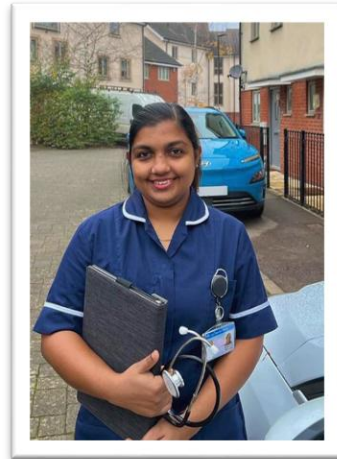




Wye Valley
NHS Trust



Quality Account 2024-25



Compassion • Accountability • Respect • Excellence

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Introduction to Quality Accounts



What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. The Quality Account for Wye Valley NHS Trust (the Trust) reflects on the achievements made in the past year against the goals set. It also looks forward to the year ahead and defines what the priorities for quality improvements will be and how the Trust expects to achieve and monitor them.

How will the Quality Account be published?

In line with legal requirements, all NHS healthcare providers are required to publish their Quality Accounts electronically on the NHS Choices website by 30th June 2025. The Trust also makes the Quality Account available on the Trust website.

About the Trust

The Trust is an acute and community service provider, with a wide range of services provided to people of all ages living in Herefordshire and some of the population of mid- Powys. The Trust employs over 4000 staff who operate from the County Hospital, many community sites and in people's homes.

Wye Valley NHS Trust was established in 2011 and provides healthcare services at Hereford County Hospital in Hereford and at community hospitals in Ross-on-Wye, Leominster and Bromyard.

The Trust provides community and hospital care to a population of approximately 195,000 people in Herefordshire and a population of more than 40,000 people in mid-Powys, Wales.

The Trust has four clinical divisions: Surgical, Medical, Integrated Care and Clinical Support.

The Trust delivers joined up services, helping people to remain independent at home for as long as possible by providing the care and support that best meets the needs of our patients, in the most suitable location. From early years to end of life, the Trust offer a wide range of services to keep you and your family well.

The Trust is part of a Foundation Group with South Warwickshire NHS Foundation Trust, George Eliot Hospitals NHS Trust and Worcestershire Acute Hospitals NHS Trust with a single Chief Executive Officer and Chairman. All four organisations face similar challenges and have a common strategic vision for how these can be solved. The Foundation Group model retains the identity of each individual trust whilst strengthening the opportunities available to secure a sustainable future for local health services and providing a platform to share best practice and improve whole system patient pathways.

Having been rated as 'Requires Improvement' by the Care Quality Commission the journey to 'Good' is continuing and the Quality Account illustrates what the Trust are doing to achieve this.



Wye Valley NHS Trust Mission and Values

Our Mission:

To provide a quality of care we would want for ourselves, our family and friends.

Our Values:

Compassion - We will support patients and ensure that they are cared for with compassion.

Accountability - We will act with integrity, assuming responsibility for our actions and decisions.

Respect - We will treat every individual in a non-judgemental manner, ensuring privacy, fairness and confidentiality.

Excellence - We will challenge ourselves to do better and strive for excellence

Introduction from the Chief Executive

The last year has been a positive year for Wye Valley NHS Trust with much to celebrate and I am proud to see so many good news stories from across our services for 2024-25 highlighted in the Quality Account.

Last year saw the Trust implemented the National Patient Safety Strategy, going 'live' with the Patient Safety Incident Response Framework and connecting to the new national incident reporting system within national timeframes.

In 2024-25 the Trust has started to see the benefits of this new method for learning from patient safety incidents. In particular with our work on reducing pressure ulcers developing or worsening in our care, seeing a 30% reduction in cases (category 2 pressure ulcers).

Quality and Safety remains a top priority for the Trust and is at the forefront of our work with system partners ensuring that patients continue to access the right services at the right time, despite the pressures we face across primary care, secondary care and within our community services. A system-wide forum (Safety in Sync) where learning is shared and colleagues work together to improve the quality and safety of our services was shortlisted for a Health Service Journal Award for 'Developing a positive patient safety culture'. This reflects the way in which we work together and put patients at the heart of our service improvements.

The Quality Account details successes and external recognitions of our work and there is much to celebrate. Last year also saw the introduction of our 'We Share We Learn' competition, allowing staff to showcase projects demonstrating improvements in quality of care. You can read all about the winning project 'Rheumatology homecare' in the account.

It has been pleasing to see the re-establishment of our Patient Engagement Group and the projects they have been involved in throughout the year. Our local carer's organisations have also joined this group ensuring our focus on quality of care reaches beyond our patients but to those who support our patients in their home environment managing their health conditions. I would like to extend my thanks to the Group for their support in producing the Quality Account this year.

I welcome the Quality Priorities we have set for 2025-26 and look forward to seeing more improvements to our services over the coming year.



Glen Burley, Chief Executive

CELEBRATING EXTERNAL RECOGNITION

Leominster Community Services receives Civic Award for all services - #AmazingWVTstaff
Leominster Community Hospital was nominated for a Civic Award. Marijke Post, Locality Manager North & West, received the award at the Town Council meeting on 8 April on behalf of all staff for all services in Leominster – inpatients, outpatients and community services.

Marijke thanked the town and its residents for the award and explained how much it meant – especially in the challenging times for the NHS at the moment. Many residents came up to share their positive experiences of receiving care from Leominster Community Hospital – either as an outpatient, on our wards or from our community teams. There was a great sense of pride from residents about their hospital.

Marijke spoke about the importance of the hospital as a community asset and gave some examples of integrated working: paramedics from the local GP surgery, Ryeland Road, sharing an office with the Leominster District Nursing Team; our partnership with the Leominster Wildlife Trust and our ambition to open a Leg Café at our community hospital.

The nomination is listed here (it was received a year ago):

"Leominster considers itself very lucky to still have a Community Hospital. For over 100 years it has served our community and the towns surrounding it. Many of us can say that at some point we have been a patient of both the old Cottage Hospital and the current Community Hospital, whether it be as an inpatient or an outpatient visiting many of the outpatient department it offers. The last 3 years have been hard on everyone, but the staff were there 24/7 caring for the most poorly of our community during the high peaks of Covid19. They strived to deliver the best care in a stressful situation. They went above and beyond the call of duty, not only to keep those in their care safe but also themselves. 3 years later they are still maintaining the high level of care. To acknowledge their service to the community couldn't be served better than this award to acknowledge their service to the community of our wonderful little town."



Marijke receiving the award at the Town Council meeting



Marijke with staff members who help provide services at Leominster Community Hospital from ward staff, kitchen and domestic staff to administrators and community nurses

#AmazingWVTstaff shortlisted for Institute of Biomedical Science Award

Well done to Kim Owens, a trainee Biomedical Scientist from Histopathology who has been shortlisted for the Rising Star award at the IBMS awards 2024 after being nominated! Kim has been at WVT for over 12 years and last year she started a degree apprenticeship with Staffordshire University and has been working incredibly hard studying whilst having a full time job and balancing life events.

We wish her the best of luck at the awards taking place on Friday 28 June.



Wye Valley NHS Trust and One Herefordshire Partnership shortlisted for an HSJ Patient Safety Award!

We are very proud that the Safety in Sync forum was shortlisted by the HSJ for a 'Developing a Positive Patient Safety Culture' award.

Safety in Sync is a forum open to all staff across Herefordshire from health and social care organisations to discuss quality and safety issues that need system collaboration to mitigate risks to patient safety.



Safety in Sync is carefully crafted to provide a psychologically safe space for colleagues to raise quality and safety issues that impact beyond a single organisation. Staff can share their patient safety concerns and these are received with a view to providing support, advice, resource, expertise and an integrated approach to mitigating risks within our system, truly putting patient needs at the heart of our decision making.

Discussions are summarised in a newsletter and shared widely with all organisations at PLACE. The aim of the forum is to use the collective knowledge, skills and expertise across the system to rapidly mitigate patient safety risks and develop sustainable improvements.

"I am absolutely thrilled that we were a finalist for this award and really proud of the team who make this happen. I want to give a massive shout out to Natasha Owen for her leadership in making this the success that it is today – Well done Natasha and the whole team."

The forum has gone from strength to strength over the last 12 months and has made tangible differences to patient safety and experience for the populations we serve." Lucy Flanagan Chief Nursing Officer

If you would like to join Safety in Sync, to bring a topic for discussion or simply listen, we meet virtually, from 0830-0930 on the last Thursday of each month and you would be very welcome. Please contact safety@wvt.nhs.uk for more information.

#amazingWVTstaff

Mental Health and Physiotherapy services receive 'commended' certificates

Our occupational health department entered our Mental Health service and Physiotherapy service into the National Occupational Health Awards through the NHS Health at Work Network. Both services received certificates commended them.

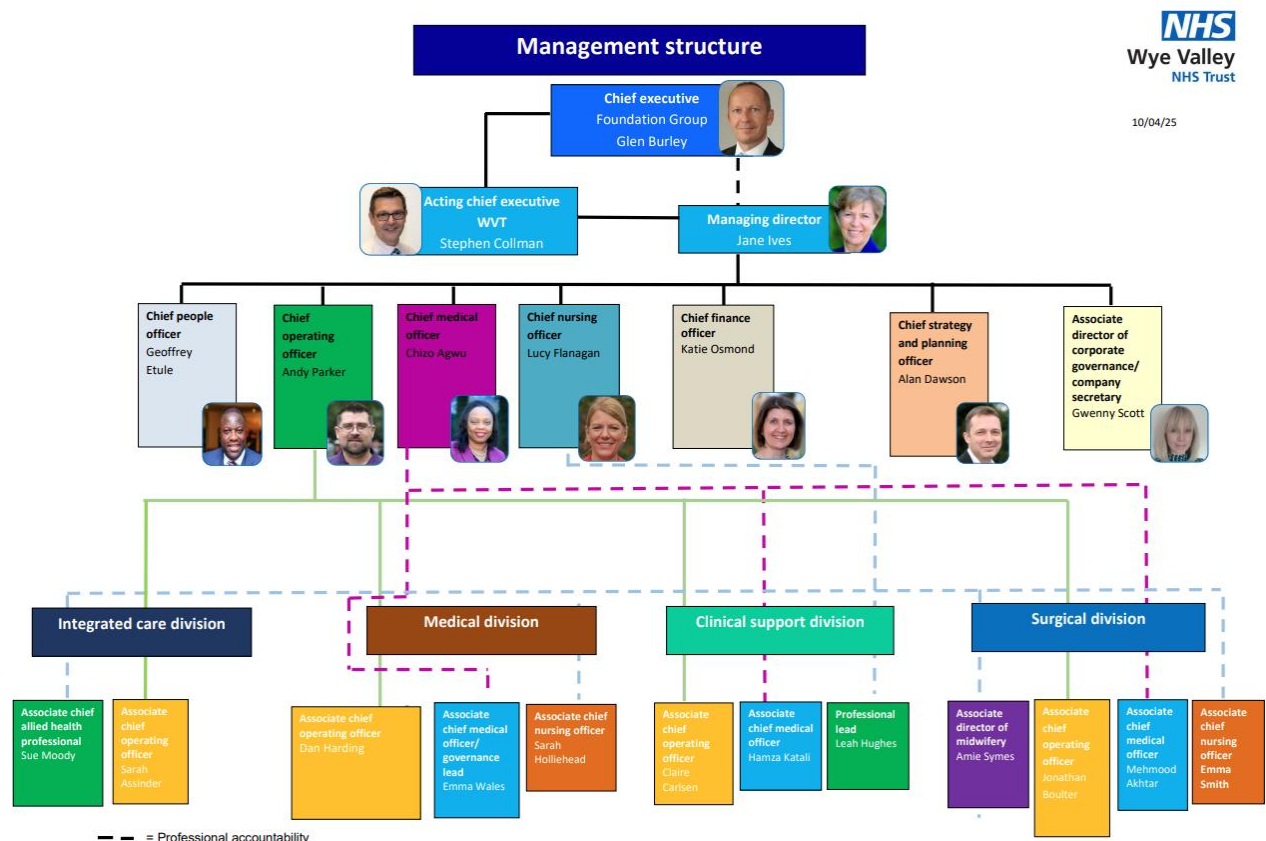


Organisational Change

Wye Valley NHS Trust is part of a Foundation Group that includes South Warwickshire NHS Foundation Trust, George Eliot Hospital NHS Trust and Worcestershire Acute Hospitals NHS Trust. Each Trust retains its own Trust Board with the common link being a shared Chief Executive Officer and Trust Chairman.

The Foundation Group enables the Trust to strengthen opportunities available to help secure a sustainable future for all four organisations and allows each Trust to maintain its own governance while benefitting from scale and learning across the wider group.

In October 2024, the Trust appointed Gwenny Scott as Associate Director of Corporate Governance/Company Secretary, following the retirement of Erica Hermon.



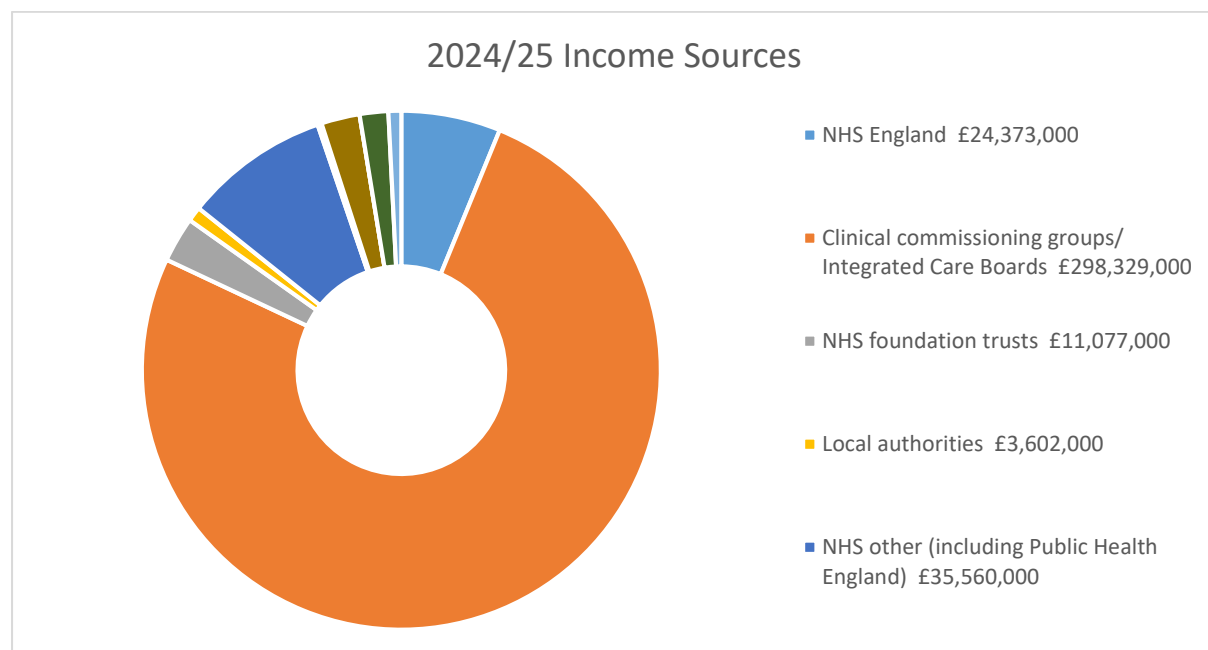
Statement of Assurance

The Trust provided and/or subcontracted 62 acute and community services for the population of Herefordshire, bordering English counties, and mid- Powys (details on these services is provided in Appendix 4). The Trust has reviewed all the data available on the quality of care in all of these services.

More detail on the income of the Trust can be found in the Annual Report 2024-25.

The income generated by Wye Valley NHS Trust for services reviewed in 2024-25 represents 100% of the total income generated from the provision of relevant health services.

A breakdown of income received from each body for 2024-25 is illustrated below.



Care Quality Commission (CQC) Overview of Progress



The Trust had no official CQC inspections.

Herefordshire welcomed Ofsted and CQC inspectors in December 2024, who undertook a local area SEND Partnership Inspection. Herefordshire's SEND partnership is jointly led by Herefordshire Council and NHS Herefordshire and Worcestershire Integrated Care Board (ICB) and commissions services for children and young people with Special Educational

Needs and Disabilities (SEND) in the county.

The findings of the inspection highlights many areas of good practice across the partnership, recognising the positive impact of new ways of working, including our drop-in clinics for speech and language therapy and physiotherapy.

Co-production with children and young people with SEND and their families is strong. The development of the 'Herefordshire Helpers' has raised the profile of children and young people at the highest levels. Parent carer voice Herefordshire told inspectors that they feel heard and that their views are acted on by the partnership.

