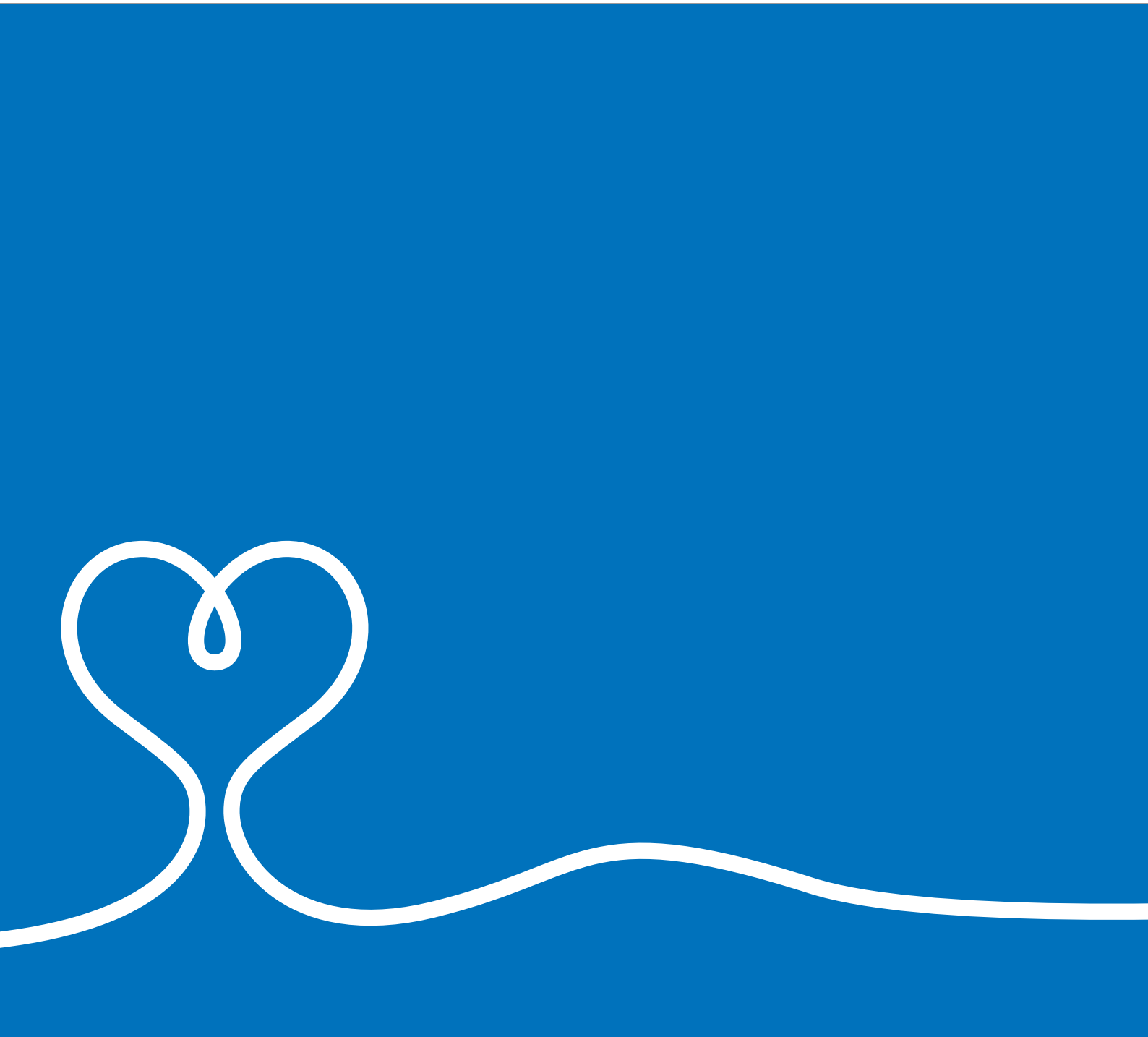
NHS
Worcestershire
Acute Hospitals
NHS Trust

# Summary
# Quality Account
## 2025/26



# Acknowledgements and feedback

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

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

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# Welcome from our Chief Executive and Chair

