Joint forward plan – 24/25

Appendix 1:
Core areas of focus

This section sets out how the Joint Forward Plan addresses national requirements set out in **the NHS Long Term Plan** and **local priorities** to ensure the NHS makes a positive contribution to improved health outcomes for the population through delivery of high-quality patient centered pathways that are overseen by programme boards across the ICS. This includes a summary of what we have delivered in 2023/24 and what our focus is from 2024/25 and beyond.

Version: Final draft 22ND May 2024

Delivering High quality, patient centred integrated pathways: INTRODUCTION

There are a broad range of work programmes across Herefordshire and Worcestershire, within place and neighbourhoods. These are established to develop and deliver programmes of work focused on local and national priorities including those set out in the https://www.longtermplan.nhs.uk/.

In this section you will find a high-level summary of year 1 delivery, and the priorities that are developed and overseen at a system level through Herefordshire and Worcestershire ICS Programme Boards.

Core areas of focus can be found in this document, which include:

1. Maternity and neonatal care
2. Early years, children and becoming an adult
3. Elective, Diagnostics and Cancer Care
4. Frailty
5. Palliative and End-of-life
6. Learning disability and autism care
7. Mental health and wellbeing
8. Long-term Conditions
9. Stroke care
10. Urgent and emergency care
11. Primary Care
12. General Practice
13. Pharmacy, Ophthalmic and Dentistry

Cross cutting themes can be found in Appendix 2 and include:

1. Quality, Patient safety and experience
2. Clinical and care professional Leadership
3. Medicines and pharmacy
4. Health inequalities
5. Prevention
6. Population health management
7. Personalised care
8. Working with communities
9. Commitment to carers
10. Support veteran health
11. Addressing the needs of victims of abuse
12. Digital data and technology
13. Research and innovation
14. Greener NHS

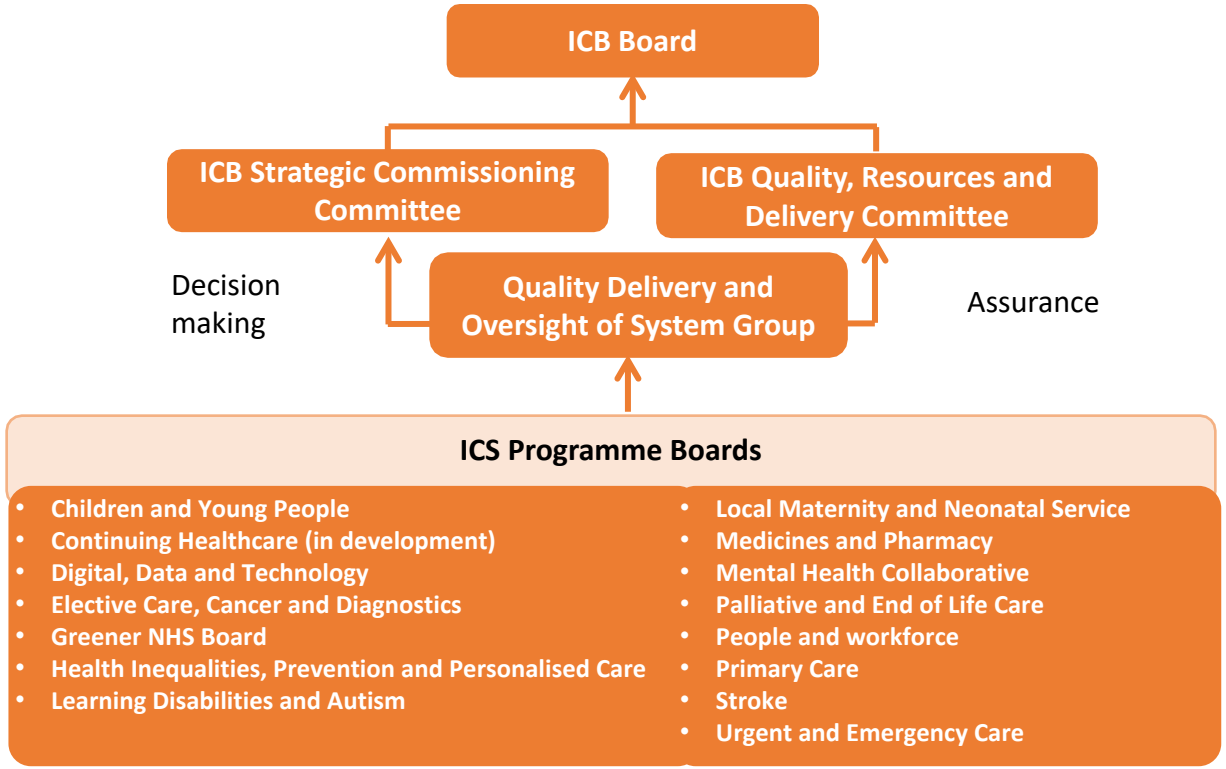
The role of an ICS Programme Board

The ICS Programme Boards are responsible for overseeing delivery of programmes across Herefordshire and Worcestershire, including the Joint Forward Plan, which will include regular reporting on progress against plan delivery and mitigating / escalating risks to delivery through to the ICB Quality, Resources and Delivery Committee.

The ICS Programme Boards bring together organisations to coordinate and oversee delivery of improvement and transformation activities across Herefordshire and Worcestershire. They are responsible for setting the strategic direction and ensuring that comprehensive delivery plans and monitoring frameworks are in place. Whilst the Programme Boards are not decision-making forums, the governance framework allows timely decision making through the ICB Strategic Commissioning Committee.

Joint ownership

The membership of each ICS Programme Board represents the key stakeholders engaged in a particular programme area, including NHS and Local authority partners, HealthWatch, networks and alliances and representatives of the patient voice, in addition to operational and clinical staff. The chart below summarises the governance structure.



Core areas of focus

In this section we answer the following questions for each core area of focus. The programmes of work included will be reviewed and refreshed in the Joint Forward Plan annually.

1. Why this is important?
2. What we are doing
3. What will we deliver and when?
4. Where you can find more detail

High quality, patients centred services: MATERNITY AND NEONATAL CARE

Theme 1

1. Why is this important?

The Local Maternity and Neonatal System (LMNS) vision is to have a collaborative system that provides consistent, high quality, sage personalised care that is delivered equitably according to local need.

High quality maternity and neonatal care is essential in ensuring every child across Herefordshire and Worcestershire has the best start in life. During 2023 there were 6254 deliveries across our LMNS. Our smoking in pregnancy rates are higher than the national ambition of 6% at 8.9% for 2023. Initiation of breastfeeding rates across the LMNS as a whole during 2022/23 were higher thanthe national average. However, we know that there are groups within our population where breastfeeding is lower. In 2023 over one quarter of women who booked for maternity care had BMI>30. All of these population health factors contribute to health inequalities and poor outcomes for babies and Family's. Therefore, our LMNS strives to work in partnership to improve our local picture by reducing health inequalities and providing safe, personalised, equitable care.

The LMNS consists of Herefordshire & Worcestershire Maternity and Neonatal Voices Partnerships, Wye Valley NHS Trust, Worcestershire Acute Hospitals NHS Trust, Herefordshire and Worcestershire Integrated Care Board, Herefordshire and Worcestershire Health and Care NHS Trust and the 2 Local Authority Public Health Teams. These organisations work together to improve outcomes for Family's across our local area.

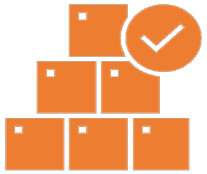
2. What have we delivered in our first year, 2023/24?

- The LMNS has completed a 3-year pilot of Perinatal Pelvic Health Services and agreed to commission a sustainable service for women from 2024/25 that will be available across Herefordshire and Worcestershire.
- The Maternity and Neonatal Voices Partnership (MNVP) has been continued to be resourced and supported. A Neonatal Champion has been recruited to ensure the voices of local Family's who experience neonatal care are heard.
- The LMNS has supported a system led approach to ensuring both trusts are compliant with the expected delivery level of the Saving Babies' Lives Care Bundle Version 3. This will have an impact on reducing neonatal and maternal mortality, still births and intrapartum brain injury.
- The LMNS has continues to implement the Perinatal Quality Surveillance model, ensuring that there is trust board and ICB oversight of key factors that impact on perinatal quality and safety, such as staffing, culture and learning from incidents.
- The LMNS has worked with stakeholders to co-produce a strategy that outlines clearly our deliverables and local plans for implementation to align with the NHS England three Year Delivery Plan for Maternity and Neonatal Services.
- The LMNS now jointly conducts Perinatal Mortality reviews to ensure shared learning to improve care.
- The Digital and Equity and Equality strategies are being refreshed to ensure a continuous focus on digital innovation and reducing health inequalities.
- The LMNS programme team has conducted a series of insight visits, supported by NHS England Regional Perinatal team to review quality, safety and culture within our system.
- The LMNS has coproduced a video with the MNVP providing information about induction of labour for local service users. Helping to ensure women and birthing people can make informed decisions about their care.

3. What are the priorities going forward?

The shared priorities of the LMNS are:

- High quality, safe maternity and neonatal care
- Listening to local women and birthing people and our staff
- Information, to identify and act on issues as early as possible
- Reducing Health inequalities



High quality, patients centred services: MATERNITY AND NEONATAL CARE

Theme 1

4. What will we deliver and by when?

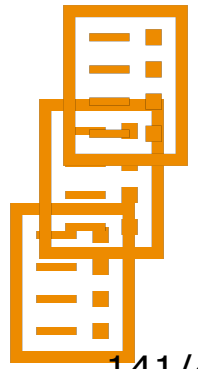
Priorities	Deliverables	Year of delivery
Listening to women and Family's with compassion	• Enabling women to have personalised care through personalised care and support planning. • Providing Perinatal Pelvic Health services that meet the needs of patients. • Delivering care equitably through the implementation of the Local Maternity and Neonatal System Equity and Equality plan. • Enable and empower our Maternity and Neonatal Voices partnerships to represent our local Family's and co-produce Maternity and Neonatal services	2025/26
Supporting our workforce	• Developing and implementing local evidence-based retention action plans • All staff having the supervision, training and support they need.	2025/26
Developing and sustaining a culture of safety	• Sharing learning from incidents across the Local Maternity and Neonatal System and learning from incidents at a national and regional level. • Promoting positive culture through supportive leadership. • Identifying any concerns raising them early and addressing them.	2025/26
Meeting and improving standards and structures	• Implementing national evidence-based guidance such as the Saving Babies Lives' Care Bundle V3 and monitoring local progress against outcomes. • Using evidence-based tools such as MEWS and NEWTT-2 to better detect concerns and act sooner on safety issues. • Making better use of digital technology in maternity and neonatal services through implementing the Local Maternity and Neonatal System digital strategies. • Have regular oversight and open scrutiny of data to identify issues and inform learning.	2025/26
High quality, safe, equitable care	• Developing on the learning from the implementation of the Three-Year Plan for Maternity and Neonatal Services. • Continuing to facilitate a workforce and culture that supports learning and delivers safe, equitable care.	2027/28

5. Where you can find more detail?

There are two active Maternity and Neonatal Voices Partnerships (MNVP) in Herefordshire and Worcestershire, this is an opportunity for members of the public to have a say in how maternity services are run in both counties.

If you would like to get involved please contact:-

hwicb.herefordshiremvp@nhs.net – Herefordshire MNVP
hwicb.worcsmvp@nhs.net- Worcestershire MNVP



High quality, patients centred services: EARLY YEARS, CHILDREN AND BECOMING AN ADULT

Theme 2

1. Why is this important?

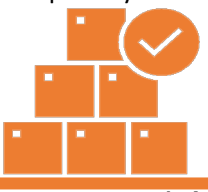
- Across Herefordshire & Worcestershire Children and Young People (CYP) represent approx. 19% of our population, with approximately 140,000 0-19 years old (Public Health Profiles 2021).
- Overall, this is a good place to live. There are relatively low levels of poverty and deprivation, and many children and young people are happy.
- For children and young people living in areas of high deprivation or experiencing poverty, there are barriers to accessing services.
- Some children and young people are at the biggest risk of poor outcomes. Including those with additional needs; exposed to family and behavioural risks; or with experience of the care system.
- 14.1% of children in Worcestershire and 12.2% in Herefordshire are living in low-income Family's.
- 65% of children achieve a good level of development at the end of reception in Worcestershire and 71.8% in Herefordshire.
- Emotional wellbeing is a cause for concern in 39% of looked after children in Worcestershire and 42% in Herefordshire.
- The prevalence of overweight (including obesity) of children in Reception is 20% in Worcestershire and 25% in Herefordshire.
- Hospital admissions for children aged 0-14 is a rate of 71.9 per 10,000 for Worcestershire and 100.1 per 10,000 for Herefordshire.
- In Worcestershire 3.9 % of pupils have an Education Health and Care Plan and 2.6% in Herefordshire.

2. What have we delivered in our first year, 2023/24?

- Rolled out the national Asthma Care Bundle across clinical sectors, delivered a pilot programme of community-based nurse led intervention and support to children at risk of poor asthma control. Identified overlap with areas of health inequality, worked with housing colleagues on environmental factors and schools to support awareness raising and improve pupil attendance.
- Established a 2-year pilot programme of youth workers employed to support young people with long term conditions to transition from children to adults' health services, supporting personalised care and self-management.
- Recruited to a pilot psychological therapy programme to assist those children & young people with epilepsy who are experiencing emotional health challenges
- Employed a Designated Clinical Officer for Special Education Needs & Disabilities (SEND) in Herefordshire to ensure health contributions to Education Health & Care Plans are quality focused, timely and specific to the needs of the child.
- Agreed additional recurrent funding to support Paediatric therapist recruitment to Herefordshire Physical Therapies to reduce waiting times and improve timeliness of Education Health & Care Plans.
- Agreed additional recurrent funding and associated processes in Worcestershire to meet the medical responsibilities of children being placed for Adoption.
- Initiated an evidence-based review of current models of children's therapy delivery across the ICS, phase 1 demographic data collection is complete; and redesign of delivery models based on data has commenced.
- Provided additional non-recurrent funding to Worcestershire community health services to improve timeliness of health advice to Education Health & Care plans for SEND and to support a demand & capacity analysis.
- Commenced work with parents, carers and other stakeholders to redesign local neurodiversity pathways to ensure consistency across ICS and more timely diagnosis.

3. What are the priorities going forward?

- Continue to deliver the NHSE National Children and Young People's Transformation Programme to meet the commitments in the NHS Long Term Plan, as identified in the delivery plan.
- Enhance preparation for adulthood, recognising the needs of young people with long-term conditions and/ or with complex needs.
- Work with partners across the system to develop an outcomes-based data dashboard to understand the varying needs of our community.
- Use data and insights in evidencing effectiveness of pilot projects in Epilepsy, Diabetes and Asthma specially on addressing health inequalities.
- Engage in Public Health-led Best Start in Life, particularly in (1) early language and communication skills (2) early identification and appropriate support of child development (at universal level).
- Continue to improve Special Educational Needs and Disabilities provision, including future model of community health services to address the needs of children and young people.



High quality, patients centred services: EARLY YEARS, CHILDREN AND BECOMING AN ADULT

Theme 2

4. What will we deliver and when?

Priorities	Deliverables	Year of delivery
Asthma - to support CYP with asthma, including diagnosis, care planning, and reducing emergency admissions.	• Evaluate Children's Community Asthma Team • Establish an approach for Asthma Friendly Schools • Establish a structured approach for roll-out of training & Asthma Competencies Framework (including schools & Primary Care) • Establish robust referral process with housing providers in both counties	By 2024/25
	• Embed the Asthma Care Bundle, risk stratification in Primary Care, understand & support clinical and CYP training needs • Toolkit for schools with training & support	By 2027/28
Epilepsy - Standardised approach to management of childhood Epilepsy.	• Improvement to the capacity of epilepsy nurse specialist support across ICS. • Audit for need for psychology and mental health support for patients on the Epilepsy caseload. • Work with partners to develop a pathway for psychological support .	By 2024/25
	• Engagement in Regional pathway mapping • Embed pilot projects as business-as-usual	By 2027/28
Obesity – to support a reduction in overweight and obese children across ICS.	• Integrate a CYP Healthy Weight Strategy within an ICS Wide All Age Healthy Weight Strategy. • Pilot Social Prescribing/Coaching roles to take a Whole Family Approach	By 2024/25
	• Develop and embed a CYP Obesity Care Pathway. • Hard-to-reach CYP & Family's at risk of obesity & in areas of deprivation, are supported to access & shape support to address barriers to lifestyle changes.	By 2027/28
Diabetes - Reducing inequality and variation in outcomes.	• Pilot use of technology with individuals affected by health inequalities. • Agree transitions pathway for 16-25 years old, and implementation.	By 2024/25
	• Evaluation of pilot and agree roll-out. • Prevention and education aligning with Obesity workstream and improving care and outcomes for CYP living with type 2 diabetes.	By 2027/28

High quality, patients centred services: EARLY YEARS, CHILDREN AND BECOMING AN ADULT

Theme 2

Priorities	Deliverables	Year of delivery
Infant Mortality - Improved systems for identifying and supporting Family's/women whose children are at risk of infant mortality due to modifiable risk factors.	• Agree the Infant Mortality Strategy, in collaboration with Local Maternity and Neonatal Services Board.	By 2024/25
	• Work with Early Help Partnerships to implement the strategy.	By 2027/28
Urgent & emergency care	• Develop a robust seasonal illness plan • Re-launch Handi App in Worcestershire / Launch Handi App in Herefordshire. • Develop common conditions pathway document	By 2024/25
	• CYP are engaged in transition services and effective management of long-term conditions to avoid crisis presentations. • Consistent pathways across the ICS to provide CYP appropriate care in the most appropriate setting.	By 2027/28
CYP & Family's (CYPF) have access to timely Neurodiverse (ND) diagnostic assessments & support.	• Re-design ND Care Pathways to reduce waiting times for diagnostic assessments. • Work with CYPF and partners to improve support offer pre & post ND diagnosis. • Improved access to EWMH support, advice, information and training for ND CYP and their Family's and for professionals across the system. • Ensure information and sign-posting of support for ND CYP, Family's and Non-specialists professionals is available & accessible in a centralised-hub.	By 2024/25
	• Raise awareness and understanding of Neurodivergence in CYP workforce. • Embed CYP components of All-Age Autism Strategy. • Improve timely and appropriate access to services providing support, advice, information, training and interventions across the system. • Provide ND accessible services delivered by skilled and trained providers. • Increase uptake of services by ND CYP and Family's.	By 2027/28
Special Educational Needs and Disability (SEND)	• Increase number of children who are school-ready with appropriate plans in place. • Review Paediatric Therapies model of delivery to enhance timely support	By 2024/25
	• Further develop joint commissioning of support & intervention services • Working with education settings to enable greater inclusion • Improve transition into adulthood • Development of a blended workforce	By 2027/28
Address healthcare inequalities to improve outcomes for Children and young people	• Identification of specific interventions to address inequalities experienced by the 'Plus' groups. • Implementation of Best Start in Life	By 2024/25

High quality, patients centred services: EARLY YEARS, CHILDREN AND BECOMING AN ADULT

Theme 2

Priorities	Deliverables	Year of delivery

Mental Health and Emotional Wellbeing Transformation Plan.	• Improve timely information, advice, and support
	• Improve mental health services within schools.
	• Enhance pathways to avoid crisis & enhanced community-based solutions
	• Promotion of prevention and early intervention activities –
	  • Emotional wellbeing tool for primary schools
	  • SHOUT text messaging service to prevent a decline in mental health, nipping in the bud, and a pattern of attendance to A&E
		By 2024/25

	• Increase support within schools • Redesign Neurodiverse pathways • Improve mental health support for 0-25yrs • Increase take-up of annual health checks for 14-25 yrs	By 2027/28
Health and Wellbeing of Children Looked After (CLA)	• Ensure statutory health assessments for CLA are completed within timeframes and health needs are identified and addressed. • Ensure the health needs of CLA placed outside of the ICS are met. • Improve the process & timeliness of Adoption Medicals in Worcestershire.	By 2024/25
CYP Community Health Services	• Review service specifications for CYP community health services • Review Community Paediatric provision • Complete review of Children Community Nursing services with particular focus on EoL care in Herefordshire • Agree future model of service provision in Therapy Services incorporating 'The Balanced Approach' - universal, targeted and specialist provision. • Review of Worcestershire Child Development Service • Develop a universal strand of provision in Occupational Therapy and Physiotherapy with a prevention / early intervention focus • Review Child Development Centre offer which links to early identification and supporting emerging needs.	By 2024/25
	• Embed system adoption of universal, targeted and specialist approach within children community health services linked with development of the Best Start in Life programme with a focus on prevention and Family Hubs • Explore shared workforce opportunities across the system.	By 2027/28
Children's Cancer and planned Care	• Work with NHS across Region to ensure specialist care continues to meet children's needs. • Support & enhance Paediatric oncology shared care unit (POSU) at Worcester Acute Hospital to deliver injection-based outpatient chemotherapy • Develop level 2 Paediatric Critical Care capability at Worcestershire Acute Hospital.	By 2025/26

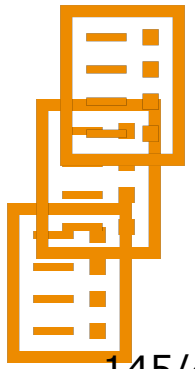
4. Where you can find more detail?

Engagement opportunities are circulated through parent carer forums and the ICS communications system.

We listen to the voice and experience of children, young people and Family's facilitated by Action for Children and specific feedback via existing youth forums, compliments and complaints.

The identified priorities reflect the Place based Children & Young Peoples Plan where regular updates are provided

Requests for information can be made to the CYP team at hwicb.cypteam@nhs.net



High quality, patients centred services: ELECTIVE, CANCER AND DIAGNOSTIC CARE

Theme 3

1. Why is this important?

To improve patient safety, outcomes and experience we must eradicate all long elective, cancer and diagnostic waits for assessment and treatment.

Waiting times remain in a challenged position post-COVID with waiting times being higher than we would like.

Despite having the 2nd lowest referral rate per 1,000 population, demand has increased circa 14% year on year.

During the pandemic there was a significant reduction in the number of patients being referred with suspected cancer. This has now recovered, but a combination of reduced capacity and sustained levels of increased demand has meant patients are waiting longer for their diagnosis and treatment.

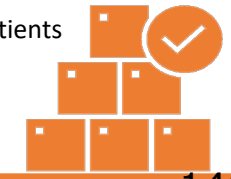
In addition to recovering services, cancer incidence is expected to increase, with Cancer Alliances nationally predicting a 10% increase in cancer referrals.

2. What have we delivered in our first year, 2023/24?

- Elimination of elective waits over 104 weeks, and over 78 weeks for most specialties.
- Continued good performance against diagnostics targets, although a small number of challenged modalities remain.
- Patient Initiated Follow Up (PIFU) and Personalised Care Follow Ups (PCFU) delivered across a range of specialties (ongoing focus on 24/25).
- Fragile services framework agreed with agreed ways of working to increase service resilience and sustainability.
- Provider accreditation framework developed to support patient choice.
- AI pilot commenced in dermatology in Worcestershire, streamlining referrals into secondary care.
- Piloting of Community Breast Clinics for low-risk patients.
- FIT in primary care 77% (as of Nov 23), highest achievement in the Midlands.
- Improvement in key of getting it right first time (GIRFT) metrics across a range of specialties.
- Consistently performed above stretch target for Specialist Advice.
- Development of common conditions documents to support management in primary care.
- Implementation of GIRFT Further Faster programme across both providers, working to reduce 52-week waiting times.
- Launch of Patient Initiated Mutual Aid System (PIDMAS).
- Launch of elective hub in Worcestershire, with a Herefordshire hub planned for 2024.
- Approval and commencement of CDC2 development in Hereford City.

3. What are the priorities going forward?

- Recovery of elective, cancer and diagnostic services. This includes achievement of cancer standards, restoring waiting times in diagnostics, and elimination of elective waiting times above 65 weeks by September 2024 and above 52 weeks by March 2025.
- Transformation of services to maximise productivity and quality across the elective, cancer and diagnostics pathways.
- Collaborative working across the ICS to embed national best practice.
- Improvement in patient choice
- Delivery of a personalised outpatient model that better meets individual patient need and improves quality of care and patient outcomes.
- Improvement in the resilience of identified vulnerable services.
- Digitalisation of services to enhance patient pathways and patient experience e.g. patient portal, remote consultations, remote monitoring
- Delivery of services in primary care and through our screening programmes to increase the number of patients diagnosed with cancer earlier (stages (I/II)
- Delivery of Best Practice Timed Cancer pathways across the ICS to ensure patients are assessed, diagnosed and treated quickly, thereby improving their outcomes.



3. What will we deliver and when?

Priorities	Deliverables	Year of delivery
Restore waiting times for elective, diagnostics and cancer	• Work collaboratively with all providers locally and nationally to increase capacity to support elimination of long waiting times • Delivery of system elective hubs - Alexandra Redditch (WAHT) and Hereford (WVT) • Launch of Community diagnostic centre in Hereford – increase volume of diagnostic capacity • Elimination of 65 week waits by September 2024 and recovery of waiting times for diagnostics within 6 weeks	By 2024/25
Outpatient transformation • Referral Optimisation • Maximise Productivity • Reduction of follow ups • Reduce elective waits	• Continue to embed patient initiated follow up (PIFU), helping put patients in control of their follow up appointments and achieving national requirement (5% discharged/moved to PIFU pathway) • Deliver an appropriate reduction in outpatient follow up activity (contribute to required 25% reduction in line with operational planning guidance) • Explore opportunity to embed one stop clinics, aligned to diagnostic development of Community Diagnostic Centres. • Offer Specialist Advice and develop support to help patients prepare for their appointments. • Embed GIRFT and Further Faster to maximise productivity and support reduction in waiting times. • Identify opportunities for digital support/solutions to support patient pathways.	By 2024/25
Improving screening uptake	• Reducing variation in screening uptake in the registered and non-registered population; • Optimisation of the PCN DES Supporting Earlier Diagnosis – targeting non-responders and hard to reach groups;	By 2024/25
Supporting earlier diagnosis	• Implementation of Targeted Lung Health Checks and FIT testing in primary care; • Targeting populations at higher risk of developing cancer; • Implementation of Non-Specific Symptoms pathway; • Implementation of routine testing for Lynch Syndrome and Liver surveillance	By 2024/25
Implementing Best Practice Timed Cancer Pathways (BPTP)	• Ensuring 5 BPTP are in place across the ICS with a focus on achieving above the 75% 28-FDS standard; • Undertake Demand and Capacity modelling across diagnostics to identify opportunities for innovation/transformation to ensure sustainable timely access; • Transformation and innovation in pathology services	By 2024/25
Empowering patients through personalisation of care	• Optimisation and expansion of Personalised Care Follow-up pathways; • Development of a Patient Portal to support self-management; • Improving support services for patients living with cancer; • Use of digital technology to support self-management	By 2025/26

High quality, patients centred services: ELECTIVE, CANCER AND DIAGNOSTIC CARE

Theme 3

3. What will we deliver and when?

Priorities	Deliverables	Year of delivery
Understand and address health inequalities in elective and cancer care	• Refresh clinical prioritisation framework • Ongoing understanding of inequalities in access, experience and outcomes of care for Core 20, BME populations and Inclusion Health Groups.	By 2024/25
Longer term vision for planned care	• Development of a 5-year strategy for H&W Elective, Cancer and Diagnostics	By 2024/25

4. Where you can find more detail?

- Delivery plan for tackling the COVID-19 backlog of elective care
- Clinically Led Specialty Outpatient Guidance
- Getting It Right First Time
- *Regional and national strategies for cancer can be found at:* Home - West Midlands Cancer Alliance (wmcanceralliance.nhs.uk)
- NHS England » NHS Five Year Forward View
- *Link to the National Cancer Patient Experience Survey:* Homepage - National Cancer Patient Experience Survey (ncpes.co.uk)

High quality, patients centred services: FRAILTY

Theme 4

1. Why is this important?

Herefordshire & Worcestershire has an older population structure than the rest of England, with over 65 years increasing and younger populations decreasing.

By 2030 (compared to 2021), it is predicted that the number of people aged 80-84 will increase by 48% in Herefordshire and by 51% in Worcestershire. The increase in the over 85 age group is 36% in Herefordshire and 35% in Worcestershire.

Frailty is a long-term condition in which multiple body systems gradually lose their in-built reserves, resulting in an increased risk of unpredictable deterioration from minor events.

Frailty prevalence is significant, there are 7,139 people aged 65+ registered with a GP in Herefordshire & Worcestershire, coded as living with severe frailty or of having a Rockwood score of 7,8,9 which is 8% of our registered population. Half of our 85+ population will live with frailty.

2. What have we delivered in our first year, 2023/24?

- Development of a Frailty Strategy
- Expansion of the Falls Response Service in a winter pilot, to respond to non-injured fallers from 999/111 referrals as well as pendant alarm calls. An average of 70 non-injured fallers per month are now seen by the Falls response service.
- Re-procurement of the Falls Response Service to secure provision for the system.
- Review of the current falls prevention pathway
- Launch of home for lunch campaign
- Single point of access launched, improving access to the right service to meet peoples' needs, avoiding unnecessary hospital admission (in both Herefordshire & Worcestershire)

3. What are the priorities going forward?

The Herefordshire & Worcestershire ICS Frailty Strategy aims to support health and care organisations across Herefordshire and Worcestershire to collaborate and enhance integrated care services for people at risk of or living with frailty.

Our integrated care vision is that **"People living in Herefordshire and Worcestershire who are at risk of, or living with frailty will, live well in a supportive community with accessible, personalised and coordinated high-quality care delivered in the most appropriate setting whenever they need it."**

The Strategy has nine key strategic outcomes:

1. Increase community interventions measures to prevent the onset and progression of frailty
2. Increase early identification of people living with or at risk of frailty
3. High quality proactive comprehensive assessment of people living with or at risk of frailty.
4. High quality accessible and coordinated personalised care for people living with frailty, their Family's and carers in every care setting
5. Frailty attuned acute care which facilitates timely discharge and smooth transitions between care settings
6. High quality reablement and rehabilitation after a period of illness and at times of transition from hospital
7. High quality end-of-life care for people with frailty, their Family's and carers.
8. Compassionate, timely and effective advanced care planning in all health and care settings.
9. A workforce with the appropriate skills to provide specialist care to patients in all health and care settings.

The strategy will be underpinned by place based operational delivery plans.

High quality, patients centred services: FRAILTY

3. What will we deliver and when?

Priorities	Deliverables	Year of delivery
Prevention of frailty	• Improved access to strength and balance classes across the system. • Ensure provision of a community Falls prevention service across the system.	By 2025/26
Standardised approach to the identification of patients living with frailty	Develop and maintain frailty registers across primary care and community services, with agreed approach to risk stratification	By 2024/25
Develop proactive care delivery	Review national proactive care framework Development of proactive care pathway and resources	By 2025/26
Support a consistent approach to comprehensive Geriatric assessment	Develop digital comprehensive geriatric assessment Promote take up of comprehensive geriatric assessment	By 2024/25
Workforce	Review Primary Care Networks and Community services workforce roles and responsibilities, with common competencies for core frailty team. Establish model of integrated core frailty team working across primary care, community and secondary care services.	By 2025/26
Support care homes	Support care homes to recognise signs of deterioration in their residents' health Offer education and training on clinical aspects of frailty to care homes	By 2024/25

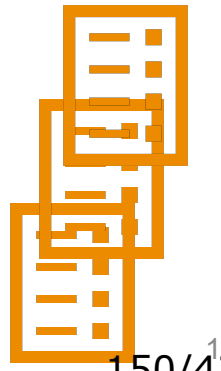
4. Where you can find more detail?

NHSE (2019) *The NHS Long Term Plan*. Available from: NHS Long Term Plan v1.2 August 2019

NHSE (online) Ageing well and supporting people living with frailty. Available from: NHS England » Ageing well and supporting people living with frailty

British Geriatric Society. (2023) *Joining the dots: A blueprint for preventing and managing frailty in older people.* Available from: Joining the dots: A blueprint for preventing and managing frailty in older people | British Geriatrics Society (bgs.org.uk)

British Geriatric Society (2020) End of life care in frailty: Identification and Prognostication. Available from: End of Life Care in Frailty: Identification and prognostication | British Geriatrics Society (bgs.org.uk)



High quality, patients centred services: PALLIATIVE AND END OF LIFE

Theme 5

1. Why is this important?

Ageing population

Herefordshire and Worcestershire's population is due to increase by approximately 5.4%. H&W have older population structures than the rest of England, with over 65+ increasing and younger populations decreasing.

Increased multimorbidity

The ageing population increase will reflect a significant increase of people living with dementia, frailty and other long-term conditions.

Increased number of deaths

Nationally, deaths are predicted to increase by 22% 2030-2040

Increased number of people dying at home

- The majority of bereaved Family's included in the national VOICES survey believed the deceased had wanted to die at home (81%), with a selected sample showing 22% had home as place of death documented on death certificates.
- Community services will need to be available to support people to die well at home, if it is their wish and where it is possible.

2. What have we delivered in our first year, 2023/24?

- We are improving the sharing of information with the use of the Shared Care Record. This has an End-of-Life tab which shares data coded in EMIS in line with the End- of-Life Professional Record Standards Body data set for appropriate health provides across the system to view.
- We have enhanced the palliative care register with a new palliative care register EMIS template to support primary care to collect and code this information.
- ReSPECT ECHO (Extension of Community Healthcare Outcomes) sessions have been delivered to nurses within nursing homes.
- A palliative and end-of-life ECHO session is available every month for healthcare professionals across the ICS.
- Our digital ReSPECT plan has been signed off by the Resuscitation Council UK.
- A standard advance statement document has been created for use across the system.

3. What are the priorities going forward?

The Palliative and End-of-Life Programme Board is implementing the Herefordshire and Worcestershire Personalised End-of-Life Care Strategy 2020-2025, working in partnership with representatives across the ICS.

The vision is that "adults and children living in Herefordshire and Worcestershire, regardless of their diagnosis, will be supported to live well until the end of their life". It is imperative that care at the end-of-life is compassionate, tailored to the dying person and people important to them, and includes effective communication and assessments.

The six strategic outcomes are:

1. Increased and early identification of people who would benefit from end-of-life support and personalised care planning
2. High quality care for people at the end of life, their Family's and carers in every setting
3. Accessible, coordinated and digitally enabled palliative and end-of-life services for all patient groups
4. A workforce with the appropriate skills to provide people at the end of their life with high quality care and support
5. High quality bereavement care, support and information available to all
6. An embedded ReSPECT process which supports compassionate, effective and timely Advance Care Planning in all care settings

The key areas of delivery are:

- 24/7 Single point of access for palliative and end-of-life care advice and support for patients
- Making the best use of digital opportunities to improve communication and sharing of information, e.g. digitalisation of ReSPECT and Advance Statement; digitalisation of the palliative care register; and developing the Shared Care Record (ShCR)
- Review of Bereavement services
- Review of Anticipatory medications
- Development of Palliative and end-of-life care Virtual Ward

High quality, patients centred services: PALLIATIVE AND END OF LIFE

Theme 5

4. What will we deliver and when?

Priorities	Deliverables	Year of Delivery
24/7 Single point of access to timely support and advice	Review 23/24 pilot	By 2024/25
Coordinated education and training across the ICS focusing on communication and clinical skills to improve timely recognition of dying, promoting personalised care and advance care planning discussions	Early identification, ambitions mapping, ICS academy, End of Life Care Hub (ECHO) opportunities for sharing learning	By 2024/25
	Continued ambitions self-assessment, developments required based on those assessments. Continued development and work with ECHO hubs and the ICS academy	By 2027/28
Shared access to electronic patient information	Complete capability to share information: - Shared Care Record interoperability with EMIS. - Worcestershire out of hours access to the Shared Care Record	By 2024/25
	Develop access for Care Homes to Shared Care Record	By 2027/28
Embed digital ReSPECT process	Launch and promote digital ReSPECT Launch and promote digital Advance Statement	By 2024/25
	Review data collection, patient and carer feedback to inform promotion and take-up of ReSPECT	By 2027/28
Increased early identification of people who will benefit from end of life support and personalised care planning	Develop education for Primary Care and other practitioners.	By 2024/25
	Review of the new primary care template Develop ICS wide palliative care register-possibly with using clinithink	By 2027/28

High quality, patients centred services: PALLIATIVE AND END OF LIFE

Theme 5

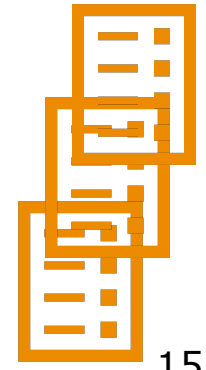
4. What will we deliver and when continued ?

Priorities	Deliverables	Year of Delivery
High quality care for people at the end of life, their Family's and carers in every setting	Data dashboard to include core 20+5 data. Identify inequalities, geographical inequalities, engaging with hard-to-reach communities. Continue anticipatory medication work. CHC FT review and re procurement. Palliative and End of Life Care (PEoLC) Virtual Ward pilot	By 2024/25
	Review services and address inequalities ICS PEoLC virtual ward Review impact of changes from the anticipatory medications work CHC FT impact of new service	By 2027/28
Data dashboard and strategic needs analysis (SNA)	Work with data analytics team to create new data dashboard and collect new data to inform population needs. Meet with stakeholders to explore results of the SNA	By 2024/25
	Continue to monitor and update data dashboard Develop any proposals to reflect findings of the SNA	By 2027/28
High quality bereavement care, support and information available to all	Bereavement group, mapping of services and update leaflets	By 2024/25
	Continue to monitor and review bereavement services	By 2027/28

5. Where you can find more detail?

Palliative and End of Life Care Programme:

- Herefordshire and Worcestershire Personalised End of Life Care Strategy 2020-2025
file (herefordshireandworcestershireccg.nhs.uk)
- Ambitions for Palliative and End of Life Care: A national framework for local actions 2021-2026
ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf (england.nhs.uk)
- NHSE NHS England » Resources and support
- Please email jadebrooks@nhs.net for more information, or to become a patient representative or person with lived experience on any of the palliative and end of life care groups.