Three national survey reports were released by the CQC in 2024/25 for inpatients, maternity and urgent and emergency care further detail can be found on pg.40.

The County hospital's overall rating remains requires improvement. For the full breakdown of service ratings see Appendix 1.

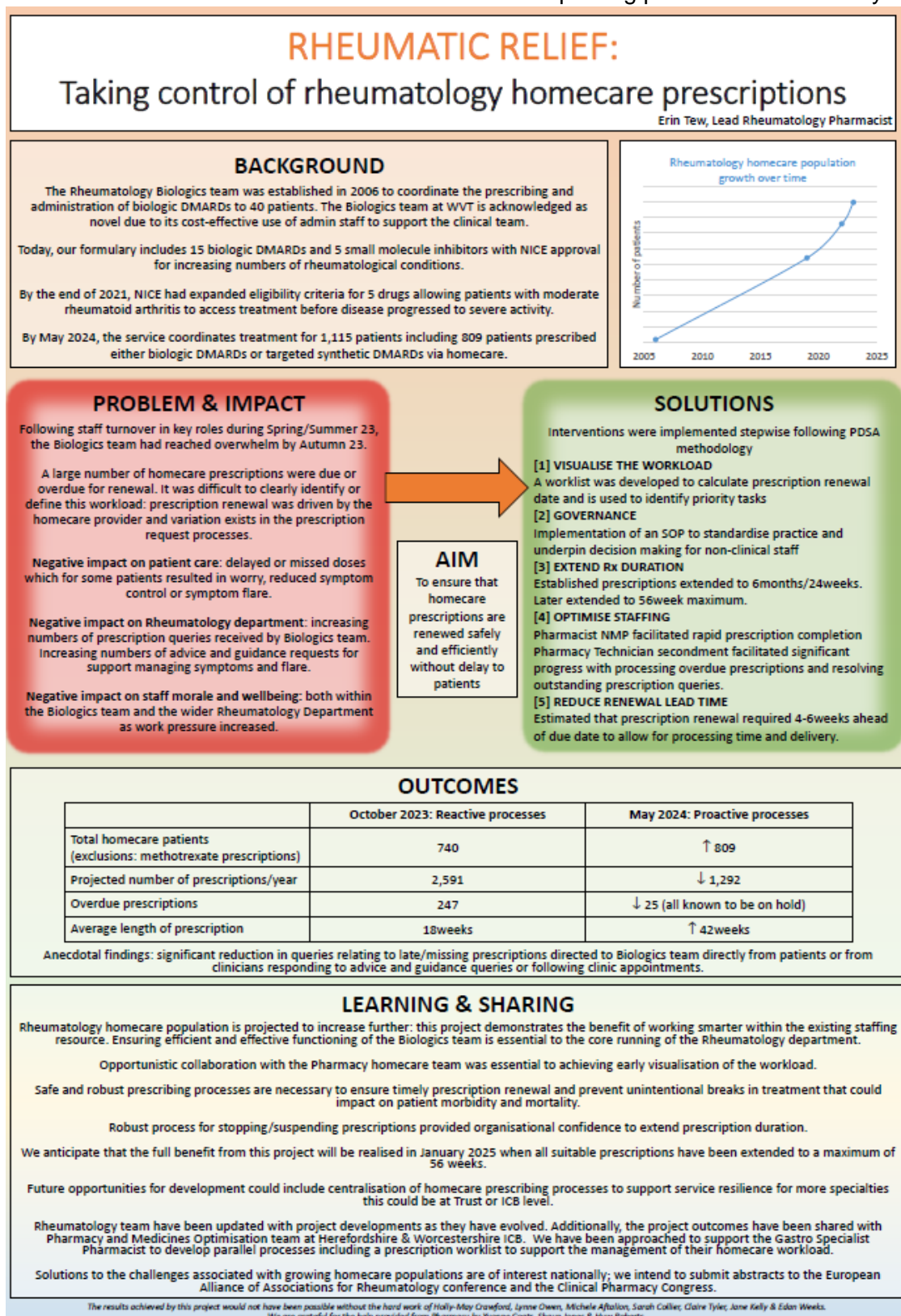
The Trust is currently registered with the Care Quality Commission without any compliance conditions and is licensed to provide services.

Ratings for the whole trust

Safe	Effective	Caring
Requires improvement →← Mar 2020	Requires improvement →← Mar 2020	Good →← Mar 2020

CELEBRATING CHANGE - Winner of the first annual Poster competition

The first annual Poster competition held at Wye Valley Trust allowed entrants the chance to showcase their innovative ideas aimed at improving patient care and safety.



Core Areas of Assurance

National Audit and National Confidential Enquiries (NCEPOD)

We participated in 57 (95%) of National Clinical Audits

Data submission ranged between 25-100% of eligible cases for individual audits

Clinical teams present reports and improvement action plans to their Specialty Audit Meetings

During 2024/25, there were 60 national clinical audits that Wye Valley NHS Trust were eligible to participate in based on the services provided. The Trust participated in 57 (95%) of national clinical audits. In addition, the Trust participated in 100% of the National Confidential Enquiries. Detailed in Appendix 2.

There were a total of 3 eligible audits that the Trust did not participate in during 2024/25:

- 1. National Ophthalmology Audit Database*
- 2. National Cardiac Arrest Audit*
- 3. Oral and Dentoalveolar Surgery Study*

National Data opt-out

The national data opt-out program enables patients to decline the use of their confidential medical information for research and planning purposes.

Prior to the Trust submitting data to the appropriate national audits, it is essential to identify and exclude patients who have chosen to opt out. This process may lead to a decrease in the number of patients included in the audit, and in instances where patient numbers are low, it can affect the audit results. Such considerations will be taken into account when evaluating outcomes and implementing necessary actions.

The Trust had lower case submission rates for Myocardial Ischaemia National Audit Project (MINAP) due to staffing pressures and patient care taking precedence over data collection. Measures have now been implemented to enhance participation in the audit.

Learning from Audit

In 2024/25 the Trust Clinical Audit Programme included a total of 299 projects (national & local combined). The programme is monitored by the Trust's divisional and directorate governance groups on a monthly basis with oversight through the Clinical Effectiveness & Audit Committee. Within Wye Valley NHS Trust the results from national and local clinical audits are reviewed by the clinical teams involved in the audit at specialty level. If the review indicates that improvements are required, action plans are devised and monitored within the divisions.

Highlights from Various Published National Audit Reports during 2024/25

There were 43 national clinical audits that published reports in 2024/25 and 7 reports for the National Confidential Enquiry programme. Following review by the relevant specialty, with action plans developed where appropriate.

A selection of these reports have been included below reflecting areas of good practice and what the Trust intends to do where standards are not met.

National Emergency Laparotomy Audit

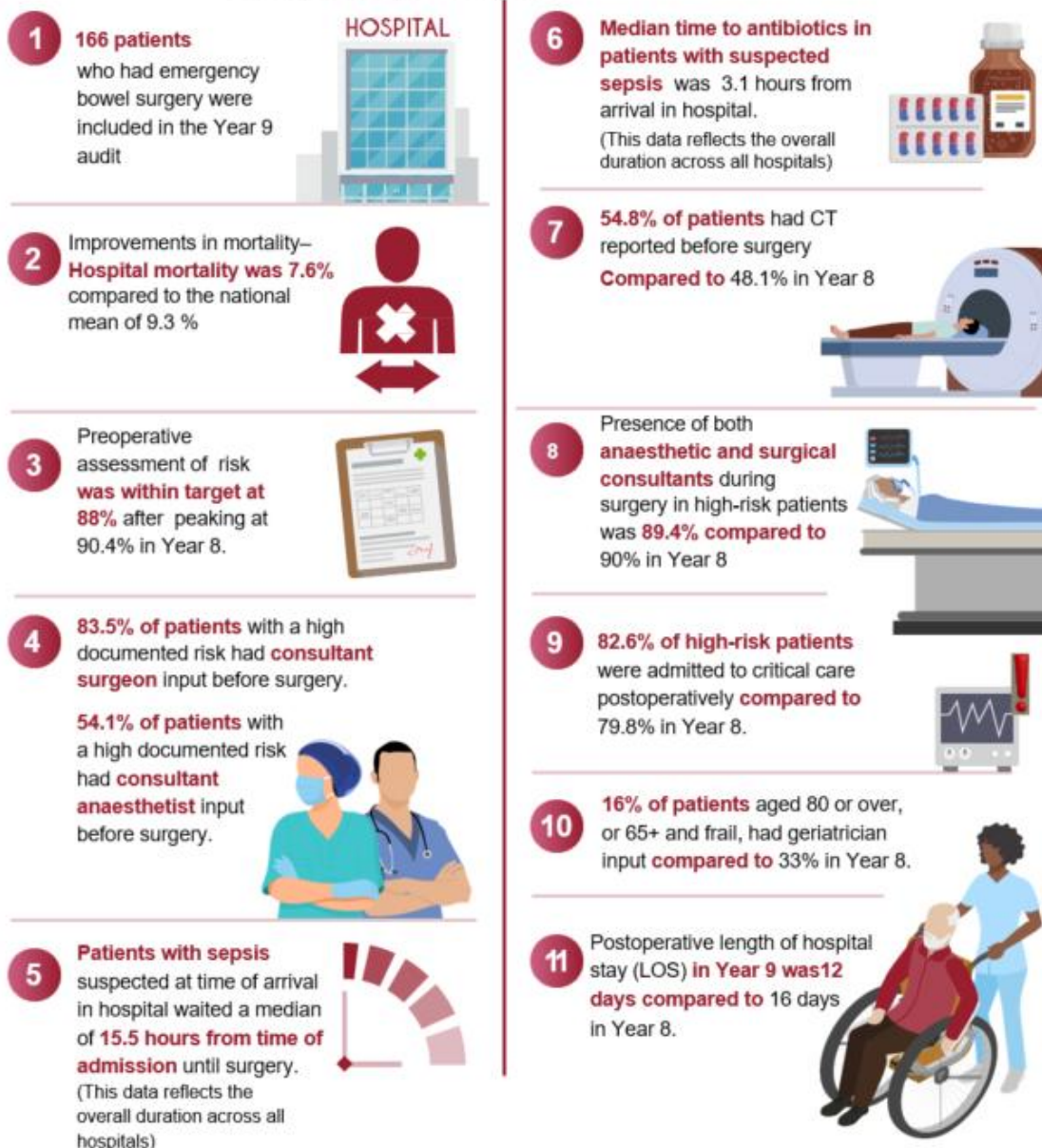
The National Emergency Laparotomy Audit (NELA) was established to describe and compare inpatient care and outcomes of patients undergoing emergency laparotomy in England and Wales in order to promote quality improvement, by collecting high quality comparative data from all NHS providers.



Executive Summary

Wye Valley NHS Trust

Results from 2021–2023 – the Ninth Year of the National Emergency Laparotomy Audit



Areas reflecting good practice:

We are proud to report that we have achieved good performance in the following key areas, demonstrating our commitment to patient safety and quality care:

- Case ascertainment
- Comprehensive documentation of preoperative risk factors
- Prompt arrival in the theatre, aligning with the urgency of each case
- Pre-operative input of a consultant surgeon and anaesthetist for patients with a documented risk of death at 5% or higher
- Assurance of a consultant surgeon and anaesthetist's presence in the theatre for cases with a risk of death of 5% or more
- Admission to critical care postoperatively for patients with a risk of death of 5% or greater
- Optimised postoperative length of stay
- Our current mortality rate stands at 7.6%, positioning us as the second lowest in the region for emergency laparotomy procedures.

Areas requiring improvement:

- Perioperative assessment by a member of the geriatrician led multidisciplinary team for patients aged 80 plus or 65 or over with a clinical frailty score of ≥ 5
- Admission to Critical Care (risk of death is $\geq 5\%$)

Local actions taken:

- The Frailty team is now engaged on a daily basis through an emergency patient list to assess individuals aged 80 and above, or those aged 65 and older with a clinical frailty score of 5 or higher
- All patients with a mortality risk of 5% or greater are now admitted to Critical Care following an emergency laparotomy
- The provision of a 24hr emergency theatre (CEPOD theatre) CEPOD stands for Confidential Enquiries into Perioperative Deaths
- A dedicated Consultant Anaesthetist Lead for Emergency Surgery to drive forward best practice
- Introduction of a new Emergency Laparotomy Quality Improvement Care Bundle with NELA specific requirements in relation to fluid management, lactate measurement to identify sick patients and early antibiotics within 1 hour if sepsis, suspected peritonitis or perforation.

Key Results demonstrated from a local Quality Improvement Project

Cardiac Catheterisation and Coronary Angiography Patient Information Leaflet

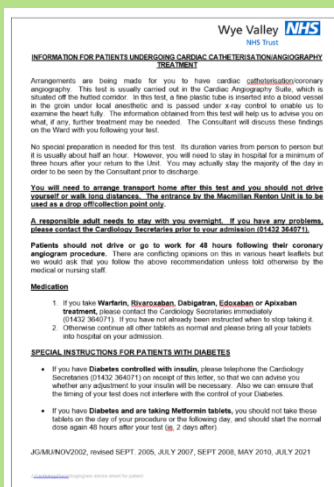
Project aim

The development of a new patient information leaflet for cardiac angiograms is essential to ensure patients receive accurate, up-to-date, and comprehensive guidance about the procedure.

The existing leaflet had not been updated to reflect recent advances in angiogram techniques, leading to outdated information that may not align with current best practices.

Additionally, it lacked the crucial details that should be provided to patients, such as updated procedural expectations, potential risks, and post-procedure care instructions.

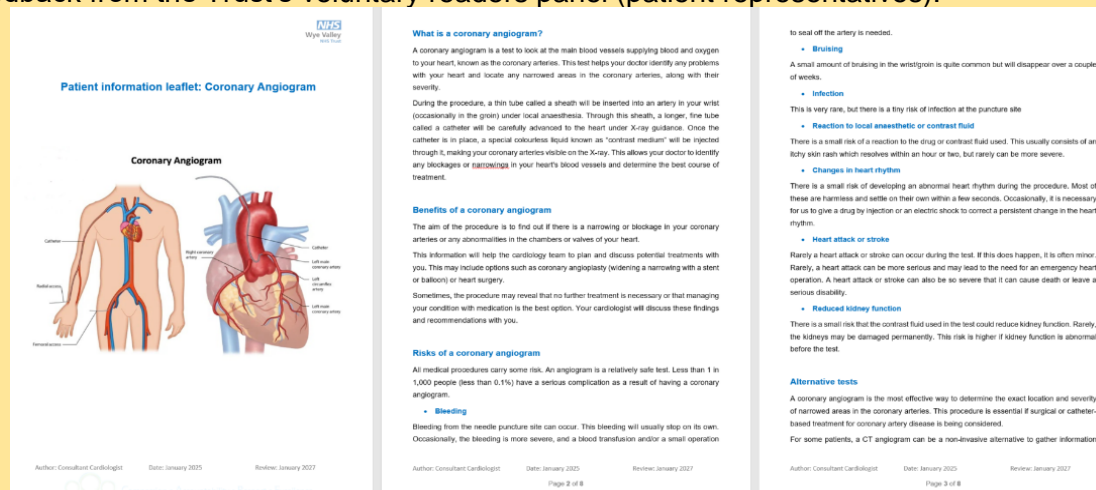
A revised leaflet will enhance patient understanding, improve informed consent, and contribute to a better overall patient experience.



What we did

Revised and enhanced the patient information leaflet for cardiac catheterisation and coronary angiography in a timely manner, ensuring its accuracy, clarity, engagement, and compliance with the latest clinical guidelines.

- Ensured the updated leaflet is written in plain language, catering to patients with varying literacy levels and linguistic backgrounds.
- Clearly explained the purpose, procedure, risks, benefits, and alternatives of cardiac catheterisation and coronary angiography to empower patients in decision-making.
- Implemented further improvements to the revised patient information leaflet following feedback from the Trust's voluntary readers panel (patient representatives).



Outcome

Creating an improved patient information leaflet for cardiac angiograms has been important for improving patient care. By including the latest updates on angiogram procedures and all necessary details, the updated leaflet is offering patients better guidance. This assists patients to make informed choices about their treatment. It gives a clearer understanding of the procedure, its risks, and post-care process, increasing patient confidence, reducing anxiety, and encouraging better compliance of medical advice.

Ultimately, a well-structured and up-to-date leaflet is contributing to a more positive patient experience and improved clinical outcomes.

Trust Research Participation Overview 24/25



CLINICAL RESEARCH TEAM



Meet the Team ...



