programme and Business Cases

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Consideration and Prioritisation of capital programme each financial year	NA	Capital Prioritisation Group	Reports into Strategic Programme Group and /TMB
Approval of the Trust's Annual Capital Programme	NA	Trust Board	
Financial monitoring and reporting on all capital scheme expenditure.	NA	Associate Director of Finance	
Change to the Capital Programme	NA	Capital Planning and Delivery Group (CPDG)	Reports into Strategic Programme Group and /TMB
Selection of architects, quantity surveyors, consultant engineer and other professional advisors within EU regulations.	NA	Director of Estates & Facilities	
Approval of capital Business cases not requiring NHSE approval		Relevant committee or authorised signatory depending on levels	Within agreed capital programme
Any capital business case that requires NHSE approval		NHSE	Subject to NHSE guidance on the Trust delegated limits
External Income/Funding Bids	NA	Chief Finance Officer or Deputy Director of Finance with delegated authority	Capital bids for external funding. All bids to be reviewed by finance department

3b Revenue Business Cases

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval of revenue Business cases not requiring NHSE approval		Relevant committee or authorised signatory depending on levels	Within agreed budgets
Any revenue business case that requires NHSE approval		NHSE	Subject to NHSE guidance on the Trust delegated limits
External Income/Funding Bids	NA	Chief Finance Officer or Deputy Director of Finance	Revenue bids for external funding. All bids to be reviewed by finance department

4a. Income - The Trust receives income from many sources. It is not always the absolute value of the income which designates the risk and level of responsibility associated with it.

Healthcare Income Contracts

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Healthcare income from an NHS Body (Not Procured) and on NHS Standard Contract	Up to £500 million	Chief Executive Officer, Managing Director or Chief Finance Officer Individually	The majority of these contracts will be business as usual contracts with ICB, NHS Specialised Services, other commissioners or local providers. It is assumed contracts will always have values agreed annually and reported through /TMB.
Healthcare income from an NHS Body (Not Procured) and on NHS Standard Contract	Over £500 million	Trust Board	This is not a delegated matter as the Trust Board retains the right to all decisions but is included for completeness and reported through /TMB
Other healthcare income (the total value of the contract needs to be considered) Not on a Standard NHS Contract, including Service Level Agreements (SLA's)	Over £1 million as a full contract but if a perpetual SLA not time limited contract such as shared IT an annual charge of over £500,001	Trust Board	Reported through /TMB
Other healthcare income (the total value of the contract needs to be considered) Not on a Standard NHS Contract, including Service Level Agreements (SLA's)	Above £100,001 and Up to £1 million as a full contract but if a perpetual SLA not time limited contract such as shared IT an annual charge of £50,001 to £500,000	Chief Executive Officer, Managing Director or Chief Finance Officer Individually	Reported through /TMB

Other healthcare income (the total value of the contract needs to be considered) Not on a Standard NHS Contract, including Service Level Agreements (SLA's)	Under £100,000 as a full contract but if a perpetual SLA not time limited contract such as shared IT an annual charge of up to £50,000	Chief Finance Officer or Deputy Director of Finance	

4b. Income - The Trust receives income from many sources. It is not always the absolute value of the income which designates the risk and level of responsibility associated with it.

Healthcare Income Prices

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Setting prices for non NHS healthcare bought on spot prices or contracts up to £100,000 (private patients, overseas visitors and other applicable work)	Contractually up to £100,000 per annum or setting spot prices with volumes unknown	Any finance officer graded 8D or above (Currently Chief Finance Officer, Deputy and Assistant Director of Finance)	Spot prices may need to be decided quickly and ensure the Trust is not financially disadvantaged by performing additional healthcare work. As both expenditure and income need to be considered there is a strong requirement for finance input.
Setting prices for non NHS healthcare bought on spot prices or contracts over £100,000 (private patients, overseas visitors and other applicable work)	Contractually over £100,000 per annum	Chief Finance Officer	

4c. Income - The Trust receives income from many sources. It is not always the absolute value of the income which designates the risk and level of responsibility associated with it.