High quality, patients centred services: LEARNING DISABILITY AND AUTISM CARE

Theme 6

1. Why is this important?

National LeDeR report findings from 2021:

- 49% of deaths avoidable/ amenable to good health and social care (and at least 2 times higher than general population)
- Life expectancy 20 years less than general population

In addition, for autism, life expectancy is 16 years less than average for population, and over 80% of autistic adults experience mental health difficulties in their life.

The issues are complex. One of the main factors is that people with a Learning Disability and autistic people (LDA) are underserved groups and do not have consistent access to health services in a timely way due to lack of reasonable adjustments and diagnostic overshadowing. This means health care is sometimes accessed or provided at a late stage of presentation, when the health condition is at an advanced stage or the person is in a crisis (leading to Mental Health Act assessment and hospital/ restricted environment admissions, Emergency Department attendance) and fundamental universal services such as routine vaccinations and or cancer screening are delayed or missed.

2. What have we delivered in our first year, 2023/24?

- Maintained AHC take-up above national target
- Over 50% of GP Practices assessed as sensory friendly
- Contributed to development of national RADF rollout, including GP UAT site
- Fully recruited to key worker service and halved number of CYP in T4 beds
- Agreed investment and service development plan in LD services for 2024/25 to improve personalised care and support
- Tackled delay in completing LeDeR reviews so that national targets will be met or exceeded by March 2024
- COVID vaccination rates highest in region
- Invested £72k to tackle autism waiting list for adults
- Empowered engagement with ReSPECT for people and their Family's through series of workshops
- Supported awareness of bowel health, contributing to increased uptake in bowel screening for people with a learning disability
- Following Step Together Review, invested in specialist epilepsy nursing for children and young people

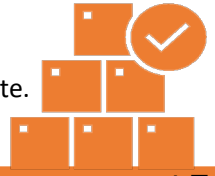
3. What are the priorities going forward?

The Learning Disability Partnerships and the All-Age Autism Board have oversight of the plans to improve outcomes for people with disabilities and people with Autism.

Our vision for people with a learning disability is that all people with a learning disability can live healthy and positive lives, and we will do this by promoting reasonable adjustments and tackling health inequalities across the system.

In section 3 you will see the areas we are going to address in line with the NHS Long term plan commitments:

- Taking action to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.
- The whole NHS family will improve its understanding of the needs of people with learning disabilities and autism, working together to improve their health and wellbeing. Including training for the workforce, reasonable adjustments and a digital flag in patient records by 23/24.
- Reducing the waiting times for children and young people with suspected autism, and designated key workers for children and young people with the most complex needs.
- Increased investment in personalised care and community support.
- We will continue to focus on improving the quality of inpatient care and timely discharge where appropriate.



High quality, patients centred services: LEARNING DISABILITY AND AUTISM CARE

Theme 6

4. What will we deliver and when?

Priorities	Deliverables	Year of delivery
GP practices are sensory-friendly and accessible to autistic people	Over 66% of practices assessed and environmental reasonable adjustments in place, led by autistic people	By 2024/25
Good quality Learning Disability Annual Health checks routinely given to all people with a Learning Disability	Sustain up take of AHCs at 85%, Health Action Plans over 90%, including 14-24 year olds, supported by quality improvement programme focusing on Health Action Plans	By 2024/25
Vaccination and screening rate for people with a learning disability and autism comparable to general population	Awareness raising and targeted work, built around AHCs	By 2024/25
Reduction in avoidable deaths - Learning from the Deaths of People with a Learning Disability Review programme (LeDeR)	Programmes of work following on from LeDeR Learning into Action workstream. Current focus is healthy lifestyles; suicide reduction for autistic people	By 2024/25
Reduction in waiting times for autism diagnosis	Comprehensive review of neurodivergence pathway for CYP to ensure consistency across ICS and more timely diagnosis	By 2024/25
Support to autistic people post-diagnosis	Continued investment in adult support service	By 2024/25
Raise awareness and inclusion of autistic people in mainstream services	Continued roll-out of Oliver McGowan Mandatory Training programme	By 2024/25
Reduce number of young people in Tier 4 beds with LDA and sustain current low adult numbers	Develop Key worker model for adults; invest in community forensic services; sustain low number of young people in T4 beds and reduce numbers of adults in locked rehab beds.	By 2024/25
Increase community Occupational Therapist, Physical Therapist, Speech and Language Therapist and epilepsy support capacity	Deliver service enhancements following agreed investment in community health service	By 2024/25
Tackle heath inequalities Ensure that people with complex needs are supported to live in the community and admission to in-patient units is avoided	• Over 85% of eligible people with a learning disability have an annual health check and over 90% of those have a health action plan • Vaccination and screening uptake is at least on a par with the rest of the population • In-patient rates are in line with or better than the national targets • Waiting lists for community support is less than 18 weeks • Oliver McGowan Mandatory Training has been rolled out across the system	By 2027/28

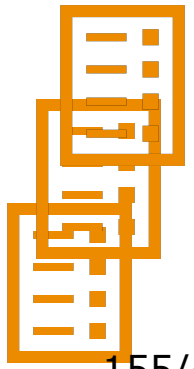
5. Where you can find more detail?

https://www.hwics.org.uk/our-services/learning-disabilities-and-autism

Co-production underpins our approach and we work closely with the Learning Disability Partnership Boards and the Autism Partnership Boards in Herefordshire and in Worcestershire. Experts with lived experience are actively involved, with support, in all strategic developments, and co-chair the Partnership Boards. Family carer voices are also strongly represented.

People with a learning disability can contact SpeakEasy NOW if they wish to become involved https://speakeasynow.org.uk/contact-us/

Our partnership arrangements also include the Acute and Community Provider Trusts, both Councils and the voluntary and independent sector.



High quality, patients centred services: MENTAL HEALTH AND WELLBEING

Theme 7

1. Why is this important?

We know that people are waiting longer than they should to access diagnosis and treatment.

After a decade of improving population wellbeing the COVID-19 pandemic is widely considered to have negatively impacted population mental health and wellbeing. Measures of population wellbeing worsened, particularly during the two main waves of the pandemic and have not fully recovered to pre-pandemic levels.

The proportion of adults aged 18 and over reporting a clinically significant level of psychological distress increased from 20.8% in 2019 to 29.5% in April 2020, then falling back to 21.3% by September 2020. There was a subsequent increase to 27.1% in January 2021, followed by a further decrease to 24.5% in late March 2021.

While there has been considerable economic recovery from the initial shocks of the COVID-19 pandemic, new challenges have emerged, with high levels of inflation and a rise in the cost of living. Concerns have been raised about the impact this may have on population mental health, and nationally providers continue to report greater acuity of need across mental health services.

Furthermore, these challenges have highlighted and widened some of the existing inequalities in mental health and wellbeing in the population.

2. What have we delivered in our first year, 2023/24?

- Performance and quality within NHS Talking Therapies has increased, including reduced inequality of outcomes for patients across age bands, and from BAME communities.
- Perinatal mental health services have been expanded to provide greater access, longer treatment periods and partner assessment
- Inappropriate Out of Area Placements have been reduced, though there is scope for further improvement
- Quality standards have been achieved and embedded within Early Intervention in Psychosis services

3. What are the priorities going forward?

A key strategic development as part of the creation of the Integrated Care System has been the establishment of a **Mental Health Collaborative,** which brings together commissioning and provider functions, primary and secondary provision and broader connections to local stakeholders.

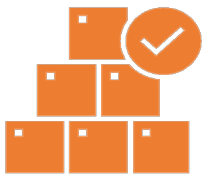
The overarching reason for creating the mental health collaborative has been to put the responsibility for organising services and pathways as close as possible to the front-line services that provide patient care. This marks a significant change from the traditional commissioning model of developing detailed services specifications that providers respond to; much more towards a model of agreeing outcomes that providers design service delivery models to address.

Priority areas for 2024-25 include:

1. Increasing access to NHS Talking Therapies
2. Increasing access to Individual Placement Support (IPS) services
3. Redesigning Inpatient and Rehabilitation Pathways across the ICS
4. Reduction of Out of Area Placements, including reinvestment of these funds back into local services
5. Delivery of community rehabilitation function within community mental health transformation

In addition, there are five other workstreams for the ICS that include and reflect the long-term plan priorities for mental health in addition to local priorities. These are:

The role of the Herefordshire and Worcestershire Mental Health Collaborative is described in more detail in Appendix 2, theme 15.



High quality, patients centred services: MENTAL HEALTH AND WELLBEING

Theme 7

4. What will we deliver and when?

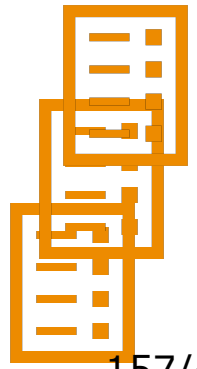
Priorities	Deliverables	Year of delivery
Children and young people	Annual system-wide transformation plan – Prevention and access	By 2024/25
NHS Talking therapies	Delivery of all access and waiting standards	By 2025/26
Early intervention in Psychosis	Continue to deliver required standards and embed learning	By 2024/25
Dementia Diagnosis	Diagnosing Advanced Dementia Mandate pilot evaluation and increase of post-diagnostic services	By 2024/25
Perinatal Mental Health	Continue to deliver expanded and extended access, and provision for partner assessment	By 2024/25
Out of areas placements (OAP)	Reduction of inappropriate OAPs to nil	By 2024/25
Physical Health for people with a serious mental illness (SMI)	Increased uptake of SMI health checks across primary and secondary care, supported by improved joint-working approaches across agencies	By 2024/25
Adult community mental health	Full delivery of transformation in line with new national Community Mental Health Framework, notably community rehabilitation functions	By 2024/25
Suicide prevention	Review of Suicide Prevention Strategies and expansion of programme	By 2024/25
Urgent mental health care	Access to all-age 24/7 Urgent Mental Health support via 111	By 2024/25
Our 5 Mental Health Strategy priorities are: • Community Empowerment • Prevention and Self-Care • Accessible Services • Person-Centred Services • Integrated Services	• Review of Mental Health Strategy for 2024-26 • Delivery of new national priorities • Reduction in health inequalities for people experiencing mental health illness	By 2027/28

5. Where you can find more detail?

The Herefordshire and Worcestershire Mental Health Strategy 2022-2026 is available here:
https://herefordshireandworcestershireccg.nhs.uk/policies/corporate/corporate-2/1201-mh-strategy-full-version/file

The Worcestershire Health and Wellbeing Strategy 2022-2032 also contains a strong mental health focus and is available here:
https://www.worcestershire.gov.uk/sites/default/files/2023-02/health_and_wellbeing_strategy_2022_to_2032.pdf

Public engagement opportunities are advertised through the ICB and local authority websites, as well as on the Herefordshire and Worcestershire Health and Care NHS Trust website.



High quality, patients centred services: LONG TERM CONDITIONS

Theme 8

1. Why is this important?

The prevalence of LTCs in H&W is projected to increase substantially over the next 10 years. Approximately 20, 000 more people will be living with Chronic Obstructive Pulmonary Disease (COPD), Heart Failure, Stroke or Diabetes in 2033 compared to 2023. This increased prevalence is estimated to cost the system £11 million more per year in urgent care utilisation alone.

These projections are in part driven by the increase in are over 65-years old population, which we anticipate to increase by 36, 000 by 2030. However, we are also seeing an increasing prevalence of type 2 diabetes in the 15-19 and 40-49 age ranges in our two counties, demonstrating a need for increased education and prevention to improve quality of life for younger people with LTCs and to prevent LTCs developing so early in life.

We are increasingly aware of growing excess mortality resulting from cardiovascular disease and this trend is greatest in our most deprived communities. People in our most deprived communities are developing multiple LTCs at a younger age than those in our least deprived communities. It is essential that we tackle this inequality difference to ensure all people can live as well as possible.

2. What have we delivered in our first year, 2023/24?

- Cardiovascular disease forum established, focussing on improvements to high cholesterol identification and management.
- Pulmonary rehabilitation forum established and supported self-management resource developed.
- Roll out of video library for patients, enabling education and supported self-management across long-term conditions.
- Continuous Glucose Monitoring is being delivered as business as usual.
- All Primary Care Networks delivering Spirometry testing, recording a 180% rate increase since the start of 2023/24.
- Fractional exhaled nitric oxide (FeNO) testing LES in place in Worcestershire.
- Reviewed Home oxygen service, with improvements carried out and provision in line with national guidance.
- Continuation of the National Diabetes Prevention Programme demonstrating high retention rate and good weight loss outcomes.
- Roll out of NHS Type 2 Diabetes Path to Remission Programme.
- Reduction in both major and minor amputation rates resulting from Diabetes Foot Care service improvements.
- Standardisation of formularies, to reduce reliever medication reliance and move to greener options.

3. What are the priorities going forward?

The work on long-term conditions is overseen by several Programme Boards: Children and Young People Programme Board; Elective Diagnostics and Cancer Programme Board and the Health Inequalities, Prevention and Personalised Care Programme Board. A long-term conditions strategy is in development, with the following priorities:

Prevention

- People will be actively signposted to appropriate education and organisations that can increase their knowledge, skills and confidence to live as well as possible, reducing their risk of developing long-term conditions.
- People will have improved access to evidence-based high impact interventions that prevent deterioration of long-term conditions.

Early and Accurate Diagnosis

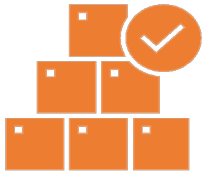
- People who are at increased risk of developing a long-term condition will be proactively identified and supported.
- More people will have their LTC(s) identified sooner and closer to home.

Personalised Management

- People will be provided with education, support and resources to enable them to take a more active role in decisions about their care.
- People with multiple LTCs will receive proactive, holistic assessments, including medication and mental health reviews

Right care in the right setting

- Increase collaboration by services to enable care to be delivered as close to home as the complexity allows.
- Increase adoption of digital technologies that enable more effective self-management outside of a hospital setting.



High quality, patients centred services: LONG TERM CONDITIONS

Theme 8

4. What will we deliver and when?

Priorities	Deliverables	Year of delivery
Long Term Conditions Strategy	Development of a long-term condition strategy, focussing on prevention, early and accurate diagnosis, personalised management and the right care in the right setting. Development of place-based partnership strategy delivery plans.	By 2024/25 By 2024/25

High quality, patients centred services: LONG TERM CONDITIONS

Theme 8

4. What will we deliver and when?

Priorities	Deliverables	Year of delivery
Cardiovascular Disease (CVD)	Continued and enhanced delivery of high impact interventions for secondary prevention: • Community pharmacy hypertension case finding • Cholesterol search and risk stratification • NHS health check • Case finding and direct-acting oral anticoagulation to prevent atrial fibrillation related strokes • Cardiac rehabilitation for patients post-ACS and diagnosis of heart failure • Optimisation of hypertension treatment • Optimisation of heart failure treatment through annual reviews • Optimising management post ACS, including lipid management.	By 2024/25, but ongoing throughout delivery of JFP
Diabetes	To begin / continue delivery of the following nationally identified priorities: • Continued delivery of 9 diabetes care processes, including enhancements, e.g. the roll out of the Type 2 Diabetes in the Young programme. • Continuation of Type 2 Diabetes Path to Remission programme. • Delivery of NICE Technology Appraisal for Hybrid Closed Loop. To begin / continue delivery of the following locally identified priorities: • To develop a workforce model , that enables integration and better meets anticipated future demand, including for specialist diabetes care. To begin / continue delivery of the following high impact interventions for secondary prevention: • Improved identification of individuals at high risk of Type II Diabetes and signpost to NHS Diabetes Prevention Programme. • Improve equity of quality and access to Diabetes structured education across the two counties.	By 2024/25 but ongoing throughout delivery of JFP
	• Improve the Digital offer for enabling supported self-management in Type 1, including in Children and Young People. • Improve pre-diabetes screening and symptom awareness. • Development of a Diabetes Support Team in Primary Care Networks to deliver care closer to home.	By 2027/28
Respiratory	• To continue to work to reduce inequalities in access, experience and outcome in pulmonary rehabilitation. • To consider adoption of the Getting it Right First Time Programme. • To create equity of access for FeNO in Herefordshire.	By 2024/25
	• For Herefordshire to achieve accreditation for Pulmonary Rehabilitation service. • Achievement of Pulmonary Rehabilitation 5-year plan • To have a coordinated asthma transition pathway.	By 2027/28

5. Where you can find more detail?

- Multiple_LTCs_Survey_-_Engagement_Report_-_Final.pdf (hwics.org.uk)
- https://www.england.nhs.uk/ourwork/prevention/secondary-prevention/
- National Asthma and COPD Audit Programme (nacap.org.uk)
- pulmonary-rehabilitation-service-guidance.pdf (england.nhs.uk)
- spirometry-commissioning-guidance.pdf (england.nhs.uk)

High quality, patients centred services: STROKE CARE

Theme 9

1. Why is this important?

1. Lack of 7-day service provision in Hyper Acute/Acute stroke services, and unlikely to deliver in current format;
2. Current medical workforce challenges mean moving the service from 5 – 7 days (in and out of hours) is unlikely to be achievable;
3. Services at both Wye Valley NHS Trust (WVT) and Worcestershire Acute Hospitals NHS Trust (WAT) are classed as fragile due to longstanding medical establishment staffing gaps;
4. Increasing demand for stroke services over the next ten years increase this challenge further with expected demand to increase by 16% at WAT and 15% at WVT.
5. Achievement of **key clinical and performance standards** will continue to be a challenge and unlikely to be achievable unless changes are made to the existing service models;
6. National Clinical Guideline 2023 recommendations presents challenges in compliance;
7. Stroke services have a current risk score of 16 on H&W ICB Risk Register

2. What have we delivered in our first year, 2023/24?

- Sustainable delivery of 7-day acute stroke care model
  - Pre-consultation engagement recommendations incorporated into work programme;
  - Evaluation framework developed and panel facilitated to agree preferred clinical model of one HASU/ASU on centralised site
  - Preferred clinical model agreed by Stakeholders and timeline for Clinical Senate process agreed.
- Service Improvement programme
  - Roll out of 'Rapid AI' technology at both HCH and WRH to support advanced imaging and workflow to enable physicians to make faster, more accurate triage or transfer decisions;
  - This technology enabled a joint H&W Out of hours medical rota for Thrombolysis decision making implemented;
  - Programme commenced reviewing quality improvement opportunities across HW Stroke Rehabilitation pathway.

3. What are the priorities going forward?

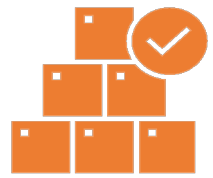
ICS Stroke Programme Board (SPB) involves stakeholders across the stroke pathway (Herefordshire, Worcestershire and Powys Teaching Health Board) Healthwatch, West Midlands Ambulance Service, Stroke Association and Patient engagement. The Programme Board focusses on the entire Stroke Pathway, from Hyper-acute to Rehabilitation.

Priority 1: The Stroke Programme Board is committed to delivering a new, **sustainable 7-day acute stroke services model**. This will modernise how services assess and treat patients; ensuring optimal clinical model of care and the best use of resources across the entire pathway, including staffing and use of technology. To achieve this vision, the Stroke Programme Board has commenced a pre-consultation process and a preferred clinical model has been identified. This model will be subject to demand and capacity modelling, workforce requirement review, equality and financial assessments and a full public consultation process in line with NHSE guidance. It is recognised that this model will require capital investment and is the longer-term strategy required to deliver sustainable stroke services for the future.

Priority 2: The **Stroke Services Improvement programme** focusses on:

- Workforce development
- Digital enablers
- Performance Standards
- Development of patient pathways, in line with national standards

The Stroke Programme is aligned to and supported by the Integrated Service Delivery Network (ISDN) and The National Stroke Quality Improvement in Rehabilitation (SQuIRe) programme.



4. What will we deliver and when?

Priorities	Deliverables	Year of delivery
Service Improvement Programme	• Workforce developments resulting in robust medical and nursing workforce with joint working/posts across Hereford County Hospital and Worcester Royal Hospital to ensure resilience. • Advances in digital technology embedded, with virtual consultations part of everyday practice where appropriate. • Development of a service specification for an integrated community stroke service. • Development of Clinical Guidelines for Stroke. • Improvement in performance standards.	By 2024/25
Sustainable delivery of 7-day acute stroke care model	• Completion of NHS Gateway assurance (one and two), Clinical Senate process undertaken and public consultation commenced (subject to approval of Business Case).	By 2024/25
	• Stroke services transformed with agreed clinical pathways embedded and services delivered in line with national guidelines and performance standards.	By 2027/28

5. Where you can find more detail?

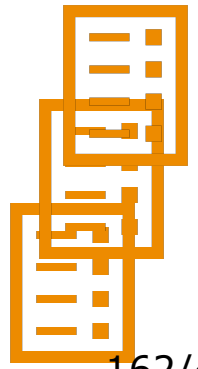
In January 2022 we considered all the previous patient and public feedback we had received about stroke services. This was summarised in a paper, which is available here.

A further Stroke Services issues paper was written in September 2022 and further engagement undertaken :-

Stroke Services :: Herefordshire and Worcestershire Integrated Care System (hwics.org.uk)

Integrated Community Service Specification - Feb 2022

National Clinical Guideline for Stroke 2023



High quality, patients centred services: URGENT AND EMERGENCY CARE SERVICES

Theme 10

1. Why is this important?

The Urgent and Emergency Care (UEC) system in Herefordshire & Worcestershire is in a challenged position. However, ICB and system partners remain committed to making sustainable improvements across the entire health system to support timely care and efficient patient flow.

The National delivery plan for recovering UEC services sets out core indicators to Increase urgent and emergency care capacity by March 2024 including:

1. No less than 76% of patients (in Emergency Departments) are seen within 4 hours
2. Ambulance category 2 mean response time is less than 30 minutes
3. Achieve an average adult G&A bed occupancy of 92% or below

The system forecast outturn for 2022-23 against these targets which demonstrate the challenged situation are:

1. 62.8%
2. 49.2 Minutes
3. 92.8%

2. What have we delivered in our first year, 2023/24?

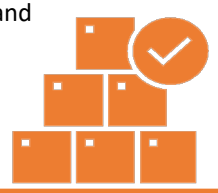
- Enhancements to emergency care provision with a new Emergency Department (Worcester Royal), and improved areas for delivery of ' same Day emergency care' (medical and surgical).
- Launch of Single point of access covering Community and Acute Trusts, improving the coordination of people to the most appropriate service (in both counties).
- Growth in the number and type of virtual wards across the system.
- Creation and implementation of NHSE Tier 2 urgent and emergency plan, with associated Emergency Access Standard improvement trajectory (to 76% by March 2024).
- Integrated Care System Frailty strategy developed with local delivery plans.
- Overarching urgent and emergency care strategy developed, setting out the work of the ICS urgent and emergency care Programme Board.
- System Coordination Centre fully compliant with national standards and oversight of the day-to-day urgent and emergency care pressures.
- Implementation of national call-before-convey requirement, building upon the success of the urgent community response service.
- Home for Lunch campaign to promote earlier in the day discharges.
- Improvements to Discharge Pathways.

3. What are the priorities going forward?

- The Urgent and Emergency Care Programme Board is driving forward improvements for a responsive and affordable urgent and emergency system that meets the population's needs. This includes preventative or activities to manage ill-health before it becomes an emergency, and timely and efficient patient flow, resulting in less ambulance handover delays and minimalising waits within Emergency Departments.
- Within the Integrated Care Strategy is a commitment to "Making the right service the easiest service to access and providing it as close to home as possible". Ensuring the UEC strategy delivers against this commitment will lead to better services and ultimately improved outcomes for patients across primary, community and acute services. Our plan over 5 years includes a focus on admission avoidance and integrating urgent care.

The six priorities are:

1. Population management - To apply population health management approach to identifying those most at risk
2. Care at Home - To maximise the coordination of services to proactively intervene early and prevent the deterioration of frailty and ill-health
3. Future model of urgent care - To establish a model of integrated urgent care that supports people to access advice and interventions.
4. Emergency care - To consistently demonstrate an effective and efficient emergency care provision.
5. Discharge and recovery - To have a 'zero delay' approach to discharge planning with coordinated support for people to optimise their recovery.
6. Operational resilience - To demonstrate effective resource allocation to de-escalate or prevent pressure.



4. What will we deliver and when?

Priorities	Deliverables	Year of delivery
Population Health Management	• Implement data gathering on health inequalities • Undertake population health assessments • Tailor approaches to people most-at-risk of requiring urgent & emergency care • Recovery of elective care waiting times	By 2024/25 By 2025/26 By 2025/26 By 2025/26
Care at Home	• Care at Home delivered by Integrated Neighbourhood Teams • Development of virtual hospital • Frailty competent workforce • Full coverage of falls response service	By 2025/26 By 2024/25 By 2026/27 By 2024/25
Future model of urgent care	• Improve same day urgent care pathways 24/7. • Delivery of a single point of access and enhance care navigation • Encourage people to use NHS111, mental health crisis support and HandiApp. • Enhance community-based services for people who do not need hospital care.	By 2024/25 By 2024/25 By 2026/27 By 2026/27
Emergency care	• Consistently achieve under 30 minutes category two ambulance response times. • Achieve high performing Emergency Departments • Implement 'front door' streaming to right care setting • Maximise same day emergency care, including access to diagnostics 7-days	By 2024/25 By 2026/27 By 2024/25 By 2026/27
Discharge and Recovery	• Commit to returning home sooner #Homeforlunch • Enhance Frailty Rehabilitation & Discharge pathways • Improve Discharge-to-Assess pathways across the system • Promote Home First and community support for patients	By 2024/25 By 2025/26 By 2025/26 By 2024/25
Operational resilience	• Operate a fully compliant System Coordination Centre • Conduct annual winter and surge planning • Run public awareness campaigns to support people to use the right service • Develop shared training, common approaches and local knowledge across the workforce • Operate 7-day working across urgent & emergency care	By 2024/25 Ongoing By 2024/25 By 2026/27 By 2026/27

5. Where you can find more detail?

The ICB and ICS system partners are refreshing the UEC Strategy, a link will be shared when this is available.

More information and context for the ICBs priorities can be found within the national recovery plan:

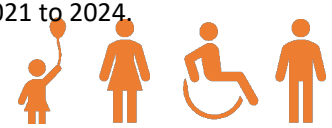
- B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf (england.nhs.uk)

Findings from Healthwatch talking to our patients will inform the focus of other workstreams to ensure care in the right place, at the right time, as close to home as possible, further engagement will be planned with Herefordshire:

What patients told us about why they "walk in" to A&E Departments in Worcestershire | Healthwatch Worcestershire

1. Why is this important?

- Every day, more than a million people benefit from the advice and support of primary care professionals – acting as a first point of contact for most people accessing the NHS & providing an ongoing relationship to those who need it. This enduring connection to people is what makes primary care so valued by the communities it serves.
- Despite this, there are real signs of genuine & growing discontent with primary care – both from the public who use it & the professionals who work within it. Across Herefordshire & Worcestershire 76% of patients rated their experience with their practice as good. National average is 71%. As an ICB we are ranked 6th best in the Country.
- There are a number of workforce challenges in primary care. Across Herefordshire & Worcestershire, just under 50% of the GP workforce are 10 – 15 years from retirement. Overall, there has been a reduction in the number of GP partners & salaried GP's from 2021 to 2024.

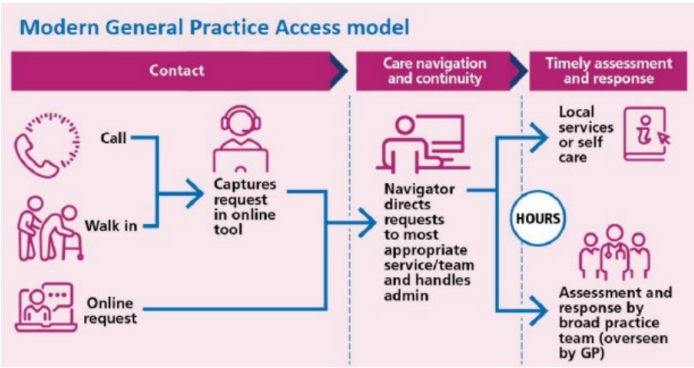


2. What have we delivered in our first year, 2023/24?

Primary Care Access Recovery Plan - Implementation of the local Herefordshire and Worcestershire Primary Care Access Recovery Plan, in year one of this two-year programme we have:

- Delivered 5.5 million appointments in General Practice. This is 18% more appointments than before the COVID-19 pandemic. GP Practices are now providing patients with access to around 500,000 appointments a month. This is almost 100,000 appointments per month more than pre-pandemic.
- 37 practices have commenced implementing the Modern General Practice Access (MGPA) model to tackle the 8am rush, provide rapid assessment and response and avoid asking patients to ring back to book an appointment. 72 practices (91%) to date have signed up to move to this in the next 2 years.
- 100% of practices have cloud-based telephony in place. 100% practices have released online access to patient records. 100% practices have a digital communication tool Accurx and 100% practices have Online Consultation solutions in place.
- Self-referral pathways for patients– adult audiology is now live with 4/5 providers enabled.
- Primary-Secondary Care Interface 'working better together principles' drafted with stakeholders. Developed implementation plans for key documentation for the areas of focus – eg discharges. A discharge template letter has been developed, ready for adoption across both Herefordshire and Worcestershire Trusts.

- The Herefordshire & Worcestershire ICB's published Primary Care Access Plan was approved by the H&W ICB Board on 15 November 2023, which can be accessed via the website at agenda item 10: PC Access Recovery Plan



- The ICB will support all practices to move to the Modern General Practice Access (MGPA) model over the next 12 months to improve ease of contact, patient experience and enable practices to better manage workload and demand.

Workforce

- Development of continued recruitment to ARRS roles, maximising available funding through oversight and assurance processes. 388 additional direct patient care staff recruited up to Mar 24, to contribute to our share of 26,000 national additional roles target.
- Workforce retention and wellbeing focus. Successful delivery of retention and recruitment schemes to General Practice with high uptake and positive feedback.
- Co-production of workforce priorities and actions across all partners.
- Primary Care participation in national staff survey. Local staff wellbeing survey undertaken.

Estates

- Finalisation of the PCN Clinical and Estates Strategies (Phase 2) and commencement of Phase 3 Integrated Estates programme in preparation for the development of the ICS Infrastructure Plan 24/25.

High quality, patients centred services: PRIMARY CARE SERVICES

Theme 11

3. What are the priorities going forward?

Enabling General Practice Strategy priorities

Planning and oversight is currently governed via the GP Sustainability and Transformation Forum, with overall accountability with the Strategic Commissioning Committee. Delivery via Herefordshire General Practice and General Practice Worcestershire Boards.

Integrated Neighbourhoods Teams – developing and supporting services delivered at a neighbourhood level – are central to transformation priorities of the Herefordshire & Worcestershire Integrated Care System

Enhancing services in primary care by prioritising workforce, estates and technology investment at a neighbourhood level will enable our citizens to have better local access to a wider range of services they need when they need it

Creating the conditions to better manage patient demand for primary care will enable GP practices to provide continuity of care to those who want and need it and give increased focus to prevention – support the ICS aspiration to reduce inequality and enhance outcomes.

All designed to ensure that the people who need and want to access primary care can get it, and that GPs have more time to provide continuity of care and deliver more preventative care going forward

5. Where you can find more detail?

- **Long Term Plan**
https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

- **Hewitt Review**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/1148568/the-hewitt-review.pdf

- **Fuller Stocktake**
https://www.england.nhs.uk/wp- content/uploads/2022/05/next-steps-for- integrating-primary-care-fuller-stocktake- report.pdf

4. What will we deliver and when?

Priorities	By Year 2	Year of delivery
Implementation of Fuller Report	• Lead & co-ordinate ICS response to Fuller & the moving towards a new model of care at Neighbourhood level. Starting in 2024\25 we want the System to orientate itself around 15 Neighbourhoods to reflect the needs of our Communities.	By 2024/25
General Practice	• Lead the co-production of a "Enabling General Practice" 3 year strategy with short, medium and long-term priorities beyond the ending of the PCN DES Network. Set in the context current pressures, whilst raising ambition. • Drive a standardised and consistent offer to all residents of the highest standard • Focus and target unwarranted variation across all practices and see an improvement across accessing and ease of contact with practices as well as a broad range of long term conditions • Co-produce with General Practice a transformation programme which supports all practices in reaching their potential and builds capacity within practices to manage change and drive improvement	By 2024/25
Primary Care Estates	• Develop the local Primary Care Estates Infrastructure Plan (Q2 24/25)	By 2024/25
Primary Care Access Recovery Plan	• Engage on at scale solutions which sit within our PCARP and use this as a springboard to resilience, sustainability and transformation • Lead and coordinate the response to Year 2 of the National Access Recovery Plan – supporting practices and PCNs deliver their Access Improvement Plans, navigating the national Improvement Programme and Support Level Framework to maximise implementation of transformation support tools locally to enact the necessary change.	By 2024/25
Delegated responsibilities	• Development of a dedicated 'Primary Care & Community Programme Board' to replace the current governance structure and provide an expanded platform to include Pharmacy, Ophthalmic and Dental delegated responsibilities which the ICB became responsible for from April 2023.	By 2024/25
GP Retention Review and refresh around	• Implement a GP Retention Plan and expect a drop in numbers leaving in early stage of their careers and a rise in well being • Review years 1 and 2 of – Enabling general practice and Dental Access strategy • Redefine priorities based on progress made and updated PCN/General Practice Contract from April 2024	By 2027/28 By 2024/25

General Practice Worcestershire's vision is to offer patient-centered healthcare which is high quality, cost-effective and fully integrated with our local partners to ensure a sustainable health service for our communities across Worcestershire. Our vision will be delivered by ensuring we have a happy, valued, supported multi-disciplinary workforce across General Practice.

What we delivered in 2023/24…

Access-

- ✓ Working towards delivery of the national access priorities including modern general practice access – with a number of practices going through the MGPA programme in year 1.
- ✓ Offered over **50, 000** additional same day appointments in addition to GP practice appointments and Enhanced Access.
- ✓ Supported the rollout of Your Health roving vans in Partnership with the ICB, Public Health and District Collaboratives

Workforce-

- ✓ Working towards supporting the ambition to recruit to the ARRS workforce to meet national targets
- ✓ Recruited an additional 86 WTE primary care network staff during 23/24
- ✓ Supported a further cohort of the partnership programme, in order to support the GP Partner model.

Sustainability

- ✓ **T**hrough General Practice Worcestershire Board, working to become a proven platform for future investment in general practice, supporting sustainable general practice and investment in care closer to the patient.
- ✓ Developed a new local enhanced services for Fractional Exhaled Nitric Oxide testing in general practice and expanding our safeguarding network model. Bringing new investment into general practice.

Delivery of Integrated Neighbourhood Teams

- ✓ **W**orking with the ICB, developed an overarching programme and timeline for implementation of the Fuller stocktake in Year 1, with phased delivery, via a Place-plan over the next five years.
- ✓ Continued District Collaborative working, with a focus on Prevention and Tackling Health Inequalities. Increase in community involvement in local services such as menopause, smoking cessation, ageing well, diabetes prevention events, as well as an increase in patients accessing screening services.
- ✓ Working with our Community and Acute partners on Frailty, Virtual Ward, Primary/Secondary interface.

Work with the ICB on the "Enabling General Practice" 3 year strategy

- ✓ General Practice Worcestershire Board established and includes elected practice manager, ICB, LMC. The Board held an all-practice event in November 2023 with partners from across Worcestershire.

What will we deliver over the next five years?

- **Access-** delivery of the national access priorities including integrated urgent care, direct access, improving prevention and tackling health inequalities, and supporting improved patient outcomes in the community through proactive primary care.

- **Workforce-** support the ambition to recruit to the ARRS workforce, stabilise general practice workforce including the partnership model and retaining the workforce including clinical roles in training. Development of a local general practice workforce strategy for Worcestershire to support Recruitment, Retention & Reform, working closely with Partners.

- **Sustainability**-Become a proven platform for future investment in general practice, supporting sustainable general practice and investment in care closer to the patient. Continue to deliver high quality, value for money services, harnessing the use of digital innovation in primary care where this supports patient need.

- **Delivery of Integrated Neighbourhood Teams -** continue with the programme and timeline for implementation of the Fuller stocktake with phased delivery, via the Place-plan over the next five years.

- **Deliver the general practice actions outlined in the "Enabling General Practice" 3 year strategy – progressing** beyond the ending of the PCN DES in 24/25, focusing on sustainable and resilience general practice.

High quality, patients centred services: GENERAL PRACTICE WORCESTERSHIRE

Theme 12

General Practice Worcestershire's vision is to offer patient-centered healthcare which is high quality, cost-effective and fully integrated with our local partners to ensure a sustainable health service for our communities across Worcestershire. Our vision will be delivered by ensuring we have a happy, valued, supported multi-disciplinary workforce across General Practice.

What we delivered in 2023/24…

- ✓ **Access-** working towards delivery of the national access priorities including integrated urgent care, direct access, improving prevention and tackling health inequalities, and supporting improved patient outcomes in the community through proactive primary care.
- ✓ **Workforce-** working towards supporting the ambition to recruit to the ARRS workforce to meet national targets by 23/24, stabilise the general practice workforce including the partnership model and retaining the workforce including clinical roles in training. We are working with General Practice colleagues across the ICS to develop a local general practice workforce strategy for Worcestershire to support Recruitment, Retention & Reform, working closely with Partners.
- ✓ **Sustainability**-through General Practice Worcestershire Board, we are working to become a proven platform for future investment in general practice, supporting sustainable general practice and investment in care closer to the patient. We will continue to deliver high quality, value for money services, harnessing the use of digital innovation in primary care where this supports patient need.
- ✓ **Delivery of Integrated Neighbourhood Teams -** working with the ICB, we have developed an overarching programme and timeline for implementation of the Fuller stocktake in Year 1, with phased delivery, via a Place-plan over the next five years.
- ✓ **Work with the ICB on the "Enabling General Practice" 3 year strategy -** with short, medium and long term priorities beyond the ending of the PCN DES Network, focusing on sustainable and resilience general practice.

What will we deliver over the next five years?