Research Nurses and Clinical Research Practitioner



Research & Development



Clinical Trials Data Officers

We are proud to be a Research Active Hospital



The Clinical Research and Development Strategy continues to be a cornerstone of our Trust's vision to improve the health and wellbeing of the communities we serve across Herefordshire and the surrounding areas. Guided by our Trust CARE values, this strategy underpins our commitment to enhancing patient care through research and innovation, while aligning with the NHS's broader healthcare priorities.

We are dedicated to ensuring that research participants receive the highest standard of care and experience while optimizing resources provided by the National Institute for Health and Care Research (NIHR), research funders, and charitable organizations. By fostering engagement and awareness across all levels—from the Trust Board to frontline teams—we aim to:

- **Increase staff participation in clinical research.**
- **Offer greater opportunities for patient involvement.**
- **Align research with pressing local health needs.**
- **Achieve financial sustainability in research activities.**

Achievements in 2024/25

In 2024/25, we made significant strides in advancing research excellence:

- **Recruitment Highlights:** A total of 280 patients participated in 22 trials across 15 specialties:
 - Anaesthesia
 - Surgery
 - Critical Care
 - Oncology
 - Diabetes
 - Respiratory
- **New Studies Initiated:** We opened 9 new trials in 9 specialties
- **7 New Associate Principal Investigators**
- **First renal commercial clinical trial opened**

Introduction of the Research Manager Role

January 2025, the Trust appointed its first-ever Research Manager, marking a pivotal step in strengthening our clinical research infrastructure. This dedicated role enhances strategic oversight, ensures efficient resource allocation, and supports research teams in navigating complex trials and funding opportunities.

The **Research Manager** will play a key role in strengthening the Trust's academic program by:

- **Integrating Research & Education:** Connecting clinical research with training initiatives to enhance learning.
- **Mentorship & Development:** Supporting clinicians, junior researchers, and students in building research skills.
- **Expanding Academic Partnerships:** Collaborating with universities and research organisations to drive joint studies and funding opportunities.

In addition to these achievements, our collaborations with partners, including the NIHR, universities, and industry sponsors, continue to grow and expand the reach and impact of research.

Challenges and Lessons Learned

While 2024/25 brought many successes, we faced challenges such as recruitment hurdles and resource constraints. These experiences have informed our approach, leading to innovative solutions and refined strategies for the coming year.

Research Priorities for 2025/26

Our focus in 2025/26 is to strengthen research impact, improve accessibility, and drive financial sustainability.

Key priorities include:

- **Expanding Commercial Research to Increase Financial Value:** We aim to increase revenue through greater participation in commercial research, collaborating with industry sponsors to attract high-value studies. By streamlining processes and enhancing engagement with commercial trial providers, we will improve efficiency and optimize funding opportunities.
- **Aligning Research with Local Health Needs & Improving Access for Rural Populations:** Research initiatives will

be tailored to address pressing local health concerns, ensuring that studies reflect the needs of our communities. We will also work to **improve accessibility for rural populations**, establishing outreach programs and satellite research sites to reduce barriers to participation and ensure equitable access to clinical trials.

- **Raising Awareness & Engagement through a Trust-Wide Clinical Trials Day:** Fostering a culture of research, we will host an annual **Clinical Trials Day**, providing education, engagement activities, and public awareness campaigns. This initiative will highlight the importance of clinical trials and encourage both patients and staff to take part in research.
- **Enhancing Clinician Involvement through Training & Education** Increasing clinician engagement remains a priority, with a focus on expanding research training programs. As part of this effort, we will be present and supporting Education and Training Days, providing opportunities and signposting for clinicians and researchers to engage with leading experts, access professional development resources and explore pathways for research involvement. We will strengthen the **Associate Principal Investigator and Principal Investigator pathways**, providing mentorship, structured learning opportunities, and dedicated resources to encourage more clinicians to take active roles in research.

Acknowledgments

We would like to extend our heartfelt thanks to our dedicated staff, research participants, funding partners, and collaborators. Their contributions continue to drive the success of our research efforts and inspire innovation in healthcare.

Safety Alerts

Safety alerts are issued when there is a specific issue that without immediate actions being taken could result in serious harm or death. They set out what health or care organisations need to do to reduce the risk.

In 2024-25, the Trust continued to receive patient safety alerts through the Central Alerting System (CAS) and the Medicines & Healthcare Products Regulatory Agency (MHRA). These were managed appropriately through the established process, which includes checking for relevancy and recording completed actions.

The Trust implemented a new management system which provides centralised oversight of all the alerts. This enables the alert to be linked to any relevant incident or risk to start to provide a triangulated profile of the Trusts safety position

Field Safety Notices (FSNs) are important communications about the safety of a medical device that are sent to customers (the Trust) by a device manufacturer or their representatives.

An email address was created and communicated on the Trusts website to allow manufacturers to send their alerts to a centralised account, thus providing a coordinated response.

Best Practice Guidance



Since being first established in 1999, The National Institute for Health and Care Excellence (NICE) have been providing evidence-based recommendations for the health and social care sector; developed by independent committees of various professionals, consultants and lay members – to assist us in providing the very best care for our patients.

In the year, 2024-25, the Trust has successfully continued to oversee how NICE guidance is managed through the continued use of PR.S.21 - Implementation of NICE Guidance SOP since ratified in 2022 – a process that continues to work well across the Trust.

Within the year, we have continued to receive a high level of engagement from divisions in the allocation of a lead for each piece of guidance; which has allowed the NICE guidance team to promptly send out the guidance, arrange meetings and provide support to those leads identified with completing baseline assessments and obtaining evidence of the current practice.

The table below shows the guidance published by type within the last financial year (correct as of 24th March 2025).

Type of Guidance	Total number
NICE Guidance	22
Clinical Guidance	13
Quality Standard	4
Diagnostic Guideline	6
Technical Appraisal Guidance	93
Medical Innovation Brief	2
Interventional Procedure Guidance	18
Medical Technologies Guidance	2
Health Technology Evaluation	5
Highly-Specialised Technology Guidance	2
TOTAL =	167

Information Governance

Information Governance is how an organisation handles patient and staff information, which may be of a sensitive nature. This includes ensuring all information, especially personal, is held legally, securely and confidentially.

The Data Security Protection Toolkit (DSPT) was introduced in 2018-19 and replaces the Information Governance Toolkit (IGT).

The DSPT is an online self-assessment tool that allows organisations to measure their performance against the Cyber Assessment Framework.

Last year, the Trust achieved Standards Met for meeting the requirements of the DSPT. The Trust's year-to-date position is shown in the table below:

Progress Dashboard		
Mandatory Reporting – 34/47 mandatory evidence items provided.		Baseline Submission provided December 2024 Current position: Standards Met Final submission due – 30/06/25
Outcomes 34/47		Confirmed
Standards Met: June 2024		

Baseline submission was provided in December 2024 with 23 of the 47 requirements provided.

At the end of February 2024, 34 of the 47 requirements have been provided. The Trust is being audited by RSM Audit in March and April 2025 for compliance with the DSPT, and any recommendations will assist the trust with the final submission of the DSPT in June 2025.

Clinical Coding and Error Rate

Clinical coding is the translation of medical terminology (written by the clinicians) that describes a patient's complaint, problem, diagnosis, treatment or other reason for seeking medical attention into standard codes that can then be easily tabulated, aggregated and sorted for statistical and financial analysis, in an efficient and meaningful manner.

The figures for 2024-25 show an improvement across the board for all areas of Clinical Coding, well exceeding Mandatory target.

Clinical codes can be used to identify specific groups of anonymised patients (for example, those who have had a stroke, or those who have had a hip operation) so that indicators of quality can be produced to help improvement processes.

The Trust has a constant focus on data quality and the need to meet the organisation's reporting requirements against the National Data Security and Protection Toolkit.

Data Quality Standard 1. The Trust uses a variety of systems and processes to ensure poor data quality does not undermine the information being reported. Data quality (DQ) checks are performed on all main reporting domains (including quality, finance, operational performance, and workforce). The Trust makes use of internal and external benchmarks to highlight areas potentially requiring improvement to data quality.

As part of the Foundation Group, the Trust has developed some key principles for data quality and these will be adopted across all trusts within the group. Further work on developing Information strategy across the group is ongoing and projects and work streams being finalised. The Trust uses a Data Quality Kite mark within its main Trust Board KPIs as an indicator of the level of assurance of the quality of the data which supports each indicator.

	WVT results	Mandatory	Advisory
Primary diagnosis	96%	90%	95%
Secondary diagnosis	97.2%	80%	90%
Primary procedure	99.3%	90%	95%
Secondary procedure	99.2%	80%	90%

Illustration of the percentage coding accuracy at Wye Valley NHS Trust in 2024-25 of which all mandated standards were met as set by NHS Digital.

The Trust is committed to ensuring staff are aware of their responsibility for data quality and the accurate recording of data on Trust electronic systems and paper held records. The Trust have included this responsibility in all job descriptions and regular audits are undertaken. We work closely with our partner IMS Maxims who are supporting with electronic patient record development. The Trust's commitment to data quality is demonstrated by implementing the following principles:

- The aim is that all staff should be fully trained in the use and recording of data on electronic systems – where possible access should not be given until training has taken place.
- All managers are responsible for data quality within their services.
- Staff are aware of the reporting mechanisms for data quality issues and complaints.
- The Trust has a dedicated team for each electronic system that sits with the CSG, for managing data quality issues, system management, system configuration in line with national standards and advising staff on managing data quality issues. For other systems used within specific departments there may be a single administrator providing support and advice.

- Regular reports are sent out for managers to ensure missing data and errors are actioned and regular meetings are held to discuss and report actions of the same.
- Summary data quality dashboard produced weekly and discussed at weekly Trust wide patient tracking list (PTL) meeting.
- Additional steps added to commissioning data sets processing to identify incorrectly recorded data and passed to the Electronic Patient Record Support Team to correct for the IMS MAXIMS system.

The Patient's NHS number

The patient's NHS number is a key identifier for patient records, and the National Patient Safety Agency has found that the largest single source of nationally reported patient safety incidents relates to the misidentification of patients.

The Trust submitted records during 2024-25 to the Secondary Uses Service (SUS), for inclusion in the Hospital Episodes Statistics (HES), which are included in the latest published data.

The percentage of records in the published data, which included the patient's valid NHS number for the period April 2024 to March 2025, is detailed below.

NHS Number 24/25				
	Has NHS	No Number	Total	%
IP	66992	39	67031	99.9%
OP	461992	209	462201	100.0%
AE	87480	522	88002	99.4%

The Patient's Registered GP Practice Code

Accurate recording of the patient's GP practice is essential to enable the transfer of clinical information from the Trust to their GP.

The Trust submitted records during 2024-25 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

The percentage of records, which included the patients valid General Medical Practice Code, was highest at 100% for Outpatients.

GP Code 24/25				
	Gp code	No Number	Total	%
IP	66313	718	67031	98.9%
OP	462102	99	462201	100.0%
AE	87897	105	88002	99.9%

Commissioning for Quality and Innovations (CQUINs) 2024-25

The Commissioning for Quality and Innovation (CQUIN) is a framework within the NHS that supports improvements in the quality of services and the creation of new, improved patterns of care including transformational change.

For 2024-25, NHS England paused the mandatory CQUIN scheme.

CELEBRATING CHANGE

Improving Sepsis Outcomes

Sepsis is a potentially life-threatening condition that arises when the body's response to infection causes injury to its own tissues - causing organ damage and failure, that affects roughly 245,000 individuals in the UK each year, of which ~11,000 cases are fatal (The UK Sepsis Trust, 2025). Sepsis is caused by organisms including bacteria, viruses, and fungi. Risk factors include being very young or old, a weakened immune system from conditions such as cancer or diabetes, major trauma, and burns. A diagnosis of sepsis requires immediate treatment with intravenous fluids and antimicrobial medications with ongoing hospital care and stabilisation.

An example of NICE guidance and clinical audit coming together to improve patient safety and care quality across the trust with the release of NICE guidance, NG51: Suspected sepsis: recognition, diagnosis and early management (NICE, 2024); and, ongoing local audits are being performed quarterly to ensure that standards are being met and kept at high standards.

Aim: Determine the Emergency Department's systems and responses for when a patient with suspected sepsis presents – including: recognition, prioritisation and escalation of suspected cases, timescales for FY2/SHO and above review and testing, antibiotic medication, IV fluids and oxygen administration, and the use of the 'Sepsis Six' care bundle within NICE recommended time scales criteria.

Aim 1: NG51 – Recommendation 1.1: When to suspect sepsis

"Think 'could this be sepsis?' if a person presents with symptoms or signs that indicate possible infection"

"Develop a core set of protocols for all patients who present with signs of sepsis."

Aim 2: NG51 – Recommendation 1.14, 1.15, 1.16: Antibiotic therapy, intravenous fluid and oxygen

"Develop a protocol for treating patients with suspected sepsis with antibiotics, IV fluids and oxygen where indicated."

How was this achieved?

Sepsis has been identified as a WVT Trust priority in a move to reduce the mortality rates published according to NHS Digital SHMI report (NHS Digital, 2023).

In response the Trust implemented and promoted the Sepsis Six care bundle. Baseline assessments and local audits took place to identify areas of improvement – this has led to the development of the Sepsis and Antibiotic posters for ED and ward display; and update of the Sepsis clinical guideline and pathways; including antibiotic stewardship, timely review within 1 hour, and appropriate blood culturing.

Further and ongoing works:

A revised and updates Sepsis Care Bundle and guideline has been developed and this is due to be approved.

A NICE Quality Standard is due to be published in August 2025 which will outline areas where there has been the most variation across the country.

Ongoing local audits for Sepsis response will be carried out against NICE standards

Who is involved?

- Emergency Department
- Medical and Surgical Teams
- Pathology
- Pharmacy

References

NHS Digital, 2023. Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, September 2021 - August 2022. [Online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2023-01/shmi-data> [Accessed 17 March 2025].

NICE, 2024. Suspected sepsis: recognition, diagnosis and early management. [Online] Available at:

Quality of Services - Key Areas

Incident Reporting

The Trust promotes a culture of safety where staff are encouraged to report actual or near miss incidents.

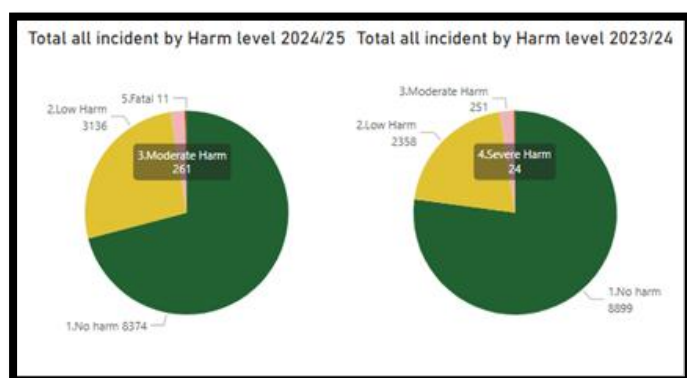
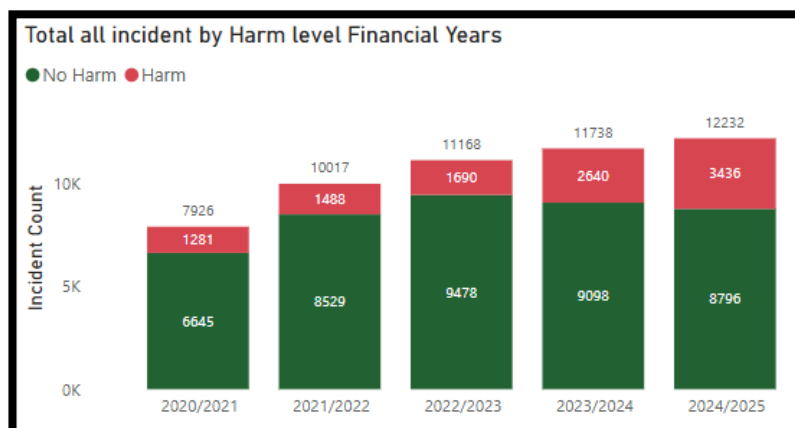
National comparison data is only available for the quarter (October, November, and December 2024) from Learning from Patient Safety Events (LFPSE).

For the quarter LFPSE reports that 788,185 incidents were reported nationally. The Trust for the same quarter reported 2,976 patient safety incidents as well as 291 non patient safety incidents which are not part of the submission to LFPSE.