Non Healthcare Income Contracts

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Income received from other NHS or other public sector bodies or non NHS bodies on a contract basis	Up to £1million per annum	Chief Finance Officer, Managing Director or Chief Executive	Working across the STP, there may be times when Worcestershire Acute contracts on behalf of the STP and then receives income from other public bodies. In addition there is a long standing Service Level Agreement (SLA) with Worcestershire Health and Care Trust
Income received from other NHS or other public sector bodies or non NHS bodies on a contract basis	Over £1million per annum	Trust Board	For example, funding from the Deanery.

4d. Crediting of Income - The Trust is required to raise credit notes against income which has been incorrectly raised

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Authorising of Credit Notes	Up to £100 million	Debtors Manager up to £500* Deputy Financial Accountant and Financial Accountant up to £5,000 Senior Financial Accountant up to £50,000 Associate Director of Finance (Financial Services and Coding) or Deputy Director of Finance up to £1 million. Chief Finance up to £100 million	Healthcare and NON Healthcare Income. *To enable deductions from staff for overpayments of salary to be applied to the invoices to reduce the debt.

5. Expenditure – Non Pay Expenditure (includes under financial recovery)

The Scheme of Delegations states the levels of expenditure individuals are allowed to incur. It must be noted though that it is not just the limit of delegated authority that should be considered before making expenditure it is also the overall budget position and whether proper procurement processes have been followed and best value gained before committing to the expenditure. This applies equally to revenue and capital expenditure.

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Authorising Requisitions	Up to £1,000	Budget Manager	It is impossible to align grades to titles such as Budget Manager and this does vary. If uncertain, please speak with your finance team. It must be noted that all individuals are responsible for checking there is sufficient budget before committing the expenditure and being certain that procurement rules have been followed. Theatres receive a higher limit level, as single items of expenditure are higher than £1,000. This includes Contract Award Governance (CAGS) and Waivers. Leases agreements and Capital Schemes are included in the levels of expenditure. Capital schemes should be approved at committee level (CPDG, SPG or TMB) before any expenditure is committed. Capital investments will also require approval as per Trust delegated limits, subject to NHSE guidance. Capital Development Authorisitation Forms (DAF's) need to be signed off by Chief Finance Officer and Associate Director of Finance regardless of their level of expenditure and submitted through the DAF process. In the case of contracts covering more than one year, the above limits are applied to the cumulative value of all the years added together. Example: if a purchase
	Up to £3,000	Budget Manager – Theatres only	
	Up to £10,000	Budget Holder	
	Up to £100,000	Divisional Management Team	
	Up to £100,000	Director of Estates & Facilities, Deputy COO, Director of People and Culture, Director of Strategy, Chief Digital Director	
	Up to £100,000	Voting / Non-Voting Executive Directors	
	Up to £250,000	Deputy Director of Finance and Associate Director of Finance (Financial Services & Coding)	
	Up to £350,000	Chief Finance Officer	
	Up to £500,000	Chief Executive or Managing Director	
	Over £500,000	Trust Board	

			of a service valued at £120,000 for 5 years is an £600,000 value contract and therefore requires approval from CFO or CE.
Authorising Certificate of Sponsorship (CoS)	Up to £4,000	Assistant Director HR Corporate Services Assistant Director People & Culture Chief People Officer	Expenditure for Cos and maintenance costs claim by the applicant in line with the Pre-employment checks improvement event

6. Expenditure – Purchase Invoices and other Payments – Internal Finance Team Only

The Scheme of Delegation states the levels of expenditure individuals are allowed to incur; however the Trust operations require the finance team to authorise some purchase invoices and other payments where appropriate controls are in place. This allows prompt processing and ensures the Trust meets the conditions and deadlines required for these payments