- **Access-** delivery of the national access priorities including integrated urgent care, direct access, improving prevention and tackling health inequalities, and supporting improved patient outcomes in the community through proactive primary care.
- **Workforce-** support the ambition to recruit to the ARRS workforce, stabilise the general practice workforce including the partnership model and retaining the workforce including clinical roles in training. We will develop a local general practice workforce strategy for Worcestershire to support Recruitment, Retention & Reform, working closely with Partners.
- **Sustainability**-Become a proven platform for future investment in general practice, supporting sustainable general practice and investment in care closer to the patient. We will continue to deliver high quality, value for money services, harnessing the use of digital innovation in primary care where this supports patient need.
- **Delivery of Integrated Neighbourhood Teams -** continue with the programme and timeline for implementation of the Fuller stocktake with phased delivery, via the Place-plan over the next five years.
- **Deliver the general practice actions outlined in the "Enabling General Practice" 3 year strategy – progressing** beyond the ending of the PCN DES in 24/25, focusing on sustainable and resilience general practice.

High quality, patients centred services: PHARMACY, OPTOMETRY AND DENTAL (POD)

Theme 13

1. Why is this important?

On the 1st April 2023, NHS England delegated the commissioning of the Pharmacy, Optometry and Dental (POD) services to H&W ICB.

The Office of the West Midlands (OWM) was established to support the six ICBs to deliver their commissioning responsibilities.

The Office of the West Midlands (OWM) is hosted by BSoL ICB who provide, oversight, leadership, and support for the workforce who were transferred from NHSE. This arrangement is supported by a formal hosting agreement between the West Midlands ICBs. All decisions are made through the 3 tier Joint Commissioning arrangement and their sub-groups which each ICB is a member of.

Herefordshire & Worcestershire has the Strategic Lead Role for POD services. What this means is – Simon Trickett, via the West Mids CEO Group is the Chief Exec lead for specific programmes such as developing a needs-based allocation formula to support Dental Services for example and escalating any issues to NHSE that may require dispute/resolution.

Specialised Services will be devolved in April 2024, and potentially services such as Childhood Vaccinations & Immunisations and screening programmes in the future.

Over the last 10 years there has been a decline in the number of Dental Practitioners providing NHS dental services to patients, this is particularly prevalent in Herefordshire and improving access to Dental services is a key priority in 2024/5.

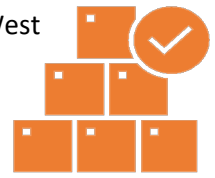
2. What have we delivered in our first year, 2023/24?

- Formal establishment of Joint Commissioning arrangements with West Midlands ICBs through the implementation of the Office of the West Midlands (OWM) and the implementation of a 3 Tier Governance Structure.
- Collaborated with the Office of the West Midlands (OWM) to develop a West Midlands wide Dental Strategy due to be published March 24.
- Draft Dental Equity Audit has been developed, which will inform future commissioning intentions, due to be published March 24.
- Successfully commissioned two new dental contracts in Hereford City, which will provide much needed additional dental access for around 7,000 residents.
- Developed relationships with Local representative Committees such as the Local Dental Committee (LDC), Local Optometric Committee (LOC) and Local Pharmaceutical Committee (LPC) to understand the challenges and opportunities for providers to inform future strategic commissioning intentions.
- Worked closely with Community Pharmacies to implement the community pharmacy element of the national Primary Care Access Recovery Plan. In the first year of this two-year programme we have:
  - Pharmacy first commenced for seven common health conditions at the end of January - Sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women without the need to visit a GP practice.
  - Oral contraception service has been expanded – in April 2023
  - Blood pressure check service has been expanded - encouraging utilising technology, to improve efficiency of referrals to community pharmacies. 89 pharmacies signed up to deliver service.
  - Discharge medicine service - Working closely with secondary care pharmacy teams to increase referrals into this service. All 3 NHS Trusts have commenced the service – next steps are full digital integration into discharge pathways.
  - Approved for 3 H&W sites to host Independent prescribing pharmacist clinics – acute conditions; contraception; hypertension and CORE20PLUS5 initiatives.

3. What are the priorities going forward?

Where next?

- Continue to focus on dental access and implement the National Dental Recovery Plan priorities.
- Implementation of local Dental Strategic Action Plan supporting the West Midlands Dental Strategy and West Midlands Dental Health Equity Audit.
- Continue to build relationships with Community Opticians, and the development of integrated pathways
- Work with Community Pharmacies to understand the impact of the Pharmacy First National Scheme and development of integrated pathways



4. What will we deliver and by when?

Priorities	Deliverables	Year of delivery
Primary Dental services	Development of a short, medium and long-term local strategic action plan for primary dental services to align with the National Dental Recovery Plan, West Midlands Dental Strategy and West Midlands Dental Health Equity Audit.	By 2024/25
Delegated respon sibilities	Development of a dedicated 'Primary Care & Community Programme Board' to replace the current local governance structure and provide an expanded platform to include Pharmacy, Ophthalmic and Dental delegated responsibilities.	By 2024/25
Implement the Dental Recovery Plan priorities	Implement the national New Patient Premium across all applicable Dental Contracts Increase/Rebase the average UDA value in line with the national average of £28	April 24
Increase Dental Access	Mobilisation of 2 new dental services in Hereford City to increase access for patients Plans to commence procurement for dental activity in Evesham in Q1 2024/25	June 24 April – June 24
Ophthalmic	Continue to build relationships with Community Opticians and develop integrated pathways where clinically appropriate	During 24/25
Pharmacy	Work with Community Pharmacies to understand the impact of the Pharmacy First National Scheme and further develop integrated pathways	During 24/25

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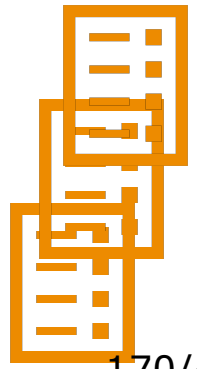
5. Where you can find more detail?

Faster, simpler and fairer: our plan to recover and reform NHS dentistry - GOV.UK (www.gov.uk)

Pharmacy First: what you need to know - Department of Health and Social Care Media Centre (blog.gov.uk)



High quality, patients centred services: SPECIALISED SERVICES

Theme 14

1. Why is this important?

Specialized Services are a diverse portfolio of NHS pathways accessed by a small group of people living with rare or complex conditions, including cancer, neurological, genetic and complex mental health needs – accounting for £4.1bn of NHS funding.

ICBs were established to work with all partners to create a system where decisions are taken as locally as possible.

The April 2024 delegation of 59 of the 79 specialized services means that ICBs will have decision making authority for these specialized acute services, thereby facilitating the provision of joined-up care for patients that supports integrated commissioning with a focus on local population health management, the tackling of health inequalities and ensuring best value.

What does this mean for the population of Herefordshire & Worcestershire – it means that the ICB will be able to influence the development of an integrated care pathway (for example, a cancer pathway) thereby ensuring that it reflects the local needs of our population.

2. What have we delivered in our first year, 2023/24?

2023/24 has been identified as the stepping stone to full delegation with a significant amount of joint work between NHSE and ICBs to facilitate the safe transition of the 59 services in 2024/25. During 2023/24 the 11 Midlands ICBs have work together jointly to gain assurance on 4 key domains:

- Quality, Finance and Contracting
- Resources
- Service Opportunity
- Delegation Risks

3. What are the priorities going forward?

The over-arching national priorities for Specialized Services in 2024/25 are:

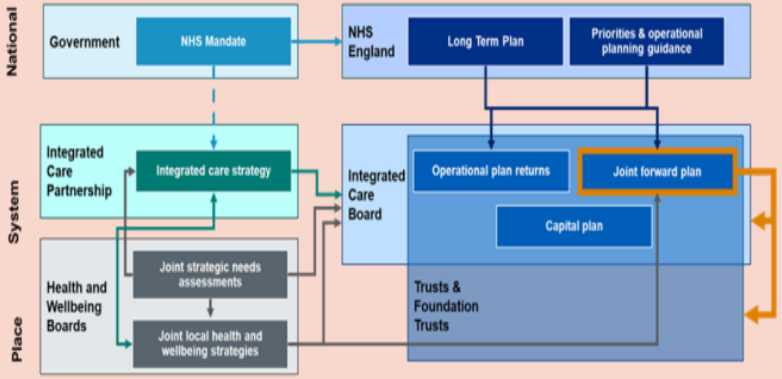
- Transformational recovery
- Tackling and reducing health inequalities
- Achieving financial stability

For 9 focus areas:

- Pediatric Critical Care
- Neonatal Intensive Care
- Haemoglobinopathy
- Acute Aortic Dissection
- Adult Critical Care
- Oncology Pathways
- Spinal Cord Injury
- Multiple Sclerosis
- Severe Asthma

High quality, patients centred services: SPECIALISED SERVICES

Theme 14

Priorities	Deliverables	Year of delivery
To demonstrate NHSE priorities align with wider system partnership (ICB) ambitions, support subsidiarity and be delivery focused.	Production of an Integrated Commissioning Plan for 24/25 building on existing local strategies and plans, emphasising collaboration with local entities, and reflecting universal commitments. Whilst maintaining a delivery focused approach, incorporating specific objectives, trajectories, and milestones to ensure actionable plans and measurable outcomes 	**2024/25**
	Delivery of the integrated commissioning plan	**2025/26 and beyond**

5. Where you can find more detail?

NHSE Midlands

Plan not published yet – Link to be included pre-publication

Joint forward plan – 24/25

Appendix 2: Strategic Enablers – Cross cutting themes

The section also identifies **how key enabling strategies** will be delivered to support the improved outcomes described in the core areas of focus section.

The section also describes the **strategic system developments** that will ensure that the system has the right structures, capacity and capabilities to deliver the plan.

Version: Final Draft 22ND May 2024

Strategic Enablers - cross cutting themes and strategic development areas

Cross Cutting Themes

Underpinning and supporting delivery of the core areas of focus outlined in Appendix 1 are a set of strategic enabling functions. These "cross-cut" all service areas and are fundamental components of delivering high quality, patient centred integrate services:

1. **Quality safety and patient experience**
2. **Clinical and care professional leadership**
3. **Medicines and pharmacy**
4. **Health inequalities**
5. **Prevention**
6. **Personalised care**
7. **Working with communities**
8. **Commitment to carers**
9. **Support veteran health**
10. **Addressing needs of victims of abuse**
11. **Digital, data and technology**
12. **Research and innovation**
13. **Greener NHS**

Strategic System Developments

In addition, there are a suite of strategic system developments that will support improved ways of working to maximise the opportunity for integration, enable greater focus on upstream prevention and delivery of best value health care in the right settings:

14. **Mental health collaborative**
15. **NHS Trust collaboratives**
16. **One Herefordshire Partnership**
17. **Worcestershire Place Partnership**
18. **Office for the West Midlands ICBs**

Together these supporting enablers provide the platform from which local NHS and Primary Care Partners can work together to deliver the priorities set out in the Integrated Care Strategy, the two Joint Local Health and Wellbeing Strategies and the NHS Long Term Plan

1. Quality, Safety and Patient Experience

Theme 1

Why is this important?

- What matters to people matters to us
- We have collective and individual responsibility to act in a manner that seeks to eliminate avoidable harm and safeguard those in need of health and social care
- ICB has a Duty to ensure continuous quality improvement and as an ICS we are committed to this
- Learning and improvement cultures enable collaboration that leads to assurance of sustainable improvements in safety, clinical effectiveness and personalised experience

What have we delivered in our first year 2023/24?

- Cross system working on driving improvement across Maternity services culminating in CQC rating of 'good' for maternity care across the system
- Improved partnership working across safeguarding
- Embedding cohesive system working across IPC practices

What are the priorities going forward?

- Improving indicators and experience of emergency care
- Meeting or exceeding agreed thresholds for Health Care Acquired Infections.
- Safeguarding - deliver on implementation of the new statutory guidance Working Together to Safeguard Children 2023
- Progress with improving aspects of patient safety described in each Trusts Patient Safety Improvement Plan within our ICS, building a culture that supports improvement (through PSIRF implementation)
- Delivering the national ambition to reduce still births, maternal and neonatal deaths and intrapartum brain injury
- Improve services and outcomes for local people through implementing the Quality Transformation programme for Mental Health (including Culture of Care workstream).
- Increase awareness and system commitment to Trauma informed approaches to care delivery.

Where can we see more detail?

System wide PSIP on ICS webpage

ICS System Quality Group

The ICS System Quality Group met bi-monthly during 2023/24. The key aim of the group is to generate a shared commitment to improving quality and enable progress to be made on key system wide priorities.

The Group consists of key senior leaders from across the ICS and partner organisations who have a commitment to continuous quality improvement. Through discussion on key agenda items members have started to establish agreement about key cross cutting system priorities for improvement that are not otherwise managed through ICS Programme Boards.

During 2023/24 members have shared learning themes generated from organisation, 'place', system or Regional level processes, for the purpose of enabling system wide improvement.

What are we measuring?

During 2024/25 population health level dashboards will provide refreshed opportunities to understand what matters to people and track progress against priorities

- Rates of infection and antimicrobial prescribing
- Trends in mortality from specific causes and excess mortality
- Key metrics aligned to Saving Babies Lives Care Bundle
- Metrics agreed within each Trust and the ICS Patient Safety Improvement Plan

Who is accountable?

ICS Forum for HCAI, Local Maternity and Neonatal System Board, ICS Mental Health Collaborative, ICS System Quality Group

Next steps

Continue working with partners across the system and regulators to agree, through the ICS System Quality Group, key system quality priorities that add value over and above the quality focus of each of the ICS Programme Boards.

2. Clinical and Care Professional Leadership

Theme2

Why is this important?

As a system we are committed to embedding clinical and professional leadership throughout Primary Care Networks, neighborhood's, place and system structures and in our multidisciplinary forums across Herefordshire and Worcestershire. We have very string Clinical and professional Leadership forums in our two places, which are key but also are devleoping a culture of grass roots clincial engagement in service redesign, the system is held acocuntable to this through the Clinical Advisory Subcomiitee which oversees Clinical transformation and policy.

Clinical and professional leaders

- Are trusted voices – connected with patients, communities and people working in health and care services
- Have the knowledge and expertise to make difficult decisions about how to use our limited resources most effectively, taking account of these int eh decisions they make
- Can use their diverse professional voices to create innovative solutions to problems
- Work effectively together across system and place, avoiding duplication, adding value, making a difference
- Are committed to collaboration and will seek to understand each others' professions and the unique contribution they make to improving health and care outcomes for local people – Including those who haven't been as involved in the past.
- Will make time for networking and building relationships across sectors
- Build on good practice and what works well, understanding that the transition to statutory ICS is an opportunity
- Embody leadership values and behaviours reflecting and connecting place and system

What will we deliver and when?

Clinical and Care leadership through delivering priorities: There is a strong clinical presence in the existing governance structures in H&W that support clinically led decision making

- Clinical leadership in the delivery of the **Getting it Right First Time** (**GiRFT) priority clinical areas**, focused on clinical productivity as a key enabler for reset and recovery and supporting the best use of resources programme.
- ICB Medical director, chair the **Quality, Delivery and Oversight** group and **Clinical advisory sub-committee,** providing support and challenge around solution focused decisions.

Who is accountable?

Clinical leader are in post to increase the capacity and capability in the ICB, driving improvement and transformation, Reporting to the CMO:

- Deputy Chief Medical Officers
- Interim Chief Clinical information officer
- Primary care, Veteran, military health and Vaccinations
- Clinical lead for social change
- End of life
- Ageing well and frailty

Where can you see more detail and get involved?

- The Clinical and Care Professional Leadership Framework describes the approach.

3. Medicines and Pharmacy

Theme 3

Why is this important?

- Medicines are the most common medical intervention in the NHS[1] and are an important part of preventing disease or slowing disease progression.
- An NHS survey[2] in 2016 found 48% of adults had taken at least one prescribed medicine in the last week.
- In December 2023[3], 6.7% of over 75s in H&W were prescribed 10 or more regular medicines in primary care compared to a national average of 9.82%.
- However, medicines are not always taken correctly, and it has been estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended.[1]
- The World Health Organisation[4] estimated that in some countries approximately 6-7% of hospital admissions appear to be medication related; two-thirds of which are considered avoidable. The problem is likely more pronounced in the elderly, because of multiple risk factors, one of which is taking multiple medicines.
- The NHS in 22-23 spent £18.5 billion on prescribed medicines in primary care in England.[5] H&W annual spend on medicines is in excess of £230 million, with approximately £152 million in primary care.
- Antimicrobial resistance (AMR) which is the loss of antimicrobial effectiveness is increasing. The UK Government recognizes this and supports effective and careful use of antimicrobials (antimicrobial stewardship AMS) in the NHS. [6]
- Community pharmacy is an essential part of primary care, offering easy access to health services with 80% of people in England living within a 20-minute walk of a pharmacy.[7] Community pharmacy is delivering an increasing number of clinical services, supporting the primary care access recovery plan.
- The expertise of pharmacists and the role of pharmacy technicians has evolved and expanded significantly to deliver clinically focussed person-centred care integrated into multidisciplinary care teams and local systems across primary care, in general practice, in community care and in hospital pharmacy. This has led to pressures within the existing workforce which combined with the reforms to Foundation Year (FY) training for pharmacists makes workforce a key priority.[8]

Who is accountable?

- Medicines and Pharmacy Board, involving representatives from all sectors of the pharmacy profession across the ICS, with oversight of the Medicines and Pharmacy Strategy.

What will we deliver and when?

- Our vision is to ensure the population of Herefordshire and Worcestershire receive safe and effective access to medicines and technologies at the right time and in the right place. Working collaboratively, we will strive to improve and transform services, reduce health inequalities and deliver new ways of working, always keeping the population and patients at the heart of activity.

References

1. NICE Medicines Optimisation Quality standard Introduction | Medicines optimisation | Quality standards | NICE
2. HSE 2016 Summary of findings (hscic.gov.uk)
3. Data from Epact polypharmacy dashboard
4. World Health Organisation Medication Errors
5. NHSBSA: Prescribing Costs in Hospitals and the Community
6. NICE. Antimicrobial Stewardship
7. Delivery plan for recovering access to primary care. May 2023
8. NHSE. Initial education and training of pharmacists (IETP) reform. February 2024

3. Medicines and Pharmacy

Theme 3

	Our key priorities are:	What we have delivered in 2023/24	What we plan to deliver in 2024/25
Improve Health Outcomes	• Defined clinical use of medicines and technologies across the ICS through up to date and approved clinical policy, guidance and position statements.	• The introduction of key new technologies for chronic kidney disease, diabetes, heart failure, migraine, and weight management. • Roll out of online dressings ordering to community trust staff. • Horizon scanning and planning for new interventions anticipated during 2024/25. • Managing National Patient Safety Alert on valproate • Policy development to support medicines access for patients after they have been in hospital under the Mental Health Act.	• Introduction of anticipated new medicines for endometriosis, kidney disease, migraine, and weight management. • A 5 year plan for hybrid closed loop systems for managing blood glucose in type 1 diabetes. • Extension of the eligibility for COVID-19 treatments • Ongoing work in relation to the National Patient Safety Alert on valproate
Reduce Avoidable Harm	• Working across all sectors to co-ordinate work designed to improve medication safety focusing on high-risk medicines. • Focus on safety as patients move between organisations eg. discharge from hospital with changes to medicines supported by the Discharge Medicines Service (DMS) across the ICS. • Increase system awareness and undertaking in medicines audits. • Support and implement local antimicrobial stewardship (AMS) plans.	• Infrastructure to implement a local Community Pharmacy Intervention Scheme. • Introduction of Discharge Medicines Service • Use of structured medication reviews to focus on patients at high-risk of hospital admission due to medication. • Development of an AMS strategy. • Primary care audit of antimicrobial prescribing.	• Implementation of a Community Pharmacy Intervention Scheme. • Increasing the use of the Discharge Medicines Service • Introduction of an ICS Medicines Safety Group • Production of a primary care AMS dashboard to focus on total antimicrobial prescribing, course length and choice of antimicrobial agent.
Productivity & Achieving Best Value	• Working with clinicians to ensure cost effective medicines choice and reducing use of medicines or technologies considered ineffective or low priority.	• Initiatives to promote use of cost-effective products including treatments for eye disease and blood thinning through: ➢ Primary care contracts ➢ Agreed guidance and position statements • Introduction of a digital prescribing support system. • Improved use of technology e.g Electronic Prescribing and Medicines Administration system (ePMA)	• Introduction of biosimilar medicines, as they become available, across dermatology, gastroenterology, rheumatology and diabetes. • Review available medical retinal treatments. • Improve use of blood glucose testing strips with the lowest acquisition costs.
Service Delivery & Sustainability	• Develop a pharmacy workforce plan to help build a sustainable workforce across all sectors of pharmacy • Using community pharmacy professional expertise for common conditions management; safe medicines use following hospital discharge; blood pressure checks; contraception services; vaccination services and new clinical services as they are introduced. Ensure referral pathways are robust for complete episodes of care.	• Production of Pharmacy Faculty workforce newsletters, attendance at careers/recruitment events and supporting providers with the Foundation Year training reforms. • Increased awareness and use of Community Pharmacy Consultation Service (CPCS). • Introduction of Pharmacy First and preparation for Community Pharmacy Independent Prescriber Pathfinder Programme. • Working together locally and across the Region to understand and plan for future service needs to support the aseptic (sterile) preparation of medicines. • Introduction of the digital 'Pharmacy Connect' to promote good communication between professionals and pharmacists working in different sectors	• Launch of Community Pharmacy Independent Prescriber Pathfinder Programme. • Development of strategies for workforce and community pharmacy to complement the overall Medicines and Pharmacy Strategy. • Explore options for improving the number of pharmacist FY placements in Herefordshire and Worcestershire e.g. by creating a database of Designated Prescribing Practitioners (DPP) and supporting existing pharmacist Independent prescribers to become DPPs • Increase pharmacist use of 'Pharmacy Connect' • Further increase vaccination programme delivery via community pharmacies
Greener NHS	• Promote the use of environmentally friendly medicines and packaging	• Ensuring sustainability considerations for all new medicine applications. • Promoting switches away from unit dose eye drops to alternative preservative free eye drop bottles. • Eliminating the use of desflurane by using lower carbon anaesthetic gases	• Improve use of inhalers with a lower carbon footprint • Consideration of available medicine/device recycling schemes. • Identifying solutions to reduce use and waste of nitrous oxide

4. Health Inequalities

Theme 4

Why is this important?

- ICB's and Local Authorities have legal duties to have regard to reduce health inequalities
- The NHS Long Term Plan requires every local area to develop plans and take action to reduce health inequalities
- The range in life expectancy across the social gradient of the region is 7.9 years for men and 5.9 years for women in Worcestershire; (Worcestershire JSNA 2022)and 5.4 years for men and 4 years for women in Herefordshire (Herefordshire JLHWS 2023)
- Marmot Review estimated that health inequalities cost society £31bn in lost production per annum to local and national economies
- Higher burden of disease in most deprived neighbourhoods costs NHS 22% more per woman and 16% per man, than in least deprived areas

What have we delivered in our first year 2023/24?

- ICB allocated over £5.3m to work programmes that have tackling health inequalities as their core purpose. With most funding allocated out to Primary Care Networks (PCNs) at almost £3.7m to support the development and delivery of local health inequality plans as part of the Clinical Excellence and Investment Framework (CEIF).
- Analysis of patient waiting lists in elective care through a health inequalities lens and applied this to ED activity to help inform targeting of programmes of work to support the most underserved. Initiatives include the high intensity user programme and a locally commissioned outreach service.
- Commissioned an outreach prevention service in Herefordshire and Worcestershire, targeting our most underserved communities offering a range of services to meet individual needs.
- Outreach service has provided opportunistic earlier detection of atrial fibrillation, high blood pressure/ hypertension, diabetes/ lipid management and delivered GP registration as well as NHS Health Checks.
- The personalised care approach has enabled the service to meet individual needs along with an accessible service.
- Early research and evaluation by Worcester University has provided Plan, Study, Act, Do cycle ensuring the services continually improve and flex the local needs and insight.

What are the priorities going forward?

- The aim of the ICS Herefordshire & Worcestershire strategic intent is to make addressing health inequalities everyone's business. To do this by creating the environment where services support early intervention and prevention. Thus, reducing demand and long-term reliance on the health and care service; avoidable expenditure making services more sustainable.
- A plan has been developed translating the strategic intent into action and this will be delivered over the next year, establishing and developing the first Health Inequalities Ambassadors network for Herefordshire and Worcestershire aligned to the national Core20PLUS Ambassadors initiative, working with the support of NHSE nationally and regionally.
- Maximising on our accessible outreach prevention services by removing barriers to employment opportunities with health and care, promoting opportunities and supporting our most underserved communities to get into work.
- Focusing on the impact of trauma informed care as a golden thread, building on the commitment of the Integrated Care Partnership Assembly.

What are we measuring?

- Development of a Health Inequalities, Prevention and Personalised Care dashboard bringing together the agreed deliverables into a single view to track progress against trajectories (Q2 2024)

Who is accountable?

- Health Inequalities SROs have been identified within ICB and across all provider Trusts
- Responsibility and delivery of reducing health inequalities sits at system, Place, PCN and neighbourhood level – as such it should cut across all work
- An ICS Health Inequalities, Prevention and Personalised Care Board brings together representation across all the system programme and enabler Boards, with each having a dedicated named individual as the Health Inequality Ambassador. Representation cuts across VCSE, Healthwatch, Primary Care, Providers and includes Directors of Public Health. This Board's function to ensure the strategic intent of making health inequalities everyone's responsibility is realised through the application of health inequalities lens to all the work that we deliver to realise a close in the gap in healthcare inequalities through targeted prevention work.

Where can you see more detail and get involved?

Core20PLUS5

Strategic approach and agreement on PLUS groups.

- Delivery at place through PCNs, Districts Collaboratives, partnerships at Place and neighbourhood level.

CORE20PLUS5 (england.nhs.uk)

CORE20PLUS Children and Young People(england.nhs.uk)

5. Prevention

Theme 5

Why is this important?

- Integrated Care Boards have a duty under Section 14Z34 of the Health and Care Act 2022:

"Each integrated care board must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness".

What have we delivered in our first year 2023/24?

- Tobacco Dependency service fully implemented across all acute inpatient and maternity services in H&W as of January 2024. This achieves the Long Term Plan (LTP) deliverable of all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services by 2023/24 (exc. Mental Health inpatients).
- There have been 1,813 eligible referrals into the Digital Weight Management Programme (DWMP), achieving the target of 85%. H&W ICB are currently the third highest referrer into the programme for the Midlands region as well as having the highest number of practices referring into the programme (90%). Mapping of high deprivation areas has been undertaken to establish GP Practices with a high proportion of patients in IMD1 and IMD2.
- T2 weight management programmes - National Diabetes Prevention Programme (NDPP) introduced targeted work to increase self-referrals into the programme. Type 2 Diabetes Pathway to Remission (T2DR) launched in September 2023 - the ratio of acceptance into the programme is higher than anticipated and above levels seen in other ICBs.
- CVD strategy has been drafted. An ICB Workshop was held in November 2024 to discuss opportunities to raise profile of national CVD high impact interventions.
- The development of a local dashboard and intelligence to map the patient journey. This work will complement the CVD Prevent Dashboard and information on this has been shared to promote engagement.
- Prevention outreach response services launched in both Herefordshire and Worcestershire, providing opportunistic testing of AF, blood pressure and lipid optimisation to our most underserved communities.

What are the priorities going forward?

- Developing and delivering a local strategy for Immunisations – Improving access, targeted outreach, integrated into the broader prevention and screening offer
- Introduction of Tobacco Dependency treatment services across Mental Health inpatient wards in H&W, leading to full implementation.
- Facilitation of an ICS Tobacco Control Strategy Event in Autumn of 2024. Purpose is for Places to explore and develop independent tobacco control strategies supported by ICB as system leaders.
- Targeted work for DWMP around eligibility criteria, direct work with the GP practices who are not currently referring into the programme to increase referrals and exploration of ways to engage high deprivation areas for DWMP and NDPP. A broader review of Weight Management pathway.
- Continuation of prevention outreach service across both counties – targeting of unregistered and most underserved populations. Ensuring enhancement of cardiovascular disease and lipid prevention pathways, across the ICS footprint.
- Supporting Public Health colleagues and partners with the Loneliness and Isolation work within Worcestershire – e.g. community grants, development of action plan.
- CVD strategy to be incorporated into a newly developed Long Term Conditions strategy.
- Education session focussing on lipids to be delivered by CVD Clinical Lead.

What are we measuring?

- A key element to the NHS LTP is tackling tobacco dependence, as tobacco smoking is the largest modifiable risk factor for health. The NHS will contribute to reducing the number of people smoking tobacco by delivering on the commitments outlined in Chapter 2 of the document: Prevention and Health Inequalities.
- To help tackle obesity, the LTP states that the NHS will provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ *(also outlined in the above link to Chapter 2 of the LTP).*
- These metrics will be encompassed as part of the development of a Health Inequalities, Prevention and Personalised Care dashboard bringing together the agreed deliverables into a single view to track progress against trajectories (Q2 2024)

Who is accountable?

SROs in place across the system organisations for Prevention.

- An ICS Health Inequalities, Prevention and Personalised Care Board brings together representation across all the system programme and enabler Boards, with each having a dedicated named individual as the Health Inequality Ambassador. Representation cuts across VCSE, Healthwatch, Primary Care, Providers and includes Directors of Public Health. This Board's function is to ensure the strategic intent of making health inequalities everyone's responsibility is realised through the application of health inequalities lens to all the work that we deliver to realise a close in the gap in healthcare inequalities through targeted prevention work.

Where can you see more detail and get involved?

- Information relating to the Long Term Plan priorities can be found here.
- Data is collated on the Regional Dashboards which can be accessed through the FutureNHS Collaboration Platform.
- Details around Your Health and Talk Wellbeing can be found on the ICS website. Information around what the service entails and upcoming events are included:
- Your Health – Worcestershire
- Talk Wellbeing – Herefordshire

6. Personalised Care

Theme 6

Why is this important?

Personalisation means health and care services delivering what matters most to each individual in a way that meets them where they are at. Engagement with our local population has told us that this relies on people having clear expectations of what is expected of them and what they can expect of their health and care professionals and services. Services are then able to offer support that is appropriate to the individual's level of need, making the best use of resources and getting the individual to the right support at the right time.

The Comprehensive model of Personalised Care outlines a three-tier approach to implementation: Universal (whole population) interventions; interventions targeted at those with Long-Term Conditions (LTCs) (30% of the population) and specialist interventions (5% of people with complex needs) (NHS, 2019). The NHS Long Term Plan outlines six interlinked components which underpin delivery: Shared Decision Making (SDM); Enabling Choice; Social Prescribing; Supported Self-Management (SSM); Personalised Care and Support Plans (PCSPs) and Personal Health Budgets (PHBs).

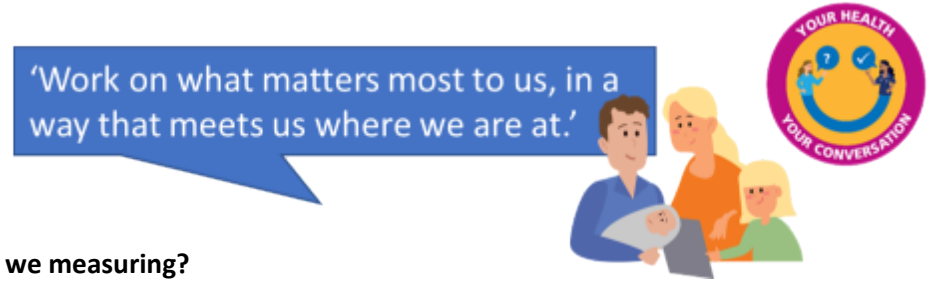
Supporting people with LTCs to self-manage is critical to addressing the rapidly growing demand this population represents . Our approach to supporting people to live well with their LTCs is to to raise awareness of how an individual's knowledge, skills and confidence, also termed activation, impacts on their ability to self-manage.

What have we delivered in our first year 2023/24?

- Developed and enhanced our training offer through the ICS Exchange platform. This now includes a Health Literacy training package and more modular and practical training.
- Health literacy network established, which is developing system wide health literacy commitments and a self-assessment tool to assess organisational maturity.
- Personalised Care Toolkit developed to support system wide colleagues to implement personalisation approaches.
- Multiple examples of patient information improvements across the system, e.g. Pulmonary Rehabilitation Guide, Endometriosis and Frailty videos. This also includes the continued delivery of the Health and Wellbeing and LTC video library.
- Family Coaching service pilot evaluating positively and extended until Q2 24/25.
- Supporting You service pilot (for high intensity users of urgent and emergency care services) evaluating positively.

What are the priorities going forward?

- Continuation of the Supporting You Service.
- Continuation of the Family Coaching Service.
- Continuation of the Health Literacy programme.
- Continued development and delivery of the Health and Wellbeing and LTC video library.
- Development and integration of personalised care ARRS roles.
- Development of Personal Health Budget (PHB) offer outside of continuing health care.
- Development of Peer Support Worker offer.
- Embedding use of Patient Reported Experience and Outcome measures across priority LTC services.
- To have a functional dashboard to measure the impact of personalisation.



What are we measuring?

The dashboard that is in development is anticipated to measure: numbers of PHBs, number of personalised care and support plans (PCSPs), numbers of ARRS role team members and referrals to their services, the number of people accessing personalised care training and the number of registered carers. There are also specific outcome measures in place for the services that are being piloted and for the video library.

Who is accountable?

The Health Inequalities, Prevention and Personalisation Board is responsible for delivery of Personalised Care. This is a system wide meeting, with membership across health, the local authority and the Voluntary, Community Social Enterprise. The SRO is the ICB Chief Nursing officer.

Where can you see more detail and get involved?

Health Literacy - https://teamnet.clarity.co.uk/Topics/ViewItem/5813997c-1f90-477c-9de9-b10e00e42f56

Personalisation Toolkit - https://teamnet.clarity.co.uk/Topics/ViewItem/1680689e-80fe-4368-898e-b086007d97da

Any queries, please email: hw.personalisedcare@nhs.net

7. Working with Communities

Why is this important?

Our ambition is to place greater emphasis on early engagement and ongoing dialogue and partnerships with people and communities. From these early, open and genuine conversations we can work together with local communities, who are often better placed to create solutions to the health challenges we face.

By understanding our communities, working collaboratively to deliver our 10 Principles:

1. Put the voices of our people and communities at the centre of decision-making and governance
2. Strategic engagement early when developing plans
3. Understand our communities' needs, experience, ideas and aspirations for health and care
4. Build relationships with excluded groups, especially those affected by inequalities
5. Work with Healthwatch and the voluntary, community and social enterprise sector
6. Provide clear and accessible information about plans and services
7. Use community development approaches that empower people and communities
8. Use co-production, insight and engagement to achieve accountable health and care services
9. Co-produce and redesign services and tackle system priorities in partnership with communities
10. Learn from what works and build on the assets of all health and care partners

What have we delivered in our first year 2023/24?

During 2023/24 we have worked with all of our partners across the system to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This has included supporting people to sustain and improve their health and wellbeing, as well as working with people and communities to develop our plans and priorities, address health inequalities, and co-design services that equitably address the health challenges that our population faces. Our key deliverables are detailed within the People and Communities Annual Reports and the Insights Reports:

1. People and Communities Annual Report – These reports are published annually and detail how the ICB has worked with ICS partners to engage with people and communities at a system, place and local level.
2. Insights Report – Published quarterly, these reports collate soft intelligence and highlight key themes from the feedback garnered from people, communities and ICS partners, from across Herefordshire and Worcestershire. These insights are fed back to the key ICS and ICB decision makers for their consideration and to highlight any cross-cutting themes between services and areas of focus.

Specific examples of our work include:

1. ICB Engagement Framework – An engagement exercise conducted to seek the views on how the ICB should engage with local people and communities. This exercise collated public feedback on how the ICB could be working with and listening to people across Herefordshire and Worcestershire. This exercise was part of the ICB's commitment to the ICS Engagement Strategy. The feedback received will be used to inform a Herefordshire and Worcestershire ICB communications and engagement framework.
2. Multiple Long Term Conditions –This engagement exercise sought the views and stories of people living with multiple long-term conditions. It focused on how people with multiple long-term conditions felt they were managed and supported by NHS services in Herefordshire and Worcestershire. The feedback received will be used to inform the Herefordshire and Worcestershire ICB LTC Strategy.

Priorities going forward

Our priorities for engagement remain the same. We intend to:

- Listen more and broadcast less, and where engagement is an ongoing and iterative process focused on what matters to people, not something 'done once'
- Hold ongoing conversations with communities about healthcare, built around community groups, forums, networks, social media, and any other place where people come together as a community
- Provide clear and timely feedback to local people about the impact of their involvement
- Develop plans and strategies that are fully informed by engagement with the public and patients
- Use insights and data to improve access to services and support reduction of health inequalities
- Focus on early prevention and supports communities to develop their own solutions to improving their health and wellbeing

Specific programme areas of focus:

- Prevention
- Stroke Services
- Primary Care
- Dental access

What we're measuring

- The ICB's compliance with undertaking our legal duties to involve the public in decision-making about NHS services.
- The feedback, sentiment and key themes that we have gathered from undertaking engagement with people and communities in Herefordshire and Worcestershire.
- The demographic details of the people and the communities we engage with. This is to ensure that we are listening to a wide and diverse range of people, and to highlight where more engagement needs to be undertaken with specific people, groups and communities.

Who is accountable?

- NHS Herefordshire and Worcestershire Integrated Care Board is responsible for ensuring that the statutory duty to involve are met across the system.
- The ICB is responsible for arranging effective health and care services for the Herefordshire and Worcestershire population; demonstrating that decision-making is clearly informed by insight
- Herefordshire and Worcestershire Integrated Care Partnership Assembly is responsible for ensuring that strategies for health and wellbeing are based on the needs and aspirations of local communities, and open to scrutiny and challenge
- The One Herefordshire Partnership and Worcestershire Executive Committee are responsible for delivering health and care services shaped by local need

Where can you see more detail and get involved?

Please see our strategy 'Working with people and communities in Herefordshire and Worcestershire' or for more information or contact the ICB Engagement Team.

8. Commitment to Carers

Theme 8

Why is this important?