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

**Glen Burley**
Foundation Group
Chief Executive

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

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

**Frances Martin**
Trust Chair

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

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

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

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



**Glen Burley**
Chief Executive of the Foundation Group

**Frances Martin**
Trust Chair

# About our Trust

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

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

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

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


WE SERVE A POPULATION OF OVER

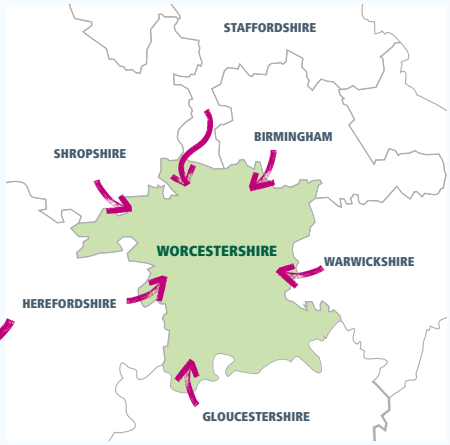
**621,360**

BY 2043, THAT IS EXPECTED TO BE

**679,000**

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

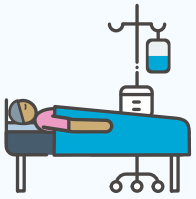
**420,000 - 800,000**



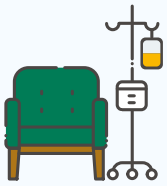

## We provide a **broad range** of **acute services:**

**GENERAL SURGERY**

**GENERAL MEDICINE**



**ACUTE CARE**



**CANCER CARE**

**INTENSIVE CARE**

**WOMEN'S & CHILDREN'S SERVICES**

# A YEAR IN NUMBERS 2025/26

**630,321**
OUTPATIENTS (FACE TO FACE)

**138,362**
OUTPATIENTS (VIRTUAL)

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

**46,853**
PATIENTS ARRIVING BY AMBULANCE

**149,777**
INPATIENTS

**4,891**
BIRTHS

**5,409**
EMERGENCY OPERATIONS

**22,403**
ELECTIVE OPERATIONS

**2,988**
TRAUMA OPERATIONS

**5.7 days**
AVERAGE LENGTH OF STAY

**£73.3m**
VALUE OF PRESCRIPTIONS ISSUED

**6,044**
NUMBER OF PATIENTS RECRUITED INTO RESEARCH STUDIES

Registered Nurses and Midwives
2,763

TOTAL STAFF
8,257

Doctors and Consultants
968

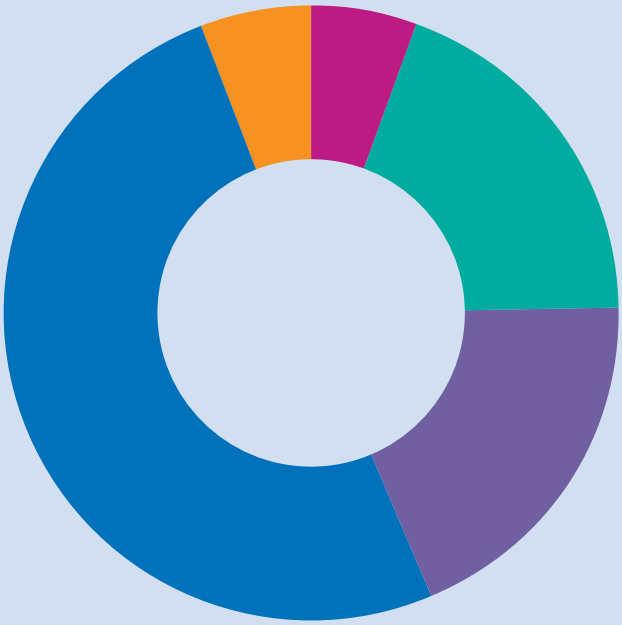
HCAs, Helpers and Assistants
1,589

Other Clinical staff and Allied Health Professionals
1,014

Other non-clinical Support Staff
1,923

Volunteers
326

# Diagnostics



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

# Our Commitment to Quality

## At Worcestershire Acute Hospitals NHS Trust, we remain committed to delivering care that is Safe, Clinically Effective and a Positive Experience.

Over the past year, we have continued to strengthen our culture of learning, improvement and compassion. We have worked to create an environment where staff feel supported to speak up, learn from experience and work together to improve care. By fostering psychological safety and empowering colleagues to make changes, we can continue to deliver patient-centred care that meets the needs of the communities we serve.

