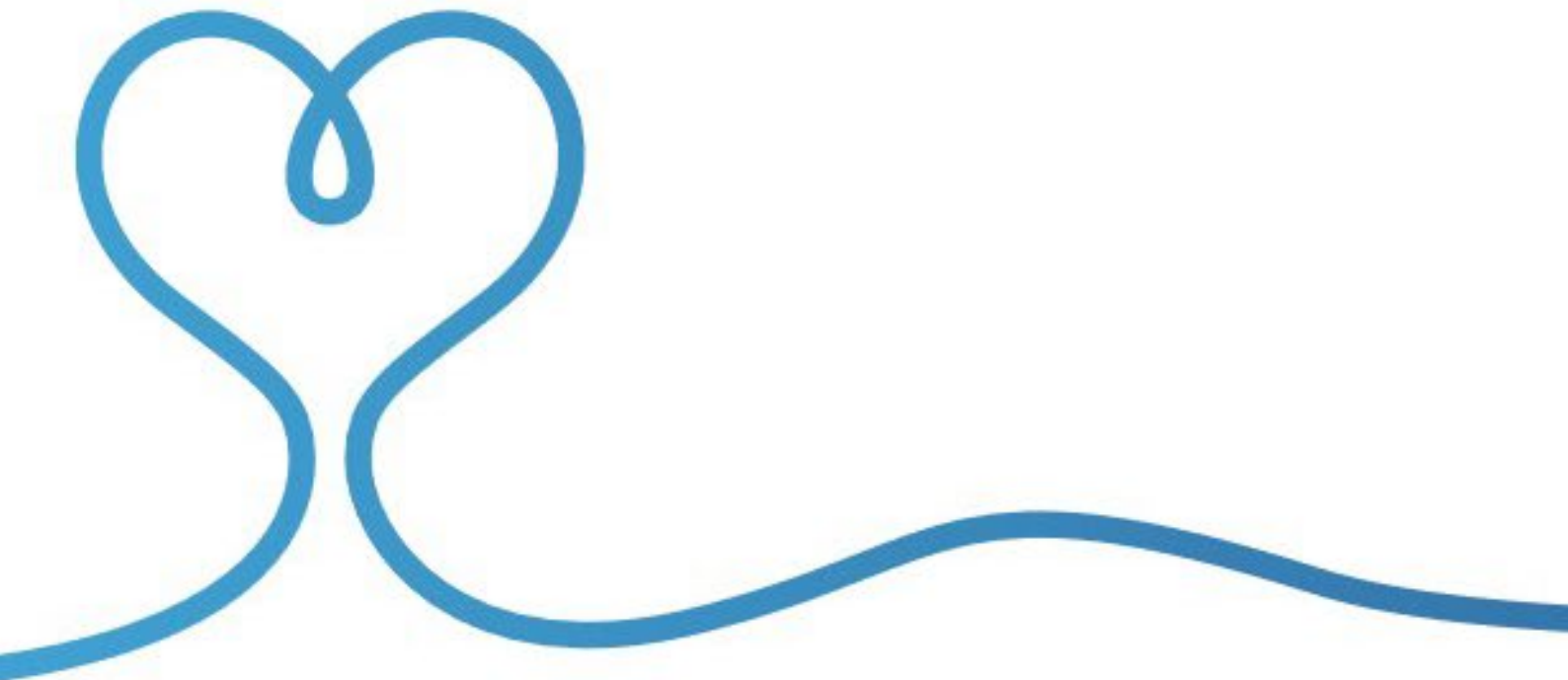

Summary Quality Account 2024/25

Worcestershire Acute Hospitals NHS Trust



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 strengthened 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 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.

Russell Hardy
Chair

Glen Burley
Chief Executive



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 2024/25



600,296
OUTPATIENTS
(FACE TO FACE)



122,952
OUTPATIENTS
(VIRTUAL)



109,634
WALK-IN PATIENTS (A&E)



44,639
PATIENTS ARRIVING
BY AMBULANCE



145,819
INPATIENTS



4,581
BIRTHS



3,162
EMERGENCY
OPERATIONS



18,897
ELECTIVE
OPERATIONS



2,040
TRAUMA
OPERATIONS



7 days
AVERAGE LENGTH
OF STAY



£70.6m
VALUE OF PRESCRIPTIONS
ISSUED



Registered Nurses and Midwives
2659



TOTAL STAFF
8058



Doctors and Consultants
900



HCA's, Helpers and Assistants
1578



Other Clinical staff and Allied Health Professionals
1955

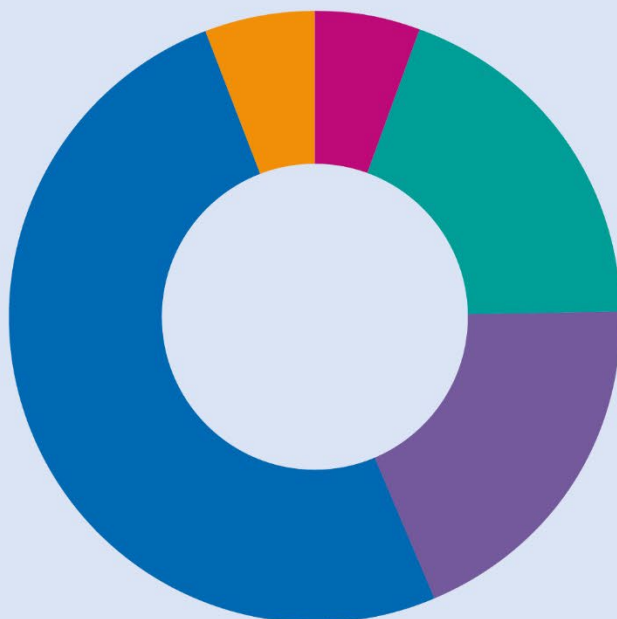


Other non-clinical Support Staff
966



Volunteers
309

Diagnostics



- MRI scans - **28,249**
- Non-obstetric ultrasound scans - **73,009**
- CT scans - **84,699**
- Plain film X-Rays - **202,275**
- Endoscopies - **24,402**

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.

Care that is Safe

We will work to reduce avoidable healthcare acquired infections.

Although we did not meet the national target of no more than 129 healthcare-acquired *Clostridioides 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 reducing 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.

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.

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. 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.

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.

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 our 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, introducing 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.
- ▶ The target for completion of Infection control mandatory training is 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 – *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 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:

- ▶ 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



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:

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