Carers are a diverse group, and every caring situation is unique. Carers are people who care for a family member, a friend, or another person in need of assistance or support with daily living. They include those caring for children who have a disability or additional needs, older people, people living with long-term medical conditions, people with a mental illness, people with a disability, people with addiction, people experiencing substance misuse and those receiving palliative care.

The degree to which a carers own life is impacted by their caring role will vary. Parent carers are most likely to be caring the longest and experience the greatest financial impact. Some carers may find themselves caring for more than one person. The physical demands of caring may be greatest for those whose cared for is disabled or is frail. The emotional demands on carers may be greatest for those caring for someone at end of life or caring for someone with poor mental health.

According to the last Census (2021), there were 16,501 and 52,547 carers in Herefordshire and Worcestershire respectively, of which 7,701 (47%) and 25,171 (48%) care for more than 20 hours a week. This represents a rise in proportion of carers providing higher levels of care than in the previous census (around a third). Carer support organisations are in touch with 5,500 carers in Herefordshire, and 14,547 in Worcestershire. Worcestershire Association for Carers receives around 600 referrals per month, 85% of which result in 1 to 1 support. Local intelligence tells us that the complexity of caring roles is increasing. This includes carers maintaining responsibility for increasingly complex clinical needs against increasingly stretched finances. The number of carers is expected to rise by at least 60% by 2030 (Carers Trust).

By supporting carers, we enable people to remain living well within their communities, reducing the demand on health and social care and improving the health and wellbeing of both the carer and the cared for.

What have we delivered in our first year 2023/24?

1. Continued to support system partners to progress against Commitment to Carers statements.
2. Facilitated regular ICS Carer Reference Group (CRG). Key areas progressed include:
    - Empowering Carers at Discharge – checklist and care planning tool.
    - Continued delivery of carer awareness and shared decision-making training.
    - Improved recording of carer status across system partners.
    - Herefordshire carers strategy refresh.
3. Enabled opportunities, through the CRG and place-based forums, for carers to share their views and lived experience, and contribute to co-production of improvements in carer support.
4. Incentivised the following areas in primary care through the 2023/24 CEIF contract:

- Identification of GP practice carers lead.
- Delivery of carer awareness training.
- Drive to increase the number of carers identified and recorded in EMIS.
- Signposting to local carers support.
- Proactive offer of other support to carers, e.g., social prescribing.

What are the priorities going forward?

1. Continue the drive to recognise and support more carers across the system.
2. Work with Primary Care partners to define carers lead role, continue to roll out training, continue to identify more carers and to further develop their support offer.
3. Utilise the Accelerating Reform Fund allocation to enable improvement in carers support across Herefordshire and Worcestershire.
4. Continue to support carers forums across the two counties, strengthening the carer voice in planning and provision of services.

What are we measuring?

1. The number of carers identified across the system.
2. Number of Carer leads and their access to Carer Awareness training.
3. Qualitative progress towards the system Commitment to Carers by each provider organisation.
4. Feedback on patient and carer experience of services via periodic Healthwatch surveys

Who is accountable?

The Carers programme is a component of the Personalised Care programme and accountability sits with the Health Inequalities, Prevention and Personalisation Board. The Carers Reference Group was established to develop and enable delivery against our system commitment to carers. These commitments are integral to place based Carer Strategies held by our County Councils.

Where can you see more detail and get involved?

Visit the ICB carers resource hub: [Resource Hub for Family, Carers and Loved Ones :: Herefordshire and Worcestershire Integrated Care System (hwics.org.uk)]

9. Supporting the Armed Forces Community

Theme 9

Why is this important?

The Armed Forces community is made up of serving personnel, veterans and their Family's and carers. There are an estimated 2.4 million veterans living in the UK. Within Herefordshire and Worcestershire there are currently approximately 30,000 military veterans. Herefordshire and Worcestershire ICB has a high density of veterans making up about 4.7% of the patient base. The Armed Forces Act 2021 makes it a legal duty on specified public organisations to have due regard to the principles of the Armed Forces Covenant when exercising their functions. These duties apply to ICBs. As an ICB we are working with system partners to give due regard to the health and social care needs of the Armed Forces Community in the planning and commission of services. We are working on building our engagement with this community to build our understanding for how we can support their health and wellbeing.

What have we delivered in our first year 2023/24?

Within the first year alongside signing the armed forces covenant, the ICB has been an integral part in supporting this cohorts through both primary and secondary care. Leads from the system were invited to an Armed Forces Health Symposium where there were valuable conversations to take away to help deliver the promises to the Armed Forces Community.
With the introduction of the Talk Wellbeing Service in Herefordshire, they have reported a large number of veterans engaging with their services and through the training which has been undertaken by the team has supported clinicians in engaging with this group.
More practices in Worcestershire are signing up to the veteran friendly practice scheme too with compared to the first year we are nearly 10% higher in sign up rates.

What are the priorities going forward?

Within the next year it is key to ensure that we can continue to keep signposting the Armed Forces community to healthcare available within the system and to continue the identification of them within the healthcare system.
We will continue to encourage practices to sign up to the veteran friendly practice scheme.

What are we measuring?

There are two key measurables which we are working towards.

1. Increasing the number of veteran friendly practices across Worcestershire (as Herefordshire are already 100%). This is being collated by the Royal College of General Practioners
2. Increase the number of coded veterans on clinical system, initially in Primary Care. This is being supported by local BI teams to assist in sourcing the data.

Who is accountable?

The Clinical Lead on the project is Dr Jonathan Leach OBE, with project management in place to support. This will be delivered through following the key commitments from the Armed Forces Forward View that ICBs use indicators to measure progress. We will work with partner and provider organisations to develop and deliver objectives and actions to reduce any health inequalities and improve healthcare for this population. We will work closely with the service users to understand their needs and requests within the services.

Where can you see more detail and get involved?

If you have any questions or for more information on how to get involved or how this community could benefit your work, please email: hwicb.partnerships@nhs.net

10. Addressing the specific needs of victims of abuse

Theme 10

Why is this important?

The ICB has a duty to address the particular needs of victims of abuse, including an assessment of need. Working with health, social care and statutory partners to support victims, tackle perpetrators and prevent abuse. This includes reducing the health inequalities faced by victims of abuse.

There are a range of initiatives and services in place that will be built upon over the lifetime of the joint forward plan, these include:

- The Serious Violence Duty (SVD) is based on a public health approach which requires co-operation and collaboration including data across a range of partners. This approach to tackling violence means looking at violence not as isolated incidents or a sole police enforcement problem. It is about taking a multi-agency approach to understanding the causes and consequences of serious violence and focusing on prevention and intervention.
- Training plan to support upskilling of roving vaccination team to spot those vulnerable to domestic abuse / serious violence etc
- Collaboration between Policing partners and roving vaccination teams in areas of deprivation and inequality.
- Pan West Mercia data group in development
- District collaboratives – working between district councils, primary care networks, community support officers, voluntary sector to identify needs in the local community
- Funding secured by Herefordshire PCN's to collaborate with 3rd sector organisations supporting victims of domestic abuse, exploitation and youth crime.

What have we delivered in our first year 2023/24?

Services have been developed and commissioned responding to identified cohorts or individuals to support prevention and reduction in serious violence, these are listed below:

- Serious violence duty actions including strategic needs assessment to support action.
- Develop and deliver a system wide group focusing on Domestic Abuse and Sexual Violence prevention.
- Develop system wide data group in partnership with Police, Local Authority, West Midlands Ambulance Service, CSPs and other relevant organisations.
- Develop joint partnership prevention animation in multiple languages to be shown across system.

What are the priorities going forward?

There are a number of services and programmes in place to ensure that we are addressing the needs of victims of abuse, these include:

- **Domestic Abuse and Sexual Violence:** National Task and Finish group – H&W ICS are members of this group leading recommendations for change, setting national priorities and feeding back through to the Government
- **IRIS:** A specialist domestic violence and abuse training support and referral Programme for General Practices that has been positively evaluated in a randomized controlled trial. Iris is a collaboration between primary care and third sector organisations specializing in domestic abuse. (Funding bid has been made and has been successful for Herefordshire Primary Care Networks for a 12-month period).
- **Climb:** A service which delivers early intervention and prevention for those at risk of criminal exploitation.
- **Purple Leaf and West Mercia Rape and Sexual Abuse Support:** A charity providing specialist front line support independent advocacy counselling and those affected by any form of sexual violence
- **Drive perpetrator programme:** A project which aims to reduce the number of child and adult victims of Domestic Abuse by deterring the perpetrator (in Place)
- **Steer Clear:** Prevention Programme working with young people who have been or could be involved in knife crime

What are we measuring?

The overall approach is to ensure that all partners are sharing data and intelligence to build up a comprehensive picture of individuals and communities at risk of serious violence, domestic abuse or sexual violence. Those key hotspots across the system are being looked at and appropriate interventions will be put in place. This will be developed during 2024/25.

Who is accountable?

The integrated care board (NHS Herefordshire and Worcestershire) has a specific duty to address the particular needs of victims of abuse. This will be delivered at place through the Herefordshire community safety partnership, Worcestershire community safety partnership and the crime reduction board.

11. Digital, data and technology

Theme 11

Why is this important?

We cannot improve health outcomes and reduce health inequalities without data and technology is key to making health and care services more accessible to parts of our communities. This can be via remote and virtual care, better planning of services and enhanced sharing of patient information. Technology and data can play a core role to reduce elective backlogs, mitigating urgent care pressures, continuing to deliver responsive and timely community and primary care. Digital products can enable personalised preventative care by giving people more control over their lives by providing self-assessment, education, motivation, and monitoring to help them manage their health on their own. We must ensure any digital service is inclusive and provides for everyone's needs by listening to and designing with communities with seldom heard voices more closely.

What have we delivered in our first year 2023/24?

- Optimisation and increasing adoption of shared care record.
- Developing our patient facing digital offer and Patient Portal to provide a front door to patients under our care.
- Increased focus on levelling up digital maturity.
- Relaunching the BI and analytics service, started building the capabilities needed for population health management and aligned and standard performance and BI reporting and tools.
- Collectively refreshed technology to increase staff capacity and organisational productivity specifically unified communications, telephony and networks.

What are the priorities going forward?

- Simple, consistent experiences across all our digital services – joining up services to give people a convenient, relevant and seamless way to interact with their health and care needs. Ensuring that any digital product or service is inclusive, high quality, safe and effective.
- Scaling the use of new digital products through collaboration, prototyping, testing and learning.
- Levelling up our digital maturity – a modern and future proofed infrastructure that enables our ambition of integrated care underpinned by common standards and safe and secure systems.
- Employing technology to deliver more care out of hospital and support people to self-manage their conditions - supporting people to live independently and receive care at or near their home.
- Using data and information to enhance decision making - using intelligence, evidence and analytics to make better decisions to benefit patients, the population and operational efficiencies.
- Building the population Health Management Analytics capacity to inform service integration and redesign: deliver the necessary IG framework, a linked dataset in the MLS CSU data warehouse accessible to the ICS analytics community
- Advancing digital skills in the workforce to support care pathway improvements and enhancing capacity and capability of workforce to deliver digital transformation. Building the digital specialist skills and the digital, data and technology profession across our system.
- Working collaboratively to deliver effectiveness and efficiencies, by ensuring smart investments and improving productivity to support frontline working.

What are we measuring?

Each project measures outcomes and success, for example the number of people across our system using the Shared Care Record.

Who is accountable?

One of the ICS Programme Boards focuses on Digital, Data and Technology and brings in the ICS Digital Clinical Leads, these two groups will be responsible for setting the digital agenda and collective vision. Their work will be informed by three workstreams on digital transformation and improvement.

There are currently seven Groups and Boards focusing on the technicalities of the deliverables including Shared Care Record, Cyber and Data Security and for the Patient Portal. Based on the structures already in place in the NHS Trusts and primary care system in Herefordshire and Worcestershire, the ICB Digital Leaders will work closely with the organisation Boards and Steering Groups. There are strong links to the other five ICS Forums where digital plays a central role and vice versa Delivery teams are accountable for the outcomes they are set up to deliver.

Where can you see more detail and get involved?

There is a digital section on the ICB website

Digital innovation :: Herefordshire and Worcestershire Integrated Care System (hwics.org.uk)

12. Research and innovation

Theme 12

Why is this important?
As a system we recognise the importance of promoting research an innovation in the provision of healthcare. The ICB Medical Director holds the responsibility for promoting this, ensuring it is clinically led and underpins the delivery of the Joint Forward plan.

What will we deliver and when?
- **Undertake needs assessment :** We have had a system research strategy in place for the last 5 years, it is not due an update. Our individual providers have internal strategies. This year we plan to create a more formal ICB reseach and innovation startegy
- **Assets:** ICS Academy, Knowledge and research school, The Herefordshire and Worcestershire reseach Collab. Worcester University - Allied health professional school. I&I Bid – Engaging underrepresented communities. (Personalised care.) Innovation – Pods. Research network.
- **Resources:** Increase access to funding, ,E.g. NHIR and working in partnership with the academic health science network.
- **2024/25 priorities:** Development of ICS wide research strategy, building on NHS Trust research frameworks. Building out from health into broader sectors including social care and the voluntary, community and social enterprise sector. Build on innovation working out from what has been delivered to date, building innovation into improvement methodologies, including, but not restricted to digital innovation in line with the system digital strategy.

Innovation - What are we building on?
To help promote innovation across the system, the ICB has created an Innovation Hub called: The CO-LAB www.icscolab.org.uk We believe this is the first example of an ICB-led Innovation Hub. It exists both virtually and physically, located deliberately in a rural community hospitals (Kidderminster Treatment Centre), where we know innovation traditionally receives less focus, but has real chance of improving health services. Approaching it's first year operating, it has had a number of successful initiatives and adoptions of innovation, including:

New Ways of Working and developing new knowledge:
- In partnership with Warwick University's "West Midlands Health and Wellbeing Innovation Network WMHWIN" The CO-LAB ran a 5-day Agile approach for one of our Trusts to help them co-design a new Heart Failure @ Home pathway with a "User focus". The co-design event included staff, commercial innovators and patients. Outputs included a framework for staff to use if interested in this type of approach, supplemented by education webinars.
- It is regularly used as a space anyone in the ICS can use for free to re-imagine pathways and processes. For example, it's used monthly by one of the trust's Transformation guiding board as part of it's Virginia Mason Programme.

Trial and Adoption of Innovation:
- The CO-LAB hosted certified VR anti-anxiety headsets and approached teams to trial. Following a successful trial on our Pediatric Oncology wards, where they reduced anxiety in children needing cannulas, improving patient experience and reducing clinic time, a number of headsets have been purchased for long-term use on those wards and are being trialed across multiple other wards within two Trusts (one within our ICS and one in a neighboring ICS)
- As the host for the first teleconsultation pod from a French-based innovator, The CO-LAB has worked extensively with the company on feasibility, demoing and real-world testing. The pods are now being used in the South East of England and is being deployed in system as part of an NIHR bid for the ICS.

Partnerships:
- The CO-LAB has partnered with innovative organisations to understand opportunities and art-of-the-possible to highlight to workstream leads, these include:
    - ICS Partnership with Amazon Web services, where the ICB participates in their Global Healthcare Incubator.
    - Satellite Catapult, currently arranging a trial of drone technology
    - IASME, working with a local innovator to train unemployed Neurodiverse young people for employment in cybersecurity
    - Partnership with multiple Universities, including a successful partnership with the University of Manchester on a systematic review of literature on the implementation of AI in health and care

Staff and wellbeing:
Early on in the hub's life it became apparent there was a significant ask for finding and spreading innovation practice for wellbeing of staff. Initiatives have included:
- Partnering with a Hypnotherapy provider, we setup an agreement to offer the hub's use whilst closed in return for free provision of sessions to front-line staff to address anxiety, sleep deprivation and relaxation. Sessions typically have 20 attendees, with great feedback
- The Hub is provided free of charge to ICS groups who want to host staff celebration or wellbeing events. For example, it is used as part of the International staff process, providing an area for them to come together, and celebrate pre-exam.
- NHSE provided sessions for Wellbeing in Leadership Roles, is being hosted at hub for several trusts in and out of the ICS.

Herefordshire and Worcestershire Research collaborative
- Is the system wide group overseeing research in the system, we are looking to widen its brief to look at innovation too as part of the strategy refresh.
- It monitors performance / recruitment across the system, but also looks to broaden the scope of our research beyond organisational boundaries, looking at how we work with the local university as it develops

13. Greener NHS

Theme 13

Why is this important?

The climate emergency is also a health emergency.

Poor environmental health contributes to major diseases including cardiac problems, asthma and cancer. Unaddressed, it will disrupt care and affect patients and people at all stages of their lives. Climate change impacts every single person and as such we all have a duty and responsibility to do something about it.

Herefordshire and Worcestershire ICS are committed to embedding environmental and sustainable practices into all areas of our work, as an enabler for better health. We see the work of the green agenda aligned to our principles of delivering high quality care; reducing health inequalities and improving the health and wellbeing for the communities we serve.

Reducing emissions will mean fewer cases of asthma, cancer and heart disease. Many of the drivers of climate change are also the drivers of ill health and health inequalities. In the UK, air pollution is attributable for 1 in 20 deaths, making it the greatest environmental threat to health. We can all play our part in tackling climate change through reducing harmful carbon emissions, which will improve health and save lives.

Environmental health impacts are often unfairly weighted in areas of deprivation and minority ethnic groups. For example, Black, Asian and minority ethnic groups are disproportionately affected by high pollution levels, and children or women exposed to air pollution experience elevated risk of developing health conditions.

What have we delivered in our first year 2023/24?

- **An ICS wide Sustainability Impact Assessment (SIA)**
- **Strengthened networks and coordination across the System to share best practice and learnings.**
- **Delivery of successful Healthier Action Fund initiatives for CoolSticks and Reusable theatre hats at Worcester Acute Hospital Trust.**
- **Development of a Green Champions Programmes launched across two Trusts to encourage staff engagement.**

What are the priorities going forward?

- To refresh the HWICS Green Plan.
- To increase the use of low carbon inhalers.
- To continue to strengthen our networks and connections to create greater impact.
- To develop an Adaptation Plan.
- To reduce the amount of nitrous oxide and mixed nitrous oxide used.
- To embed the SIA across the system.
- To encourage staff to utilise different travel options.

Who is accountable?

- Greener NHS SROs have been identified within ICB and across all provider Trusts
- Responsibility and delivery of Trust Green Plans sit at Trust provider level.
- Collectively agreed ICS Greener NHS actions sit at ICB level, working collaboratively with Providers to deliver through their existing governance groups.
- Engagement is undertaken directly with SROs, and operational working and engagement through a system Sustainability Leads group.

Where can you see more detail and get involved?

ICS Green plan – Later years, priorities.

14. Mental Health Collaborative

Theme 14

Where we are now? – What we have achieved together

The mental health collaborative (MHC) has continued to respond to NHS mental health workforce recruitment challenges by reallocating resource and/or strengthening pathways to provide a range of interventions and support through the voluntary, community and housing sectors. This has provided the foundations for building different approaches to service delivery and engaging partners more effectively in direct service pathways, building up a "team of teams" approach to meet local need. This has also improved timely access and patient experience, creating a platform for building a new way of working going forward and is consistent with the core principle 5 agreed in the Integrated Care Strategy of "co-producing solutions with our communities and Voluntary & community sector organisations as equal partners with collective responsibility". Evaluation of these schemes to date demonstrates that this local tailoring of mental health support reaches communities that would not normally engage with local NHS services, thereby tackling mental health inequity, strengthening the competence and confidence of this wider non NHS and social care workforce to support mental health needs as well as enhancing their role in appropriately signposting to statutory services.

Where next? – Areas of focus

The top 5 priorities for Mental Health Collaborative (MHC) are directly aligned to the Integrated Care Strategy Priorities (as outlined below):

- Children and Young People's Mental Health: 0-25 service - work to develop a model is ongoing. (Providing the best start in life)
- Perinatal Mental Health – due to its role in preventing future mental ill health and strong evidence base, and its contribution to the Integrated Care Strategy priority (Providing the best start in life)
- SMI Physical Health Checks - based on principles of health inequality, parity of esteem and requirement to improve system performance. Suggestion to fund PCNs (Primary Care Networks) to increase delivery of checks. (Living, ageing and dying well)
- Suicide Prevention - a successful programme with a strong evidence base, as well as a collaborative workstream across agencies. (Reducing ill health and premature death from avoidable causes)
- Crisis Services - particular focus on CYP (Children and Young People) crisis support (likely to link with Crisis Alternatives workstream funded via SDF), while recognising existing commitment around Mental Health Response Vehicles.

Continued focus on mental health crisis prevention and a joined-up community response will ensure people are accessing the best service for their needs in a timely way, reducing avoidable admissions to hospital through the Community Mental Health Transformation programme, ie mental health support wrapped into Primary Care Networks:

- Including a focus on reducing inequalities, the further development of ARRS (Additional Roles Reimbursement Scheme) roles and the further expansion of the VCSE (Voluntary, Community and Social Enterprise) and housing partners in local delivery.
- The redesign of adult mental health acute and rehabilitation clinical pathways (using the GiRFT approach).
- The reduction of out of area placements.
- Focus on crisis support (likely to link with Crisis Alternatives workstream funded via SDF), while recognising existing commitment around Mental Health Response Vehicles.
- Child and Adolescent Mental Heath Services (CAMHS) – including 24/7 CYP Crisis and improving specialist CAMHS provision across Herefordshire and Worcestershire.

How we will get there? – Development steps

The structures and governance of the mental health collaborative were reviewed by all partners in Q3 of 23/24 after the decision to pause the formal delegation/transfer of functions from the ICB to HWHCT and to strengthen the current Joint Committee arrangements, building on the success to date.

The MHC governance has now set out that the MHC Executive will recommend commissioning decisions to the Joint Committee, noting that they:

- have appropriate Impact Assessments undertaken
- evidence lived experience engagement
- evidence clinical engagement
- have addressed all performance, quality and finance issues
- reflect place-based views

The MHC Committee will then expect that the decision-forming stage has followed due process (including impact assessments) and has included appropriate clinical engagement, lived experience input and is reflective of place-based views. The MHC Committee will receive assurance reports from MHC Executive on the MH work programme – to include finance, performance, quality and workforce.

During 2024/25, the Joint Committee will include Learning Disability and Autism and will receive reports from the LDA Programme Board

15. NHS Trust Collaborations

Theme 15

Where we are now?

- Wye Valley NHS Trust (WVT) has been a full member of The Foundation Trust Group since 2016.
- Worcestershire Acute Trust (WHAT) became a full member of The Foundation Trust Group from July 2023 resulting in a joint Chief Executive and Chair across the four Foundation Group Hospitals.
- WAHT and WVT has completed a service sustainability analysis, which is now being developed into a work plan. This includes, agreement to form collaborative arrangements. There is continued mutual aid for vulnerable services with WVT being lead provider for dermatology and WAHT for MaxFax.
- WAHT and Herefordshire and Worcestershire Health and Care Trust – Memorandum of Understanding signed by both Trust Boards and work programme agreed. Co-ordination of progress drive through consistent reporting to both Trust Boards and appropriate system meetings. Current work areas include international nurse recruitment, workforce wellbeing and vaccination, stroke pathway and urgent care pathway (frailty and virtual wards).
- WAHT and University Hospitals Birmingham - maintain cancer network access and outcomes, other tertiary referrals.
- WAHT and University Hospitals Coventry and Warwickshire – MDT working on clinical services in head & neck cancer, cardiac electrophysiology, urology cancer. Work progressing on full membership of urology network. Robotic Assisted Surgery for Prostatectomy – WAHT lead provider for collaboration with WVT – service commissioned using UHCW specialist MDT. Improvement partner for Virginian Mason methodology.
- WAHT and West Midlands Cardiology network chaired by our Divisional Director in Specialist Medicine.
- S Midlands Pathology Network – board approvals received for LIMs outline business case and SM Pathology network collaborative.
- Continued member West Midlands Cancer Alliance.
- The West Midlands Mental Health and Learning Disability and Autism Provider Collaborative was informally formed in 2021 bringing together 7 Trusts in the West Midlands, including Herefordshire and Worcestershire Health and Care NHS Trust based on, Working on the greatest challenges, supporting local systems (ICSs) to improve population health outcomes, playing a critical leadership role by operating as a network of Trusts, building on best practice and developing a regional approach and common set of outcomes, developing innovative clinical and workforce solutions, Horizon scanning to maximise WM PC influence and implementation of changes, in line with delegation from NHSE there are 5 provider networks managing the delegated functions around eating disorders, LDA, perinatal ,CAMHS & forensic services.

Where next? – Areas of focus

- Acute Trusts will continue to strengthen collaborations with during 2024
- Identifying clinical services that would benefit from a collective review
- Continuing to provide mutual aid and reviewing services for closer collaboration
- Provider review of areas of opportunity around back office functions at Foundation Group, system or Place as appropriate
- Taking forward the review of options for Stroke services across H&W
- Contributing to the development of a Pathology Network across the South Midlands
- Continued joint working on sustainability of vulnerable services
- UHCW - Urology Area Network - MoU in development

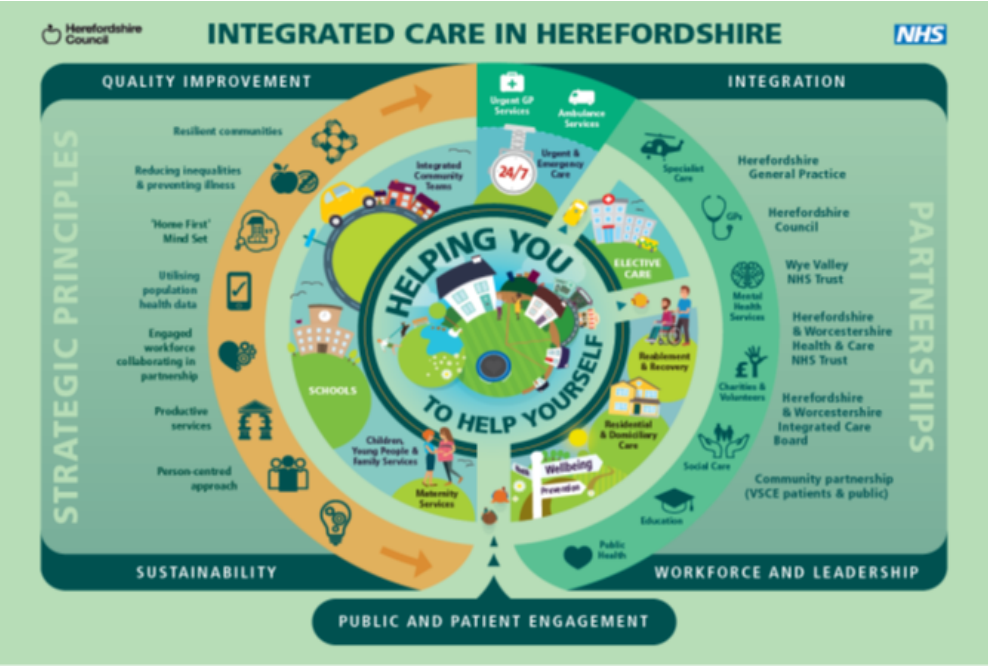
How we will get there? – Development steps

- Stratify provider collaborative arrangements based on service and population needs.
- Develop and agree an MOU between Trusts
- Chief Medical Officer / Chef Operating Officer group leading work to bring collaborative service models to maximise capacity in services with large backlogs or other critical issues
- ICB-led methodology for vulnerable services is twofold:
    - At operational level to manage existing or at risk vulnerable clinical services with identified models to support in the short term.
    - Strategically a provider led self-assessment of all clinical services to theme by sustainability / resilience and / or growth domains as part of potential collaborative service model.
- WAHT currently carrying out internal survey of existing collaborative working arrangements.
- Strategically, WAHT continue to test the validity of their clinical service strategy across vertical and horizontal pathways.

16. One Herefordshire Partnership

Theme 16

The One Herefordshire Partnership (1HP) drives the co-ordinated planning and delivery of the Herefordshire health and care system in order to deliver improvements in health and care outcomes through integrated working. 1HP partners share strategic objectives and reviews business cases, provides a forum for discussion on care pathway changes and approves the objectives set by the Primary Care networks (PCNs).



Where we are now? What have we delivered in 2023/24

- Developing strategies for key long term conditions
- Reduced secondary care referrals by 50% for patients with Diabetes through integrated PCN working
- Developed a blueprint for integrated urgent and emergency care
- Implementing a Talk Wellbeing approach to dealing with health inequalities, promoting personalisation and prevention
- Initiating programmes around the two HWBB priorities
- Launched the Community Paradigm approach
- Successfully bid for the 0-19 year old public health nursing service based on an integrated approach
- *Shortlisted for the HSJ Awards place-based partnership award*

Where next? – Areas of focus

1HP 2024/25 priorities

Fuller Delivery Plan

- Integrated neighbourhood teams
- Proactive care
- Integrated Urgent Care model implementation

HWBB Priorities

- Mental health and wellbeing
- Best start in life

Planned Care

- Developing a Long-Term Conditions programme that systematically supports a prevention approach
- Reducing waiting lists (Making Every Referral Count)

Workforce

- Seeking further opportunities for joint roles across 1H partners
- Herefordshire public sector organisations joint recruitment

Working with Communities

- Developing a Community Paradigm approach, co-ordinating engagement at Place and maximising the role of the VCS

How we will get there? – Development steps

- Developing a business case for integrated urgent and emergency care
- Reviewing the Place-based governance structure with the support of the LGA to better meet resident's needs
- Consolidate the approach to delegated delivery of the MOU between 1HP and ICB around the Better Care Fund

17. Worcestershire Place Partnership

Theme 17

The Worcestershire system spans many partner organisations and sectors. Whilst many have been working together for years, this is now being extended to deliver even greater collaboration as we strive to fully integrate health, public health and social care.

We recognise the required shift to achieve greater integration and have been working to establish a framework for the culture within which we will work, between key partners, by agreeing and centring on our **shared vision and values** and putting people in our communities at the heart of everything we do. We understand that an **equal partnership** between NHS and health, local government and our VCSE sector is vital, and we have been developing shared health and wellbeing principles as follows:

Together we will:-

- Place equal value and emphasis on the **physical health and mental health** and wellbeing
- **Protect health** and focus on supporting the **conditions for good health**
- **Focus on prevention**; to prevent, reduce or delay need for care and support
- **Improve health disparities** particularly for those who are vulnerable, disadvantaged or living with a disability
- **Listen** to people who use our services and strive to improve, ensuring a **quality experience**
- Deliver **proactive and better coordinated** care to help people to stay healthy and independent**,** based on each person's needs
- Work together in an **evidence-based way** to take to **system wide approaches** to improve health across the life course
- Maximise **shared funding opportunities** to achieve **best value** (including social value)
- Develop and support our **workforce**

District Collaboratives: District Collaboratives bring together statutory health and care services, District Councils, the Voluntary, Community and Social Enterprise (VCSE) and wider partners to deliver against shared priorities with their communities. This is a new way of working and represents a shift in how communities and health and care providers work together. This should see greater local autonomy and resources directed into communities to enable greater control over addressing the underlying causes of ill health through interventions people design for themselves. There is a focus upon building strong, resilient communities, understanding and being able to optimise local assets, whilst articulating gaps and opportunities available to further improve the local offer. We are increasingly seeing that local partnerships are most effective in improving population health and tackling health inequalities.

Where next? – Areas of focus

- Priorities identified by the Worcestershire Health and Wellbeing Board: Good mental health and wellbeing, supported by (1) Healthy living at all ages (2) Safe, thriving and healthy homes, communities and place (3) Quality local jobs and opportunities
- Place based integrated performance report to drive assurance and prioritisation of activities.
- Strong integrated GP leadership across whole county and ensure full support to mature and develop
- Identification and building on local place-based assets to provide foundation for further 'left shift'
- Shared delivery plan across local NHSE Provider Alliance; shared delivery demonstrates maturity of relationship
- Support development and sustainability of VCSE Alliance as an equal partner
- Deliver agreed model of integrated urgent care and frailty action plan, further reducing pressure on ED front door and thereby supporting flow.
- Increasingly looking at shared resources, building on the work of place-based intelligence, engagement and communication cells.
- Support improvements to Stroke pathway to ensure sustainability and high-quality outcomes
- Consider wider integration with other statutory partners eg police, fire

How we will get there? – Development steps

- Developing relationships of trust through working together to deliver place priorities, as listed above.
- Develop systems thinking to enable shared understanding of challenges and solutions across providers.
- Consider implications of adopting Community Paradigm approach and how we can harness local assets to support District Collaborative objectives
- Maximise impact of the reinvigorated Place Leadership, collaboration between HWB and other place-based governance infrastructure to deliver sustainable improvements.

18. Pan system collaboration – The Office of the West Midlands Integrated Care Boards

Theme 18

The six ICBs in the West Midlands are collaborating to form an Office of the West Midlands. NHS Birmingham and Solihull ICB will host the staff performing these functions from 01 April 2023 and staff will transfer to the BSOL ICB in July 2023.

From April 2024 BSOL will also host for the Midlands team supporting all 11 ICBs for the delegated specialised commissioning portfolio.

Herefordshire and Worcestershire ICB will be leading a project on development and delivery of the dental access recovery plan.

The VISION:

Through at scale collaboration and distributive leadership, the Office of WM will add value and benefit to a shared set of common goals and priorities for West Midlands citizens and patients.

Purpose:

The core purpose is to :

- To commission a set of agreed functions at a West Midlands level on behalf of 6 ICBs through shared leadership and joint decision making
- To identify shared priorities and goals and clear projects and work programmes to deliver them
- To bring together in a single host ICB the shared teams and staff supporting the Office of the West Midlands and their ICBs.
- To develop distributive leadership and expertise across an agreed range of functions/teams for the benefit of all ICBs
- To provide a single coherent voice for the West Midlands ICBs where appropriate /a single point of contact/shared voice for change
- To share learning and support improvement across the ICBs
- To achieve best value and efficiency by working at scale where appropriate

Work Programme	Host ICB	Lead CEO
POD / GMaST / Complaints / Secondary Dental – Dental access recovery plan	Herefordshire and Worcestershire	Simon Trickett
Operating Model Development	Coventry and Warwickshire	Phil Johns
Collaboratives		
Integrated Staff Hub and OWN hosting	Birmingham and Solihulll	David Melbourne
Specialised commissioning		
Commissioning Support Service Review	Shropshire, Telford and Wrekin	Simon Whitehouse
NHS 111/999 Services	Black Country	Mark Axcell
West Midlands Combined Authority		
Immunisations and Vaccinations	Staffordshire and Stoke	Peter Axon

NHS
Office of the West Midlands
Partnership of Integrated Care Boards

Herefordshire and Worcestershire Integrated Care System

Herefordshire General Practice

General Practice Worcestershire

NHS Wye Valley NHS Trust

NHS Herefordshire and Worcestershire Health and Care NHS Trust

NHS Worcestershire Acute Hospitals NHS Trust

NHS Herefordshire and Worcestershire

Joint forward plan – 24/25

Appendix 3: Statutory Requirements checklist

This section includes a **cross reference to the two Health and Wellbeing strategies** for Herefordshire and Worcestershire, to identify the extent to which the JFP addresses the priorities set out therein.

The section also identifies which section of the JPF (or other documents) **show how the ICB will meet its statutory duties** as laid out in Appendix 2 of the mandatory guidance.

Final Draft: 22ND May 2024

Mapping to the Herefordshire Health and Wellbeing Strategy

Herefordshire Health and Wellbeing Priorities		Where and How the Joint Forward Plan Addresses this
Core Priority Areas	Best Start in Life For Children	• **Appendix 1, Theme 1** (Maternity and Neo-natal Care), **Appendix 1, Theme 2** (Early years, children and becoming an adult): The core focus of these two areas is directly aligned to the Health and Wellbeing priority or providing the Best Start in Life for Children.
	Good Mental Wellbeing throughout life	• **Appendix 1, Theme 6** (Learning Disability and Autism Care), **Appendix 1, Theme 7** (Mental Health and Wellbeing), **Appendix 2, Theme 15** (Mental Health Collaborative): The core focus of these three areas is directly aligned to the Health and Wellbeing priority of supporting Good Mental Wellbeing throughout life.
Supporting Priorities	Improving access to local services	• **Appendix 1, All Themes** – Improving access to core NHS services is a priority running through the work programmes of all core themes, including through the development of virtual wards and an overall ambition to invest more in preventative activities and to provide best value healthcare in the right setting. • **Appendix 1, Themes 11, 12 and 13** (Primary Care Themes): Improving access for primary care services will be a specific focus through implementation of the National Access Recovery Plan. Furthermore, the ICB is responsible for commissioning Dental Services from April '23 and is prioritising work to improve access, particularly for those with greatest need. • **Appendix 2, Theme 11** (Digital data and technology): A key theme of our digital strategy is to enable greater access to service through digital platforms and to support the development of virtual wards.
	Support people to live and age well	• **Main Document, overall theme:** The focus on upstream investment in prevention and providing best value care in the right setting emphasises the central focus of this plan on supporting people to live and age well. • **Appendix 1, All Themes** – Improved physical and mental wellbeing is fundamental to all themes in appendix 1, recognising the intent of the overall strategy in the long term to reduce demand on services by investing more time, money and focus on preventative activities • **Appendix 2, Theme 5 (Prevention):** This sets out how NHS services will work to support local prevention strategies through specific interventions.
	Good work for everyone	• **Main Document, Workforce Section (page 13)** – As a direct employer of more than 20,000 people across the ICS area, the NHS has a direct role in providing good work for everyone. The plan sets out our approach to filling our workforce gaps by attracting more people to work in the NHS, particularly in roles that are perfect for local people such as care assistants who can go onto develop a professional career locally.
	Support those with complex vulnerabilities	• **Appendix 1, Theme 2** (Early years, children and becoming an adult), **Appendix 1, Theme 6** (Learning Disability and Autism Care), These sections outline out work to support people with complex needs. Other services, particularly Primary Care also tailor their approaches to support complex needs. • **Appendix 2, Theme 4** (Health Inequalities), **Appendix 2 Theme 6** (Personalised Care), **Appendix 2 Theme 8** (Commitment to carers), **Appendix 2, Theme 9** (Support to veteran health), **Appendix 2, Theme 10** (Addressing the needs of victims of abuse): These sections outline specific local actions that will ensure that NHS partners support those people with complex vulnerabilities.
	Improve housing, reduce homelessness	• **Main Document, Population Health Management section (page 27),** NHS Partners recognise the inextricable link between poor housing / homelessness and poor health outcomes. A core focus of our population health management work will be to identify specific individuals whose health outcomes are impacted in this way and to implement targeted interventions to improve their outcomes.
	Reduce Carbon Footprint	• **Appendix 2, Theme 13** (Greener NHS), provides an overview of how local NHS partners will contribute to improving the environment and reducing the NHS carbon footprint.