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

- Continued to strengthen our oversight of corridor care, improving governance, reporting and safety controls while working towards reducing and eliminating corridor care through our plans for de-escalation.
- Established a working group dedicated to improving medicines safety and introduced a new Quality Priority to support safer use of medicines across our hospitals.
- Launched Kindness into Action workshops, with more than 1,000 colleagues and volunteers taking part to help embed our Trust values, promote wellbeing and strengthen teamwork.
- Introduced workshops for Leading Cultural Change and engagement with our Patient Safety Incident Response Framework (PSIRF) alongside roll out of the Being Fair Tool to support compassionate leadership and encourage staff to raise concerns and learn from patient safety events.
- Strengthened our approach to complaints, increasing learning from feedback and working to establish a review panel with patient and public involvement.
- Enhanced our governance for infection prevention and control practices and assurance with support from NHS England specialists.
- We have maintained our registration with the Care Quality Commission (CQC) who monitors, assesses and regulates all health services and launched a CQC Readiness programme to prepare for future inspections. You can read about our Trust's ratings and recent inspection activity in the full Quality Account or on the CQC's website.
- Continued to see our Care Excellence Accreditation programme driving improvements, with our first 'Exemplary' ward and of the 16 eligible departments that we reviewed, 13 improved their overall score.

We would like to thank our patients, carers, volunteers, partners and colleagues for their continued support in helping us improve the quality of care we provide.

# A Look back at our Quality Priorities during 2025/26

Every year, we share the areas we will focus on to improve the quality and safety of care for our patients. These are known as our Quality Priorities. Last year, we identified a number of priorities to support improvement across our services. Below is a summary of those priorities and the progress we have made. A more detailed account of our performance can be found in the full Quality Account 2025/26.

## Care that is Safe

**We will work to reduce avoidable healthcare acquired infections.**

During 2025/26, we continued to strengthen infection prevention and control (IPC) across our hospitals to reduce the risk of avoidable healthcare-associated infections. We partially achieved our infection reduction targets, meeting the threshold for Clostridioides difficile (C. diff) and showing improvement compared with previous years. While rates of some bloodstream infections remained above target, every case was reviewed through robust multidisciplinary processes to identify learning and drive improvement.

Throughout the year, we enhanced our infection prevention and control programme through closer partnership working with the Integrated Care Board and NHS England, targeted education and support for clinical teams, and increased auditing and assurance activity. We introduced bespoke training in areas requiring additional support, delivered IPC masterclasses, and strengthened oversight through regular reviews. We also supported a range of initiatives to improve patient safety, including safer sharps practice, promoting good practice for peripheral vascular access device (PVD) care, and sustainable infection prevention measures such as our "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).**

We have continued to improve how patients are supported to leave hospital safely and maintain their independence during their stay. While we did not achieve all of our patient flow targets, we exceeded our goal of >80% of patients being dressed and out of bed, helping to reduce hospital-acquired functional decline and support recovery. We also saw increased use of "Call Before You Convey", ensuring alternative care options are considered before patients attend hospital.

During the year, we established an Integrated Discharge Team, bringing together the Health & Care Trust and Acute teams to improve discharge planning and support joined-up care. We also expanded our Hospital at Home service, enabling more patients to receive treatment in their own homes, and introduced Executive-level review meetings for patients with complex care needs. We also secured national funding for a new digital patient flow system to improve oversight of bed capacity and patient movement.

The principles of reducing deconditioning and supporting timely discharge are well embedded across our services and will continue through our wider work to improve patient flow and our quality priorities aimed at reducing waiting times for planned and unplanned care in 2026/27.

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

We are continuing to strengthen how we recognise and respond to patients with sepsis. Formal reporting against our sepsis indicator was paused while we completed the implementation of new sepsis documentation within our electronic patient record system, at the time of writing this was due to be launched in April 2026. This will provide more reliable and consistent data to support monitoring and improvement. Importantly, reviews of patient safety incidents, mortality reviews and investigations did not identify an increase in sepsis-related harm, providing assurance that patients continued to receive appropriate care.

Throughout the past year, our Sepsis Task and Finish Group provided oversight of improvement work, including updated documentation and staff training aligned to national standards, and learning from patient safety events. We also progressed implementation of Martha's Rule, giving patients and families another way to raise concerns about deterioration and request an urgent clinical review. As the new digital pathway is embedded, sepsis will move into our usual governance arrangements, with continued monitoring, staff training and oversight to support early recognition and timely treatment.