National current year comparisons are not available with the move to a new incident reporting framework as they are not yet available from NHS England

For patient safety incidents we now collect both physical and psychological harm but to provide a comparison with previous years the following graphs only relate to physical harm. The reason we now record psychological harm is because it is vital to understand the impact an incident has on a patient and we are able to have a more complete picture of the event. We will be able to compare psychological harm in future reports.

The chart adjacent shows all incidents reported by the Trust on the incident reporting system. The incidents reported increased during 2024-25 by 4%. This shows no harm incidents account for 72% of incidents.



The proportion of harm incidents has increased to 28% of all patient safety incidents, however of those harm 91% are low harm. The volume of moderate or greater harm is 8% (261)

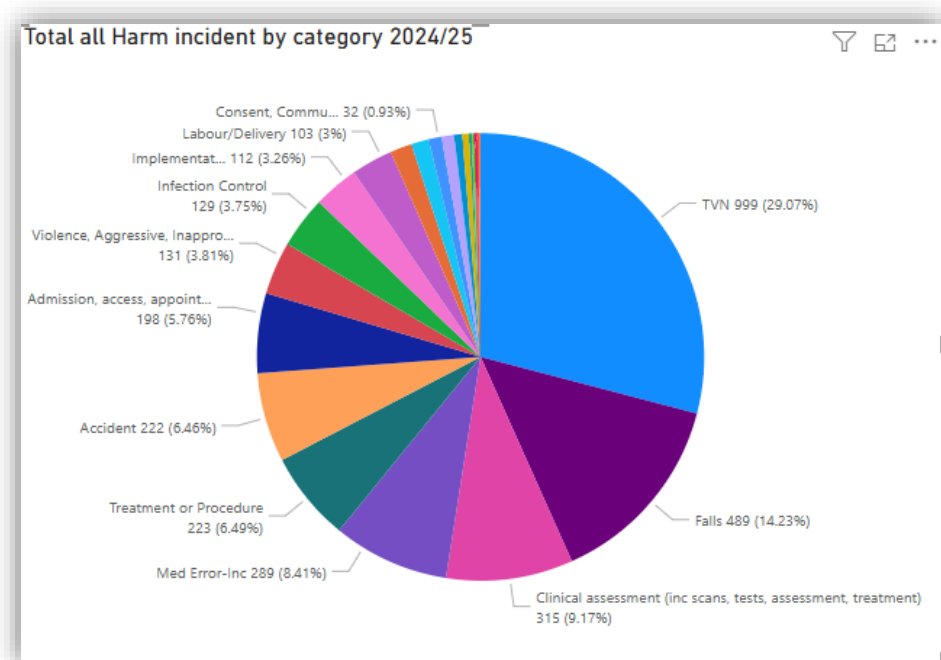
The top five categories of all incidents reported in 2024-25 are shown in the next table. The top five remain the same as the previous year but the following are now greater than falls

- Admission, access, appointments, transfer, discharge (up 29% from last year)
- Infrastructure (incl. staff, facilities, environment) (up 40%)
- Falls have dropped by 5%.
- Clinical assessment (incl. scans, tests, assessment, treatment) dropped by 8%.
- Tissue Viability incidents have increased by 2.5%.

Category	2023/24	2024/25	% of total	% change
Tissue Viability	2702	2770	22.68%	2.52%
Admission, access, appointments, transfer, discharge	1007	1295	10.60%	28.60%
Infrastructure (incl. staff, facilities, environment)	895	1255	10.27%	40.22%
Falls	1127	1068	8.74%	-5.24%
Clinical assessment (incl. scans, tests, assessment, treatment)	1104	1013	8.29%	-8.24%

The top five incidents with harm are comparable to the total incidents, with the addition of treatment or procedure.

Category	2023/24	2024/25	Grand Total	% Change
Tissue Viability	816	999	29.07%	22.43%
Falls	407	489	14.23%	20.15%
Clinical assessment (incl. scans, tests, assessment, treatment)	225	315	9.17%	40.00%
Medication Error-Incidents	171	289	8.41%	69.01%
Treatment or Procedure	206	223	6.49%	8.25%



Reducing Harm to Patients

Reduce patient falls

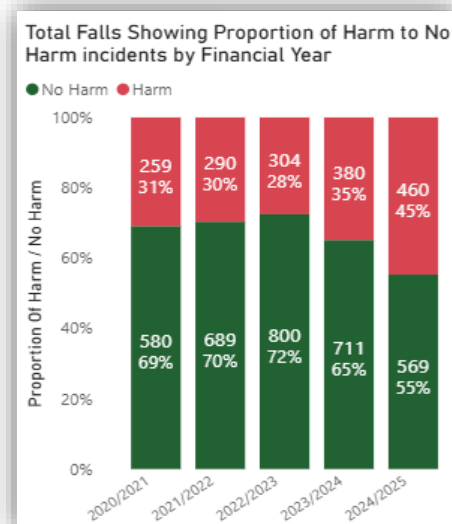
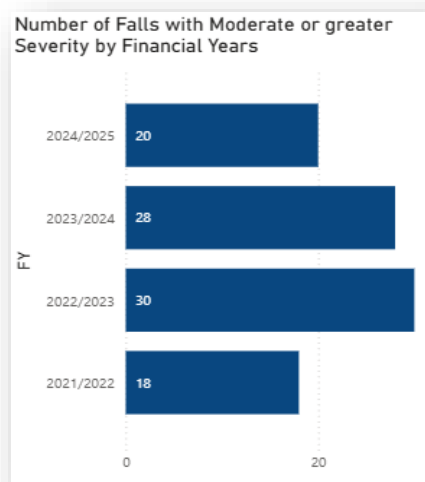
In 2024-25, we saw the following changes:

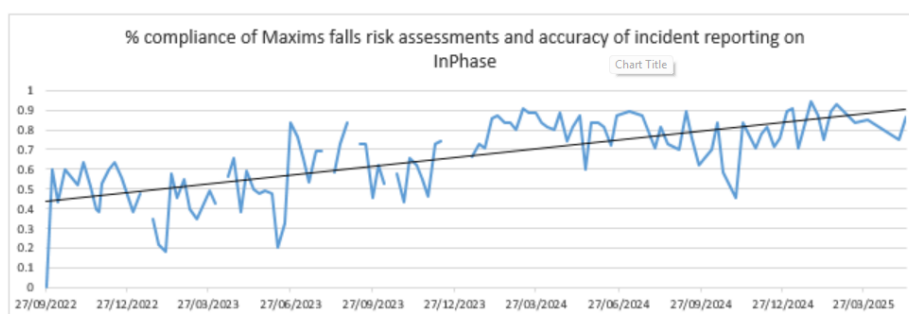
- Total falls decreased by 5.7%
- The falls rate for moderate harm and above has fallen.
- Proportion of harmful falls as a percentage of total falls has increased to 45% from 35% in 2024/25. An increase in the number of low harm falls resulted in an increase in the harm rate.

Falls are classed as low harm according to LFPSE guidance if a patient undergoes a scan/x-ray even if there is no fracture/harm. There have been a number of unwitnessed falls where a scan is requested as staff are unsure if a patient has sustained a head injury or other injury.

The Trust has undertaken a number of actions over the previous 12 months, these include:

- Patient safety priority introduced in April 2024 to monitor falls in patients with dementia, delirium or known high risk of falls.
- Increased training provided.
- Pilot bed rails process across all Community Hospital sites to improve compliance.
- Criteria introduced on the appropriate placement of patients in extremis identified bed spaces.
- Ultra low beds increased across the Trust as part of the current bed replacement plan.
- Post fall medical assessment template introduced.
- Privacy curtains/personal care grab packs near bathrooms
- Introduction of yellow socks/wristband to identify patients at high risk of falls
- Revision of clinical nurse noting Falls risk assessment/bed rails assessment
- Snapshot weekly audit of completion of nursing risk assessment for patients who have fallen. The chart below shows an improving trend.





2025/26 will see the Trust continue to build on the progress made in 2024/25, with the introduction of the following:

- Joint working with the Trusts newly appointed Dementia lead.
- Reinstate Falls/Dementia/Frailty steering group.
- Review of the recently published NICE guidelines for falls
- Falls policy due for review
- Shared learning safety huddle across Integrated Care Division learning from incidents.
- InPhase reporting support for Integrated Care Division staff regarding levels of harm/accurate completion of falls section.
- Resource pack/training 'to be rolled out by Falls lead.
- Community Hospital to develop criteria for patients being placed in low visibility/extremis bed spaces.
- New Band 6s within Integrated Care/Medical division to be provided support regarding leadership/risk management / senior oversight for patients at risk of falls.
- Post fall retrieval flat lifting device training to be provided via Moving and Handling.
- Falls SIMS training provided by Education team.
- Improvement project 'Frailty/Community Hospitals improving the amount of ward based activity for patients (out for lunch campaign)'.

Duty of Candour

This is a statutory duty of all health and social care providers to be open and transparent with people using healthcare services. The Trust engages with those affected by patient safety events and invites involvement by providing input into reviews and investigations whether that is by co-producing Terms of Reference for learning responses, face-to-face meetings or telephone calls.

For any incident that meets the statutory duty, there is a prompt and a section to complete within the incident record; however, staff are encouraged to be open and honest about any incident that occurs as part of the professional duty of candour.

Duty of candour is monitored through monthly divisional and corporate reports and as part of their reporting to the Quality Committee. In addition, patient or family engagement is undertaken when a complaint has been received relating to a patient safety incident. This provides a nominated point of contact for the patient and families and ensures they are included in the investigations if they choose to do so.

Never Events

During 2024/25, one incident met the National criteria for a 'Never Event' which occurred in Ophthalmology this was investigated under the Patient Safety Incident Response Framework (PSIRF) as a Patient Safety Incident Investigation (PSII)

Adult Safeguarding

Adult Safeguarding means protecting a person's right to live in safety and free from abuse and neglect and is everybody's business. This remains a high priority for the Trust and we continue to work with partner agencies across Herefordshire and beyond to ensure best practice.

The Trust ensure the principles of empowerment, prevention, proportionality, protection; partnership working and accountability have been applied preserving the individual's wellbeing at its core. The outcomes being that people are:

- Safe and able to protect themselves from abuse and neglect.
- Treated fairly and with dignity and respect.
- Protected when they need to be
- Able to easily get the support, protection and services that they need.

Making Safeguarding Personal (MSP) continues to remain a high priority and the Trust have endeavoured to ensure the adult, their wishes, choices and desired outcomes have remained at the centre of the safeguarding process as much as possible.

WVT now have a Lead for Domestic Abuse in post who works as part of the Adult Safeguarding team but also integrally with the Children's Safeguarding Team. The Lead is responsible for coordinating WVT's response to domestic abuse. The Domestic Abuse Act was passed in 2021 and puts clear responsibilities on all agencies to ensure that they are asking about domestic abuse and providing an effective response for all victim-survivors.

The Lead works very closely with the Hospital Independent Domestic Violence Advisor (HIDVA) (employed by West Mercia Women's Aid but working within WVT). The HIDVA provides independent advice and support for all patients and staff. The Lead for Domestic Abuse and HIDVA jointly deliver training across the Trust and a large focus of their roles is to raise awareness about domestic abuse and to build staff confidence so that more victims are identified and receive the support that they need.

The Trust maintains its commitment to Herefordshire Multiagency Risk Assessment Conference (MARAC) and Domestic Abuse Perpetrator Panel and is an active member of the Domestic Abuse Operational Group and MARAC Governance Group.

Staff are supported in all aspects of safeguarding and in understanding and applying the Mental Capacity Act and Best Interests process in everyday practice. This has continued to be a quality priority for WVT. The Trust has an adult safeguarding performance dashboard, which is monitored and discussed at the Trust's Overarching Safeguarding Committee. Adult Safeguarding reports are produced quarterly for the Trust Quality Committee, with a report produced for the Trust Board annually.

The Trust has maintained its commitment to be an active member of the Herefordshire Safeguarding Adult Board and associated sub-groups, contributing to multi-agency audit, Safeguarding Adult Reviews and Domestic Homicide Reviews.

The Trust has equally maintained their commitment to work collaboratively with out of county safeguarding boards.

Children Safeguarding

A child and/or young person is defined as anyone who has not yet reached their 18th birthday.

Safeguarding children and young people is central to the quality of care provided to patients by the Trust. The Trust has a duty in accordance with the Children Act 1989 and Section 11 of the Children Act 2004 to ensure that its functions are discharged with regard to the need to safeguard and promote the welfare of children and young people.

The Trust recognises the importance of partnership working between children/young people, parents/carers and

other agencies to prevent child abuse, as outlined in Working Together to Safeguard Children and their Families, 2023. All NHS trusts are required to have effective arrangements in place to safeguard vulnerable children and to assure themselves, regulators and their commissioners that these are working. All health providers must be registered with the Care Quality Commission (CQC) and are expected to be compliant with the fundamental standards of quality and safety.

The Chief Nursing Officer is the Trust's Executive Lead for Safeguarding Children and the Associate Chief Nursing Officer oversees the management of and the work undertaken by the Child Safeguarding team. The Trust has maintained a robust focus on Safeguarding Children through the governance arrangements depicted below.



The work of the safeguarding team is multi-faceted and relies heavily on partnership working, both internally and externally. The Trust strives to deliver a seamless integrated service to safeguard children from abuse and neglect. The Child Safeguarding team continues to provide a range of activities to support key areas of safeguarding work, embrace change, respond to emerging themes and strive to ensure all safeguarding processes are robust and effective.

The core functions of the team are to:

- Provide clinical leadership in respect of safeguarding to support high quality safeguarding practice.
- Offer support for practice development through:

- Providing a robust training and development strategy utilising education forums, light bite sessions as well as formal training.
- Supervision.
- Coaching.
- Share learning from safeguarding practice reviews.
- Support and advice on case management, including attendance at complex meetings.
- Provide oversight and assurance regarding how the Trust is meeting its obligations in respect of Safeguarding Children.
- To provide oversight and development of policy and procedures.
- To provide challenge and scrutiny

of safeguarding practice internally and externally.

- To support staff to provide high quality statements for court, the police and if attendance at court is required.
- To undertake internal management reviews and contribute to multi-agency practice learning / CSPRs (Child Safeguarding Practice Reviews.)
- Support the business of the multi-agency partnership.
- The Trust has an established safeguarding children quality

framework, which includes a safeguarding children performance dashboard and an annual audit plan. The Trust's Overarching Safeguarding Committee monitors this framework. A report summarising activity and priorities is produced for the Trust Board annually. Learning from single and multi-agency audits, child safeguarding practice reviews and practice learning reviews is embedded into practice in a number of ways, including supervision and education.

Ensuring staff receive the required safeguarding children training continues to be a priority and compliance rates for Levels 1, 2, 3, 4 and Board level, are shown in the table below.

Level of training	December 2024 (actual)	WVT expected level
Level 1	89%	85%
Level 2	87%	85%
Level 3	85%	85%
Level 4	100%	100%
Board level	100%	100%

The Trust continues to support the business of the Herefordshire Safeguarding Children Partnership in a number of ways for example;

- By aligning safeguarding children priorities to those of the Partnership; contributing to the work of the various subgroups and task and finish groups and by providing trainers for various learning and educational events.
- The multi-agency work extends to contributing to the Local Authority Improvement Plan which is in response to the Ofsted inspections. To support this in response to looking to improve multi-agency working we have appointed a Specialist Safeguarding Children Practitioner within the MASH (B7) to strengthen collaborative working. The Trust already provides the health practitioner within the multi-agency safeguarding hub (MASH) which is often the first point of contact for professionals, family members or

the public when they have concerns about a child's welfare or safety.

- Support the Children and Young Peoples partnership for Herefordshire (CYPP)

Keeping children and young people safe – **BE SAFE FROM HARM**

(Supporting children and young people with our public health services discussing healthy relationships and professionals being trained to recognise safeguarding thresholds – the safeguarding team contributing to wider partnership training on this)

The safeguarding team are key contributors to the Get Safe programme to prevent CE (child/criminal exploitation)

Improving children and young people's health and wellbeing – **BE HEALTHY**

(NHS services working on priorities of obesity, mental health support and access to dental health)
 Helping ALL children and young people succeed – **BE AMAZING**
 Ensuring that children and young people are influential in our

communities – **FEEL PART OF THE COMMUNITY**
 As a safeguarding team we will support the mission of the CYPP to improve safeguarding in children's services.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

RIDDOR is the law that requires employers, and other people in control of work premises, to report and keep records for:

- work-related accidents which cause death
- work-related accidents which cause certain serious injuries (reportable injuries)
- diagnosed cases of certain industrial diseases
- certain 'dangerous occurrences' (near miss – incidents with a high potential to cause death or serious injury)

The Trust has a legal duty to report all RIDDOR reportable incidents in a timely manner. Work related accidents which lead to a member of staff unable to work, or are unable to perform their normal duties for a period of more than seven days need to be reported within 15 days of the incident. More serious incidents including deaths, fractures, need to be reported within 48hrs.