Mapping to the Worcestershire Health and Wellbeing Strategy

Worcestershire Health and Wellbeing Priorities		Where and How the Joint Forward Plan Addresses this	
Core Priority: Good Mental Health and Wellbeing	**Whole Population Approach**	• **Appendix 2, Theme 17** (Worcestershire Place Partnership): This section outlines how partners will work together at county and district collaborative level to put integration at the heart of our service delivery.	The core focus of these areas is directly aligned to the Health and Wellbeing priority of supporting Good Mental Wellbeing throughout life: • **Appendix 1, Theme 6** (Learning Disability and Autism Care) • **Appendix 1, Theme 7** (Mental Health and Wellbeing) • **Appendix 2, Theme 14** (Mental Health Collaborative)
	Align and Support Local Strategies	• **Main Document, Population Health Management section (page 27),** NHS Partners recognise the inextricable link between poor housing / homelessness and poor health outcomes. A core focus of our population health management work will be to identify specific individuals whose health outcomes are impacted in this way and to implement targeted interventions to improve their outcomes. • **Appendix 2, Theme 11** (Digital, Data and Technology):	
	Commitment to reducing health inequalities	• **Appendix 2, Theme 4** (Health Inequalities), • **Main Document, Population Health Management section (p27)**	
	Engage local communities over the lifetime of the strategy	• **Appendix 2, Theme 7** (Working with Communities) • **Appendix 2, Theme 8** (Commitment to Carers)	
Supporting Priorities	**Healthy Living at All Ages**	• **Main Document, overall theme:** The focus on upstream investment in prevention and providing best value care in the right setting emphasises the central focus of this plan on supporting people to live and age well. • **Appendix 1, Theme 2** (Early years, children and becoming an adult), **Appendix 1, Theme 4** (Frailty), **Appendix 1, Theme 8** (Long term conditions): Improved physical and mental wellbeing is fundamental to all themes in appendix 1, recognising the intent of the overall strategy in the long term to reduce demand on services by investing more time, money and focus on preventative activities. • **Appendix 2, Theme 5** (Prevention)**:** This sets out how NHS services will work to support local prevention strategies through specific interventions.	
	Quality local jobs and opportunities	• **Main Document, Workforce Section (page 13)** – As a direct employer of more than 20,000 people across the ICS area, the NHS has a direct role in providing good work for everyone. The plan sets out our approach to filling our workforce gaps by attracting more people to work in the NHS, particularly in roles that are perfect for local people such as care assistants who can go onto develop a professional career locally.	
	Safe, thriving and healthy communities and places	• **Appendix 2, Theme 7** (Working with Communities): This section outlines how we will listen to our communities and use this intelligence to make sure we focus on doing the right things. • **Main Document, Population Health Management section (page 27),** NHS Partners recognise the inextricable link between poor housing / homelessness and poor health outcomes. A core focus of our population health management work will be to identify specific individuals whose health outcomes are impacted in this way and to implement targeted interventions to improve their outcomes. • **Appendix 2, Theme 13** (Greener NHS), provides an overview of how local NHS partners will contribute to improving the environment and reducing the NHS carbon footprint.	

Mapping of ICB duties to the Joint Forward Plan

The JFP must set out:	Executive Lead	Description of approach, governance arrangements and links to other evidence and references to demonstrate the ICB duty.
Describing the health services for which the ICB proposes to make arrangements.	**Chief Executive**	**Appendix 1, Core Areas of Service** provides an overview of the range of services that the ICB is making arrangements for. The ICB Operating Model and System Development Plan provides more detail on specific areas to demonstrate how services are organised and developed.
Duty to promote integration	**Executive Director of Strategy and Integration**	The duty to promote integration is inherent to the **design of the whole local system, as demonstrated in**: Integrated Care Strategy, JPF Main Document, JFP **Appendix 1 (Core areas of focus) and Appendix 2 (Enablers)** provide an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas. Additionally, there are a myriad of other documents that outline this, including: ICB Operating Model and Organisational Structure, Better Care Fund, ICB Contribution to the Health and Wellbeing Strategies, Place Partnerships and HIPP Board, Fragile Services Framework, Clinical and Care Professional Leadership Networks
Duty to have regard to the wider effect of decisions	**Executive Director of Strategy and Integration** **Director of Corporate Services**	**The Four Pillars of Integrated Care Systems**, built up from the Triple Aim were the **basis of the strategic planning framework** that was used to develop the ICS Strategy, the Joint Forward Plan and the linkages they have to the Health and Wellbeing Strategies. The ICB Governance Design, as set out in the ICB Constitution and Governance Handbooks outlines how the Governance Structure of the ICB is designed to ensure that the ICB meets its duty to have regard to the wider effect of its decisions. The main committee for ensuring this happens is the ICB Quality, Resources and Delivery (QRD) Committee, which is supported by the ICB Quality Delivery and Oversight of System Group (QDOS), which pulls together the activities of all the ICS Programme Boards and Forums.
Financial duties	**Chief Finance Officer**	**Main Document, pages 17 - 19** outline the 23/24 Financial Plan. It also outlines arrangements for developing a Medium-Term Financial Strategy, which will be used to set out the plan for returning the system to financial balance. The ICS Finance Forum (chaired by Wye Valley NHS Trust Chairman) is the strategic group that bring finance professionals together to build consensus around the financial plan.
Implementing any Joint Local Health and Wellbeing Strategy	**Executive Director of Strategy and Integration**	**The JFP has been developed to specifically demonstrate how NHS partners will contribute to the delivery** of the Integrated Care Strategy and the two Joint Local Health and Wellbeing Strategies. The overall approach to the development of the Integrated Care Strategy and the Operating Model for the system (build around place) has been created to ensure alignment between all strategic plans.
Duty to Improve quality of services	**Executive Chief Nurse**	**Appendix 2, Theme 1 (Quality, Safety and Patient Experience)**, provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Duty to reduce inequalities	**Executive Director of Strategy and Integration**	**Appendix 2, Theme 4 (Health Inequalities) and Theme 5 (Prevention)** provide an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Duty to promote the involvement of each patient	**Director of Operations – System Programmes**	**Appendix 2, Theme 6 (Personalised Care)** provide an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas. **Appendix 2, Theme 7 (Working with Communities)** provide an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas. **Main Document, Population Health Management (page 27),** provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Duty to involve the public	**Director of Communications & Engagements**	
Duty as to patient choice	**Chief operating officer**	**Patient choice is a key focus for the ICB.** There is a plan for an accreditation process for new providers in development that will be ready in late 2023. Addition, there will be revised patient information to promote choice and support patients decisions. Progress against Patient Choice will be reported through the Elective, Diagnostic and Cancer Programme Board through the SRO for patient choice.
Duty to obtain appropriate advice	**Chief Executive, through individual Executive Leads**	**There are a myriad of different arrangements** in place for ensuring that the ICB obtains relevant advice when making decisions. This includes arrangements with a legal firm to provide legal advice, and MOU with public health to provide support for undertaking needs assessments, arrangements with the CSU for provide procurement advice etc.

Mapping of ICB duties to the Joint Forward Plan

The JFP must set out:	Executive Lead	Description of approach, governance arrangements and links to other evidence and references to demonstrate the ICB duty.
Duty to promote innovation	**Chief Medical Officer & Director of Workforce and Digital**	The Chief Medical Officer is responsible for coordinating work across the ICB for promoting Innovation and the ICB employs and Officer within the Digital Team to support this work. **Appendix 2, Theme 11 (Digital Data and Technology)**, provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Duty in respect of research	**Chief Medical Officer / LTC and Personalised Care Lead**	
Duty to promote education and training	**Chief People Officer**	**Main Document Pages 13 to 16** set out the key facets of the ICS System People Plan, which includes details and references to further information on the ICS Academy.
Duty as to climate change	**Head of Health Inequalities, prevention and Greener NHS**	**Appendix 2, Theme 13 (Greener NHS)**, provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Addressing the particular needs of children and young people	**Director of Operations – System Programmes**	**Appendix 1, Theme 2 (Early Years, children and becoming an adult)**, provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Addressing the particular needs of victims of abuse	**The Chief Nursing Officer**	**Appendix 2, Theme 10 (Addressing the specific needs of victims of abuse)** The Director of Partnerships and Health Inequalities and Chief Nursing Officer is coordinating work to link in with external partners to ensure that the ICB fulfils across these areas, in addition to the services in place across Herefordshire and Worcestershire.

Other Recommended Content	Description of approach, governance arrangements and links to other evidence and references to demonstrate the ICB duty.
Workforce	**Main Document Pages 13 to 16** set out the key facets of the ICS System People Plan, which includes details and references to further information on the ICS Academy.
Performance	**Main Document Page 12** sets out the specific short term performance trajectories that are being aimed for. Longer term trajectories will be developed as part of the new approach to Strategic and Operational Planning and will be incorporated in the first refresh of the JFP.
Digital / Data	**Appendix 2, Theme 11 (Digital Data and Technology)**, provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Estates	**The System Development Plan and ICS Operating Model documents** outline more detail on how the ICB and System Partners meet their statutory requirements in these areas.
Procurement / Supply Chain	
Population Health Management	**Main Document, Population Health Management (page 27),** provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
System Development	**Appendix 2, Theme 14 to 18** provide an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Supporting Wider Social & Economic Development	The ICB fulfils its statutory duties through **membership of the Health and Wellbeing Boards** and engagement and contribution to the two Joint Local Health and Wellbeing Strategies, which both have a focus on tackling the wider determinants to health.
Veteran's Health	**Appendix 2, Theme 9** for detail on our approach to supporting veteran's health

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**11/06/2024**
Title of Report:	Quality Account 2023/24
Status of report:	☒**Approval** ☐**Position statement** ☐**Information** ☐**Discussion**
Report Approval Route:	Quality Governance Ctte
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Amy Gray, Healthcare Standards Lead
Documents covered by this report:	Quality Account 2023-24 Working Draft v5

1. Purpose of the report

Worcestershire Acute Hospitals NHS Trust is required to publish a Quality Account annually, as set out in the Health Act 2009. The Quality Account must include the Trust`s quality indicators, according to the Health and Social Care Act 2012. The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by 28th June 2024, by uploading it to their own website and forwarding the link to NHS England.

The production of the Quality Account has been managed by the Healthcare Standards Team, under the direction and accountability of the Chief Nursing Officer and Deputy Chief Nursing Officers. The governance route for the Quality Account has been as follows:

- 17th April – Trust Management Board (Approved)
- 30th May – Quality Governance Committee (Approved)
- 11th June – Trust Board

Following Trust Board approval, the Communication Team will be responsible for working the Quality Account into the final production document ahead of the deadline.

An improvement we have made since the previous year's Quality Account is embedding the use of Microsoft's Accessibility tools into our collation process. Given the Quality Account is a public document, our aim is to deliver the narrative within the quality maintaining the integrity of the clinical language and numerical data but presenting it with a readability score between 10-12 where possible. This will support the accessibility of the language to the majority of our patients, their relatives and carers.

Sections of the Quality Account

The Quality Account beings with a Welcome & Introduction that outlines our Commitment to Quality. This includes detail on our Quality Assurance processes, a visual of the new Quality Roadmap introduced by the Chief Nursing Officer and additional items such as Digital Care Record, Data Quality and how we maintain our Registration with the CQC.

A section of the Quality Account includes an evaluation of performance against the Quality Priorities that we set ourselves for 2023/24. This information was collated by Specialist Leads who provided an overview of showcases & celebrations, focus areas going forward, any supporting KPI's and what this Quality Priority means for our patients. This is covered on pages 18-29 of the Quality Account.

Another important aspect of the Quality Account process was to agree Quality Priorities for 2024/25. Upon evaluation of last year's priorities, we have decided to roll over the Quality Priorities for this year as our focus remains unchanged. This is covered on pages 32-39 of the Quality Account.

The Quality Account also includes narrative for our annual survey the Big Quality Conversation and our internal Ward Accreditation programme – Care Excellence Accreditation.

In this year's Quality Account, we have introduced a new section dedicated to showcasing and celebrating achievements from each Division. The Healthcare Standards Team has collaborated with Divisional Management and Governance Teams to present a succinct overview of the past 12 months aligned with our Quality Priorities for 2023/24. This initiative allows Divisions to highlight their contributions to the public within the Quality Account. This is covered on pages 43-50 of the Quality Account.

2. Recommendation(s)

The latest draft of the Quality Account has been included as an Appendix for review and approval by Trust Board. Following QGC, the below amendments have been actioned:

- Inclusion of narrative around the EPR optimisation work in the Digital Care Record section
- Inclusion of IPC mandatory training data in the 'Data & Outcome Measures' section of the C.Diff Quality Priority
- An example of how we have learned from a Complaint in the 'Showcase & Celebration' section of the learning from patient feedback Quality Priority
- All dates have been populated in the Statement of Director's responsibilities
- Divisional Summaries in the 'Showcasing our Quality Improvement' have been refined to improve the readability score for the public
- Trust Statements within the 'NHS Outcomes Framework' have been agreed
- Inclusion of the Q4 data for Commissioning for Quality and Innovation (CQuIN)
- Inclusion of the following appendices:
    - External Opinions
    - Please Note that the External Opinion from Worcestershire Healthwatch embedded into the Quality Account as received in DRAFT. Subject to approval on Friday the 7th of June.
    - Glossary of Terms

The following sections may have further updates prior to final publication:

- NHS Outcomes Framework based on national publication of data
- Secondary Uses Service (SUS) data based on national publication of data
- List of accredited wards in the Care Excellence Accreditation (CEA) section following June's CEA

3. Chief Officer/Executive Director Opinion[1]

The quality account accurately reflects our commitment to excellence and our strategic quality priorities. It demonstrates our continuous efforts for ongoing improvements and to achieve the best possible outcomes for our patients and all stakeholders.

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

☒ ***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'***

[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.

QUALITY ACCOUNT 2023/24

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Acknowledgements

Acknowledgements and feedback

Acknowledgements

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

Feedback

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

Communications Department
Worcestershire Acute Hospitals NHS Trust
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Charles Hastings Way
Worcester
WR5 1DD

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Email: wah-tr.Communications@nhs.net

Contents

Welcome & Introduction

What is a Quality Account?

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

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

What will we share with you?

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

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

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

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

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

About Worcestershire Acute Hospitals NHS Trust

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

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

We operate services from:

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

We provide a broad range of acute services:

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

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

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

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

Membership of the Foundation Group

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

Our **Ten-Point Plan**:

1. **Focus on Flow**: Improving patient flow across all parts of our urgent and emergency care pathway.
2. **Home First mindset**: Improving urgent flow will help to protect our patients from harm but helping them to avoid coming into hospital at all will keep them even safer, protecting them for hospital acquired functional decline, infections, and the risk of falls.

3. **Elective Care:** We will make best and most efficient use of our services and facilities to make sure that every patient on our waiting list receives timely treatment.
4. **Improve staff experience**: Making our hospitals even better places to work helps us to attract, and keep, the best people and deliver even better patient care.
5. **Leadership and structure**: We will empower leaders at all levels of the organisation and help them to support and lead their teams.
6. **Governance**: We will spend less time in meetings.
7. **Improvement System**: We will make our improvement system simple, accessible, and relevant to our staff.
8. **Think / Act as a lead provider**: We will actively work with partners across our health and care system to improve the wellbeing of people in the communities we serve, delivery better health outcomes and reduce pressure on our services.
9. **Tertiary Partnerships**: we will work regionally and with Foundation Group colleagues to build productive, supportive partnerships which improve care for our patients.
10. **Strategic Big Moves**: We will embrace the opportunities open to us as members of the Foundation Group family to achieve the Foundation Group's Big Moves, which are as follows:
    1. Be a very flexible employer.
    2. Support domiciliary care.
    3. Embed prevention in every service.
    4. Lead the NHS in carbon reduction.
    5. And Home First supported by technology and collaboration.

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

1. **Quality**: We will improve the experience, outcomes and safety of people accessing our services.
2. **Workforce**: Our staff are our organisation. The retention, happiness and wellbeing of our workforce is essential. We want the Trust to continue to be an employer of choice, attracting the very best.
3. **Productivity**: Making the best use of our limited resources and maximising the benefits of Foundation Group working will help us to be an efficient and effective organisation.
4. **Digital**: Digital solutions can enhance services and patient experience to transform care and experience for our staff.
5. **Sustainability**: We are committed to minimising our impact on the local environment and helping to improve it.
6. **Research**: We will create a culture which harnesses and supports research opportunities and improved access to clinical research.

Our 4ward behaviours underpin these Big Moves, by which we strive to model as positively as we can, as often as we can. ***Do What We Say We Will Do; No Delays Every Day; We Listen, We Learn, We Lead; Work Together, Celebrate Together.***

Our improvement methodology is key to making all of this happen. Empowering and equipping our teams with the skills, tools, techniques, and mind-set to drive continuous improvement in every part of our Trust with:

- A shared method for identifying and seizing every opportunity to improve the quality and safety of care we provide.
- A common language to describe those improvements.
- Robust ways of measuring the improvements we have made and the benefits that have delivered in terms of patient experience and outcomes; staff morale; efficiency and waste reduction; organisational reputation and our contribution to leading improvement not just in our Trust but across our local health and care system.

Welcome from our Chief Executive and Chair

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

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

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

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

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

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

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

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

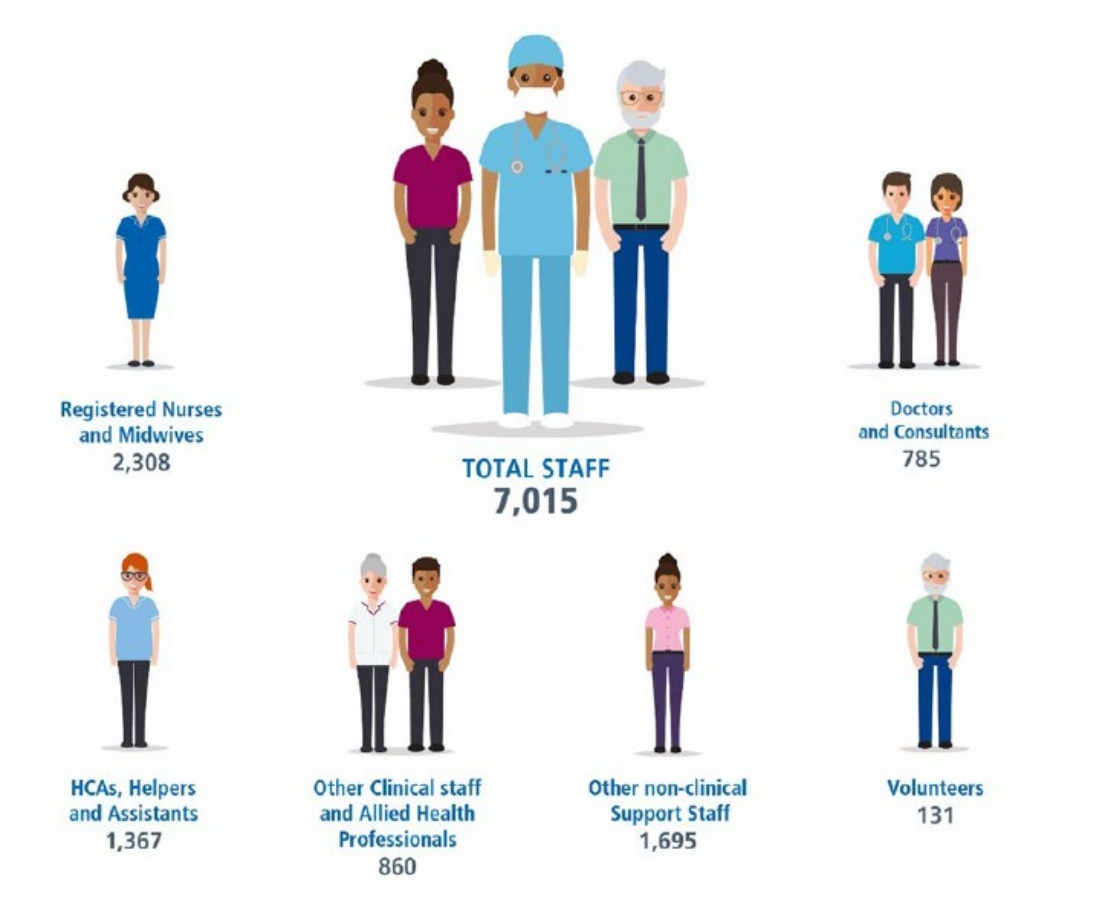
We would like to put on record our thanks to all our staff and volunteers for their continued commitment and professionalism and assure our partners across the Herefordshire and Worcestershire Integrated Care System, Inspection and Regulatory Bodies, and wider communities of our commitment to our improvement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

A Year in Numbers

Over the course of the year:

- 155,943 patients attended our Accident and Emergency departments at Worcestershire Royal and Alexandra Hospitals and our Minor Injuries Unit at Kidderminster Hospital and Treatment Centre (Apr-23 to Feb-24)
- 41,509 patients were conveyed by an ambulance (Apr-23 to Feb-24)
- 114,434 patients self-presented (Apr-23 to Feb-24)
- 129,527 patients were admitted to our hospitals (Apr-23 to Feb-24)
- 51,733 were emergencies (Apr-23 to Feb-24)
- 77,794 were planned (Apr-23 to Feb-24)
- 597,492 patients attended an outpatient clinic (Apr-23 to Feb-24)
- 4,200 women gave birth to 4,293 babies (Apr-23 to Feb-24)

We employ over 7,000 people and over 130 local people volunteer with us helping to deliver care. We have an annual turnover of nearly £600 million.



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

Our Commitment to Quality

In this section of our Quality Account, we review the progress we have made against the priorities we set and published in the 2022/23 Quality Account. We will also outline our Quality Priorities we are taking forward for the next 12 months and will account for these at the end of the financial year.

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

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

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

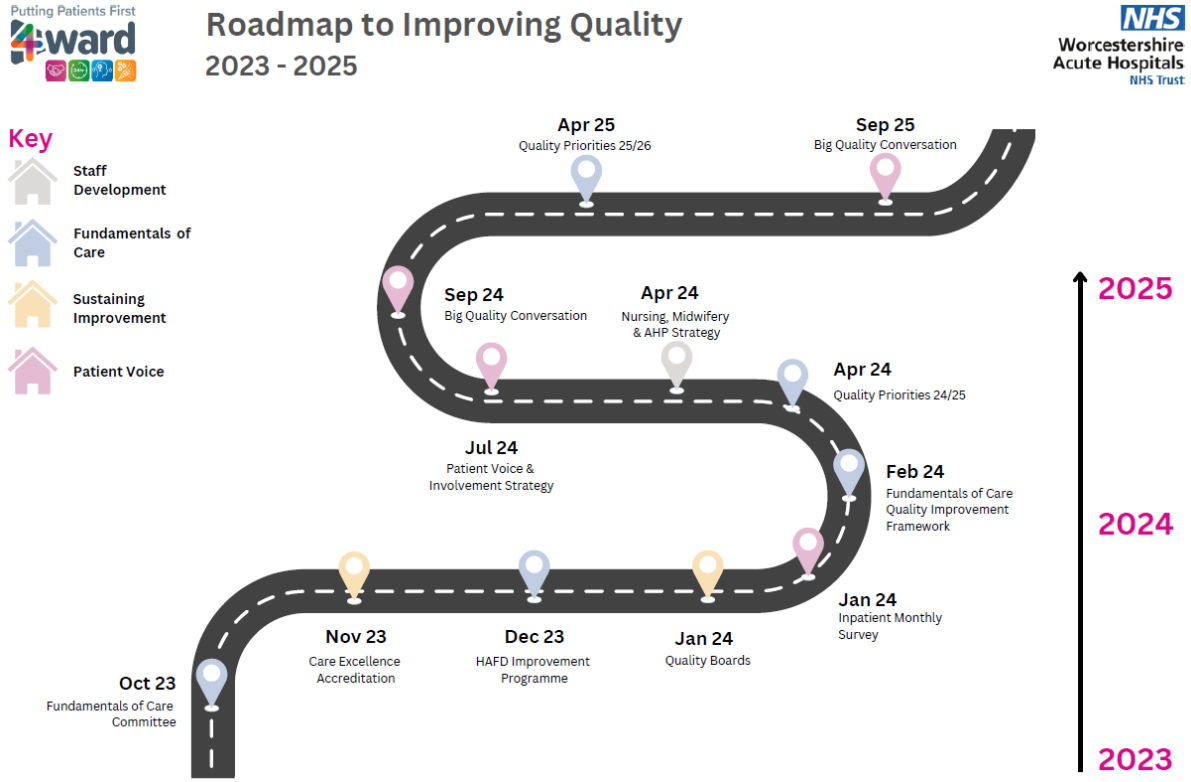
The Trust maintains its commitment to quality and continues to improve methods of quality assurance. Since our last Quality Account, assurance methods we have embedded include but not limited to are:

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

Quality Roadmap

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

Since the Acute Trust joined the Foundation Group, we have considered how to realign our priorities to the current climate and goals of our organisation. This leads to the launch of our Quality Roadmap 23-25 - which we have already made terrific progress with. Whilst the aims laid out in the Quality & Safety Plan remain important, the Quality Roadmap directs our journey as we move forward and makes our Quality aims relevant to our circumstance today.



Care Excellence Accreditation

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

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

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

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

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

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

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

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

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

- Environment. The surrounding environment that influences the health and wellbeing of patients, visitors, and staff.
- Infection Prevention & Control. A series of practices to protect patients and others from avoidable infections.
- Medicines Management. The safe handling and use of medicines to ensure patients get the maximum benefit from the medicines they need, simultaneously minimising potential harm.
- Patient Experience. The steps taken towards a person-centred care approach. How we engage with patients, their relatives and carers and respond to their needs.
- Staff Experience. How leaders and colleagues contribute to fostering an environment where staff feel supported and empowered in their roles.
- Well-Led & Governance. There is an inclusive and positive culture of continuous leaning and improvement. Staff act on the best information about risk, performance, and outcomes to manage and deliver high quality care.

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

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

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

Worcestershire Royal Hospital	Alexandra Hospital
• Surgical Assessment Unit • Aconbury 1 & 2 • Acute Frailty Unit • Avon 2 • Laurel 3	• Ward 6 • Ward 16 • Acute Medical Unit

Worcestershire Royal Hospital	Alexandra Hospital
• Acute Respiratory Unit • Medical Short Stay Unit	• Ward 9 • Ward 14

Freedom to Speak Up

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

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

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

Registration with the Care Quality Commission (CQC)

The CQC is the independent regulator of health and adult social care in England. Worcestershire Acute Hospitals NHS Trust is required to register with the Care Quality Commission, and it currently maintains its registration status.
The Care Quality Commission has not taken enforcement action against the Acute Trust during 2023/24 and Worcestershire Acute Hospitals NHS Trust not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust's Regulated activities include:

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

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

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

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

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

An unannounced inspection of our Critical Care services was conducted at Worcestershire Royal Hospital, this included a review of the Acute Respiratory Unit. The inspection reported improvements across all areas and the overall rating of the Core Service improved from 'Requires Improvement' to 'Good'. The rating reflects the dedication and hard work of our Critical Care team who consistently go above and beyond to deliver high-quality, compassionate care to those in need.

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

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

Digital Care Records across the Trust

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

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

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

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

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

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

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

Digital Care Records Specifically in Intensive Care

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

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

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

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

The configuration team worked tirelessly for the mammoth task of full integration between ICCA with trust systems and technology. Our staff were trained across a 6-month period on system configuration, followed by the design and testing of a huge number of bespoke documents for every imaginable scenario. All essential staff were then trained comprehensively, to ensure a safe roll out. Implementation was staged over two days, with the Philips commercial team on site with the full configuration clinical team. Roll out was systematic and smooth, with the configuration team having already prepared existing patients for transfer and exhaustively tested all integrations. Full transfer of all systems was achieved in this short period, with high visibility of the configuration team, along with a trained group of clinical ‘superusers’ to troubleshoot issues as they developed.

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

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

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

Data Quality

Our Data Quality Priorities

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

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

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

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

Data quality and the new Electronic Patient Record (EPR)

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

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

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

Optimising our financial position with data quality

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

Our Digital Data Quality team has been working alongside our finance team to ensure the Trust receives payment for the services it provides. One project is focused on identifying cohorts of overseas and private patients earlier, informing them of payment requirements before they receive NHS treatment.

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

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

2023/24 Quality Priorities

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

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

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

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

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

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

Care that is Safe

We will work to reduce Clostridium difficile healthcare acquired infections
Data & Outcome Measures:
The national target for 2023/24 was no more than 78 cases. We did not achieve the target. We had 127 healthcare acquired C. Difficile cases. We set ourselves an internal target of 90% for Antimicrobial Stewardship audits and achieved 90.6% in 2023/24. We are meeting our Infection, Prevention and Control mandatory training goals. Our compliance is 95.6% for Level 1 and 90.1% for Level 2, both exceeding the Trust's 90% target.
Showcases & Celebrations:
Despite not having met the trajectory that has been set, the C. Diff action plan is nearing completion, and we will continue the outstanding actions into the new financial year. At the time of writing, the actions we have completed include: • The successful launch of the diarrhoea risk assessment on the new electronic patient record (EPR) system, to ensure that our treatment for relevant patients is optimised. We will continue to ensure its use is embedded. • Strengthened our promotion of hand hygiene for patients prior to and post meals, ensuring all wards have supplies of hand wipes. • Weekly reviews between the IPC team and microbiologist to ensure the treatment of patients with C. Diff is optimised. • Optimisation of items stored in the Ward sluices to prevent cross-contamination. • The Launch of a 'Gloves off Campaign' to promote good hand washing practice. • Continuous deep clean of cubicles in the Emergency Dept. at the Alexandra Hospital. • Improved compliance with commode cleaning by changing the sporicidal wipes to a more user-friendly product. • Developed a schedule to replace mattresses across the hospital sites. • Implementing a process to notify patients GPs of C. Diff results through letters. Our Infection Prevention Control (IPC) team have successfully hosted study days to our link practitioners across the Trust, this supports the sharing of learning and championing the best IPC practices, such as sustaining the standard of hydrogen peroxide vapour (HPV) cleaning when a patient with C. Diff has left one of our side rooms. This has not yielded the outcomes we anticipated in an overall reduction in cases, however we have seen a reduction in C. Diff outbreaks. Each sample is sent for ribotyping, a technique used for bacterial detection, and there have been only two that have returned the same, this indicates that there have been minimal transmission events.
What this means to our patients:
Maintaining and sustaining our IPC fundamentals of care are essential to providing clean and safe care for our patients. We are working to improve the quality of antimicrobial treatment and stewardship, this will reduce the risks of inadequate, inappropriate, and adverse effects of antimicrobial treatment for our patients. By doing this we will improve the safety and quality of patient care and make a significant contribution to the reduction in the emergence and spread of antimicrobial resistance (AMR).

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

Data & Outcome Measures:

In 2023/24:

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

Showcases & Celebrations:

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

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

These six workstreams share the aims of improving flow through our hospitals, improving patient care and the experience of the public and our staff. The scoping of workstreams and agreement of KPIs are in the early stages, however the establishment of this programme has created significant scope for improvement work, which has already commenced.

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

What this means to our patients:

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

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

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

Care that is Clinically Effective

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

Data & Outcome Measures:

Summary Hospital-level Mortality Indicator (SHMI)

SHMI (Jan-Dec 2023)	1.06
Banding	'As expected'

Showcases & Celebrations:

We have integrated our internal committees together to share more learning and have an integrated Learning from Deaths report. Our 'DREAMS' Committee joins the specialist and key leads from:

- The Deterioration of patients
- Resuscitation
- End of Life Care
- And Mortality Studies.

- Divisions now regularly report to the DREAMS meetings. They pull together data from complaints, and any clinical incidents for the Committee to review and discuss.
- The Committee works closely with our Informatics team. This ensures we are prioritising getting the right data and plan actions against the findings.
- We have developed new standard operating procedures, which set a standard for timely Structured Judgments Reviews (SJR) – this is where we look at the death of a patient and the care we gave them. The findings feed into Mortality and Morbidity meetings.
- The findings from SJRs now lead to deeper investigations where opportunities for improvement are identified.
- We have been working closely with the Integrated Care Board and their mortality and learning from deaths group. This ensures the Acute Trust is represented, and it has supported links with other Acute Hospitals.
- We have undertaken deep dives into areas of high mortality or national concern to help Executives make decisions around resource allocation for example, Covid-19 or care of the elderly in Emergency Departments.
- We continue to monitor the Trust's mortality rates and more information can be found on page X.

What this means to our patients:

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

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

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

Showcases & Celebrations:

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

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

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

What this means to our patients:

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

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

Showcases & Celebrations:
The safety of our Maternity services remains a critical area of focus within the NHS. The Maternity Incentive Scheme (MIS) is a financial incentive programme designed to enhance maternity safety within NHS Trusts. It rewards Trusts that can demonstrate that they have implemented a set of core safety actions, by adopting best practices. In 2023/24, which is fifth year of the MIS since its introduction, we achieved successful compliance with 9 out of the 10 safety actions outlined. At present, we are awaiting confirmation of additional funding to support recruitment of additional theatre staff which will expand our workforce. This pivotal step will move us closer towards accomplishing our final action.
What this means to our patients:
Our commitment to achieve all ten actions outlined in the Maternity Incentive Scheme, will lead to an improvement in the quality of care for women, families, and newborns. Service users can be assured that the Trust is reaching a very high level of nationally recommended safety actions. Pending receiving the necessary funds, the expansion of our workforce will enhance our staff's capacity to provide care and support to families.

Data & Outcome Measures:
The Improvement Team deliver essential-to-role Foundation Training for all staff and as of April 2024, approximately 38% have completed this. The following Rapid Process Improvement Workshops (RPIW) were held in 2023/24: • Patient Flow Value Stream focused on timely Occupational Therapy referrals; we were able to reduce the time from referral to be seen from 18 hours 30 mins to under 1 hour • Recruitment Value Stream focused on Consultant recruitment, we made Consultant recruitment faster cutting the process from over 27 weeks to just over 14 weeks
Showcases & Celebrations:
The 4ward Improvement System at Worcestershire Acute is our Trust's methodology for continuous improvement, ensuring we achieve our purpose of Putting Patients First. It empowers all staff to develop skills and mindset for daily improvement, ensuring high-quality, safe care for patients and staff satisfaction. There are a range of methods we use to undertake and showcase our improvement work: • Training and coaching • Showcasing Walls available to view by the public, across all three hospital sites • Weekly Accountability Walls that staff can attend to receive updates and get support from members of the Executive Team, if required, to implement and sustain improvement • Rapid Improvement Events (RIE) focus on improving a particular process • Rapid Process Improvement Workshops (RPIW) are five-day workshops that include cross functional teams coming together to collaborate • Kaizen Events are 1-3 day workshops for small teams to improve a process
What this means to our patients:
Our improvement system seeks to help us identify and eliminate waste. Waste can be anything that doesn't add value to our patients or customers. When we eliminate waste, we free up time and resources. This means that our staff will benefit from reduced pressure, greater efficiency, improved morale, increased job satisfaction and a better work/life balance. As a result, patients receive timely, high-quality care that meets their needs and improves their overall experience.

We will deliver an annual programme of focused national and local audits including Best Outcome for Patient Programme (BOPP) to provide assurance and improve quality
Data & Outcome Measures:
Throughout 2023/24, our Trust actively engaged in 54 national clinical audits and 3 national confidential enquiries relevant to our healthcare services. We are pleased to report that we participated in 100% of eligible audits and enquiries.
Showcases & Celebrations:
In addition to national audits, we have a Trustwide Forward Plan that identifies local audits that we would like to undertake. In 2023/24, we completed 3 audits: • To audit the appropriateness of MRI head done for Transient Ischemic Attacks (TIA) from the Stroke Team – This audit revealed need for improvement at several points in the pathway, which have been discussed at the appropriate Leads meeting and disseminated to the relevant teams. A repeat audit will be considered once the changes have been embedded. • An audit of current waiting times for joint injection clinics in Rheumatology – As a result of this audit, the Rheumatology Department have expanded joint injection clinic capacity and refined referral criteria. This has resulted in a significant improvement to waiting times which will continue to be monitored through regular updated to Department Business Meetings going forward. • An audit in Paediatrics of the Kaiser Permanente Sepsis Risk Calculator – As a result of this audit, a clear flowchart developed by the neonatal network is now available on our intranet and prominently displayed in relevant areas This tool helps midwives easily identify babies eligible for the KP sepsis calculator and guides Junior Doctors on its use to identify at-risk infants. Additionally, every new rotation of Junior Doctors receives a training video on using the KP sepsis calculator. These measures ensure the correct babies are identified for screening, reducing unnecessary blood tests and antibiotic use. More detail on our audit programme can be seen on page X.
What this means to our patients:
Undertaking national and local audits provide valuable insights into the quality of care being delivered, identify areas for improvement and help ensure that our services meet national standards and guidelines. Additionally, audits can provide assurance to our patients and stakeholders regarding the safety and effectiveness of healthcare services. Ultimately, these audits contribute to better patient outcomes, improved patient experiences and the delivery of high-quality care across our Trust.