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Authorising NHS Supply Chain invoice and FP10 invoices	Up to £500,000	Senior Financial Accountant up to £300,000 Associate Director of Finance (Financial Services and Coding) up to £500,000 or	NHS Supply Chain products are part of the Procurement catalogue, and orders follow the same governance and approvals process as any other purchases. However, NHS Supply Chain invoice the Trust in bulk, therefore invoices are authorised separately. In addition, the Trust receives a settlement discount for invoices paid within 30 days.
Authorising Business Services Authority invoices for early retirement pensions	Up to £50,000	Associate Director of Finance (Financial Services and Coding) up to £50,000	
NHSP	Up to £600,000	Senior Financial Accountant up to £300,000 Associate Director of Finance (Financial Services and Coding) and Deputy Director of Finance up to £600,000	NHSP payments are processed once appropriate evidence of validity is in place.
Other Payments	Up to £250,000	Senior Financial Accountant up to £50,000 Associate Director of Finance (Financial Services and Coding) up to £150,000 Deputy Director of Finance up to £250,000	*Other payments are processed once appropriate evidence of validity is in place, and can include*: Attachment of Earnings Consultants' private patient fees Contributions from salary e.g. Union subscriptions Mortuary fees Approval of ex gratia payments for losses and clinical negligence Business Service Authority

Authorising bank transfers from Lloyds commercial account to Nat West GBS account	Cleared funds available in excess of £50,000	Senior Financial Accountant or Associate Director of Finance (Financial Services and Coding)	DHSC guidance allows no more than £50,000 cleared funds on the commercial bank account. Any funds in excess of £50,000 are transferred to the Nat West account by Financial Accounts Assistant.
Authorising bank transfers between Lloyds Charitable Funds account to Lloyds Commercial account	Expenditure incurred by the Trust on behalf of the charity	Senior Financial Accountant or Associate Director of Finance (Financial Services and Coding)	Worcestershire Acute Hospitals Charity uses the Trust's purchasing system to purchase goods. Charitable Funds Accountant transfers fund to cover expenditure on a monthly basis or as required
Authorising Faster payments/ CHAPS payments	Up to £1,000,000	Senior Financial Accountant up to £250,000 Associate Director of Finance (Financial Services and Coding) up to £500,000 CFO up to £1,000,000	Delegated authority for PFI concession payments as per the monthly contract value
Authorising of Bank Refunds	Up to £100 million	Deputy Financial Accountant and Financial Accountant up to £5,000 Senior Financial Accountant up to £10,000 Associate Director of Finance (Financial Services and Coding) or Deputy Director up to £1 million Chief Finance Officer up to £100 million	Healthcare and non-healthcare income. Refers to overpayments made by customers in the Trust's bank accounts which cannot be offset against ongoing invoicing arrangements and needs to be cleared for unallocated cash purposes.
Authorising of Credit Notes	Up to £100 million	Debtors Manager up to £500* Deputy Financial Accountant and Financial Accountant up to £5,000 Senior Financial Accountant up to £50,000	Healthcare and non-healthcare income. *To enable deductions from staff for overpayments of salary to be applied to the invoices to reduce the debt

		Associate Director of Finance (Financial Services and Coding) Deputy Director of Finance or up to £1 Million Chief Finance Officer up to £10 Million	
PFI Concession payment – authorisation of faster payment or CHAPS	Up to agreed monthly contract value	Associate Director of Finance (Financial Services and Coding) or Deputy Director of Finance	Subject to the appropriate evidence of the charge being in line with the agreed contract schedule.
Authorising payments of PAYE, NIC, Pensions, Class 1a NIC, PAYE Settlement Agreements, and NEST	Up to £15,000,000	Senior Financial Accountant, Associate Director of Finance (Financial Services and Coding), Deputy Director of Finance	Reports on employment tax liabilities are generated from Electronic Staff Record system on a monthly/weekly basis. Staff in Financial Services department is responsible to compile a payment schedule, checked and approved to be paid by 19th each month.
Authorising submission of VAT returns	Value of Input Tax claimed	Senior Financial Accountant Associate Director of Finance (Financial Services and Coding), Deputy Director of Finance	VAT returns completed and checked by Financial Services staff before final sign off and submission by the 7th of the Month.