During 2024-25 there were a total of 6 RIDDOR reportable incidents, a decrease of four compared to 2023-24. Of these incidents, 2 were patient related and 4 were staff incidents. The detail below provides an outline of these incidents:

Patient incidents : Injuries included;	Staff incidents : Injuries included;
<ul style="list-style-type: none"> • Fatality following an unwitnessed fall, resulting in laceration to head, left forearm and right elbow • Displaced commuted intertrochanteric fracture of the left proximal femur 	<ul style="list-style-type: none"> • Wrist injury • Release of biological hazard in labs • Fracture of right distal radius • Dislocation of the left shoulder

Patient Reported Outcome Measures (PROMS)

What do we do? Participation in the national Patient Reported Outcomes (PROMs) programme is mandatory for Trusts in England where the relevant operative procedures are undertaken. The procedures included within the programme are:

- Hip replacements
- Knee replacements

Patients are asked to complete a questionnaire pre-operatively and then at 6 months post-surgery. The questionnaires include general quality of life measures and some condition specific measures. Comparison is then made of scores pre- and post-surgery to gauge the level of health gain following the operation. Results are usually publicly available through the NHS & Social Care Information Centre website.

How are we doing?

Participation rates are determined by the completion of pre-operative and post-operative questionnaires that are assessed on a national level. It is important to note that patient involvement in these questionnaires is voluntary.

England and Provider-level participation and coverage April 2023 to March 2024 (Published 13th February 2025)

There were 747 eligible hospital episodes and 124 pre-operative questionnaires returned – a headline participation rate of

26% for Wye Valley NHS Trust (69.3% in England)

Of the 122 post-operative questionnaires sent out, 86 have been returned – a response rate of 43% (47.6% in England).

Outcomes

Results of outcomes, in terms of scores improved, unchanged or worsened were published in February 2025.

The responses from the data outlined below are the patients' view of the changes to their wellbeing following their procedure.

April 2023 to March 2024 Finalised Data (published 13th February 2025)

Score	Procedure	Scores improved		Scores unchanged		Scores worsened	
		Wye Valley Trust	England	Wye Valley Trust	England	Wye Valley Trust	England
EQ-5D Index score (a combination of five key criteria concerning general health)	Hip replacements	95.8%	88.8%	0%	5.3%	4.2%	5.9%
	Knee replacements	84.6%	80.9%	7.7%	9.1%	7.7%	10%
EQ VAS (current state of the patients general health marked on a visual analogue scale)	Hip replacements	75%	68.6%	5%	8.9%	20%	22.5%
	Knee replacements	58.5%	58.9%	17%	11%	24.5%	30.1%
Condition Specific Measures Oxford Hip/Knee Score	Hip replacements	100%	97.1%	-	0.6%	-	2.2%
	Knee replacements	90.2%	93.9%	1.6%	1.1%	8.2%	5%

Improving Patient Engagement

The Trust receives feedback on its services through a number of different sources. This includes direct engagement and survey results as well as friends and family test (FFT), compliments, concerns and complaints data.

In addition to our internal patient engagement activities, the Trust continues to work with both healthcare and voluntary sector partners, through the Maternity and Neonatal Voices Partnership (MNVP), Herefordshire Community Partnership, Herefordshire Healthwatch and as part of the wider ICS Herefordshire Engagement Network to work collaboratively to identify areas for improvement, share learning and support the embedding patient engagement in all areas of service development.

The Trust wide patient engagement forum (PEF) continues to meet monthly utilising a hybrid approach offering the option to attend either virtually or face to face, in order to maximise the opportunities for engagement.

Feedback from a new group member

"Thanks for inviting me to a fantastic meeting today – great to hear citizens' voices so clearly."

Over this reporting period the group has expanded its membership to include representation from CREDU, the Powys carers group in addition to the representation from CarerLinks, the Herefordshire equivalent. Speakeasynow, Health Checkers, who represent the views of those with learning disabilities and autism in Herefordshire, have also joined the membership.

As part of an initiative for Non-Executive Directors (NEDs) to shadow the many volunteering opportunities across the Trust, one of our NEDs has also attended the forum remotely, to gain first hand insight into the valuable contribution of the PEF.

Patent Engagement Forum Initiatives

The PEF have supported a number of initiatives and new service developments this year as well as continuing to support our regular activities such as patient led audits. One notable initiative was participation in a recent workshop to answer the question "what does excellent geriatric care look like". The group debated this question and one patient representative joined the carer group's representatives to present the forum's thoughts on this question, ensuring the patient and carer voice was central to the future planning of geriatric services. This interaction was very positively received and the geriatric team will continue to work with the PEF as they develop their service further. The patient representative who attended the workshop to represent the PEF provided the feedback below which was also submitted as a letter to the Hereford Times:

"The Wye Valley Hospital Trust Geriatric service set up a forum to consider the best it could be. It restored my faith in consultations. I was privileged to be part of the Patient Experience half hour slot and want to share my respect for the team and the process.

The service deserves greater understanding. Geriatrics is not about chronicle age - a school friend died of dementia before she was 60. My first experience of being termed

geriatric was being pregnant at the age of 34. I came to understand that it is about facing failing abilities and complicated problems with limited resources. Something we all have to come to terms with.

At 86, I have much awareness of end of life care but only known one person meet a geriatrician. He was greatly appreciative of having the whole person approach that I now consider an essential part of well-being. This genuinely open-minded consultation was a powerful demonstration of the teamwork that brings out the best in people. It was inclusive and exploratory with concern for each other and purpose. And we could laugh together – the best medicine of all.

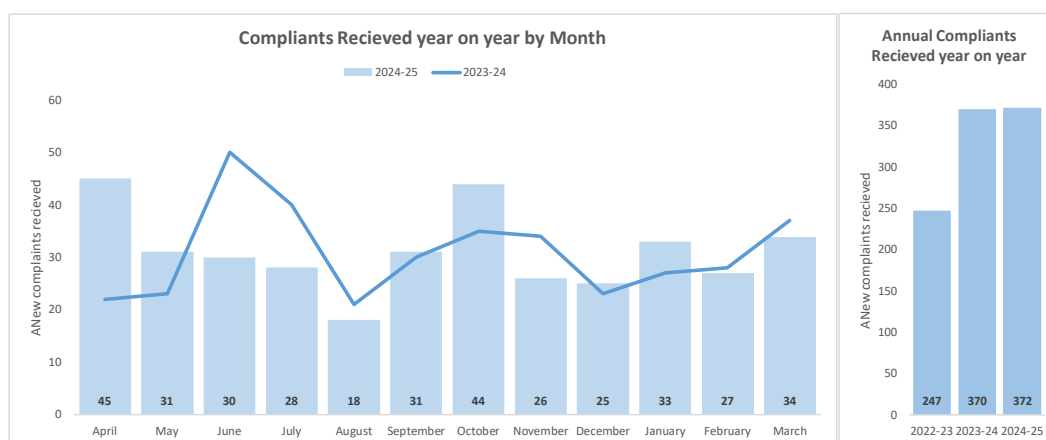
Let's all talk more about how we want to live better – whatever age we are."

Complaints

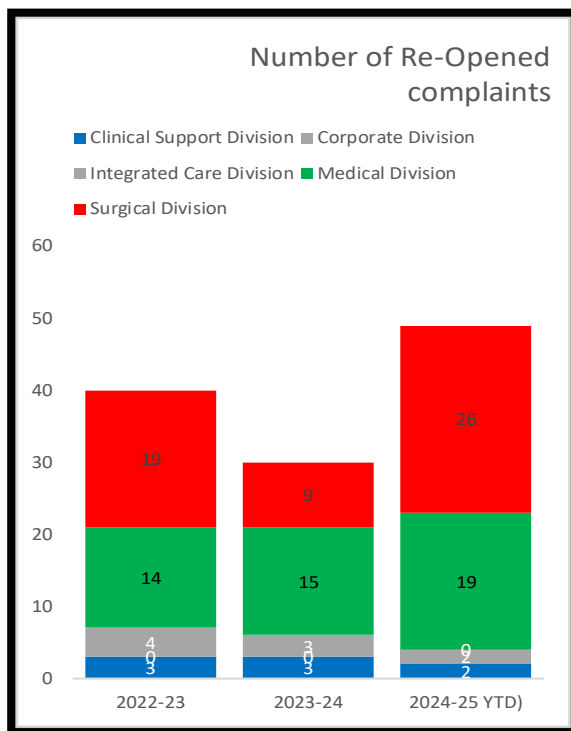
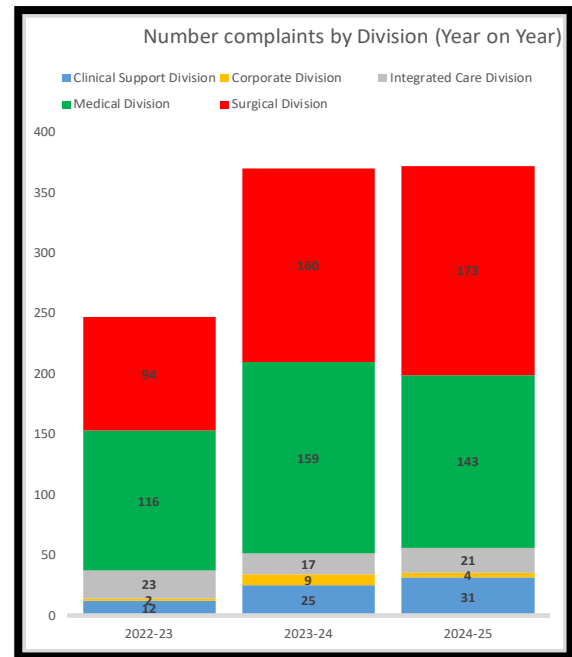
The complaints team are structured within the patient safety work stream, rather than patient experience. This has multiple benefits including greater alignment with the patient safety strategy and has enabled effective oversight and triangulation of data, recognising that patient safety incidents are being raised by patients and families via the complaints route.

A robust triage process is embedded to analyse complaints in more depth, identify themes and triangulate with multiple sources of patient safety information which improves our understanding of safety, and our patient safety culture as well as patient experience.

The overall number of complaints received during 2024-25 were essentially the same as last year only two more.



Surgery has 47% of Trust complaints up 13 complaints on last year with Medicine receiving 38% of complaints down 16 on last year.



There has been an increase of complaints that have been reopened, from 30 in 2023/24 to 49 in 2024/25 up 63%. Surgery has seen an increase of 17.

There have been 4 preliminary enquiries made by the Parliamentary and Health Service Ombudsman (PHSO) in 2024/5:

- decision for a mediated meeting which was resolved successfully with no further action
- primary investigation by the Welsh Ombudsman for PTHB, investigation partly related to care provision at WVT – closed
- decision made not to investigate further
- still awaiting outcome decision.

Complaint categories

62% of the complaints received related to perceived issues with the following categories by complainants: These are largely the same as last year.

- Communications up 2 %
- Clinical treatment up 2%
- Values and behaviour down 1%

1. Communication:

There may be more than one communication issue identified within a single complaint e.g. communication with patient or carer, between departments or with the GP. Whilst we have seen an increase in the number of communication issues identified within a complaint, the number of complaints has decreased which reflects the more detailed complaint examination process. The main sub categories identified communication concern with patients, relatives and carers and patients not feeling listened to although this has improved by 6% on last year's numbers.

2. Clinical Treatment:

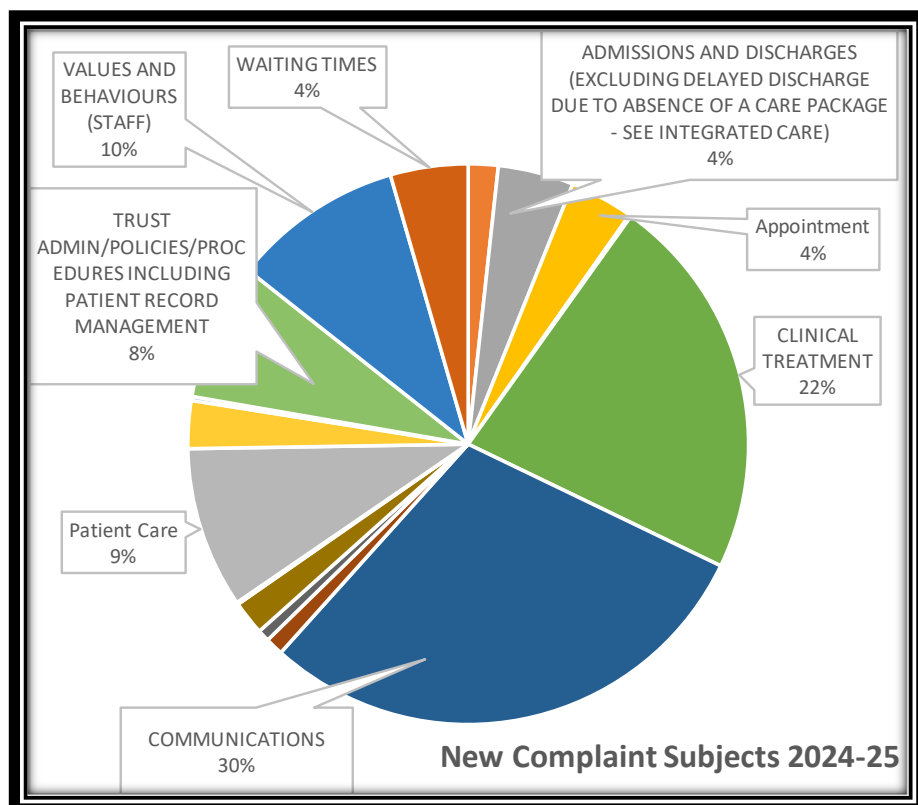
A review of complaints shows the following sub categories accounted for 67% of complaints in this category. Numbers in these categories are down 19% on last year.

- Delay or failure in treatment or procedure
- Delay or failure to diagnose (inc e.g. missed fracture)
- Lack of clinical assessment
- Post-treatment complications
- Inadequate pain management

3. Values and Behaviour:

There may be more than one issue identified relating to values and behaviour within a single complaint e.g. attitude of staff, rudeness or failure to act in a professional manner. These complaints are down 9% on last year.

These are added to the complaint at the triage process and are based on the complainants' perception of their experience.

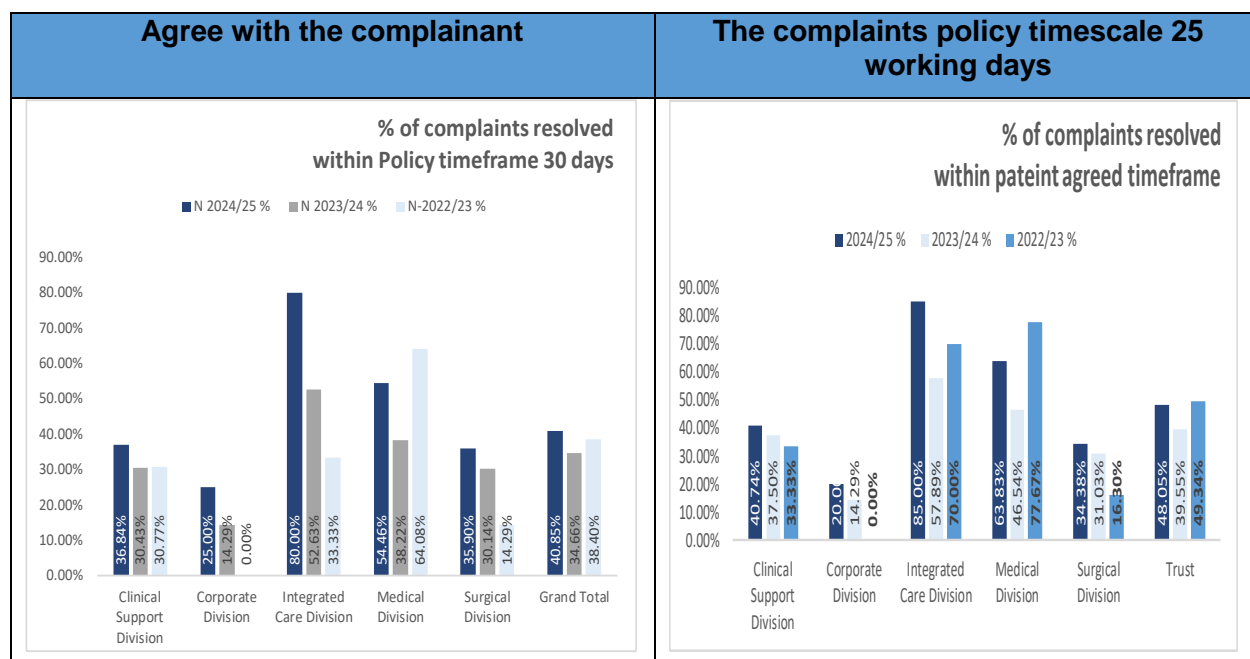


Complaint response times:

There are two measures:

- Agree with the complainant
- The complaints policy timescale 30 working days

The chart compares closed complaints



Over all, the number of complaint responses that are completed within the agreed 30 day timeframe is improved from 35% to 41%. Within complainants timeframe shows slightly improved performance 48% and is up on last year's 40%.