We will reduce the time patients are waiting for treatment in line with national targets
Data & Outcome Measures:
In March 2024, our continued efforts to eliminate the longest waiting period means there are now no patients waiting over 104 weeks, for their treatment. In March 2024, over 75% of patients referred with suspected cancer waited less than 28 days for a diagnosis. In 2023/24, 192 procedures were undertaken robotically across Gynaecology and Urology specialties. This newly commenced service will improve elective productivity and support the annual turnover of procedures.
Showcases & Celebrations:
We have continued to successfully reduce waiting periods for our patients in both elective and non-elective settings. The expansion and investment in several of our services have made this possible, including: • Opening additional operating theatres at the Alexandra Hospital, increasing our capacity for surgery. And our robotic surgery programme continues to go from strength to strength. • Opening our modern Emergency Department at Worcestershire Royal Hospital, including an expanded paediatric department and dedicated space for ambulatory majors. • Co-locating our medical and surgical same day emergency care (SDEC) provision on the Worcestershire Royal, has increased the capacity in this service. • Leading the introduction of the Single Point of Access, with our system partners. This means advice and guidance for clinical teams across the county on access to on alternatives to Emergency Departments.
What this means to our patients:
Our reduction in waiting times, means that all patients can expect to wait for less time for routine or cancer treatment than they would a year ago. This is likely to reduce the risk of harm whilst waiting for treatment. For patients with urgent care needs, our investments and expansion of services, means that patients are more likely to be able to access the care they need in the first instance. And the time for those who need to access our Emergency Department will improve.

Care that is a Positive Experience for our Patients

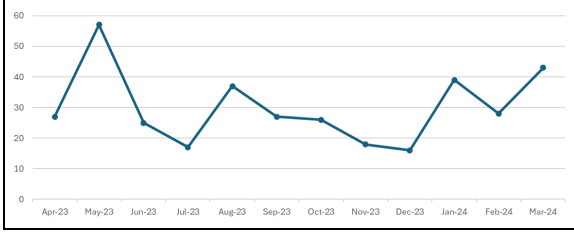
We will work to ensure patients with Learning Disabilities will receive safe, personalised care and achieve equality of outcomes
Data & Outcome Measures:
Each month, we typically have around 39 patients with a 'digital flag' on our patient record systems, that let our staff know they have a learning disability that stay in one of our hospitals for at least a night.
Showcases & Celebrations:
We reintroduced our internal Learning Disability Steering Group and have seen dedicated attendance and investment not only from our Clinical Divisions but others with an interest across the Trust. This meeting allows for the sharing of information, real life cases to be discussed and how wards have changed their practice or intervention to appropriately deal with the needs of patients. We also hold a mirroring external Learning Disability meeting on a quarterly basis, inviting stakeholders and those with lived experience and past patients to share their experiences and suggest where improvements for patients could be made. The new format of our meetings and improved engagement has supported the following: • We will be introducing a working document for staff working with the A&E departments about the assessment, care, and treatment of patients with a Learning Disability and or Autistic people. As we understand these patients can be frequent attendees within healthcare services. • Our Emergency Department have introduced boxes with fidget toys and communication fans to support those who may be non-verbal, to support our patients feeling at ease and bridge communication with staff. • We participated in NHS Benchmarking Network's Annual Learning Disability Project. Last year the Trust struggled with the resources to engage with the patient and staff survey elements. This year we collated forty-five staff responses in comparison to zero the previous year, and we collated twenty-seven patient surveys in comparison to four the previous year. We look forward to receiving our tool kit from the benchmarking team and this will inform a trust wide action plan for Learning Disabilities. • Departments across specialties have introduced standard practice to offer visits for patients with Learning Disabilities prior to an operation or procedure so they can see the area and meet the staff. This helps to reduce their anxieties and prepares them for their onward care. • We have continued to work with the Integrated Care Board for our staff to access the Oliver McGowan training and have received great feedback from our staff around the overall message and delivery of the training.
What this means to our patients:
Our staff are being supported and equipped to advocate for patients with Learning Disabilities. We want to ensure both staff and patients feel confident to communicate and are supported to do this in the way they choose with the addition of our resource boxes. We are working to deliver individualised care and reasonable adjustments, so that patients have a positive experience when they are with us and will be less fearful and worried about returning to hospital in the future.

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

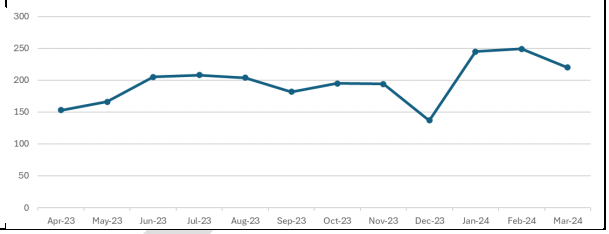
Data & Outcome Measures:

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

Complaints received relating to Communication



PALS received relating to Communication



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

Showcases & Celebrations:

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

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

What this means to our patients:

We are creating opportunities to invite you as our patients, carers, family, and friends to share their experiences. We want to work with you in a variety of ways, so that we can deliver on our commitment to Putting Patients First. We know our patients and communities are diverse and it is important to us to provide choices and different ways for you to share feedback and collaborate with us, to be really included as partners in care. Our continued focus on the provision of accessible health services is supported by our approach to collaborative engagement. This enables our ongoing learning; more detail on our approach can be found in our Annual Equality and Diversity report for 2023.

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

Data & Outcome Measures:

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

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

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

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

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

Showcases & Celebrations:

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

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

- Complaints relating to specific groups, for example learning disabilities, are reported through relevant steering groups and committees to promote shared learning and appropriate actions. Additionally, our Complaints Team identifies overarching themes for dissemination among Divisions, fostering proactive learning and swift action identification.

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

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

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

What this means to our patients:

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

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

Setting our New Quality Priorities

Big Quality Conversation

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

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

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

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

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

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

Big Quality Conversation Results

Compared to last year's survey, we have seen improvements in how people feel about our hospitals. People have shared that staff are friendlier, they have more privacy, they feel more involved in decisions and it's easier to change appointments when needed.

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

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

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

	Always	Sometimes	Rarely	Never
277 said Communication	46%	34%	15%	4%
273 said Being cared for	60%	30%	6%	2%
39 said Friendly staff	69%	26%	3%	3%
57 said Being listened to and comforted	39%	39%	14%	5%
71 said Being involved in making decisions	46%	42%	7%	3%
5 said I had privacy	40%	20%	40%	0%

2024/2025 Quality Priorities

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

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

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

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

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

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

Care that is Safe

Our patients will receive the highest levels of Infection Prevention and Control (IPC) excellence, reducing the risk of nosocomial (healthcare acquired) infections in hospital	
We will work to reduce avoidable healthcare acquired infections.	Antimicrobial Stewardship (AMS) will be a strong focus. This is not just from a C. Diff perspective but is best practice to ensure patients receive antibiotics tailored to them. • The Integrated Care Board have developed a collaborative and system wide Antimicrobial Stewardship reduction strategy. Our Trust contributes to their strategy and progress is monitored via both the ICB and Acute Trust AMS group. • Our IPC team will continue to focus on the fundamentals of IPC and supporting our staff to ensure that patients receive clean and safe care. Our Trust Infection Prevention and Control Committee reviews areas of learning and best practice, including the management of incidents and how we learn from them. • We will focus on the outputs from our EPR system for assurance on our compliance of documentation and risk assessments. • Education and training are vital to support the ambition in reducing C. Diff cases, our IPC team will focus on prevention in the first quarter of this financial year and continue their programme of education throughout the year. • Ensuring that our hospital maintains high standards of cleanliness, this includes closely monitoring the performance of our Private Finance Initiatives (PFI) and Estates partners.

Our patients will experience safe and timely care from hospital	
We will ensure our patients experience safe and timely discharge from hospital, supporting patient flow, this includes a focus on Hospital Acquired Functional Decline (HAFD).	Our initial trials and reviews have identified initial key themes that may be contributing to delayed discharges, however further scoping will take place and actions will be planned. From our initial findings the Discharge Transformation workstream have the following focus areas: • A review of our tracker that details where patients are in their pathways for discharge. • Deep dives into specific delayed discharges to support our learning. • The implementation of a shortened Electronic Discharge Summary (EDS) across the Trust. • The implementation of our Internal Professional Standards (IPS), these are a clear and unambiguous description of the values and behaviours expected in an organisation. Our IPS will be focused on collaborative working, including with our system partners, for improved flow in our hospitals. Our Site Management team are commencing a workstream that will be reviewing Transport for our patients when they leave hospital and how we can make improvements. We have already established an onward care group, and going forwards will be working on the improvements identified that can be made system wide in relation to onward care. We will be producing a package of education for our wards on the use of board rounds to ensure they are effective as possible, and we see the maximum benefit supporting patients on their care pathways. We will continue to focus on our Hospital Acquired Functional Decline improvement work, and you can see more about this on page X.

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

Care that is Clinically Effective

We will commit to continuous learning from deaths and monitor and seek to reduce mortality rates for patients whilst under our care	
We will continuously learn from deaths, to improve the quality of the care we provide to patients, relatives and carers and identify where we could do more.	From our integrated Committees and joined up approach for cross team for learning, we have now identified the following priorities: • We would like to see improvement of the SJR process and bolstering of the morbidity and mortality meetings at Directorate level. Our reviews of the death of patients with learning disabilities is good, however we will continue to review deaths of groups of patients that face health inequalities. Overall, more SJRs need to be performed in a timely manner. • We will focus on end-of-life care in our Emergency Departments and improve our staff's awareness of the Amber pathway and when to use it. We put patients on an Amber pathway when their recovery is uncertain. • We will ensure Executive oversight of the increased risk that our frail and elderly population may face when accessing emergency services. • We will ensure cardiovascular health is prioritised for our patients. Cardiovascular diseases were found to have increased as an avoidable cause of mortality in the community.

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

Our patients will receive timely treatment and care through improved waiting times, seven-day services and a focus on reducing our backlog	
We will reduce the time patients are waiting for treatment in line with national targets, recognising that long waits may increase the risk of harm.	There is still work for us to do to deliver timely access to care, that not only our patients deserve, but our teams want to deliver. To do this we have five top areas of focus for the next year: • Eliminating our longest waits for treatment, so no-one will wait longer than 65-weeks by the end of September 2024, and our patients waiting much less. • Improving the time to confirm a diagnosis for suspected cancer. More patients will know their diagnosis within 28 days, and an increasing number of patients will start their cancer treatment within 62 days where they chose to do so. • Maximising the use of our appointments, for those who really need to see our clinical teams. We will expand our patient initiated follow up programme, supporting patients attending appointments and give them greater control. • For patients with urgent care needs, we will continue to work with our system partners to ensure that alternatives to Emergency Departments are available. So, patients access the best care in the most appropriate setting. • For patients attending our Emergency Departments, we continue to focus on reducing the time spent in our departments and will eliminate our longest ambulance handovers for those arriving by ambulance.

Care that is a Positive Experience

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

Our patients, their relatives and carers will be involved in decisions about their healthcare and be given information in a way that they can understand	
We will ensure patients, their relatives and carers feel listened to and have clear lines of communication with staff about their condition, treatment and care. This will also include patients with health inequalities and/ or sensory needs.	• We will continue to work in partnership with our local community to support challenges with accessing healthcare and support – this will include exploring new ways of working to support patients with a visual impairment. • We will continue to focus on improving the quality of patient information and communication through our Outpatient Transformation programme – we will invite patient and carer representatives to work with us on our improvement journey. We will focus on health inequalities and ability to access services. We will support the development and launch of a Patient Portal as a digital solution to empower patients to access information. • We will improve and strengthen our Complaints service in response to the internal audit undertaken in October 2023, with a focus on ensuring complaints are investigated in a complete and timely manner. • We will have appointed Patient Safety Partners from the public who will collaborate with us to improve and enhance our patient safety efforts.

Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services, to ensure learning and improvements can be prioritised	
We will continuously learn from patient feedback on their experience of care.	• We will develop a survey designed to gather feedback from Complainants regarding their experience with the Complaints process. • Our Complaints Team is enhancing its reporting process to share actions taken and lessons learned from complaints, promoting collaborative learning with Divisions through PSIRF. • We will enhance patient engagement and involvement throughout the entirety of patient safety investigations in line with PSIRF guidance, ensuring that the patient voice is actively heard and incorporated into our processes. • We will use our Inpatient Survey and Friends and Family results to inform our learning. • We will implement a Patient Voice & Involvement Strategy, which will include our system partners and the voluntary sector.

Internal Complaints Audit

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

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

1.1 **Complaints Policy** – this was overdue for review. An immediate action was taken to revise, resubmit and approve the policy, which was completed in Quarter 3.

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

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

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

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

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

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

Statement of Director's responsibilities

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

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

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

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance
- the content of the quality report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2023 to June 2024
    - papers relating to quality reported to the board over the period April 2022 to June 2024
    - feedback from Integrated Care Board dated 03/06/2024
    - feedback from Patient and Public Forum dated 29/05/2024
    - feedback from local Healthwatch organisation dated 03/06/2024
    - feedback from Overview and Scrutiny Committee dated 22/05/2024
    - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 18/09/2023
    - the 2023 national patient survey for Maternity published 09/02/2024
    - the 2022 national patient survey for Adult Inpatients published 12/09/2023
    - the 2022 national patient survey for Urgent and Emergency Care published 08/08/2023
    - the national staff survey 07/03/2024
    - the Head of Internal Audit's annual opinion of the trust's control environment dated 30/05/2024
    - CQC inspection report dated 29/11/2023 and 17/05/2024
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the board

.....Date.....Chairman

.....Date.....Chief Executive

Showcasing our Quality Improvement

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

Medicine Division

The Specialty Medicine and Urgent & Emergency Care divisions recently joined together. They now share the leadership of one Clinical Director.
Specialty Medicine's services support patients across 24 wards at the three hospital sites. This includes elective, non-elective and cancer care. The division's innovative projects focus on admission avoidance, improving patient safety and reducing hospital stays. The services and therapies within Specialty Medicine include:

Services:

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

Therapies:

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

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

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

Surgery Division

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

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

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

Specialised Clinical Services Division (SCSD)

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

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

Women's & Children's Division

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

- Worcestershire Royal Hospital is home to the Maternity and Neonatal inpatient services. And are supported by the antenatal and community services, provided across the county.
- There is an emergency assessment unit for Gynaecology at Worcestershire Royal Hospital. And outpatient, diagnostic and surgical services are provided across the county.
- Breast screening services are provided for patients across Herefordshire and Worcestershire, with a specialist service for patients requiring breast surgery.
- The Children's Ward supports inpatients at Worcestershire Royal Hospital with high dependency care when required. Children's outpatient clinics are provided across the county.

Improvements in Safety

Acute Frailty Unit make #MinutesMatter by speeding up discharges with their improved Board Rounds

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

Artificial Intelligence software helping stroke patients

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

#EndPJParalysis 30 Day Challenge

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

patient activity into standard practices, ensuring sustained impact on patient outcomes.

Sterile Services new traceability

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

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

New Rota Introduced to Benefit Patients at Receiving Blood Transfusions

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

Promoting a restful night's sleep for patients

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

Outpatient online transport booking

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

Improvements in Clinical Effectiveness

Pulmonary Rehabilitation team receive Accreditation.

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

Opening of the new state-of-the-art operating theatres

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

surgical services, including our robot-assisted surgery.

Opening Same Day Emergency Care Units

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

ensure patients receive appropriate care promptly, aligning with the hospital's goal of efficient patient flow and timely treatment.

Opening of the new Emergency Department at Worcestershire Royal

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

Maternity Unit Enhances Care with New CTG Machines

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

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

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

Improving Care for Gynaecology Patients at Worcestershire Royal Hospital

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

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

Empowering Rheumatology Patients

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

in their hands, Rheumatology aims to enhance patient experience and streamline services

Improvements for Patient Experience

Opening of our Peony Rooms

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

Reopening of our Maternity Team's Meadow Birth Centre & Community Midwifery Celebrations

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

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

Event promotes breast screening to patients with learning disabilities.

Breast cancer is one of the most prevalent cancers in the UK, with approximately 56,000 cases diagnosed each year. The annual 'My Breasts and Me' event, hosted by the Worcestershire Community Learning Disability Team, was successful in promoting mammogram attendance among women with learning disabilities. This tailored event aims to educate attendees on screening procedures but also to alleviate worries and anxieties surrounding mammograms. By emphasizing the importance of awareness and addressing barriers to accessing health screenings, the Community Learning

Disability Team works to ensure that all women, regardless of disability, receive the necessary support for early detection and treatment of breast cancer.

Our Wonderful Volunteers

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

Responding to Our Patient's Feedback with a Cancer Services App

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

Introducing WoW Machines for Multilingual Support

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

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

NHS Outcomes Framework

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

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous values (where data available)		
				Highest NHS performer	Lowest NHS performer				
Preventing people from dying prematurely	SHMI value and banding Period: Dec 22 – Nov 23 Published: 11th April 2024	1.0452 Banding 2 'as expected'	The SHMI cannot be used to directly compare mortality outcomes between trusts. It is inappropriate to rank trusts according to their SHMI.			Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons: We monitor mortality indices on a monthly basis and these are reported through to Trust Board. Our mortality indices are within expected limits, but we do review and respond to any changes as required.	1.0452 Banding 2 'as expected' (Apr-22 – Mar-23)	1.0460 Banding 2 'as expected' (Apr-21 – Mar-22)	1.0321 Banding 2 'as expected' (Apr-20 – Mar-21)

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous values (where data available)		
				Highest NHS performer	Lowest NHS performer				
	% of deaths with either palliative care specialty or diagnosis coding Period: Nov 22 – Oct 23 Published: 11th April 2024	27%	42%	16%	66%	Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the indicator and so the quality of its services, by: Further information is detailed within our Quality Priority focused on Learning from Deaths on page x.	27% (Apr-21 – Mar-22)	35% (Apr-21 – Mar-22)	34% (Apr-20 – Mar-21)

Domain	Indicator	Current Performance	National average value	Where applicable: Highest NHS performer	Where applicable: Lowest NHS performer	Trust Statement	Previous values (where data available)		
Helping people to recover from episodes of ill health or following injury	Patient-reported outcome score for hip replacement surgery – adjusted average health gain (Oxford Hip Score) Published 13th Jul 2023 April 2021 to March 2022	Please note that the Patient Reported Outcome Measures (PROMs) in England for Hip and Knee still cover a period where health services were affected by the COVID-19 pandemic. The completion, return and processing of questionnaire data analysed in the publications will have occurred during a period where restrictions on movement and changes to behaviours may have affected response levels.				**This is a mandatory indicator however, there is no national data available for 23/24.** However, Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the quality of its services, by: Further information is detailed within our Quality Priority focused on reducing the time patients are waiting for treatment on page 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						16.034 Not an outlier (21/22 Final)	17.342 Not an outlier (19/20 Final)	18.049 Not an outlier (18/19 Final)
	30-day readmission rate for patients aged <16 Period: 2022/23 Published: 28th November 2023	13.4%	12.8%	3.7%	37.7%	Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons: Even when beds are in high demand, we always make sure patients are fully ready before sending them to their usual place of residence. Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the indicator and so the quality of its services, by: Maintaining safe discharge practice.	12.1% (21/22)	12.8% (20/21)	13.5% (19/20)
	30-day readmission rate for patients aged 16+ Period: 2022/23 Published: 28th November 2023	12.8%	14.4%	2.5%	27.5%		13.6% (21/22)	15.2% (20/21)	13.7% (19/20)

Domain	Indicator		Current Performance	National average value	Where applicable: Highest NHS performer	Where applicable: Lowest NHS performer	Trust Statement	Previous values (where data available)		
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs scored from the National Inpatient Survey Last published: 20th Aug 2020		Update from NHS Digital: Proposals for changes to the NHS Outcomes Framework were proposed as part of a wide-ranging consultation on statistical outputs that ran from December 2023 to March 2024. This data has not yet been published.				**This is a mandatory indicator however, there is no national data available for 23/24.** Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the indicator and so the quality of its services, by: We will continue to use patient feedback to identify areas for improvement. Further information is detailed within our Quality Priority focused on learning from patient feedback on page x.	*No recent data published*	*No recent data published*	66.3 (19/20)
	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends. *NHS Staff Survey 2023*		54.4%	64.9%	88.8%	44.3%	Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons: We are undertaking a culture review within the Trust to improve the experience for our staff and ultimately our patients. Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve the indicator and so the quality of its services, by: Our Quality Account outlines our priority areas for improvement, including continuously learning from patient feedback.	53.6% (2022)	60.7% (2021)	68.6% (2020)
	Inpatient Friends and Family test	% Positive	94%	94%	100%	70%		93% (Mar-23)	97% (Mar-22)	96% (Mar-21)

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

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

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous values (where data available)		
				Highest NHS performer	Lowest NHS performer				
	Rate of patient safety incidents per 1,000 bed days Period: Apr-21 to Mar-22 Published: 13th October 2022	*No New Data Available*	N/A	*No New Data Available*	*No New Data Available*	**This is a mandatory indicator however, there is no national data available for 23/24.**	42.5 (Apr-21 to Mar-22)	52.8 (Apr-20 to Mar-21)	53.1 'No evidence for potential under-reporting' (Oct-19 to Mar-20)
	Percentage of patient safety incidents that resulted in severe harm or death Period: Apr-21 to Mar-22 Published: 13th October 2022	*No New Data Available*	*No New Data Available*	*No New Data Available*	*No New Data Available*	**This is a mandatory indicator however, there is no national data available for 23/24.**	0.17% (Apr-21 to Mar-22)	0.26% (Oct-19 to Mar-20)	0.26% (Oct-19 to Mar-20)

Participation in Clinical Research

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

We will ensure that our research team makes the best use of the resources we are provided with from the National Institute for Health and Care Research (NIHR), research funders and charitable funding. Our strategy continues to raise awareness and engagement with research and innovation throughout the Acute Trust and delivers:

- Increased participation in Clinical Research.
- Increased income and improved efficiency.
- Increased awareness of Clinical Research and Innovation across the Trust.
- Enhanced reputation externally.
- Successful clinical recruitment within hard to recruit to areas.
- Opportunities to create new roles within the Trust's workforce to support delivery of the Clinical Strategy.

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

This was across 44 different trials and means more than a 20% increase in our recruitment to trials in comparison to last year. We also opened 21 new trials across 9 of the specialties.

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

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

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

Our priorities for 2024/25 are:

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

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

Our Patient Research Experience Survey (PRES) is offered to all appropriate research trial participants, giving an opportunity for them to provide feedback on their experience, anonymously. We review comments from the PRES monthly to act accordingly from any feedback received and implement ways of improvement. Going forwards, we will work to ensure patients receive the PRES at the point the trial is set up, to ensure it is offered to all participants in a timely manner.

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

Staff have been professional and knowledgeable, explaining all aspects of the study.

Every step explained comprehensively. It was made clear that I was under no obligation to continue.

I now have a baby!

Commissioning for Quality Innovation (CQuINS)

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

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

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

CQUIN	Results and if outcome met
CQUIN01: Flu Vaccinations for frontline healthcare workers	Q1 – Not applicable Q2 – 23.5% Q3 – 32.2% Q4 – 32.2%
CQUIN02: Supporting patients to drink, eat and mobilise (DrEaMing) after surgery	Q1 – 98.2% Q2 – 100% Q3 – 100% Q4 – 100%
CQUIN03: Prompt switching of intravenous to oral antibiotic **A lower percentage indicates better performance*	Q1 – 10% Q2 – 15% Q3 – 16% Q4 – 12.5%
CQUIN04: Compliance with timed diagnostic pathways for cancer services	Q1 – 20% Q2 – 29% Q3 – 36% Q4 – 35%
CQUIN05: Identification and response to frailty in emergency departments	Q1 – 6.2% Q2 – 4.5% Q3 – 4.8% Q4 – 6%
CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions	Q1 – 71% Q2 – 80% Q3 – 89% Q4 – 95%
CQUIN10: Treatment of non small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	Q1 – 100% Q2 – 67% Q3 – 70% Q4 – 75%
CQUIN12: Assessment and documentation of pressure ulcer risk	Q1 – 38.5% Q2 – 30% Q3 – 22% Q4 – 18%

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

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

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

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

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

National Audits

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

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

Eligible National Audits	% or No's cases submitted	Comments
EPILEPSY 12 - National Clinical Audit of Seizures and Epilepsies in Children and Young People	100%	
FFEAP - National Hip Fracture Database (NHFD)	895	

Eligible National Audits	% or No's cases submitted	Comments
Improving Quality in Crohn's and Colitis (IQICC) (previously known as IBD - Inflammatory Bowel Disease Programme/IBD Registry)	Q1 – 0 Q2 – 10 Q3 – 22 Q4 – ** data not available	Q4 is not available as data collection was suspended.
ICNARC - Case Mix Programme	** Data not currently available	Data is being submitted but is running behind and have only just finished submitting data for 2022. Therefore data submission for 2023 has not yet began
LeDeR - Learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	100%	
MBRRACE - Maternal, Newborn and Infant Clinical Outcome Review Programme	100%	
NRAP - Pulmonary rehabilitation Organisational and Clinical audit	Cohort 1 - 1st April 2023 – 30 September 2023 – 78 cases submitted Cohort 2 - 1 October 2023 – 31st December 2023 ** Data Not Available Cohort 3 – 1 January 2024 – 31 March 2024 ** Data Not Available	Cohort 2 deadline 3rd May 2024 Cohort 3 deadline 2nd August 2024
NRAP - Secondary Care - Adult Asthma	Cohort 1 - 1st April 2023 – 30 September 2023 – 75 completed cases submitted Cohort 2 - 1 October 2023 – 31st December 2023 – 51 Cohort 3 – 1 January 2024 – 31 March 2024 ** Data Not Available	Cohort 3 deadline 10th May 2024
NRAP - Secondary Care - COPD	Cohort 1 - 1st April 2023 – 30 September 2023 – 179 completed cases submitted Cohort 2 - 1 October 2023 – 31st December 2023 – 114 Cohort 3 – 1 January 2024 – 31 March 2024 ** Data Not Available	Cohort 3 deadline 10th May 2024
NACEL - National Audit of Care at the End of Life	CNR – 50 Staff Survey – 54 Quality Survey - 43	
NACR - National Audit of Cardiac Rehabilitation	** data not available	Data collection deadline 31/05/2024

Eligible National Audits	% or No's cases submitted	Comments
NOGCA - National Oesophago-gastric Cancer Audit	100%	
National Audit of Dementia (NAD) - Care in General Hospitals	ALX - 40 WRH - 40	
National Ophthalmology Audit Database	0	Trust was required to update system to enable data submission. National Team advise us that this was not done and no cases were submitted
NBOCA - National Bowel Cancer Audit	100%	
National Bariatric Surgery Registry	100%	
NCAA - National Cardiac Arrest Audit	ALX Q1 – 13 Q2 – 3 Q3 – 6 Q4 – ** data not available WRH Q1 – 30 Q2 – 27 Q3 – 22 Q4 – ** data not available	Q4 data collection ends 31/03/2024. Data validation for this takes place up until 31/05/24 therefore Q4 not available
NCAP - Cardiac Rhythm Management (CRM)	** Data not available	Data submission deadline 30/06/2024
NCAP - Myocardial Ischaemia National Audit Project (MINAP)	** Data not available	Data submission deadline 30/06/2024
NCAP - National Audit of Percutaneous Coronary Interventions (PCI)	** Data not available	Data submission deadline 30/06/2024
NCAP - National Heart Failure Audit	** Data not available	Data submission deadline 08/06/2024
NEIAA - National Early Inflammatory Arthritis Audit	** Data not available	Data submission deadline 15/04/2024
NDA - Adults - National Diabetes Foot Care Audit	100%	
NDA - Adults - National Pregnancy in Diabetes Audit	100%	

Eligible National Audits	% or No's cases submitted	Comments
NDA - Adults - National Diabetes Core Audit	** Data not available	Data submission deadline Spring 2024
NELA - National Emergency Laparotomy Audit	** Data not available	Data submission deadline 31st May 2024
NJR - National Joint Registry	** Data not currently available	Data is regularly recorded, however yearly check of annual data to be undertaken from 1st April 2024 to capture missing data prior to sending to the National Team for inclusion in the annual report.
NLCA - National Lung Cancer Audit	100%	
NMPA - National Maternity and Perinatal Audit	100%	
NNAP - National Neonatal Audit Programme	100%	
NPCA - National Prostate Cancer Audit	** Data not currently available	
NPDA - National Paediatric Diabetes Audit	** Data not Available	Data submission deadline 23rd May 2024
NVR - National Vascular Registry	Q1 – 104 Q2 – 119 Q3 – 107 Q4 - ** Data not available	Q4 data submission deadline after 31st March 2024
PROMS - Elective Surgery	** Data not available	Data collection ends 31/03/2024. Data submission deadline later in the year.
SHOT - Serious Hazards of Transfusion: UK National Haemovigilance Scheme	45 cases	
SSNAP - Sentinel Stroke National Audit Programme	** Data not currently available	
TARN - Major Trauma Audit	0 Cases submitted	TARN system was taken down following cyber-attack in June 23. TARN is now being replaced by NMTR (National Major Trauma Registry)
FFFAP - (NAIF) National Audit of Inpatient Falls	** Data not available	Data submission deadline 9th April 2024
Society for Acute Medicine Benchmarking Audit (SAMBA)	WRH - 77 Patients ALX – 0 patient	

Eligible National Audits	% or No's cases submitted	Comments
BTS - Adult Respiratory Support Audit	ALX – 15 WRH - 20	
NDA - National Diabetes Inpatient Safety Audit (NDISA) Previously NaDIA-Harms	100%	
CEM - Mental Health Self Harm	** Data not available	Data submission deadline 3 October 2024
NRAP - Paediatric Asthma - Secondary Care	Cohort 1 - 1st April 2023 – 30 September 2023 – 16 completed cases submitted Cohort 2 - 1 October 2023 – 31st December 2023 – 5 Cohort 3 – 1 January 2024 – 31 March 2024 ** Data Not Available	Cohort 3 deadline 10th May 2024
PQIP - Peri-Operative Quality Improvement Programme	100%	
AKI - National Acute Kidney Injury Audit	100%	
UK Renal Registry Chronic Kidney Disease Audit	100%	
National Obesity Audit	100%	
National Perinatal Mortality Review Tool	100%	
Breast and Cosmetic Implant Registry (BCIR)	100%	
CEM - Care of Older People	** Data not available	Data submission deadline 3 October 2024
2023 Audit of Blood Transfusion against NICE Quality Standard 138	100%	
2023 Bedside Transfusion Audit	** Data not Available	Data submission deadline 31st May 2024
National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	100%	
National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	100%	

Eligible National Audits	% or No's cases submitted	Comments
BAUS Nephrostomy Audit	100%	

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

National Audit & Speciality	Actions/Improvements
Corporate: National Audit of Dementia (NAD) - Care in General Hospitals Published 10/08/2023	The Medical Director and Chief Nurse should ensure that staff are trained and supported in the use of appropriate tools for comprehensive pain assessment (e.g. e-lfh Pain Management Programme) The proposal for the training to be made essential to role has been approved at the Nursing and Midwifery Advisory Board and a working group to take this forward.
Rheumatology: NEIAA - National Early Inflammatory Arthritis Audit Published 17/10/2023	• Ensure rapid but safe initiation of DMARDs • CNS dedicated early inflammatory arthritis clinic slots to be re-instated and ring-fenced – changes to be implemented from May 2022 • Departmental review of early inflammatory arthritis pathway and education session scheduled for 6th April 2022 • Please see the action plan uploaded in the documentation section for full details of previous actions • Administrative support for audit to be continued and potentially increased if audit expanded as proposed in 2023 • Ring-fenced dedicated nurse specialist slots for the commencement and escalation of DMARDs to remain • To evaluate NEIAA reports, feedback findings and address any needs NEIAA report 2023 evaluated. Need identified and to be addressed (annual RA review) • To inform department of 2023 changes to audit recruitment and data collection
Neonatal: NNAP - National Neonatal Audit Programme Published 17/10/2023	• Review the BAPM QI toolkit for thermoregulation and implement strategies to improve thermal care in babies born less than 32 weeks at WRH. This will be reviewed in a quarterly NNAP quality improvement group meeting. • To reconsider how the 2 year follow up developmental checks are taking place. We have appointed 2 tier 2 fellows and will consider training them to take on a designated developmental assessment clinic. • Use of less invasive surfactant administration and other respiratory initiatives within a 'respiratory bundle'. A QI project in collaboration with the West Midlands ODN will be lead by Paul Watson.

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

Appendix 2: Table of CQC Ratings

Worcestershire Royal Hospital

	Safe	Effective	Caring	Responsive	Well-Led	Overall
Overall	**Requires Improvement**	**Good**	**Good**	**Requires Improvement**	**Requires Improvement**	**Requires Improvement**
Medical Care (including older people's care)	Requires Improvement Apr 2023	Good Apr 2023	Good Apr 2023	Requires Improvement 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	N/A	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	N/A	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 Apr 2023	Good Apr 2023	Good Apr 2023	Requires Improvement Apr 2023	Requires Improvement Apr 2023	**Requires Improvement**

Alexandra Hospital

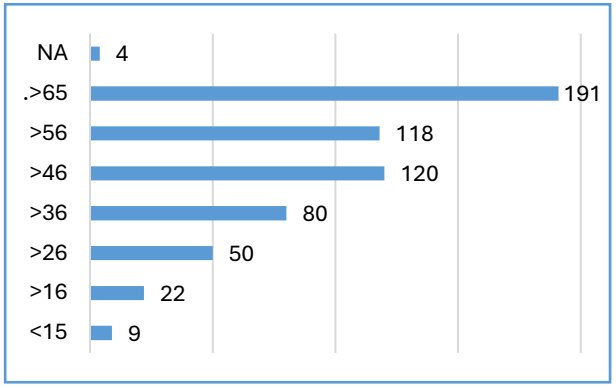
	Safe	Effective	Caring	Responsive	Well-Led	Overall
Overall	**Requires Improvement**	**Good**	**Good**	**Requires Improvement**	**Requires Improvement**	**Requires Improvement**
Medical Care (including older people's care)	Requires Improvement Apr 2023	Good Apr 2023	Good Apr 2023	Requires Improvement Apr 2023	Requires Improvement Apr 2023	**Requires Improvement**
Services for Children & Young People	Requires Improvement Jun 2018	Requires Improvement Jun 2018	Good Jun 2018	Requires Improvement Jun 2018	Requires Improvement Jun 2017	**Requires Improvement**
Critical Care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	**Good**
Diagnostic Imaging	Requires Improvement Sep 2019	N/A	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**
Maternity and gynaecology	Requires Improvement Jun 2017	Requires Improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires Improvement Jun 2016	**Requires Improvement**
Outpatients	Good Sep 2019	N/A	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

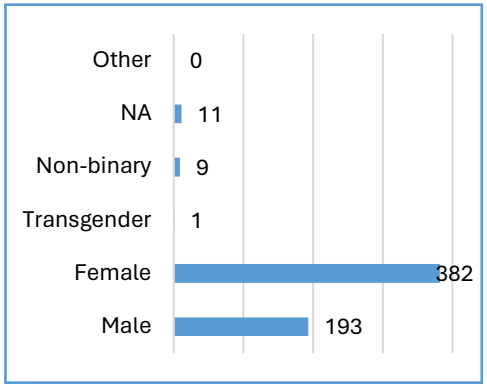
	Safe	Effective	Caring	Responsive	Well-Led	Overall
Overall	**Good**	**Good**	**Good**	**Requires Improvement**	**Good**	**Good**
Medical Care (including older people's care)	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019	**Good**
Services for Children & Young People	Requires Improvement Jun 2018	Requires Improvement Jun 2018	Good Jun 2018	Requires Improvement Jun 2018	Requires Improvement Jun 2017	**Requires Improvement**
Critical Care						
Diagnostic Imaging	Good Sep 2019	N/A	Good Sep 2019	Good Sep 2019	Good Sep 2019	**Good**
End of Life care						
Maternity and gynaecology	Requires Improvement Jun 2017	Requires Improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires Improvement Jun 2017	**Requires Improvement**
Outpatients	Good Sep 2019	N/A	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: Equality & Diversity Monitoring in our Big Quality Conversation Survey

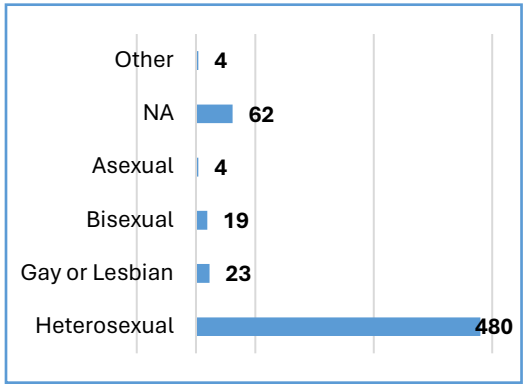
Age



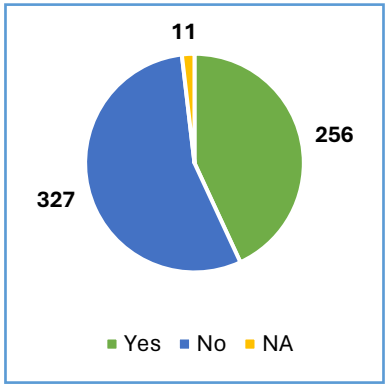
Gender



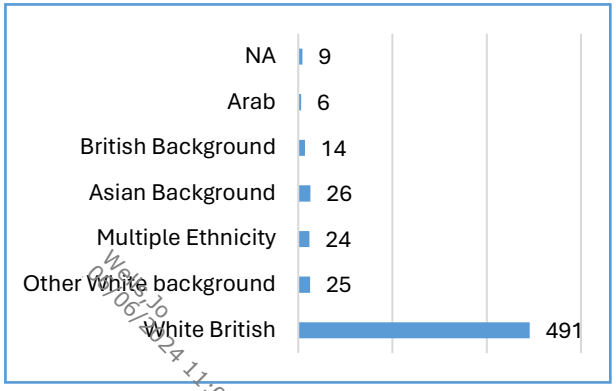
Sexuality



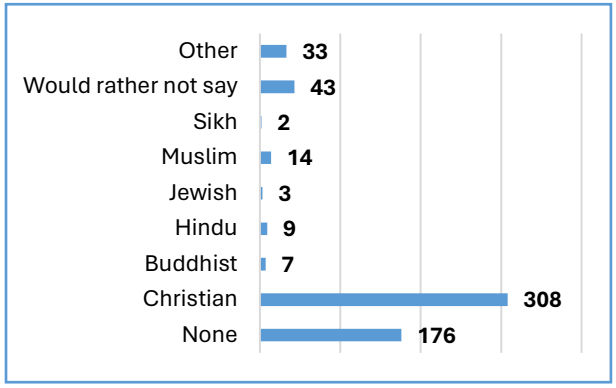
Disability



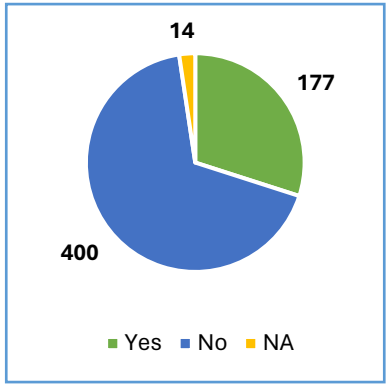
Ethnicity



Religion



Vulnerable Groups & Respondents



Patients	**575**
Relatives	290
Friends	72
Carers	83

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

DRAFT Healthwatch Worcestershire

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

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

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

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

Patients and families provide HWW feedback on access to emergency care and length of waiting times:

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

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

Patient Initiated Follow Ups (PIFU) is another tool being used by the Trust to reduce the pressure on out-patients by involving, usually patients with long term conditions, in deciding as and when they need their follow-up appointments. The Trust is approaching its 5% PIFU target with some specialities already delivering more than this target.