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

During 2025/26, we continued to improve how we identify and support patients' nutrition and hydration needs. We achieved our training targets of 90%, with 98% compliance for Fluid Balance training and 97% for Malnutrition Universal Screening Tool (MUST) training, a significant improvement from the previous year. While we did not achieve our targets for weighing patients on admission and completing MUST assessments, a 23% reduction in nutrition and hydration-related complaints demonstrates positive progress in patient experience.

Following the approval of our business case to support safer and more consistent care, we strengthened specialist services through the recruitment of two Nutritional Nurses and two Dietitians. We also delivered a Trust-wide Nutrition Champions Day, and introduced mandatory Dysphagia training, this is a medical condition that can cause difficulty swallowing. Audits helped identify opportunities to improve documentation and consistency of practice, providing a clear focus for future improvement. We also enhanced support for patients with complex nutritional needs through updated feeding tube guidance and specialist nurse-led clinics, helping reduce delays and improve continuity of care.

# 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 Summary Hospital-level Mortality Indicator (SHMI) has continued to remain within the expected range, meaning our mortality rates are comparable with other organisations. And the proportion of our mortality reviews completed within 30 days improved from 22% to 39% this year, supporting more timely learning.

Last year we introduced quality priorities aimed at ensuring individualised end of life care. Since this we have seen an increased use of Uncertain Recovery Plans by 17%, helping staff have earlier conversations about treatment preferences and future care. National evidence suggests that around 80% of deaths in hospital are anticipated and of the patients that died in our care only 54% of patients had an Individualised Last Days of Life Care Plan in place. This increased to 76.5% for patients on our Uncertain Recovery pathway, but demonstrates further work is needed.

To improve care for patients approaching the end of life, we introduced a new dashboard, and expanded bereavement support through our Peony Volunteer Service, and secured investment in programmes to enhance palliative and end-of-life care such as the Gold Standards Framework. These improvements will help ensure patients and families receive compassionate, personalised care and that learning continues to drive improvements across our hospitals.

**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.**

During 2025/26, high demand across urgent, emergency and planned care services continued to affect waiting times, and we did not achieve the national standards we set ourselves for elective care, cancer pathways and emergency access. However, we made progress in several areas, including a 4.7% improvement in ambulance handovers completed within 45 minutes and a new focused improvement programme anticipates continued improvement. There was also a 4.5% reduction in the number of patients waiting more than 12 hours in our Emergency Departments.

Throughout the year, teams across the Trust delivered a range of improvement programmes to reduce delays and improve patient flow. New Acute Surgical and Medical Assessment pathways helped patients access specialist care sooner, while expanded Same Day Emergency Care services reduced unnecessary admissions and waiting times. We also delivered more than 5,000 additional outpatient appointments, expanded digital pathways such as Teledermatology, where skin conditions are managed using digital images or videos remotely. We also increased diagnostic capacity with a new CT scanner and overall these improvements are helping patients receive assessment, diagnosis and treatment more quickly, while supporting ongoing recovery of services.

## 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.**

This year, we exceeded our target for completion of the e-learning package for the Oliver McGowan Mandatory Training, achieving 93% compliance. This is helping staff better understand and support people with learning disabilities and autistic people. We also strengthened partnerships with patients, carers, community groups and organisations with lived experience to help shape and improve our services. Delivery of Tier 1 and Tier 2 training is funded at system level by the Integrated Care Board. While further programme delivery has been impacted by funding constraints, the Trust will continue to actively engage with system partners to support access to training where opportunities arise.

Key developments included expanding our Learning Disability Steering Group to include autism, neurodiversity and children and young people, improving the use of reasonable adjustment flags within our electronic patient record, and relaunching resources to raise awareness of hidden disabilities. We also increased access to therapeutic activities through additional Reminiscence/Rehabilitation and Interactive Therapy Activities (RITA) machines and continued to develop volunteer-led support programmes. Together, these improvements are helping to make our services more responsive to the needs of patients.

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

During 2025/26, communication-related complaints and concerns reduced by 14%, while 90% of Patient Advice and Liaison Service (PALS) enquiries were responded to within two working days. We also increased early contact with complainants by 17%, contacting them within 5 working days of receipt of their complaint helping to better understand concerns and improve the support provided. Although rising numbers and complexity of complaints affected our ability to meet response time targets, performance has improved.