Inpatient and National Surveys

Three national survey reports were released by the CQC in 2024/25 for inpatients, maternity and urgent and emergency care. In addition, NHS England once again hosted the National Cancer Patient Experience Survey.

A brief overview of the survey results are outlined below. The results relate to patient experiences of care in 2023/24. All results have been shared with the relevant teams for review and development of improvement plans and this year we have chosen to focus a spotlight on the National Inpatient Survey.

Maternity Survey

Women and other pregnant people who gave birth between 1 and 29 February 2024 (and January if a trust did not have a minimum of 300 eligible births in February) were invited to take part in the survey.

At WVT 264, participants were invited to complete the survey and 124 responded representing a 48% response rate.

Where service user experience is best

- ✓ **Postnatal Care: Care in the ward after birth:** Delays to discharge on the day of leaving hospital
- ✓ **Care after birth:** Frequency of seeing or speaking to a midwife
- ✓ **Postnatal Care:** Care in the ward after birth: Being able to get help from staff when needed
- ✓ **Triage:** Assessment and evaluation: Felt that concerns were taken seriously
- ✓ **Care after birth:** Midwife/midwifery team being aware of service user and baby's medical history

National Surveys 2024/25

- Four national surveys have been commissioned by Care Quality Commission (CQC), and data collection carried out during 2024/25.
- The **annual inpatient survey, maternity survey and Adult and Emergency Care Survey** results will be received later in 2025.
- The expected publication date for the most recent **Children & Young Peoples survey** is May 2025.
- NHS England are once again hosting the National Cancer Patient Experience Survey. The results of this are expected to be published later in 2025.

Areas identified for continuing improvement work includes some aspects of communication, raising concerns and partners/supporters being able to stay as much as the service user wanted.

The maternity department are committed to working in partnership with the Maternity and Neonatal Voices Partnership (MNVP), co-producing an action plan to explore further service improvements.

Urgent and Emergency Care (UEC)

Patients were eligible for the survey if they were aged 16 years or older and had attended UEC services during September 2023.

1250 participants from WVT were invited to take part, with 399 responding representing a 33% response rate.

The results remained consistent to the previous year for the majority of questions, with positive scores for five questions resulting in the Trust sitting above average in national benchmarking.

Where service user experience is best

- ✓ **Waiting:** Staff providing help with patients' conditions or symptoms while waiting.
- ✓ **Arrival:** Patients told why they had to wait with the ambulance crew.
- ✓ **Communication and compassion:** Patients having confidence and trust in doctors and nurses treating them.
- ✓ **Hospital environment:** Patients feeling safe around other patients or visitors while in A&E.
- ✓ **Information:** From information provided by staff, patients feeling able to care for condition at home.

Areas identified for continuing improvement work include some aspects of communication and dignity and respect.

Spotlight on the National Inpatient Survey

A total of 1250 patients who had an overnight stay in an acute bed in the hospital during November 2023 were given the opportunity to participate in the survey. A total of 538 responses were received, representing a 45% response rate.

In addition to the quantitative data, a coded thematic analysis of the patient comments was undertaken, the results of which were generally reflective of the quantitative data. The patient comments provide a rich source of qualitative data:

"Consultant excellent and spent time explaining things to me. Some very good nurses and lovely volunteers who helped me."

A benchmarking exercise across our partnership group also identified areas for shared learning opportunities. A summary of the key findings are outlined below:

- Overall, our position has remained relatively stable
- Food, waiting list times and discharge remain a challenge

National Cancer Patient Experience Survey (NCPES)

The National Cancer Patient Experience Survey 2023 was sent to adult (ages 16 and over) NHS patients with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May, June 2023. 262 patients responded out of a total of 407 patients locally, resulting in a response rate of 64%.

In national benchmarking, the Trust scored above the expected range on 8 questions with no questions falling below the expected range.

- Patient comments in relation to staff are predominantly positive
- Scores for kindness and compassion as well as dignity and respect remain high
- Feedback section – a significant improvement on the previous year demonstrating that improvement actions are working
- Good results for the new questions relating to virtual wards with WVT falling in the highest scoring Trusts in the region

Improvement plans

1. Divisions have analysed data at local level and triangulated with FFT (Friends and Family Test) feedback, PLACE (patient led assessment of the care environment) and PLACelite data to inform divisional level improvement plans

Trust wide - 4 improvement initiatives have been identified

1. Food quality and safety- joint working group with Sodexo established
2. Working group established to improve communications regarding medicines on discharge
3. Work with care navigator teams to identify health and social care support on discharge

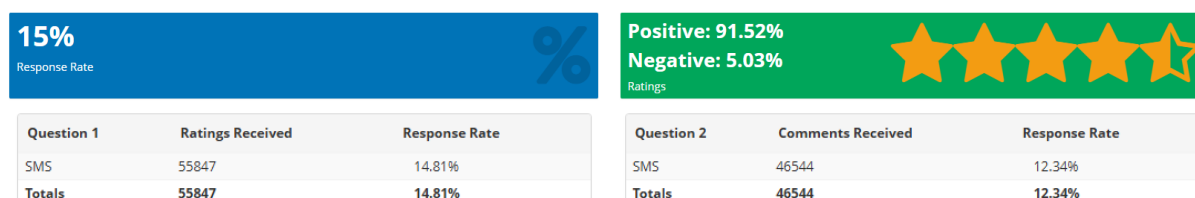
4. Explore opportunities for shared learning with group partner Trusts regarding communication about waiting times when on a waiting list

FFT and local survey data is being utilised for real time feedback to measure success of improvements

Friends and Family Test (FFT) – National Data Collection

The NHS Friends and Family test (FFT) was launched in 2013 and was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give views after receiving NHS care or treatment. In July 2022, the Trust introduced a new system for receiving feedback from patients for the Friends and Family test sending a text message to patients to receive their feedback. Whilst Trusts are no longer monitored on response rate we know that the more feedback we receive the more opportunity we have to improve patient experience.

From 1st April 2024 – 31st March 2025, the Trust received 55,847 responses from our patients and service users, representing an overall response rate of 15%. Over 91% of ratings are positive. Prior to using the text messaging service, the Trust response rate was between 1% and 6%.



A project commenced in the first quarter of 2025, which will allow individuals to leave feedback at any time, using the survey function of the electronic system we currently use. The project team made up of staff and patient/volunteer representatives have been able to design the survey and review the current process, once live it will see the system introduce improvements where needed and ensure all clinical areas across the Trust receive Friends and Family Test feedback.

The project is currently at the build stage and is anticipated to 'Go Live' in June 2025.

Freedom to Speak Up (FTSU)



The requirement for Trusts to have a FTSU Guardian, as a mandated post in NHS Trusts continues as an outcome of the public enquiry in 2016 chaired by

Sir Robert Francis QC into serious failings at Mid Staffordshire NHS Foundation Trust. More recently, the importance of the Guardian role has been highlighted by the Lucy Letby case.

There are now over 1200 FTSU Guardians in over 500 NHS primary and secondary care, independent sector organisations

and national bodies. According to the latest data from the National Guardian's Office, FTSU guardians have handled over 133,000 cases since their establishment, with the most recent year, 2024/25, seeing over 32,000 cases reported to them, representing a significant increase from previous years. In 2024-25, WVT had over 175 cases with each providing an opportunity to learn and make improvements that benefit the wellbeing of our colleagues and the care we provide to our service users. Research and data shows that an open culture in a Trust provides the safety needed for staff to speak up in the confidence that their voice will be heard.

FTSU and Civility Saves Lives

The Guardian alongside the team of FTSU Champions at the Trust continue to work together to deliver the Civility Saves Lives training.

The Guardian leads on this by promoting FTSU, Civility Saves Lives (CSL) and the need for teams to create a space of physiological safety. This has all been promoted across the Trust in a number of ways both virtually and face to face:

- Mandated eLearning for Speaking Up for all WVT staff. This is one of the KPIs for measuring staff awareness of how to raise concerns and what they can expect.
- Listen Up Training is now part of all managers appraisal after feedback that managers do not listen. Also 'Listen Up' was the theme of this year's speak up month. Highlighting that being able to listen to staff is equally as important as them speaking up.
- Delivering CSL sessions to 420 staff both Trust wide and bespoke to teams.
- Recruiting 20 more Champions taking us from 82 to 112 in the Trust. The aim is to have at least one Champion in each area and recruitment is ongoing
- Continuing to provide a new way of speaking up via a QR code and confidential Microsoft Teams online form

National Speaking Up Month

In the National Speaking up Month, October 2024, the FTSU team contributed to Staff Wellbeing week and attended the Foundation Group FTSU conference hosted by SWFT as well as promoting FTSU via Trust Talk (the global weekly newsletter for staff). There was a stand in the staff canteen each week to both promote speaking up and to recruit Champions. Several Champions were available to talk to staff considering the role. It was very successful.

Delivering awareness of FTSU and CSL at every Corporate Induction as well as other bespoke training. This includes timetabled sessions with foundation doctors, doctors in training, preceptorship, and student and OSCE nurses

FTSU Quality Indicators

Year of the Staff Survey	WVT Score	National/ Sector Score	Position Nationally
2023 Model Hospital/Staff Survey	60.84%	60.89%	Quartile 3 – Mid

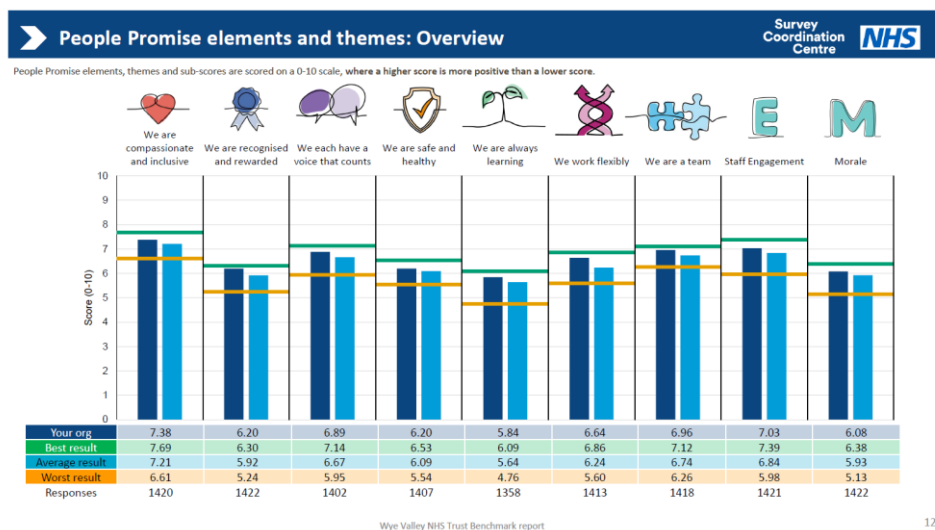
FTSU quality indicators include the response to the question, “I feel safe to speak up about what concerns me in my Trust”. This is calculated from the responses to the staff survey.

NHS Staff Survey 2024

The 2024 NHS Staff Survey was conducted between October and November 2024 with results published in March 2025.

34% of our staff (1,426) participated in the 2024 survey and the results for Wye Valley NHS Trust show further improvements with scores above the average ratings of benchmark comparators.

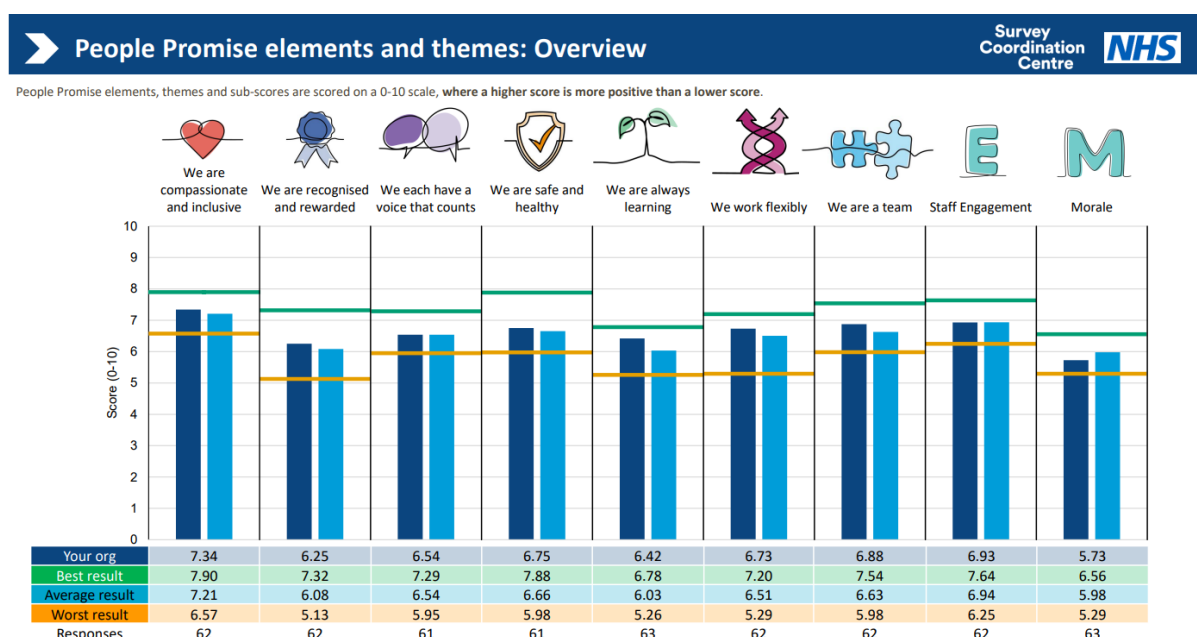
The following chart details the Trust's performance against each of the People Promise elements:



The 2024 data for WVT particularly shows a statistically significantly higher change in the area of *We work flexibly* which is a reflection of the additional focus in this area of retention, wellbeing and engagement work. And WVT are ranked 6th nationally in the recommending the Trust as a place to work.

These further improved outcomes are as a result of the ongoing focus and number of Trust-wide leadership, workforce, education and OD initiatives that have been implemented over the past few years.

The national staff survey was also introduced for bank workers in 2023 and this year we had a response rate of 16% (compared to the national median response rate of 17%), see chart below.



We are seeing scores above the average benchmark group of 90 organisations, across the majority of themes. 78% of WVT bank staff respondents would recommend the Trust as a place to work and WVT features as joint 4th in the top 10 of acute Trusts on this measure.

During 2025, we will continue to build on the WVT *'In Touch'* staff engagement work with a focus on local engagement and actions across directorates and with regular progress and improvement monitoring over the year. This will be facilitated through the retention work and as a key standing item on the Trust's Recruitment, Retention and Engagement Steering Group.

Health & Wellbeing

WVT Health & Wellbeing Strategy:



Optimising Your Wellbeing is our Commitment / Helping You to Help Yourself

We have seen positive outcomes and impacts on our staff through the range of Health and Wellbeing offers and initiatives provided throughout the year in supporting staff mental and physical health and wellbeing. This includes a staff physiotherapy service, access to mental health support including Employee Assistance Programme (EAP) provision and face to face counselling, participation in Schwartz Rounds which support emotional and psychological wellbeing, encouraging staff to get involved in the Connecting with Nature programme and a holistic fitness and wellbeing package provided in partnership with Halo Leisure instructors which includes Boditrax, walking groups, on site exercise and Pilates classes and staff discounts for the leisure centre.

Appraisals and Mandatory Training

The table below shows the Trust's performance against statutory and mandatory training and appraisal as at end of March 2025; we have seen improvements in both areas compared to the previous year. All areas are working to ensuring that appraisals are up to date by end of June 2025.

	Target	Actual March 2025
Core Skills (Statutory and Mandatory) Training	85%	89.4%
Appraisals	85%	77.7%

Recruitment and Retention

We have continued to make good progress throughout the year. During 2024/25, we have seen a further improvement in turnover which at March 2025 is 8.9% and below the 10% KPI target.