Patients want timely access for elective procedures.

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

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

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

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

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

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

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

We welcome the continued inclusion of timely discharge processes from the 2023/24 priorities to the 2024/25 priorities and are aware that a discharge transformation programme is underway. We regularly receive feedback on the discharge process with particular emphasis on the communications associated with discharge and welcome this programme as one of the Trust's six workstreams with the aim of improving flow through the hospitals and look forward to the update to the Trust's Discharge Policy. We would note that this improvement priority is one where patient and carer engagement would be of great value.

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

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

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

Care that is a Positive Experience for Patients and Carers:

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

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

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

2. Are there any important issues missed?

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

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

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

- Narrative around Electronic Patient Record optimisation re Digital Care Records

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

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

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

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

Healthwatch Worcestershire are aware that there is a challenge in producing a Quality Account which is clearly presented and meaningful for patients and the public, taking into account the technical information required by NHS England. Given those restrictions the introduction does clearly set out the purpose and

structure of the QA and the infographics pages are an easily accessible picture of the work of the hospital. We think that presentation of the Account has improved this year.

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

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

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

Chris Byrne
Director – Healthwatch Worcestershire

Herefordshire and Worcestershire Integrated Care Board

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

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

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

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

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

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

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

HWICB are satisfied the Quality Account for 2023/4 provides a clear and accurate statement which is a representative and balanced reflection of the quality of healthcare provided by WAHT. We look forward to seeing progress with the new quality priorities identified for 2024/5 in conjunction with embedding the Patient Safety Incident Response Framework (PSIRF) and associated patient safety quality requirements. The ICB would like to commend WAHT on their work in preparation for PSIRF in 2023/24 and going live in line with national requirements.

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

Simon Trickett
Chief Executive/ICS Lead

Patient and Public Forum

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

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

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

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

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

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

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

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

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

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

Rosemary Smart
Patient and Public Forum Chair

Worcestershire Health Overview and Scrutiny Committee (HOSC)

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

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

The Members look forward to working with the Trust in the future. Through the routine work of HOSC, we hope that the scrutiny process continues to add value to the development of healthcare across all health economy partners in Worcestershire.

Councillor Brandon Clayton
Chairman of Worcestershire Health Overview and Scrutiny Committee

Glossary of Terms

Acronym	Long Hand
AI	Artificial Intelligence
AKI	Acute Kidney Injury
AMR	Antimicrobial Resistance
AMS	Antimicrobial Stewardship
BAPM	British Association of Perinatal Medicine
BCIR	Breast and Cosmetic Implant Registry
BOPP	Best Outcome for Patient Programme
BQC	Big Quality Conversation
BTS	British Thoracic Society
C. Diff	Clostridium difficile
CEM	College of Emergency Medicine
CNS	Clinical Nurse Specialist
COPD	Chronic obstructive pulmonary disease
CQC	Care Quality Commission
CQuINS	Commissioning for Quality Innovation
DMARDs	Disease modifying anti-rheumatic drug
DQMI	Data Quality Maturity Index
DrEaMing	Drink, Eat and Mobilise
DREAMS	The Deterioration of Patients, Resuscitation, End of Life and Mortality Studies
ED	Emergency Department
EDS	Electronic Discharge Summary
ENT	Ear, Nose and Throat
EPMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Record
FFFAP	Falls and Fragility Fracture Audit Programme
NAIF	National Audit of Inpatient Falls
FFT	Friends and Family Test
FOC	Fundamentals of Care
FTSU	Freedom to Speak Up
ICB	Integrated Care Board
ICCA	IntelliSpace Critical Care Anaesthesia System
ICNARC	Intensive Care National Audit & Research Centre
IPC	Infection Prevention Control
IPS	Internal Professional Standards
IQICC	Improving Quality in Crohns and Colitis
LeDeR	Learning from lives and deaths of people with a learning disability and autistic people
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MIS	Maternity Incentive Scheme
MSCC	Metastatic Spinal Cord Compression
NACEL	National Audit of Care at the End of Life
NACR	National Audit of Cardiac Rehabilitation

NAD	National Audit of Dementia
NBOCA	National Bowel Cancer Audit
NCAA	National Cardiac Arrest Audit
NCAP	National Audit of Percutaneous
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NDA/NDISA	National Diabetes Inpatient Safety Audit
NEIAA	National Early Inflammatory Arthritis Audit
NELA	National Emergency Laparotomy Audit
NEWS2	National Early Warning Score
NHFD	National Hip Fracture Database
NICE	National Institute for Clinical Excellence
NIHR	National Institute for Health and Care Research
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NMPA	National Maternity and Perinatal Audit
NNAP	National Neonatal Audit Programme
NOF	Neck of Femur
NOGCA	National Oesophago-gastric Cancer Audit
NPCA	National Prostate Cancer Audit
NPDA	National Paediatric Diabetes Audit
NRAP	National Respiratory Audit Programme
NVR	National Vascular Registry
ODN	Operational Delivery Network
PALS	Patient Advice and Liaison Service
PEGs	Percutaneous Endoscopic Gastrostomy
PFI	Private Finance Initiative
PQIP	Peri-Operative Quality Improvement Programme
PRES	Patient Research Experience Survey
PROMs	Patient Reported Outcome Measures
PSIRF	Patient Safety Incident Response Framework
QGC	Quality Governance Committee
QI	Quality Improvement
SAMBA	Society for Acute Medicine Benchmarking Audit
SDEC	Same Day Emergency Care
SHMI	Summary hospital-Level Mortality Indicator
SHOT	Serious Hazards of Transfusion
SJR	Structured Judgement Review
SPoA	Single Point of Access
SSNAP	Sentinel Stroke National Audit Programme
TARN	Trauma Audit and Research Network
TIA	Transient Ischemic Attacks
VTE	Venous Thromboembolism
WAHT	Worcestershire Acute Hospital Trust
WRH	Worcestershire Royal Hospital

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**11/06/2024**
Title of Report:	IPC Annual Report and Board Assurance Framework
Status of report:	☐**Approval** ☒**Position statement** ☐**Information** ☐**Discussion**
Report Approval Route:	Quality Governance Ctte
If Other, provide details:	TIPCC
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Julie Booth
Documents covered by this report:	Annual IPC report and Board Assurance Framework (BAF)

1. Purpose of the report

To present the IPC Annual report and Board Assurance Framework and provide an update on the progress of the HCAI reduction plan.

To provide a position statement of compliance against the National BAF for IPC.

2. Recommendation(s)

To note the content of the report in particular the Trusts position regards not meeting the contractual trajectories that have not been met and the work that has been completed to reduce the HCAI across the Trust.

Accept the position of the BAF and not the partial compliance with some of the standards and the improvement work that is required in order to achieve compliance.

3. Chief Officer/Executive Director Opinion[1]

It has been a very challenging year for the Trust, and all of the Healthcare Associated Infections have breached trajectories. The Trust remains on Enhanced level of scrutiny from NHS England. However, it should be noted that Nationally and Regionally there has been an increase in the number of HCAI cases reported. Over the last 10 months I have seen improved working of corporate teams (Estates, Facilities, Procurement, IPC) which has resulted in improved assurance being presented to TIPCC that the Trust is aware of the challenges associated with reducing HCAIs and that there are plans in place to reduce and improve outcomes for our patients.

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'*

INFECTION PREVENTION & CONTROL

ANNUAL REPORT 2023-2024

Authors:

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Helen Mills - Facilities Quality & Compliance Manager

PULL TOGETHER TO PREVENT INFECTION

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Foreword

I am pleased to introduce our annual infection prevention and control report for 2023-24. COVID remains a pressure however this has moved to a living with COVID model and there are less restrictive practices in place. There is now only a requirement for symptomatic patients to be tested.

Our focus on cleanliness, antimicrobial prescribing and other hygiene measures has continued during the year to ensure that people are receiving safe and effective care from us.

It has been a very challenging year for the Trust, and all the Healthcare Associated Infections have breached trajectories. The Trust remains on Enhanced level of scrutiny from NHS England. It should be noted that Nationally and Regionally there has been an increase in the number of HCAI cases reported.

We remain committed to ensuring that we achieve very high standards of infection prevention practice. The Trust Board views this as a priority for our patients as part of our commitment to *Putting Patients First.* The Quality Governance Committee continued to scrutinise our infection prevention progress quarterly on behalf of the Board throughout 2023-24.

Sarah Shingler, Chief Nursing Officer, Executive Director of Infection, Prevention and Control.

This annual report follows the format of the Code of Practice 2015 (known as the *Hygiene Code*), as required by the Health & Social Care Act (2008)[1] and demonstrates our compliance with the requirements of the Hygiene Code.

The report also reflects the IPC Board Assurance Framework. It is set out using the Hygiene Code framework, and this annual report also provides assurance of compliance with this framework.

The report also sets out our priorities and plans to achieve further improvement and reductions in infection during 2024-25 and achievement of the quality priorities.

Julie Booth, Deputy Director of Infection Prevention & Control (DIPC)

Executive Summary

Criterion 1: Systems to manage and monitor the prevention and control of infection.

- Leadership and governance arrangements are in place in line with Hygiene Code requirements.
- There are robust Governance processes in place and the risk management system is used to support decision making and ensure the correct mitigations are in place.
- A multi-disciplinary Infection Prevention & Control Team is in place, including nursing, administration along with data support and microbiology.
- All HCAI trajectories were breached despite extensive work program to address the key themes and trends.
- A range of actions were taken during the year to identify and implement key improvements needed so that we can achieve the infection reductions needed.
- Our *Fundamentals of Infection Prevention and Control* are a core part of our programme. This was relaunched this year.

Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

- Our deep cleaning teams remain an embedded part of our cleaning programme, they remain responsive to the request for deep cleans.
- The use of HPV and UVc systems continue and the RAG poster has been updated.
- We have continued monitoring our cleaning standards using the national MICAD system and ensured results are available for all staff on the trust electronic quality reporting system.
- All areas have had a functional risk assessment in line with the National Standards of Healthcare Cleanliness 2021
- All areas have a star rating displayed and reviewed annually as a minimum.
- Star ratings are reviewed if there are two consecutive audit failures as well as two consecutive improvements and adjusted accordingly.
- There is still improvement required on how audits are responded to.
- We have scrutiny processes in place where concerns about cleanliness are identified.
- IPC audits also review levels of cleanliness and escalate concerns.

Criterion 3: Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

- Antimicrobial stewardship made good progress in the first part of the year. However, the Antimicrobial Pharmacist post has been vacant since August 2022. The Trust risk rating has been reviewed and upgraded. New pharmacist is to commence in post April 2024.
- All Divisions have Divisional Board approved action plans to improve AMS and have improved their assurance levels during 2023-24 with four Divisions at level 5 and one at level 4.
- Improvements are required to increase medical engagement in AMS.
- An extensive review and update of the Trust Antimicrobial Treatment Guidelines has been published.

Criterion 4: Provide suitable accurate information on infections to service users, their visitors and person concerned with providing further support or nursing/medical care in a timely fashion.

- Information on our *Fundamental of IPC* are displayed across the Trust. This includes wards displaying their achievement of the standards required.

- Our internet contains key information for our patients and visitors, and we have used social media to share key messages to the public.
- Masks are available at the entrances to the hospital to ensure patients and visitors have the option to wear a face mask.
- Daily outbreak reports continue and are shared with our systems partners.
- The EPR system has been introduced and there is an IPC risk assessment in place to ensure correct placement of patients.

Criterion 5: Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.

- Assessment tools for infection risks are in use for patients on admission and throughout the in-patient stay. This includes diarrhoea and vomiting as well respiratory risk assessment tool.
- EPR has been adapted to ensure the correct information is recorded to enable the correct level of reporting from the system. Work is required to improve compliance.
- Our Infection Prevention & Control Team provide a service to advise and support clinical staff on all infection-related queries. During the year the service has provided a 7 day a week working pattern. This was stepped down to a six-day service with 7 day a week on call.
- COVID testing moved to symptomatic testing only, there is a daily symptom checker in place that is in line with the National guidance for COVID symptom, this also covers the possibility of influenza.
- A range of non-COVID-19 outbreaks and infection-related incidents have been effectively dealt with in 2023-24. These are listed in Appendix 1.

Criterion 6: Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infections.

- Highly visible senior nursing leadership has been maintained during the pandemic through leadership visits by divisional teams, the Deputy DIPC and the DIPC/Chief Nursing Officer.
- Statutory and mandatory training and Trust inductions continue to include infection prevention & control as core requirements.
- At the end of 2023-24, mandatory level 1 training (non-clinical staff) achieved 96% compliance meeting the Trust requirement. Level 2 training (clinical staff) was at 90% compliance. All divisions are above 90% for level 1 training.
- A very significant amount of ward-based training, electronic resources and posters have been put into place to support staff knowledge and awareness as the pandemic continued to devolve and guidance changed during the year.
- We have acted on the learning from our review process for cases of *Clostridioides difficile* infection and MSSA/MRSA bacteraemia. As a result of our reviews we have a good understanding of the causes of these infections, and quality improvement measures are in place focussed on reducing these infections.

Criterion 7: Provide or secure adequate isolation facilities.

- The Trust has over 130 single rooms available to support isolation requirements. It should be noted that not all have en-suite facilities.
- Trust policy includes use of cohort facilities to nurse patients with the same infections when numbers exceed the number of single rooms.
- This cohort model has been used extensively and this model has continued to be utilised for patients with the same infection, being flexed up and down depending upon the number of patients infected.

- Throughout the year we have amended our processes in response to the changing national guidance for the management of infections.
- Measles has been a focus and pathways have been developed to ensure that all patients and contacts are managed effectively.

Criterion 8: Secure adequate access to laboratory support.

- We have an onsite microbiology laboratory which is accredited by UKAS, confirming it operates an effective and quality controlled service.
- The laboratory links with regional and national laboratory networks as required to provide a full range of microbiology testing.
- The laboratory provided sufficient capacity for on-site testing for our patients. Specialised samples such as measles PCR was sent to the regional lab.
- There remains staff capacity issues in the department which at times increases the pressure on the clinical teams.

Criterion 9: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

- Use of national High Impact Intervention audit tools to monitor compliance, this will be reviewed next year to align to the EPR system. GAP and WREN results are available for all staff to view on our electronic quality reporting system, helping support improvement.
- Our policy review programme has been progressed, with the few outstanding policies in the process of being reviewed.
- Throughout the year we have implemented a wide range of policies and procedures to manage infection and promote prevention, in line with national guidance. We have put the National Infection Control Manual on to the intranet that is available to all.
- All policies refer to the National IPC manual.
- Participation in hand hygiene audit has declined. However, we continue to achieve hand hygiene practice compliance of 99%.

Criterion 10: Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

- Our Occupational Health Service along with Human Resources Team (Health, Wellbeing and Flexible working) supports the health and wellbeing of our staff, as well as the staff of our PFI partners.
- A health monitoring and vaccination programme is in place.
- We did not meet our staff influenza vaccination target.

There was a significant shift in focus and Living with COVID was promoted by UKSHA and NHS England. This was based on the lower impact of the current variant on mortality. However, it still impacted on the Trust's position as we continued to see patients admitted with COVID and acquire COVID whilst an inpatient. There are many variables to the acquisition.

The screening requirement is for symptomatic patients only. At times these symptoms can be interpreted as other issues and a screen not taken as the symptom checker describes very broad signs of infection. The full respiratory panel was introduced as the Influenza season was declared. This enables multiple respiratory viruses to be detected. This year RSV in adults was more prevalent than previous season. This again was challenging as there was a requirement to recommend isolation for these patients. RSV is usually a very low-level infection with only minor symptoms, however this year the impact was greater on patients who were sicker and more symptomatic. Influenza cases were significantly less than last year. A risk assessment was completed to reduce the contact time of influenza contacts. The isolation of flu contacts is custom and practice and not based on any Acute NHSE/UKSHA guidance. The reduction in flu contact times has not resulted in acquisition of influenza.

This section of the report focuses on a summary of the actions we have taken to protect staff and patients from infection, as well as reporting information on hospital-acquired infection and outbreaks.

COVID-19 is reported to have an incubation period (the time between catching the infection and showing symptoms) between 1-11 days. This means someone can be admitted to hospital with no symptoms and test negative for COVID-19, despite having already caught the infection. National guidance sets out the following definitions for categorising COVID-19 infections which are detected during admission to hospital:

Community acquired	Onset day 0-2
Hospital onset – indeterminate acquisition	Onset Day 3-7
Hospital onset – probable hospital acquired	Onset day 8-14
Hospital onset – definite hospital acquired	Onset day 15 onwards

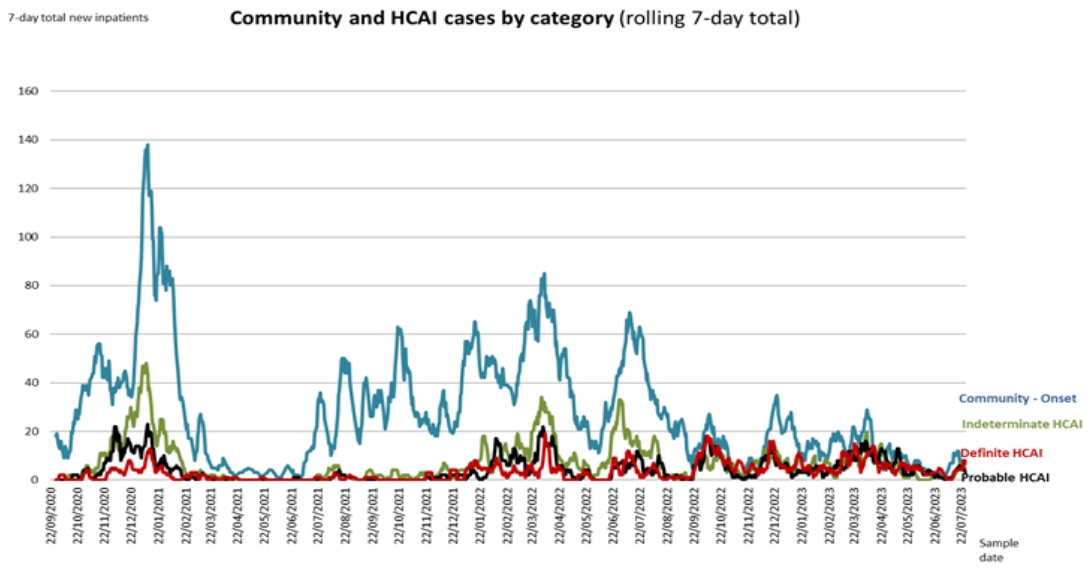
*The day of admission is Day Zero.
This has remained the same guidance and is unlikely to change in the foreseeable future.

During the year 2023/24 we cared for 1218 patients with COVID-19 infection. This is a reduction of 49% when compared to the number of patients treated in 2022/23.

Of these 496 were determined to be probably or definitely acquired in hospital. This is 41% of all COVID patients treated in 2023/24.

This is an increase on the 22.5% of hospital acquired COVID infections in 2023/24 (although the numbers have decreased). This should be caveated with the screening standard as only symptomatic patients are screened on admission. Some symptoms may be low level and the patient may not be considered symptomatic so not swabbed.

Category	Category description	Total
1. Community-Onset	Positive specimen date <=2 days after admission to Trust	467
2. Hospital-Onset Indeterminate Healthcare-Associated	Positive specimen date 3-7 days after admission to Trust	255
3. Hospital-Onset Probable Healthcare-Associated	Positive specimen date 8-14 days after admission to Trust	243
4. Hospital-Onset Definite Healthcare-Associated	Positive specimen date 15 or more days after admission to Trust	253
Total		**1218**



Measures Taken to Protect Patients from Hospital-Acquired RESPIRATORY virus

Throughout the year there have been steps put in place to ensure that the appropriate risk assessment and safe patient placement occurs. The introduction of an EPR system has enabled the ability to add the respiratory risk assessment tool. This requires embedding to ensure patients are assessed and isolated quickly. Where patients with a confirmed or suspected respiratory virus are placed is regularly reviewed, to keep them separated as far as possible from those who do not have a respiratory virus.

- Hand hygiene messages are reinforced regularly to encourage staff and patients to clean their hands more often than normal. Alcohol hand gel is readily available in all areas.
- There is a risk assessment in place to determine when there is a requirement for universal mask wearing. This is based on number of cases, staff sickness and community prevalence.
- Access to masks for patients/visitors at the Hospital entrances.
- We are cleaning all our wards and departments more often than usual, and we use disinfectant products that are effective against respiratory viruses.
- Special air scrubbers were installed in key areas to help to reduce the risk of airborne transmission of COVID-19.

- We swab patients in line with guidance to identify anyone who presents with respiratory and wider symptoms.

- The Infection Prevention Nurses visit our wards regularly to support staff and check standards.

- We take rapid action if an outbreak is identified to stop further spread of infection. This includes deep cleaning the ward and swabbing patients in the affected area.

Outbreaks of COVID-19 Infection
Despite our efforts, in line with many other trusts, we were unable to fully contain this highly transmissible virus and reported 62 ward outbreaks during 2023/24. Each outbreak was reported and managed in line with national requirements. In total there were 406 patients affected.

Review and Learning
There are quarterly COVID outbreak meetings and there is a review of all outbreaks for the quarter. The Divisional Governance teams present cases and the learning that has happened at Divisional level to enable wider dissemination of learning.

Carbapenemase-Producing Enterobacterales (CPE)
CPE has been an endemic problem at the Worcester site for approx.3 years where CPE was identified following an outbreak on Laurel 3 in the zonal kitchen. Extensive work has been completed to enable the kitchen to be opened, including the removal and replacement of the sink, dishwasher, and the removal of the spray arm. Drains are also disinfected on a daily basis. There is a continued surveillance program that requires patients to have an admission and then then weekly screens. This checks for any ongoing acquisition of the organism that results in colonisation that may lead to an infection.

During 2023/24 there was an outbreak of CPE on Avon 3, and environmental screens identified positive samples in the zonal kitchens. All 12 zonal kitchens and the main kitchen were swabbed, and positive samples identified in 6 zonal kitchens and the main kitchen.

Best practice would have been to close all the kitchens, however due to the high volume of positives it was determined that the Avon 3 kitchen would remain closed until all remedial works had been completed. In view of the positive samples being identified from the floor, the IPC Consultant Microbiologist agreed that it was low risk and following a deep clean all kitchens could be used again. The DIPC was informed of the findings and agreed that that following a deep clean the kitchens may be used as hot meal provision for patients was a priority. A risk assessment with appropriate mitigation was completed. The Avon kitchen was reopened following removal of the spray tap and capping off the food macerator. It should be noted that the Environmental Act 2021 legislation has indicated food macerators will no longer be used from 2025/6, and so this is not yet enacted in England.

Surveillance screening is in place for Avon 3 and Laurel 1, involving admission screening and day 28 screens to assess for patient colonisation and acquisition. There will be a continued surveillance program for 2024/25 and we will assess the need for environmental screening if there are any further outbreaks.

Floor Scrubbers
The Trust were notified of Regional and National issues with CPE being identified in floor scrubbers. A series of swabs were taken, and CPE was identified in some of the floor scrubbers across all three sites. The root cause of this was identified as inadequate cleaning and storage of equipment. Some equipment was in a poor condition and therefore disposed

of. The scrubbers were taken out of use and a Standard Operating Procedure was developed by Facilities teams for the Trust and PFI, with assurance procedures put in place to ensure the equipment was stored dry and clean. All equipment was deep cleaned and swabbed, with subsequent samples being negative.

Measles

There has been a resurgence of measles in the region, particularly in Birmingham where there has been a high number of cases.

In preparation for potential cases, internal and external masterclasses were attended and hosted. A screening tool was developed to enable early identification of cases and therefore earlier isolation. Staff were encouraged to seek Occupational Health advice regarding vaccination status.

The Trust has seen very few cases, and the appropriate care and treatment was received by the patients. Contact tracing was completed for patients and staff and actions taken as per the National guidance. There were no transmission events in the Trust to report.

Compliance with the Health & Social Care Act (2008): Code of Practice on the Prevention and Control of Infections and Related Guidance (2015)

The 'Hygiene Code'

Declaration of Compliance

Following self-assessment against the criteria in the Hygiene Code, the Trust is able to declare our compliance with the Hygiene Code for the year 2023-24.

Further, based upon our self-assessment in 2023-24 we are able to declare our partial compliance with the IPC Board Assurance Framework.

Criterion 1: Systems to manage and monitor the prevention and control of infection.

Leadership Arrangements

The *Health & Social Care Act (2008) Code of practice on the prevention and control of infections and related guidance (2015)* (known as the Hygiene Code) sets out the arrangements all Trusts should have in place to prevent and manage infections.

A IPC specific Board Assurance Framework was introduced, most recently updated in February 2024 (v2.8). Regular self-assessment of compliance has been completed, with scrutiny via the Trust Infection Prevention Committee (TIPCC), then progressing along the governance structure to the Quality Governance Committee on behalf of the Trust Board. This has enabled the Trust to report a high level of assurance that we comply with the IPC BAF, as well as the Hygiene Code.

NHS England have kept the Trust on Enhanced surveillance due to the breach in the HCAI alert organisms. It should be noted this is a regional and national position with many Trusts exceeding the set Trajectories. This should not detract from the work that has been carried out to address the high infections rates.

The Trust Board remains committed to the prevention of infection as a priority, ensuring quarterly scrutiny by the Quality Governance Committee on behalf of the Board. The Chief Nurse is the executive lead for IPC and the Deputy DIPC supports the strategic delivery of the IPC program.

WAHT has a multi-disciplinary Infection Prevention Team led by the Deputy DIPC. The team has dedicated resources available to support its work and received support for implementation of several measures during the year to support the response to HCAI cases and outbreaks.

The Trust's Clinical Microbiologists support the team in all aspects of infection prevention including outbreak management, surveillance for and management of healthcare associated infections and policy development. This support is led by the Infection Control Doctor, a role currently shared between two Consultant Microbiologists. In addition, the Trust's clinical

microbiology laboratory facilitates screening for and detection of key infections (known as alert organisms) both from clinical and environmental samples, as well as supporting the COVID-19 swabbing programme for our patients and staff.

Consultant Microbiologists and the Infection Prevention Team continue to support improved use of antibiotics as part of our antimicrobial stewardship work. The AMS Pharmacist post has been vacant with several attempts at appointment. An AMS Pharmacist has now been appointed and they will start later on in the year. To mitigate this there are AMS leads within divisions.

Divisional Leaders remain committed to providing strong and visible leadership in relation to the prevention of infection. The responsibility of all staff to ensure they adhere to expected standards of infection prevention practice is set out in Trust job descriptions and has been reinforced on a regular basis throughout the year via a range of communications. Awareness of individual and managerial responsibilities has increased significantly.

Governance and Assurance

The DDIPC reports to the CNO (DIPC), the Chief Executive and onwards to the Board on all matters relating to infection prevention and control.

The TIPCC business meeting, chaired by the CNO, is held once every 3 months, and TIPCC Scrutiny and Learning meetings take place in each of the intervening months and are chaired by the DDIPC. TIPCC has formally established terms of reference and a cycle of business, in line with requirements in the Hygiene Code. It reports to the Clinical Governance Group, and onwards to the Trust Management Executive, and to the Quality Governance Committee, which scrutinises performance and actions being taken on behalf of the Board.

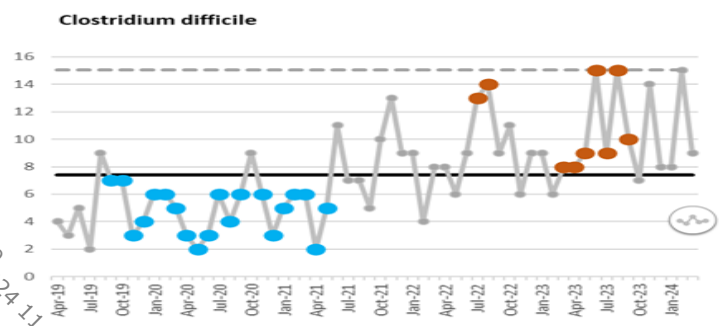
The TIPCC Scrutiny and Learning Meetings provide an opportunity for detailed scrutiny of patients with *Clostridioides difficile* and MSSA bacteraemia resulting in shared learning across the Trust and enable focus on the key issues needed to achieve improvement.

Divisions and key services such as Estates and Facilities report to TIPCC on the actions they are taking to reduce infections and improve standards. The reporting framework ensures Divisions review and understand variations in practice and hotspots requiring focused action.

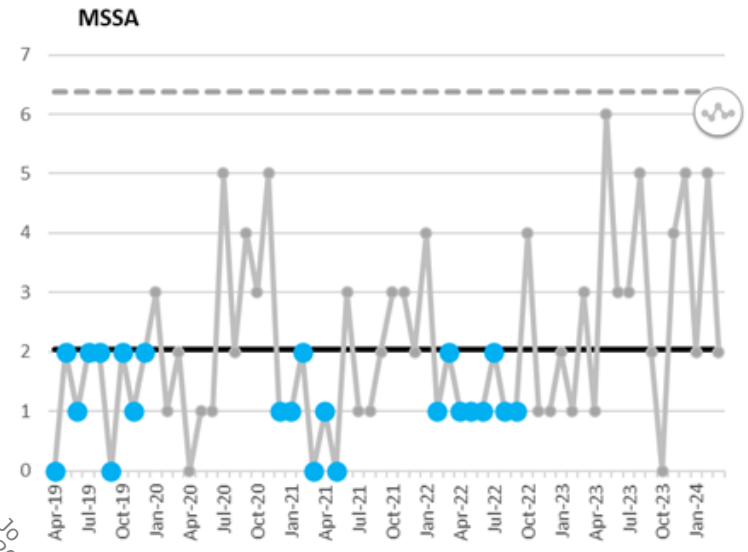
Infection Performance

In 2023-24 we failed to achieve the 5 national infection reduction targets. We did not achieve our internal target for MSSA bacteraemia reduction. Nationally there has been an increase of HCAI. We are unsure of the reasoning behind the increase and this is currently being reviewed by UKSHA and NHS England. It is very disappointing to be in this position as this demonstrates our patient experience and we strive to have a zero tolerance to HCAI cases.

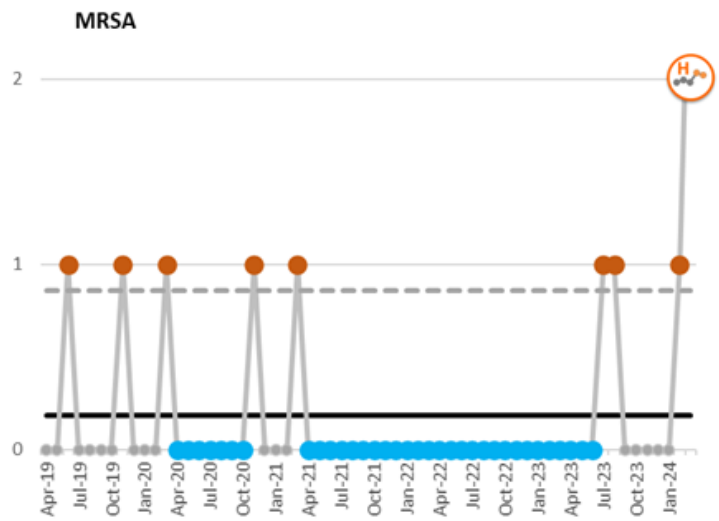
HCAI National Targets 2023/24	Outcome Against Target
Clostridioides difficile infection= 128 Vs 78	✗
MSSA = 38 Vs 17 (internally set)	✗
MRSA= 7 Vs 0 (4 contaminants)	✗
E coli BSI = 112 Vs 69	✗
Klebsiella species= 37 Vs	✗
Pseudomonas aeruginosa BSI = 15 Vs 12	✗

***Clostridioides difficile* Infection (CDI)**	**How Are We Doing?**
	We did not meet our improvement target this year. We reported 128 vs 78 full-year target.

To Reduce These Infections, We Have….
• Aligned case reviews with the PSIRF model which has allowed us to focus on the themes and trends obtained through the MDT case reviews. • As a result, C.diff related documents are now embedded into the EPR system, Cleaning standards and Star ratings are reviewed more frequently and isolation facilities are easily identified with the implementation of a new daily side room report • Antimicrobial prescribing and stewardship (AMS) is well-recognised as a significant factor in the development of CDI. Throughout the year we have had a major focus on AMS, including monthly audits to monitor our compliance with the national *Start Smart Then Focus* principles. We have achieved significant improvements in AMS this year, and plan to build on this in 2024-25 with the re-implementation of an MDT approach to C.diff reviews with the Trusts newly appointed AMS pharmacist. • Improved communication and awareness of C.diff between the Trust, positive patients and GP colleagues by providing C.diff information following discharge in an attempt to prevent relapse and associated complications. • "Gloves Off" campaign focused on staff use of PPE. • Discussions are underway to replace bed pan washer disinfectors on the WRH site with macerator systems, to reduce the risks of cross contamination caused by multi patient use items. • Rolled out a new patient advice leaflet "Preventing Infections". • Held link practitioner study days which included preventing infection advice specifically around C.diff. • Held drop-in sessions for Hand Hygiene and commode cleaning training and competence. • Provided remote learning on C-Diff ribotype – 955 and C-Diff Healthcare Professionals – is your patient at risk? • Held campaigns for reiterating the importance of hand gel at the bedside and personal hand gels. • RAG poster was updated and awareness promotion undertaken.

Meticillin-Sensitive *Staphylococcus aureus* (MSSA) Bacteraemia	How Are We Doing?
	Though no national target was set in 2024-23, we continued our focus on reducing MSSA bacteraemia and set an internal reduction target of no more than 17 cases. We did not meet our improvement target this year. 38 year end cases.

To Reduce These Infections We Have….
• Completed a project which has involved the roll out of new PVD insertion packs across the Trust. • Created a “scrub the hub” poster which was rolled out across the Trust. • In collaboration with the Professional Development Team and BBraun, looking at developing the role of a PVD Champion. • Held educational pop-up stands across all sites to demonstrate the new packs and how to “scrub the hub”, with the assistance of BBraun. • Visited clinical areas to complete teaching on the correct use of the new packs with the assistance of BBraun. • Created a teaching video on the use of the PVD forms on EPR. • “Gloves Off” campaign focused on staff use of PPE. • Rolled out a new patient advice leaflet “Preventing Infections”. • Held link practitioner study days which included preventing infection advice and training on the new PVD packs. • Held drop-in sessions for Hand Hygiene training and competence. • Held campaigns for reiterating the importance of hand gel at the bedside and personal hand gels. • RAG poster updated and awareness promotion undertaken.

MRSA	How Are We Doing?
	**Zero Tolerance** **7 cases reported** **4 contaminants** **3 cases** We did not meet our improvement target this year.

To Reduce These Infections We Have….
• Updated the current MRSA leaflets. • Rolled out a new patient advice leaflet “Preventing Infections”. • Held link practitioner study days which included preventing infection advice training on the new PVD packs. • Held drop-in sessions for Hand Hygiene training and competence. • “Gloves Off” campaign focused on staff use of PPE. • Held campaigns for reiterating the importance of hand gel at the bedside and personal hand gels.

- MRSA policy updated to include HPV on side rooms following the discharge of positive patient.
- RAG poster updated to reflect changes and awareness promotion undertaken.

Regulation 28

The coroner issued the Trust a regulation 28 with regards a patient who acquired a MRSA Bacteraemia whilst in our care.

Lessons learnt:

- Missed opportunity for admission screen
- Missed opportunity for repeat 28-day screen
- Incorrect clean completed post occupancy by a colonised MRSA patient
- Unknown MRSA status prior to procedure

Actions Taken:

- Monitor of compliance for screens and escalation to the wards to request screens is now in place
- New RAG poster and education to help decision making about correct clean to be undertaken
- MRSA status now recorded on pre-op checklist.