We introduced a new Communication Passport and continued to expand support for patients with sensory, language and communication needs. This included increasing the number of on-demand interpreting devices available across our hospitals from 8 to 17, enhancing resources for staff on deaf awareness and health literacy. These improvements help ensure patients feel listened to, understood and involved in decisions about care.

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

During 2025/26, we continued to strengthen how we listen to and learn from patient feedback to improve care. We saw a 26% increase in recorded compliments, reflecting positive patient experience and recognition of good care. Our results for the recommended rate in the Friends and Family Test (FFT) results were mixed, with inpatient (95%), maternity (96%) and outpatient (93%) services meeting or close to the >95% targets. While Emergency Department performance was lower at 84%, this did however reflect a 6% increase to last year's FFT scores.

We continued to improve how feedback is captured and acted on, recording more than 1,500 compliments in comparison to last year. We also met targets for reducing repeat concerns and ensuring actions are recorded for upheld complaints. New and expanded feedback routes, including inpatient surveys for children and young people's services and our annual Big Quality Conversation, are helping ensure patient experience continues to directly inform service improvement.

# Big Quality Conversation and Results

## Big Quality Conversation 2025 to 2026

### Background

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

### Our questions

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

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

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

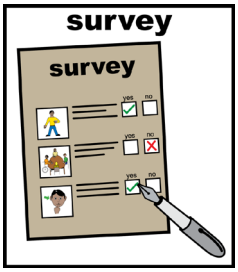
### What we did this year

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

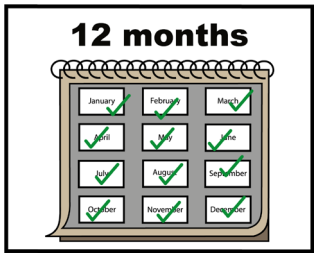
- We ran an online survey accessed by a QR code which we promoted on posters and table-toppers across our hospitals, cafes and restaurants.


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

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









## Our next steps

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

# Results of the Big Quality Conversation 2025/26

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

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

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

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

** The green arrow shows that this question scored better than in last year's survey. Questions without an arrow are new in this year's survey. Percentages rounded to the nearest whole number.*

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

# Setting our Quality Priorities for 2026/27

Throughout the last year, we shared our Strategic Objectives with senior leaders and clinical teams and submitted our Integrated Delivery Plan. This sets out how we will deliver our priorities over the next five years in line with national and local expectations. Using feedback from our Big Quality Conversation, staff insight, and quality data, we have shaped our 2026/27 Quality Priorities, underpinned by our 12 Fundamentals of Care and a continued focus on building a culture of kindness, psychological safety and learning.

The below tables summarise our Key Performance Indictors only. Our Quality Priorities are also underpinned by our improvement work that outlines how we will deliver the priorities. This can be reviewed in our full Quality Account.

## Care that is Safe

**We will work to reduce avoidable healthcare acquired infections.**

### Our targets for 2026/27:

- We will continue to work to reduce bloodstream infections and further reduce C. Difficile infections.
- National thresholds for blood stream infections will be set during Quarter 2 of 2026/27. We have agreed to continue with the thresholds set for last year until this year's national thresholds are released.

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

### Our targets for 2026/27:

- 70% of patients with measured weights recorded on the electronic patient record
- 90% compliance with essential to role MUST, Fluid Balance, Mouth Care & Dysphagia training
- 15% reduction of nutrition and hydration related complaints

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

### Our targets for 2026/27:

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

## 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 targets for 2026/27:

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

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

**Our targets for 2026/27:**

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

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

**Our targets for 2026/27:**

- 81% of patients know whether they have cancer within 28 days

**And by March 2027:**

- We will reduce our referral to treatment waiting list by 13,000
- 80% of patients will receive treatment within 62 days of referral
- No more than 14.8% of patients will be waiting longer than 6 weeks for their diagnostic test
- 68% of our patients are waiting less than 18 weeks for a first appointment

## 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 targets for 2026/27:**

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

**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 targets for 2026/27:**

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

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

**Our targets for 2026/27**:

- 90% compliance for local targets of the Adult Inpatient and Children & Young People's surveys
- 95% Friend & Family Test recommended rate across all divisions
- 5% increase in compliments 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.