There have been a number of recruitment initiatives with a focus on reducing our vacancy gap, particularly in our healthcare support worker, pharmacy and allied health professions. We continue to be focussed on working with our partners across Herefordshire and Worcestershire ICS in recruitment events and promoting careers and we had Trust representatives attend 42 local and regional events in this last year. We have also seen successes and progress in filling our medical workforce vacancies throughout the year.

WVT has continued to work collaboratively with the Department for Work and Pensions (DWP) and to date 48% of applicants through this route have been offered positions within the Trust.

In addition, our focus is also on 'Grown our Own' strategies and the Trust has supported 504 apprentices to date.

CELEBRATING CHANGE

Integrated Care Division – Patient Story

A great patient story highlighting how having a single professional to oversee a patient's condition can have positive benefits.

Wye Valley NHS Trust

GOOD NEWS

ROBERT'S POSITIVE EXPERIENCE



PAST HOSPITAL ADMISSIONS

- **2021:** Four admissions
 - General Medicine and Geriatrics
- **2022:** Four admissions
 - General Medicine, Cardiology and Urology
- **2023:** Five admissions
 - General Medicine and Geriatrics

In 2023, one period exceeding eleven weeks after contracting COVID-19

FOLLOWING LAST HOSPITAL DISCHARGE

In mid-2023 Robert was placed under proactive management when discharged from hospital, with a referral to ACP team.

Weekly blood pressure observations (including, postural drop), lung capacity, blood oxygen saturation and breathing; as well as reviewing sleep patterns and levels of swelling (oedema).

Due to regular review by a particular ACP - resulted in regular visits being reduced to fortnightly, with no admissions for lengthy period of hospitalisations in last 12 months.

From these regular reviews by our ACP, recommendations have been made to Cardiology, Respiratory, Geriatrics, Hepatology, and WVT oxygen specialists and St Michael's Hospice for counselling.

THE BENEFITS TO ROBERT

As a result of the ACP direct contact with Robert - any concerns, deviations or worsen symptoms regarding Robert's health could be averted, by the ACP directly liaising with Robert's GP and specialist teams to seek further guidance, regarding infections, medication changes, physiotherapy and occupational therapy attendances, and home aids to combat issues as they arise.

And as a result of the ACP's overall knowledge of Robert's health issues, and the correct access to information and monitoring of his vital signs - this has prevented escalation of his current problems into a serious classification that would require hospitalisation.

Robert has been very happy with the regular contact and reassurance from our ACP and their ability to discuss information in laymen terms relevance to his various health conditions has immensely improved his overall health, demeanour and confidence.



Without our ACP's input, Robert would have been in and out of hospital for assessments, in between periods on being housebound which in turn would serious affect his overall mental health.

Quality Priorities: Review of the Previous Twelve Months

Quality Priorities for 2024-25

The Trust identified seven quality priorities for 2024-25, which are detailed below. This section explains the progress made for each priority over the previous 12 months.

Safe	Effective	Experience
<ol style="list-style-type: none"> 1. Implementing the NatSSIPs2 standards and improving management and oversight of safety in relation to interventional procedures. 2. Reduction in cases of Category 2 pressure ulcers. 3. Ensure patients receive a timely VTE risk assessment in line with NICE guidance. 4. Improving the care of the deteriorating patient and implementing Martha's rule by January 2025. 	<ol style="list-style-type: none"> 5. Implement a Quality Improvement project to target high-risk time-critical medication as locally defined. 6. Fully implement the 'Get it on Time' campaign for Parkinson's medications. 	<ol style="list-style-type: none"> 7. Improve responsiveness to patient experience data.



Quality Priorities - Safe

1. Implementing the NatSSIPs2 standards and improving management and oversight of safety in relation to interventional procedures

The Centre for Perioperative Care (CPOC) published their guidance, National Safety Standards for Invasive Procedure 2 (NatSSIPs 2) in January 2023.

This publication has seen NatSSIPs guidance evolve, containing less emphasis on tick boxes or rare 'Never Events', to now including cautions, priorities and a clear concept of proportionate checks based on risk with the focus being on implementation.

To allow implementation of this quality priority 'Stages' were created with a proposed timeline for each stage. Due to the size and content of the guidance, this was the sensible option available to enable manageable implementation.

Proposed timeframe for the project

Up to Nov 24

- Preparation and planning for the NatSSIPs 2 working group
- Be able to assure that all relevant documentation and practices are in line with the original NatSSIPs guidance.

Nov 24 – Feb 25

- First meeting of the NatSSIPs 2 working group to be held in November.
- NatSSIPs2 working group to review and prioritise implementation of the guidance.

Feb 25-March 25

- NatSSIPs 2 working group to transition from an implementation group to a monitoring, continuous improvement working group for NatSSIPs/LocSSIPs.

Apr 25 onwards

- NatSSIPs 2 working group to embed a monitoring and continuous quality improvement approach, becoming a business-as-usual model.

The NatSSIPs2 working group has had to delay the initial meeting but has held three meetings in since the beginning of 2025, with stakeholder involvement including patient representation.

Moving forward

- The working group now needs to understand and prioritise implementation
- Review areas and registers to support improvement
- Aim to be in a position to propose a Trust Wide audit to be undertaken, taking into account the mixture of electronic and paper completion of checklists
- Commencing next year an annual board report as per NatSSIPs2 guidance will be included in the Trusts Quality Accounts.

Whilst there have been delays the Trust is pleased that there is evidence of progress being made with implementation.

2.Reduction in cases of Category 2 pressure ulcers

The Trust wanted to continue focus on pressure ulcers for 2024/25 as a Quality Priority, but focus the parameters with the aim on reducing the number of category 2 pressure damage incidents developed in our care.

The priorities aims were:

- Improve training at a local ward and team level
- Improve documentation and recording of activity
- Improve engagement of staff with Tissue Viability (TV) processes
- Better senior clinical oversight of patients.

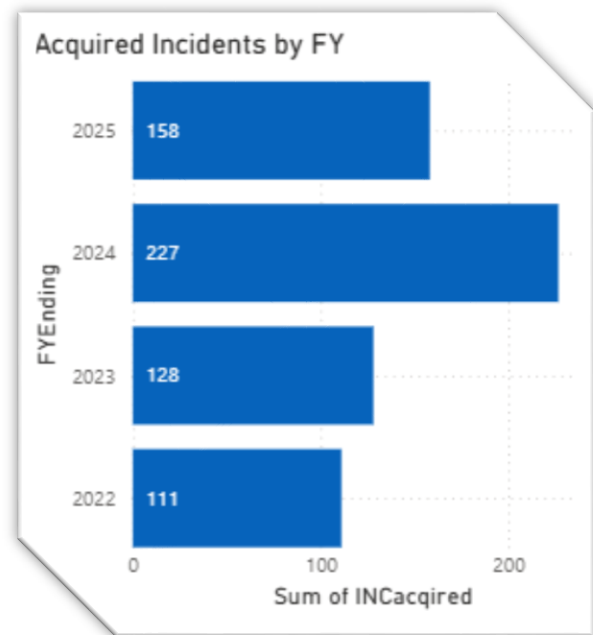
The past 12 months have focused on:

- Ensure that cases are categorised correctly, refreshed staff training was introduced to support staff how to understand how to categorise skin damage, this continues and is showing benefits.
- Improved data available for all teams.
- Divisional engagement at weekly Pressure Ulcer Panel (PUP) is good, and includes front line staff presenting rapid reviews and gaining insight from the process, along with District Nurse team members shadowing pressure ulcer panel helps the understanding of the wider issues.
- Management of vulnerable patients in the community is supported by safeguarding colleagues.
- Patient Safety Incident Response Framework (PSIRF) methodology adopted for pressure ulcers.
- Management of vulnerable patients in the community is supported by safeguarding colleagues.
- Focus on the quality of assessment and documentation
- Documentation audits.
- Integrated Care and Medical Division giving most focus to pressure ulcers as less prevalent in Surgical Division.

Continued work/Challenges

- Senior clinical oversight of caseloads remains a challenge for some District Nurse teams.
- Quality of assessment and documentation remains an issue but is improving.
- The actions from the divisional improvement plans will be drawn together into a Trust Wide improvement plan.
- Pressure Ulcer Panel – continued divisional engagement and learning from incidents.

The Trust is pleased to see a reduction of 30% or 69 incidents as a result of this Quality Priority.



3.Ensure patients receive a timely VTE risk assessment in line with NICE guidance

The Quality Priority for 2024-25 improvement plan for VTE assessment compliance focused on education and awareness, and supporting Divisions to meet the target of 95% risk assessment. Whilst commencing this Quality Priority the risk assessment target also returned to the standard NHSE contract and was also adjusted to a timeline of within 14 hours from 24 hours.

National figures released show overall NHSE performance for Q1 and Q2 was down to 89%, noting that no region in the UK has hit 95%. With many places having difficulty moving to 14 hours which is partly due to trusts experiencing issues due to paper reporting vs electronic.

Implementation of this quality priority has seen the following achievements over the past year:

- The cohorts for inclusion being reviewed and fully agreed. Following this revision the Surgical and Medical Division showed improvement
- Thrombosis Committee membership has been extended
- WVT continues to use the VTE Specialist Network buddy service to access support and guidance on improvement work
- VTE Specialists Network (VSN) membership amongst WVT is growing
- A live dashboard has VTE incorporated as one of the metrics
- World Thrombosis Day has been part of an awareness campaign in October
- Policy changed to ensure AHP's can undertake screening
- VTE teaching has been included in induction programs for new doctors
- Grand Round lecture on VTE has been delivered
- FY2 doctors have had an education session
- Dashboard has identified areas for improvement
- Mapping of elective surgical pathway has started and emergency pathways will follow

The Plan Ahead:

- A link between the risk assessment tool and EPMA has progressed but awaits Maxims upgrade testing
- There is further work to do on the dashboard and also on location and clinician reports
- Aim to report missed or late administration of Thromboprophylaxis treatment in future reports potentially by partnership with EPMA supplier (epro).

Following the Trust being in the process of changing to Power BI, the SQL dataset remains the source of trust performance. The revised logic shows an improvement in recent quarters which is close to the 95% target. This reflects the impact of VTE improvement plan actions

Figure 2
Revised Logic:



Whilst WVT does remain behind the national target our results continue to improve. Further information from the dashboard and Maxims upgrade support will help with further improvement.

It is acknowledged that there has been some progress although this was slower than the Trust would have liked, as a result, it has been agreed VTE will continue as a quality priority for 2025-26.

4.Improving the care of the deteriorating patient and implementing Martha's rule by January 2025

Improving the care of 'Deteriorating Patient and implementation of Call for Concerns (Martha's Rule) was a quality priority for 2024/25. NHSE propose the PIER (Prevention, Identification, Escalation and Response) approach to improving care of deteriorating patients to ensure that it is a whole pathway, which is supported by systems rather than only advocating a single strategy for identification.

The past 12 months have seen the monitoring of compliance to key standards, reviewing progress with the improvement plan, and the review of any incidents related to the care of the deteriorating patient to ensure learning.

Martha's Rule renamed as 'Call for Concern' to be in line with the rest of the country is a major patient safety initiative providing patients and families with a way to seek an urgent review if their or their loved one's condition deteriorates and they are concerned this is not being

responded to. Martha's Rule will help improve both the quality and safety of care for patients whose condition is worsening. Better identification and management of deterioration is one of NHS England's key priorities in improvement patient safety.

What we have done

Focusing on improving detection, escalation and management as well as prevention. To that effect clinical teams have been invited to Deteriorating Patient Committee to present their compliance to essential to role resuscitation training, NEWS early warning escalation policies and any incidents leading to deterioration and equipment compliance and to identify any quality improvements to be made to further improve compliance.

The Resuscitation Committee has recently been re-arranged into a new format and frequency.

The Trust had stopped taking part in the cardiac arrest audits but has now started to take part in the national audit which will give outcome data and also the ability to benchmark against other services.

The Critical Care Outreach team expanded in September providing a 24 hour service which has been a great success (previously 12 hours per day). The number of requests has doubled over time showing 50% to be out of hours and 50% within hours. Placing the Trust to be in a position to be able to provide more consistent care for patients.

The second part of Martha's rule to implement call for concern has been paused as there will be an opportunity to take part in a funded National pilot. An expression of interest has been submitted and the Trust waits to hear whether this has been successful.

The previous 12 months have seen a lot of work done to improve the care of the deteriorating patient and critical outreach data shows more escalation. Data has been broken down for divisions so they can improve using their individual data, along with collating incidents of failed escalation to identify barriers. Mortality is stable and improving.

Quality Priorities - Effective

5. Implement the Quality Improvement project to target high-risk time-critical medication as locally defined.

6. Fully implement the 'Get it on Time' campaign for Parkinson's medications

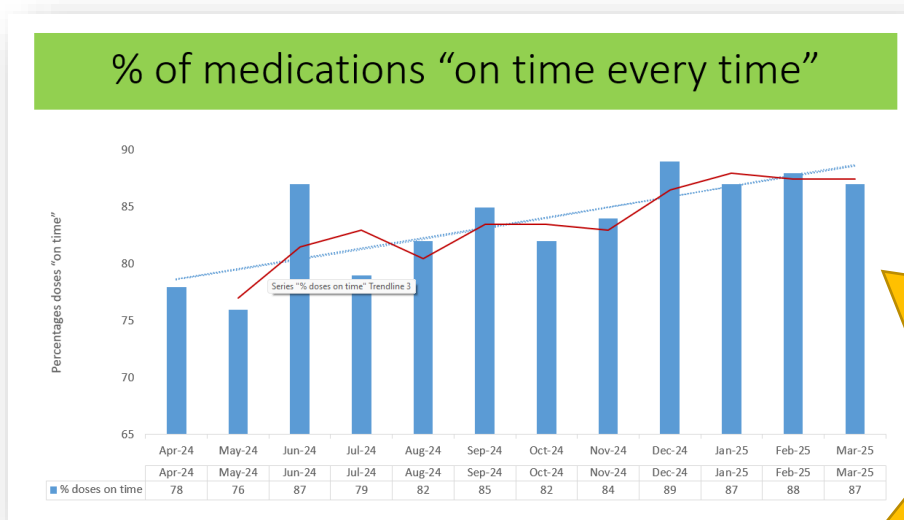
These two Quality Priorities that are closely linked commenced in 2023-24. To enable continuation with progress made it was agreed to continue them as Quality Priorities for 2024-25, supporting the National drive by Parkinson's UK.

Ward visits have helped the Medicines Safety Officer (MSO) appreciate and understand issues experienced in practice. Sharing of data with Matrons and Ward sisters and engagement with wards and community hospitals to understand the barriers previously experienced regarding the impact around change, witnessed improved engagement and support from nursing staff.

A deep dive took place into missed doses to truly understand the data. The data presented for July-December 24 highlighted the large volumes of Parkinson's medication that had been administered over that timeframe, with a very low number of missed doses and on a deeper dive of these doses highlighting very few were true missed doses.

With the majority of patients receiving their medication on time but nurses' not updating EPMA quickly enough, tipped the administration into the next time category appearing as administered late, when this was not the case.

To support staff stock lists for the highest areas of administration have been updated to ensure medications are available to prevent "meds unavailable" situations.



58% of people with Parkinson's admitted to hospital do not receive their medication on time every time (Parkinson's UK 2022 data)

On average 84% of patients admitted to Wye Valley NHS Trust receive their medication on time every time.

OUTSTANDING PERFORMANCE!

The percentage of medications on time every time has showed improvement throughout 2024, following education being delivered.

In addition, a deep dive was completed in December into other critical medications, focusing on diabetes and long acting insulin. The findings showed out of a total of 463 there were 5 missed doses.

Identified on-going work:

- Self-administration is not being used on wards as much as it could be. A questionnaire completed by staff confirmed that nurses found it difficult as a function on EPMA and thought it to be time consuming, therefore they were not promoting this option.
- Provide continued support to frailty wards and community hospitals to improve timing of critical medications.
- Work with the EPMA team to share education with nurses to help with deferred doses.
- Non-Medical Prescribing (NMP) focus and doctor's training to be provided to ensure that prescriptions are stopped correctly.
- Continue links with Parkinson's Nurses and Parkinson's UK and continue to promote all critical medications using the medicines related guidelines which are available online.
- Continue with deep dives into other critical medications as well as continuation of the Parkinson's data.
- Continue to liaise with the Foundation Group to compare data.