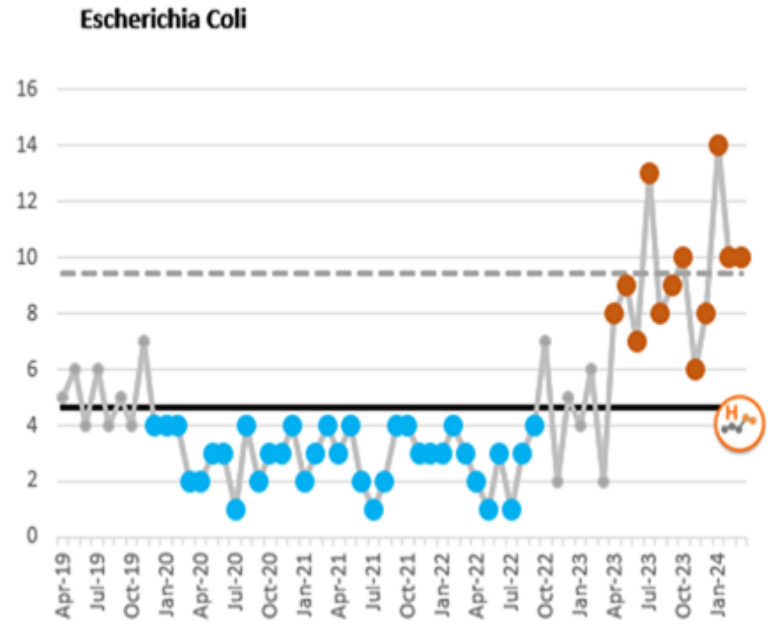
Contaminants

Lessons learnt:

- Incorrect sheath used on a probe
- ANTT lacking assurance
- Equipment cleaning

Actions Taken:

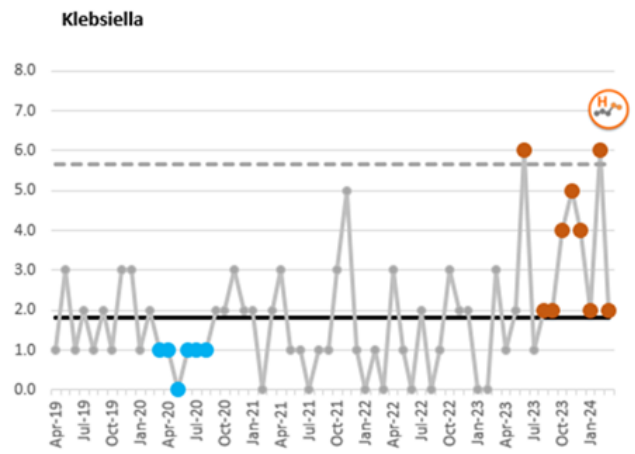
- Correct sheath ordered and in use
- Engagement with the rep to provide training
- ANNT to be considered as a role specific mandated training requirement
- SOP for equipment cleaning is in place and quality assurance checks carried out.

Ecoli	**How Are We Doing?**
	112 Vs 69 We did not meet our improvement target this year

To Reduce These Infections We Have….

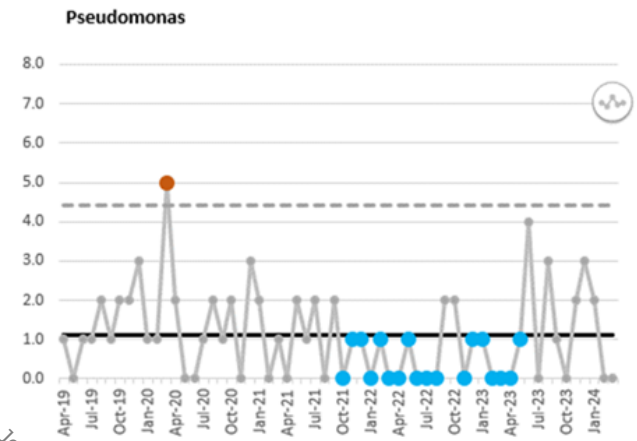
- Rolled out a new patient advice leaflet “Preventing Infections”.

- Held link practitioner study days which included preventing infection advice training on the new PVD packs.
- Held drop-in sessions for Hand Hygiene training and competence.
- "Gloves Off" campaign focused on staff use of PPE.
- Held campaigns for reiterating the importance of hand gel at the bedside and personal hand gels.
- RAG poster updated and awareness promotion undertaken.

Klebsiella species BSI	**How Are We Doing?**
	We did not meet our improvement target this year. We reported 37 vs 21 full-year target

To Reduce These Infections We Have….

- Rolled out a new patient advice leaflet "Preventing Infections".
- Held link practitioner study days which included preventing infection advice training on the new PVD packs.
- Held drop-in sessions for Hand Hygiene training and competence.
- Held campaigns for reiterating the importance of hand gel at the bedside and personal hand gels.
- RAG poster updated and awareness promotion undertaken.

Pseudomonas aeruginosa BSI	**How Are We Doing?**
	We did not meet our improvement target this year. We reported 15 vs 12 full-year target.

To Reduce These Infections We Have….

- Rolled out a new patient advice leaflet "Preventing Infections".
- Held link practitioner study days which included preventing.

- Held drop-in sessions for Hand Hygiene training and competence.
- Included water safety presentation at Link nurse days.
- Held campaigns for reiterating the importance of hand gel at the bedside and personal hand gels.
- RAG poster updated and awareness promotion undertaken.

National Benchmarking

The increase in HCAI cases has been experienced nationally. Below is UKSHA data demonstrating incidence rates (overall and by onset), prior trust exposure, ethnicity data, mortality rates.

Gram-negatives: E.coli

Highlights:

Rate increased annually until April 2020 March 2021, when it declined to 65.1 cases per 100,000 population.

In April 2022 to March 2023, an increase to 68.5 cases per 100,000 population was observed.

Rate remains below pre-pandemic levels.

75 to 84 years age group have the highest proportion of infections in 22/23

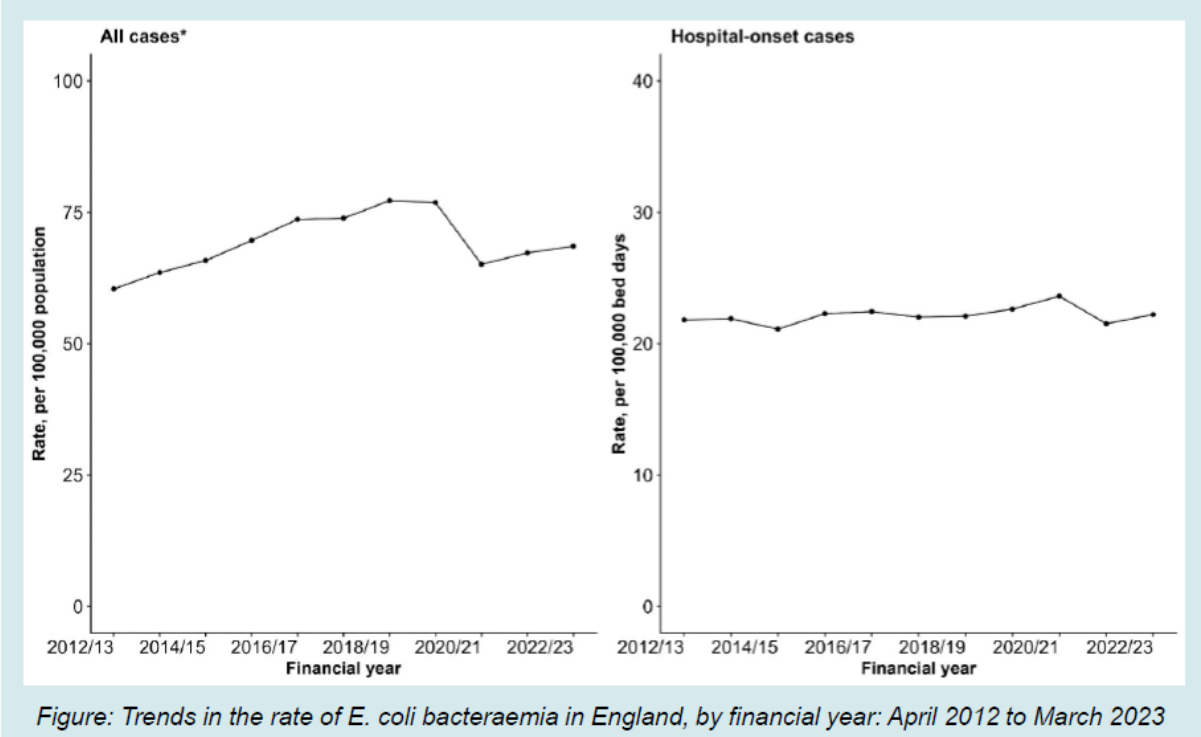


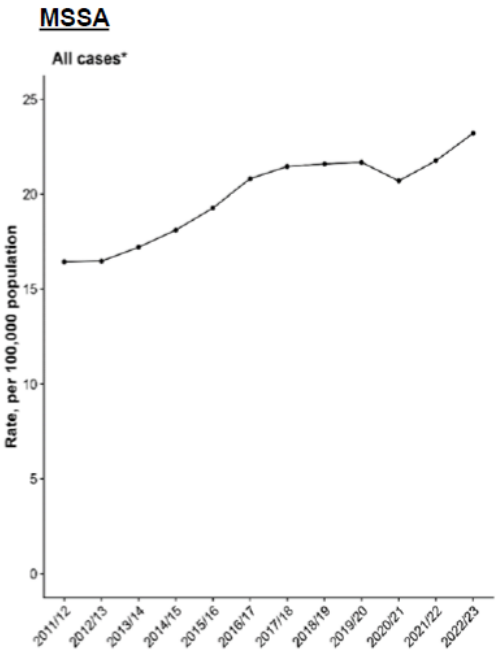
Figure: Trends in the rate of E. coli bacteraemia in England, by financial year: April 2012 to March 2023

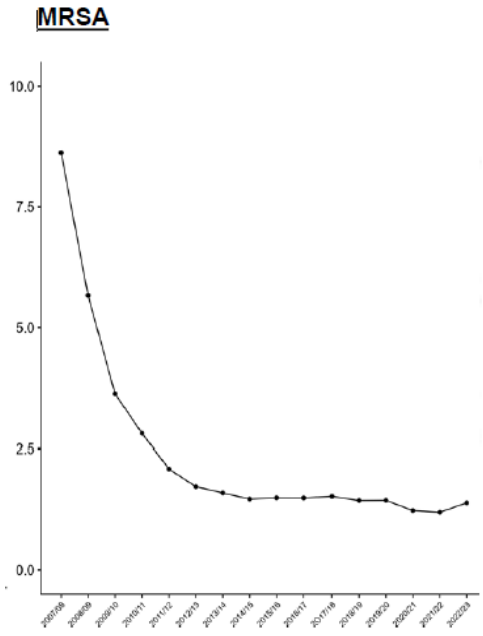
MSSA and MRSA Highlights:

MSSA rate increased continually until April 2019 to March 2020, followed by a decline to 20.7 cases per 100,000 population, but has rebounded and exceeded pre-pandemic levels in 2022/23.

MRSA rates remained stable over the years, staying within the 1.2-1.5 range

MRSA has seen an increase in the last two years; this is under investigation by UKSHA to determine why this is happening.





Klebsiella spp

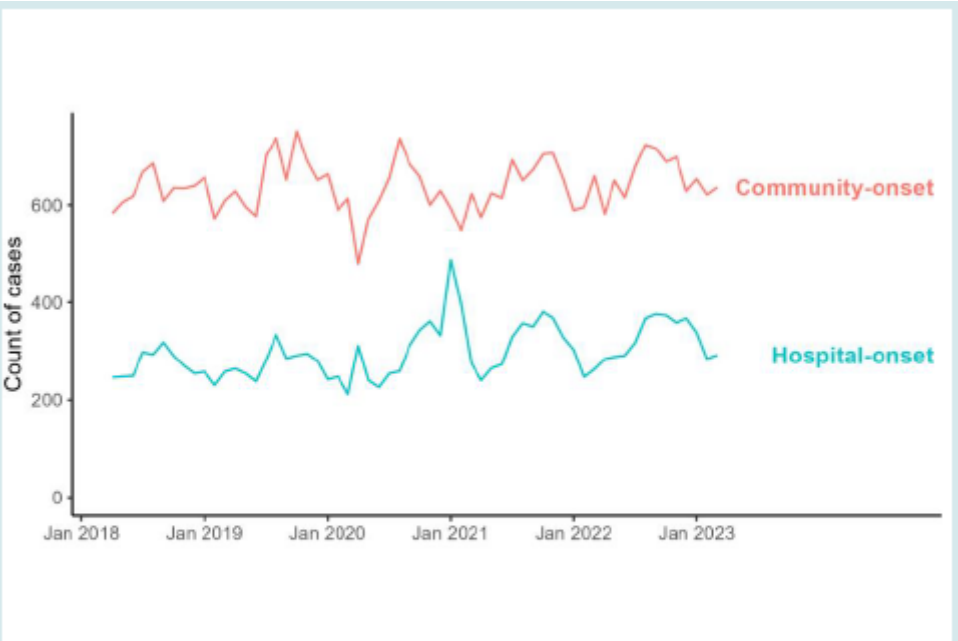


Figure: Monthly counts of Klebsiella spp. bacteraemia by onset of infection, April 2018 to March 2023

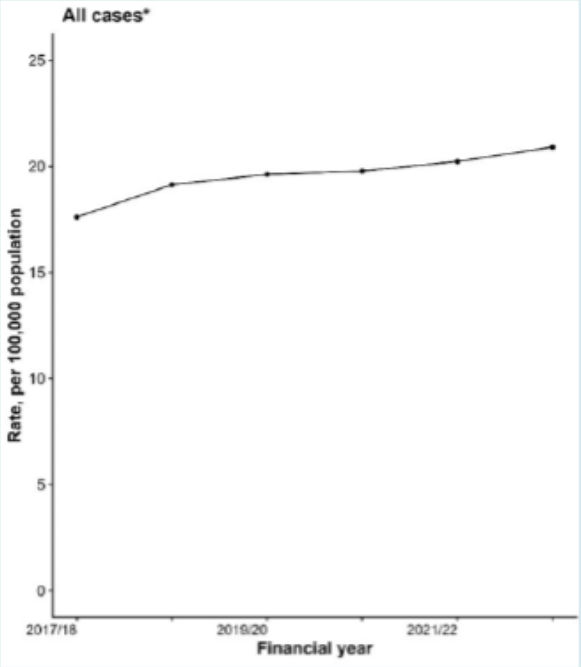


Figure: Trends in the rate of Klebsiella bacteraemia in England, by financial year: April 2012 to March 2023

Klebsiella spp. rates increased each year from 17.6 in 2017 to 2018 to 20.9 in 2022 to 2023.

- Most common causative organisms of Gram-negative bacteraemia, after E.coli
- Last 6-month period has seen a particular jump in Klebsiella cases
- Male; 75 to 84 years age group with highest burden of infection in 22/23
- Female; 45 to 64 years age group with highest burden of infection in 22/23

Pseudomonas aeruginosa

- Rates of P. aeruginosa bacteraemia have remained stable throughout the 5 years of surveillance.
- Rate fluctuates between 7.5 and 7.8 cases per 100,000 population.
- In males, the highest percentage of total cases during FY 2022 to 2023 was among those aged 75 to 84 years (18.2%)
- The highest proportion of total cases among females was among those aged 45 to 64 years (8.2%)
- Urinary tract infections remained the most common primary focus among and accounting for34.0% of Klebsiella cases, 28.3% of P. aeruginosa cases and 45.2% of E. coli bacteraemia cases.

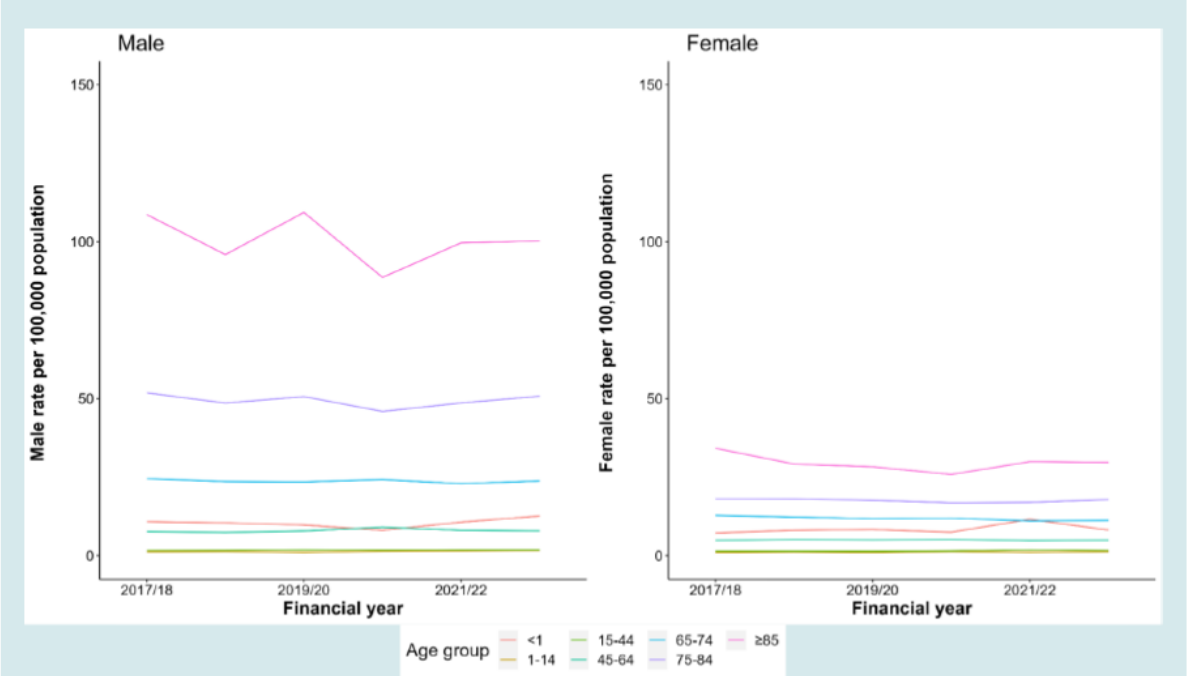


Figure: Trend in age and sex rates per 100,000 population of P. aeruginosa bacteraemia cases, England, by financial year: April 2017 to March 2023*

Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Cleanliness

Our focus on cleanliness has continued throughout 2023-2024 with fully implementing the National Standards for Healthcare Cleanliness 2021, including the new reporting methodology.
The audit scores for each functional area are represented in two ways: a percentage score and a star rating score. The percentage score is for internal verification and scrutiny that a safe standard has been achieved, whereas the star rating score is for external verification of this.
During March 2024, the average star ratings were as follows:

- Trust – 4.6
- Alex – 4.7
- KTC – 4.7
- WRH – 4.6

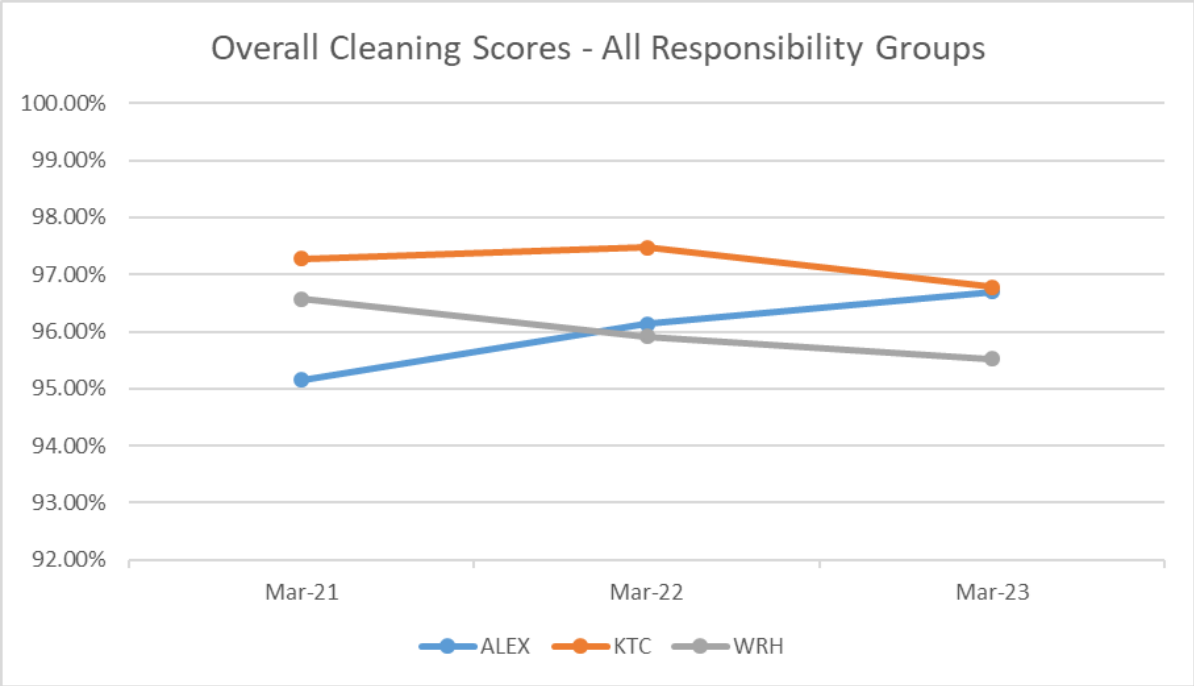
Feedback from NHSEI noted that we had implemented and displayed the star rating system well in advance of the deadline.

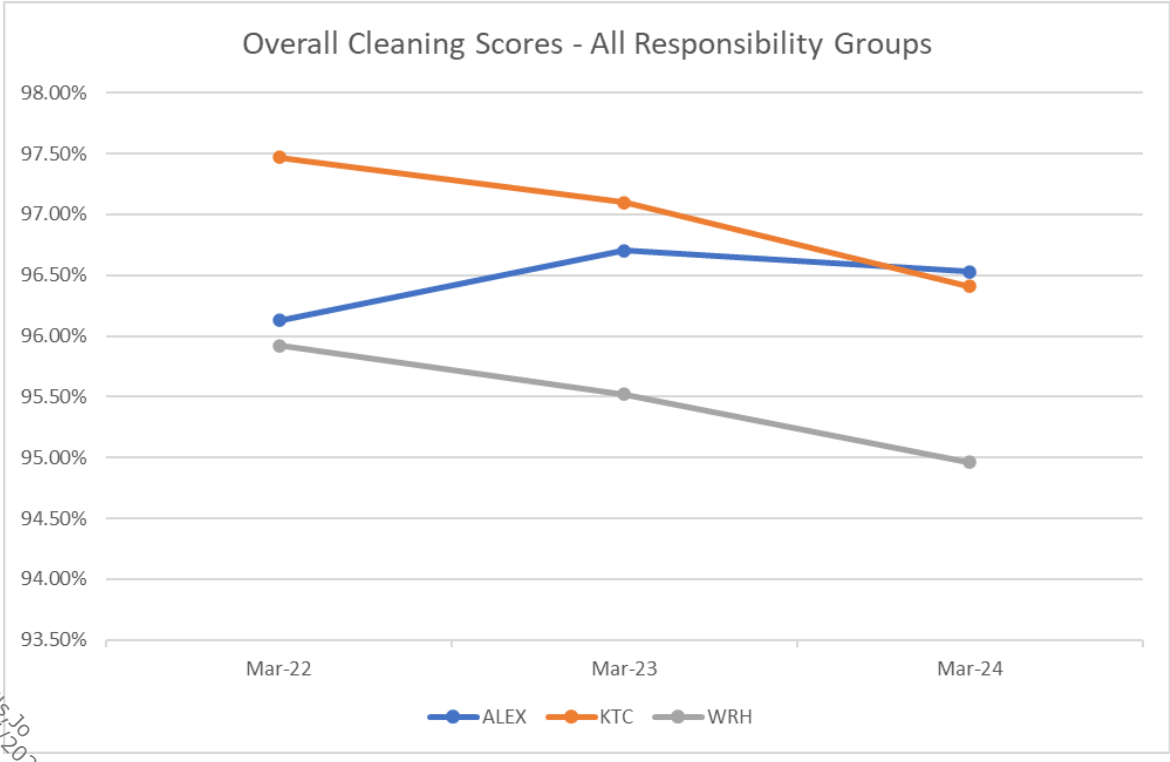
The trend over the last 12 months has seen cleanliness audit scores overall continuing to increase for the Alex site. KTC has seen a small decrease of less than 1%, however this is associated with significant capital development on the site.

With regards to WRH, this has also seen a small decrease, and is related to the ongoing pressures with patient flow from the ED. All sites continue to exceed the 92% target score.

We have continued our scrutiny programme and enhanced levels of cleaning including proactive routine Hydrogen Peroxide Vapour (HPV) and Ultraviolet-c (UV-c) decontamination of high-risk areas. This includes dirty utility areas and communal bathrooms.

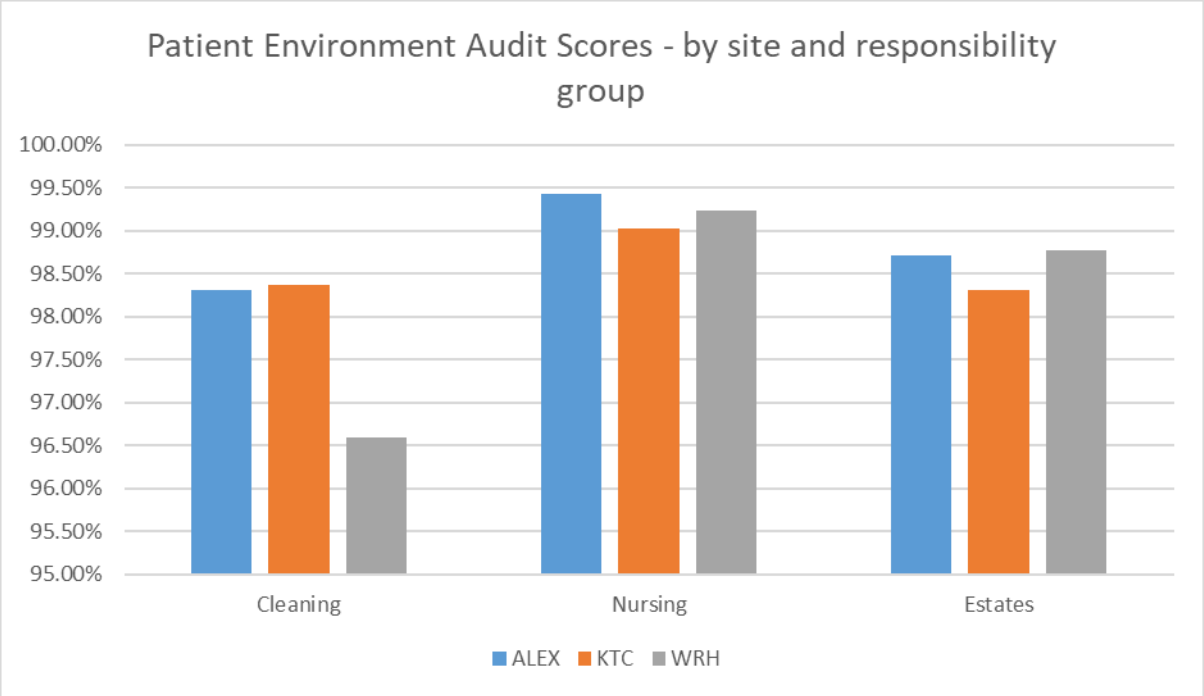
Cleanliness by Site:





We have continued to build on the improved working relationships and collaborative approach between the Estates and Facilities Teams with clinical teams. Regular scrutiny and

review sessions are held to maintain focus on the importance of cleanliness to ensure safe environments.



Regular meetings are held with all stakeholder groups to review issues from areas that only attain a 3-star rating. These are led by IPCT.

We have contributed to feedback in relation to the new scoring methodology via various network groups, that potentially the scoring methodology does not provide the necessary accountability for issues raised and is not always reflective of the standards.

The Trust Monitoring Team continue to report directly into the Deputy Director of Estates and Facilities (Soft FM) which has enabled the team to remain independent of both cleaning services ensuring monitoring reports are objective and as accurate as possible. We have invested in upgrading the monitoring software to ensure that the reports produced are aligned with the new standards.

CNO/DIPC has been in talks with our PFI partners to ensure that the Trust has a safe clean environment.

Safe Ventilation Systems

The Critical Ventilation Safety Group continues to meet regularly and is principally concerned with ensuring that Trust ventilation systems are inspected, tested, maintained, and operated safely across all 3 sites. The group also has a remit of ensuring that clinical staff are aware of any risks these systems may pose to clinical activity. There has been a review and update for the terms of reference for this Group.

In line with national guidance, an external Authorising Engineer (AE) Ventilation is in place to audit the management of the Trust's ventilation systems and appoint Authorised Persons (APs). APs are in place at all WAHT hospitals to manage the ventilation systems.

All critical ventilation systems are verified in accordance with HTM03-01 and systems are broadly compliant. Where there is a lack of compliance there are additional controls in place

which are actively reviewed and managed via the Estates Team or our PFI partners.

Our specialist units such as theatres, endoscopy and your intensive care units have additional ventilation in line with guidance. However, one of our continuing challenges during the pandemic is that much of our hospital estate was built to have natural ventilation only. This means we cannot guarantee that the amount of fresh air entering those areas will fully dilute or remove all COVID-19 virus which may be present. The installation of air scrubbers was completed at the Worcester site.

There have been changes is some operational function of ward areas, in particular the Aconbury 0 use. This was initially a medical same day emergency care area but now is functioning as ward, there is a requirement to review the ventilation in this area.

The use of HEPA filter units in PDU has been successful along with other measures in reducing the number of outbreaks in the ward by improving air quality.

Water Safety

Our Water Safety Group is now chaired by the DDIPC (this commenced in October 2023). The committee continues to meet on a quarterly basis, overseeing a system which is providing good assurance on water quality and governance. Our electronic system for recording water outlet flushing has been in place for over five years, with a system of escalation to management teams for any areas which do not complete their flushing and reporting.

The Water Safety Plan (WSP) was reviewed, updated and commissioned in 2023/24 from our Specialist Water Management has been implemented which satisfied the latest guidance requirements in addition to HTM 04-01.

A programme of sampling is in place to detect any Legionella and *Pseudomonas aeruginosa* in the water system. Sampling results have been generally good across all sites, however there were several counts of *Pseudomonas aeruginosa* isolated via 6 monthly routine sampling. The adverse samples were dealt with promptly in accordance with the water safety plan to ensure patient and staff safety. The issue identified was poor condition of taps and cleaning deficits. There have been no linked infections to this incident.

Criterion 3: Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

The Trust Antimicrobial Stewardship Group have continued to provide leadership and oversight for antimicrobial stewardship (AMS) activities, further building on positive progress made in 2022-23.

Key progress made during 2023-24includes:

- The overall level of assurance was assessed at level 4. The levels of assurance for the Divisions range from level 5 (Speciality Medicine, Urgent Care, SCSD) to level 3 (Surgery). The Divisions have had representatives available to present their written AMS reports or if not, a verbal update has been provided including an update on their action plans.
- There has been an improvement in the overall numbers of Start Smart Then Focus audits completed by ward staff by junior doctors in January, February and March although not exclusively by junior doctors.
- The Quarterly Point Prevalence Survey results (where all charts are audited against antimicrobial prescribing standards on one day by the pharmacists) was undertaken

during Q4. Results show that improvement is required for antibiotics to be prescribed in line with guidance and 72-hour reviews Survey.

- All divisions have confirmed that AMS is embedded in their Quality and Governance agendas and have action plans signed off by their Divisional Boards.

CQUIN and NHS Standard Contract

CQUIN IVOS (Intravenous to oral switch) antibiotics

The aim of this audit is to assess what % of patients are on IV antibiotics who should have been switched to oral treatment. Target is less than **40%.**

The audit undertaken by the pharmacists in Q4 identified 12.50% of patients could have been switched to oral treatment, therefore target was met. This data is yet to be published on the national database.

A poster showing the benefits of IV to oral antibiotic switches for different healthcare professionals was shared during the World Antimicrobial Awareness Week in November.

It is expected that there will be a lower target specified for 2024/25.

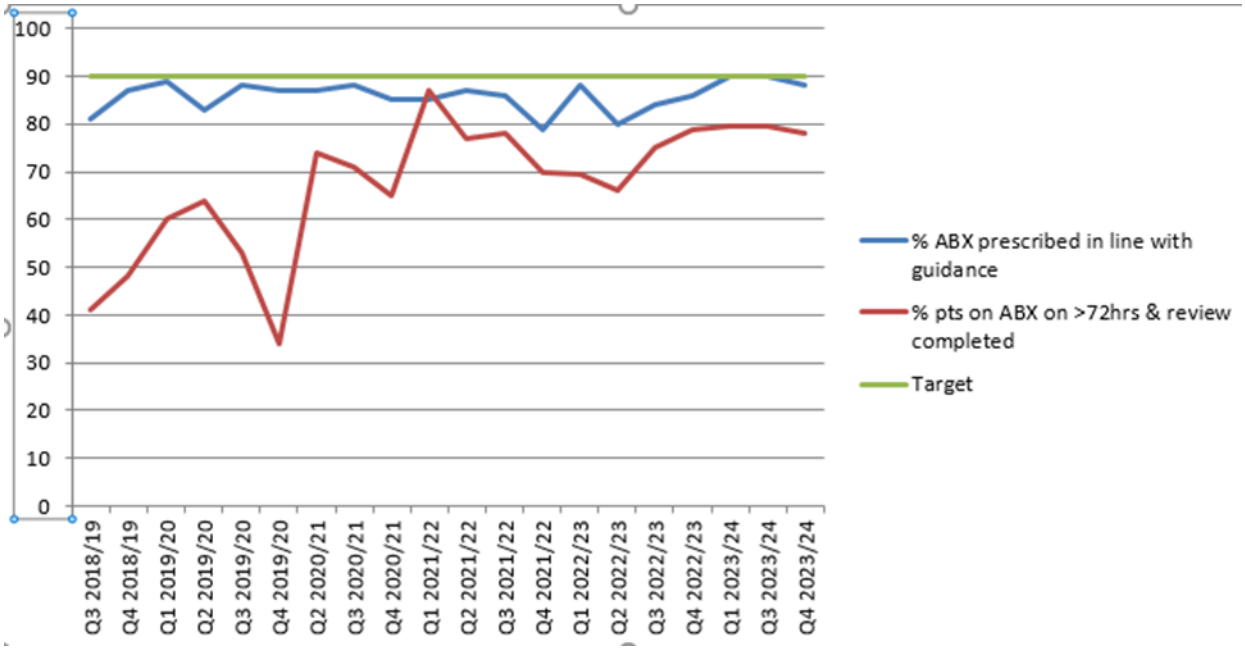
Audit Results

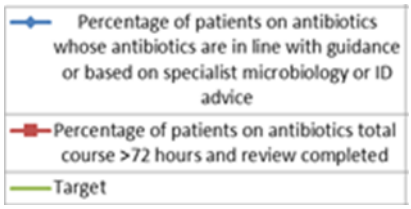
Antimicrobial Point Prevalence Survey (PPS)

This audit was completed during Q4. Overall, the compliance of antimicrobials in line with guidance has not achieved the target - 87.66%. Wards in particular that require improvement as they achieved less than 80% are: Laurel 2 Oncology (WRH), Ward 16 (ALX), Surgical Assessment Unit (WRH), T&O Side B (WRH).

The 72-hour reviews have also dropped slightly (from 79.5% to 78%) compared to improvements seen since Q2 22/23,

At the time of writing this report, this data has not yet been presented to ASG for discussion and development of any actions





Carbapenem prescribing

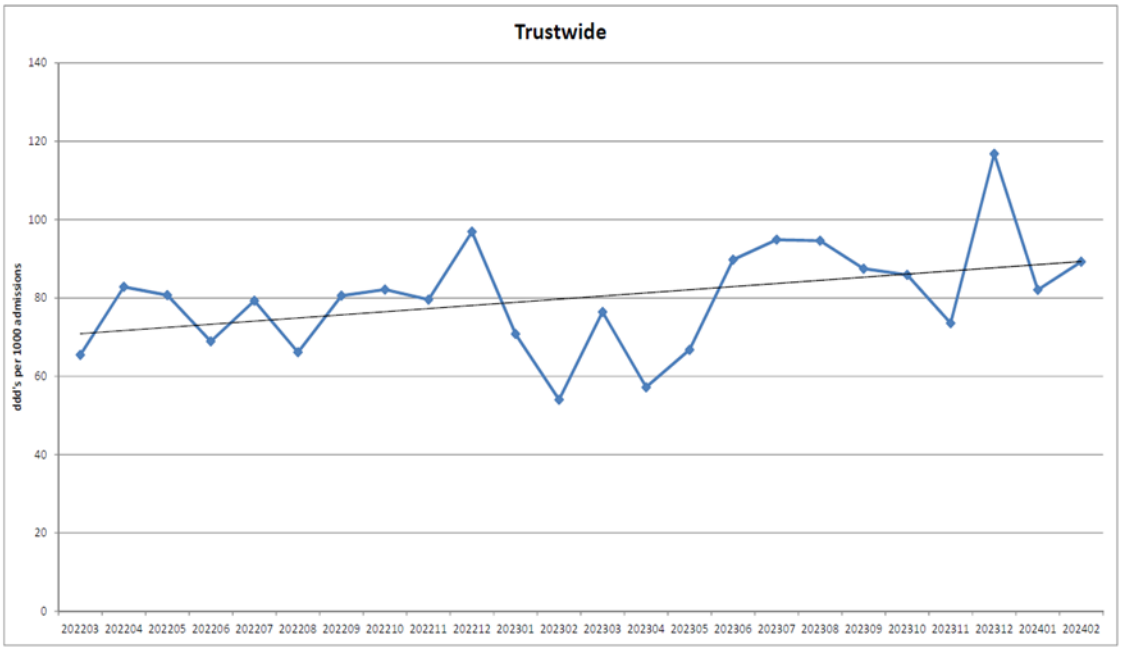
Carbapenem usage

Carbopenem Usage DDDs per 1000 admissions

Further to all the work undertaken by our antimicrobial stewardship leads and revision of prescribing policies, a downward trend in usage of carbapenems had been seen in 2022/23 however, the trend has increased over the course of 2023/24.

Trustwide

ddd's per 1000 admissions
Date range in months: 202203 to 202402



Since the increased usage the ward level data has been and continues to be scrutinised by ASG to identify clinical areas to target. It is noted that due to limited capacity of the Consultant Microbiologist AMS lead and no AMS lead pharmacist in post it has not been possible to provide a ward-based presence. The lead AMS pharmacist commenced in April 2024, and this is an additional resource to support changes in practice. It should also be noted that due to significant pharmacist vacancies, many of the medication charts are not being reviewed after admission until discharge. There will therefore be fewer antimicrobial interventions. It is also hoped that ePMA will also facilitate the appropriate prescribing of carbapenems (Q3/4 24/25).

An audit into carbapenem prescribing has been undertaken by one of the Foundation Training Year Pharmacists and is due to be presented in April to ASG.

The specialities showing the highest increase in usage are Speciality Medicine and General Surgery.

NHS Standard Contract – data from Rx Info relevant for Q3 2023/24:

DDD update

Target is a 10% reduction in DDDs compared to baseline data in 2017. Target has not yet been achieved -6.9%.

It is expected that Q4 results will be available in June 24.