To allow the continuation of the positive progress made with these quality priorities, it has been agreed to continue with the focus on time critical medications identifying specific areas to pursue

Quality Priorities - Experience

7.Improve responsiveness to patient experience data

The quality priority for 2023-24 was broad; 'Improve patient experience'. Whilst survey and FFT responses had shown improvement in some aspects of patient experience our responsiveness to feedback was inconsistent and failing to meet national and local targets. This limited our ability to generate widespread sustainable improvement.

To provide focus, the priority was updated for 2024-25 to 'Improve responsiveness to patient experience data'. The aim being to see an improvement in the following areas;

- Evidence use of FFT feedback to generate improvement (projects/case studies)
- Improvement in national patient survey results
- Evidence use of survey feedback to generate improvement (projects/case studies)
- Reduction in complaints and concerns
- Improved response times to complaints and concerns
- Reduction in overdue responses to complaints and concerns
- Reduction in comebacks or re-opened cases
- Increased patient engagement and collaboration on improvement projects.

When reviewing the data against our quality priority measures we are seeing progress and improvement in a number of areas, however, recognise there is more work to do to deliver the quality priority. The measures will be monitored next year against our revised priority to tackle the areas where improvement has not been realised.

Measure	Update August 2024	Update October 2024	Update February 2024	Update year end
Evidence use of FFT feedback to generate improvement (project/case studies)	Defined projects based solely on FFT in some areas. Other areas are triangulating and using data for improvement projects. This is reported to PEC by divisions.	Next update in Q4	PEC cancelled in Feb – next update in March	Due to delays in rolling out to all services further projects stalled. Will continue to review next year with introduction of expanded system
Improvement in national patient survey results	Final data awaited	Mixed results with some areas of improvement and good practice but other areas of deterioration	Acute and Emergency care presented in Dec, Maternity presented in Feb	No further survey results reported
Evidence use of survey feedback to generate improvement (project/case studies)	Whilst final data not verified. Initial results confirmed internal concerns in two areas; food quality and communication about medicines on discharge. Improvement work underway for both	Improvement projects established to tackle the areas of concern noted in the survey as presented to QC in Oct		Improvement projects continue and new quality priority introduction for 2025-26 for nutrition and food quality
Reduction in complaints and concerns	Number of complaints increasing however a downward trend in recent months for concerns	Complaints continue to increase along with comebacks and case referred to PHSO	2% increase in complaints, reduced concerns reflective of reduced admin function	3% increase in complaint overall
Improved response times to complaints and concerns	There is month on month improvement since Feb 2024 in response times to complaints	Lowest number of overdue complaints since 202	Slight increase in Q3, but remains lower than 2022/23	Overall an improving trend continues. However, overall the trust only responds to a complaint within agreed timeframes for 50 of complaints
Reduction in over responses to complaints and concerns	Downward trend in number of overdue complaints with Aug 2024 showing the lowest number since Feb 2021		Complaint response times trend improved since Dec 2023	Overall improvement but not meeting board KPI of 90%
Reduction in comebacks or re-opened cases	There has been an increase in re-opened cases and comebacks year to date	Reduction seen in Q2 but YTD still high. Issues known and discussion at PEC to seek support from divisions to remedy the issues	YTD remains higher than 2022/23. Analysis identified themes and feedback provided to divisions	Comebacks doubled from 2023-24. Deep dive into underlying issues undertaken and shared with divisions
Increased patient engagement and collaboration on improvement projects	The Patient Engagement Group is meeting regularly again with new and increased membership. The members are participating in wide range of improvement work including; project based on survey results. PLACE and PLACE lite, 15 steps and stakeholder engagement	Continued and increased engagement at PEG, participating in more projects and seeking to increase membership more representative of patient population	PEG continuing to embed and collaborate with improvement projects	Group fully embedded and supporting a number of projects. Members report positive experience of being in the group and being part of service level change

Quality Priorities: The Year Ahead



2025-26 Trust Objectives

Our objectives 2025/26

QUALITY

Improve urgent and emergency care with our One Herefordshire system partners, resulting in reduced demand for acute in patients beds and more care in the community

Improve the inpatient experience by working with our partners to improve food quality

WORKFORCE

Improve attendance and improve staff wellbeing

Deliver and monitor job planning and e-rostering across all clinical services

Increase the number of opportunities to grow our volunteer workforce, in numbers and reach

PRODUCTIVITY

Deliver our Diagnostic Centre project to reduce waiting times for our population

Implement our neighbourhood health model with One Herefordshire partners and deliver better value from the Better Care Fund

DIGITAL

Improve the functionality of existing systems, improving user and patient experience and productivity whilst reducing paper usage

Test artificial intelligence technology to deliver productivity and quality improvements and develop business cases for rapid implementation

Develop a plan that sets out the future direction for electronic patient records

SUSTAINABILITY

Deliver agreed secondary prevention initiatives and schemes that reduce referrals for elective services by working with general practice teams

Improve the financial sustainability of the organisation by delivering a significant transformation programme

The circular diagram features six segments: QUALITY (top right), WORKFORCE (right), RESEARCH (top right), DIGITAL (top left), PRODUCTIVITY (left), and SUSTAINABILITY (bottom left). Each segment contains an icon and a brief description of its focus. The center of the circle is labeled 'Good health and wellbeing for everyone' and is surrounded by a ring of plus signs.

Our mission:
To provide a quality of care we would want for ourselves, our families and friends

@WyeValleyNHS
 @WVTNHS
www.wyevalley.nhs.uk

QUALITY PRIORITIES 2025-26

Quality Priorities 2025/26

The Trust has proposed the following priorities to focus improvement efforts in the quality of services for 2025-26. The Priorities were approved by the Quality Committee, the Executive team and Board.

Safe		Effective		Experience	
Priority	Lead	Priority	Lead	Priority	Current Lead
Ensure patients receive a timely VTE risk assessment in line with NICE guidance	Deputy Chief Medical Officer	Implement Quality Improvement project to target high-risk time critical medication as locally defined	Medicines Safety Officer	Improve responsiveness to patient experience data	Associate Director of Quality Governance
Diabetes Safety Improvement Project-establish governance arrangements, improve culture, panel etc.	Nurse Consultant - Diabetes	Transition of care	Clinical lead for Transitional Care	Increase the number of opportunities to grow our volunteer workforce, in numbers and reach	Associate Director of Quality Governance
Improvement in food safety and quality-support delivery of Trust objective	Associate Chief Nursing Officer (Corporate)				
Nutritional risk and MUST	Associate Chief Nursing Officer (Corporate)				

SAFE

Ensure patients receive a timely VTE risk assessment in line with NICE guidance

Building on the work undertaken in 2024-25 this remains a priority due to the national barriers in achieving the risk assessment target (see information above). The focus this year will be on improving our electronic systems to make the risk assessment easier to complete reducing the risk of delayed thromboprophylaxis treatment.

Diabetes Safety Improvement Project

Management of diabetes and insulin treatment whilst an inpatient and in the community setting is an area of great importance. The priority will focus on how we improve oversight and assurance that patients are appropriately supported to manage their diabetes through learning from incidents and good practice. Focussing on how we embed good practice consistently for every patient regardless of the setting they are receiving care.

Improvement in food safety and quality.

Nutrition risk and MUST scoring.

The two priorities are closely linked and will be worked into one project overseen by the Nutrition Steering Group and Trust lead for Nutrition. The priority was prompted by the continued poor feedback we receive from patients about food quality and the importance on patients being able to make safe choices for nutrition whilst in our care.

EFFECTIVE

Implement a quality improvement initiative to ensure timely administration of critical medications.

Building on the success of our critical medications priority for 2024-25, the project will focus on embedding self administration practices across our services. This was a key element of learning from the Get It Right On Time project and an initiative that will support staff and patients to ensure safe and high quality care.

Transition of Care for Children and Young People.

Ensuring children and young people with chronic or complex medical conditions can move seamlessly from paediatric to adult services is vital to ensuring patients continue to receive safe and quality care. A recent national study found that this on happened in line with NICE guidance 50% of the time. The priority will focus on ensuring there are local standardised transition pathways for all relevant service at Wye Valley NHS Trust.

EXPERIENCE

Improve responsiveness to patient experience data

This priority continues and aims to tackle the areas that did not see improvement last year through two key projects;

- Expanding the reach of our Friends and Family Test service
- Implementation of the PHSO Model Complaint Standards

Increase the number of opportunities to increase our volunteer workforce in numbers and in reach

The contribution volunteers make to support our services adds value that improves patient experience across both the inpatient, outpatient and community settings. The Trust has over 100 volunteers working with us in a variety of roles and are seeking to continue this exemplary work and expand our opportunities to improve patient experience across all services and settings.

External Statements of Assurance

Statement of Assurance from NHS Herefordshire and Worcestershire ICB regarding Wye Valley Trust Quality Account for 2024-25

Kirkham House
John Comyn Drive
WORCESTER
WR3 7NS

0330 053 4356
hw.enquiries@nhs.net

June 2025

Reference: HWICB feedback Quality Account 2024/25

Herefordshire & Worcestershire Integrated Care Board (HWICB) welcomes the opportunity to review and comment on the draft Wye Valley Trust (WVT) Quality Account 2024/25. HWICB recognises the Trust's achievements during 2024/25. The ICB would like to thank the Trust for their continued contribution to supporting the wider health and social care system during this time.

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

It is the view of HWICB that the draft Quality Account represents an honest appraisal of the Trusts performance against its 2024/25 priorities and reflects an ongoing commitment to ensuring effective patient safety and quality improvement in a focussed and innovative way for 2025/26.

We are pleased to note developments that have contributed to the achievements towards the 2024/25 quality priorities such as the venous thromboembolism (VTE) risk assessment dashboard, the expansion of the Critical Care Outreach Team to a 24 hour service and establishment of the National Safety Standards for Invasive Procedures (NatSSIPs2) working group adopting continuous quality improvement methodology for implementation.

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. Furthermore, the ICB welcomes the continued focus on responding the patient and staff feedback and commitment to the improvements needed particularly in relation to maternity services and welcome the improvement work with the Maternity and Neonatal Voices Partnership.

HWICB acknowledges the positive work identified above and the need for continued and renewed focus on maintaining quality improvements. We support and welcome the specific quality priorities identified for 2025/26. All are appropriate areas to target for continued improvement and build upon the achievements of 2024/25. We welcome the ongoing focus on VTE risk management and critical medicines and the renewed focus on improving food safety and quality alongside the priority to improve management of nutrition risk. Whilst, not highlighted as a WVT quality priority, we also look forward to seeing the progress of the implementation of Martha's Rule (Call for Concern) as part of the national priority workstream.

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

Yours sincerely

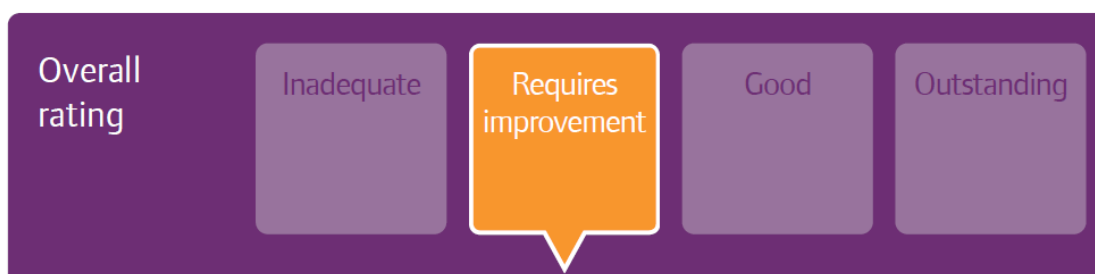


Kathryn Cobain

Appendices

Appendix 1 – CQC Ratings Tables

Acute Site ratings

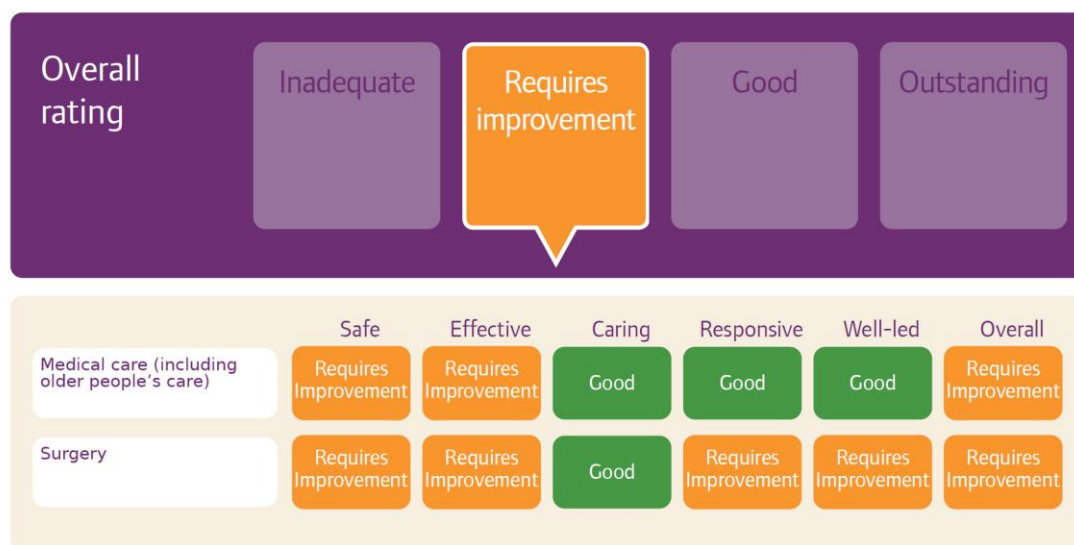


Are services



Most recent inspection rating changes

The County Hospital



Community Services

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↓ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020
Community health services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community health inpatient services	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Good ↑ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020
Community end of life care	Good ↑ Mar 2020	Good ↑ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↑ Mar 2020
Community dental services	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015
Overall*	Good ↑ Mar 2020	Good ↑ Mar 2020	Good ↔ Mar 2020	Good ↑ Mar 2020	Good ↔ Mar 2020	Good ↑ Mar 2020

Appendix 2 – National Audit & NCEPOD Compliance

Eligible National Audits	WVT participation in 2024-2025	Cases submitted (where applicable)	Comments
Royal College of Emergency Medicine (RCEM) Care of older people	✓	N/A	Report not yet due to be published
Royal College of Emergency Medicine (RCEM) Adolescent Mental Health	✓	N/A	Report not yet due to be published
Royal College of Emergency Medicine (RCEM) Time Critical Medications	✓	N/A	Report not yet due to be published
The National Major Trauma Registry (NMTR)	✓	All eligible cases submitted	Report not yet due to be published
Case Mix Programme (CMP)	✓	All eligible cases submitted	Case Mix Programme report quarterly and the Annual Public Report is not yet due to be published
National Audit of Metastatic Breast Cancer (NAoMe)	✓	All eligible cases submitted	National Audit of Metastatic Breast Cancer Report 2024 (NAoMe) State of the Nation Report published 12 th September 2024
National Audit of Primary Breast Cancer (NAoPri)	✓	All eligible cases submitted	National Audit of Primary Breast Cancer Report 2024 (NAoPri) State of the Nation Report published 12 th September 2024
National Bowel Cancer Audit (NBOCA)	✓	N/A	Bowel cancer report (NBOCA / NATCAN) State of the Nation Report published 9 th January 2025

National Kidney Cancer Audit (NKCA)	✓	N/A	National Kidney Cancer Audit Report 2024 (NKCA) State of the Nation Report published 12 th September 2024
National Lung Cancer Audit (NLCA)	✓	All eligible cases submitted	National Lung Cancer Audit (NLCA) State of the Nation Report published 10 th April 2024
National Non-Hodgkin Lymphoma Audit (NNHLA)	✓	All eligible cases submitted	National Non-Hodgkin Lymphoma Audit Report 2024 (NNHLA) State of the Nation Report published 12 th September 2024
National Oesophago-Gastric Cancer Audit (NOGCA)	✓	All eligible cases submitted	Oesophago-gastric cancer report (NOGCA / NATCAN) State of the Nation Report published 9 th January 2025
National Ovarian Cancer Audit (NOCA)	✓	All eligible cases submitted	National Ovarian Cancer Audit Report 2024 (NOCA) State of the Nation Report published 12 th September 2024
National Pancreatic Cancer Audit (NPaCA)	✓	All eligible cases submitted	National Pancreatic Cancer Audit Report 2024 (NPaCA) State of the Nation Report published 12 th September 2024
National Prostate Cancer Audit (NPCA)	✓	All eligible cases submitted	Prostate cancer report (NPCA / NATCAN) State of the Nation Report published 9 th January 2025
National Audit of Cardiac Rhythm Management (CRM)	✓	All eligible cases submitted	Cardiac Rhythm Management (NICOR) Annual Report published 14 th April 2024
National Audit of Cardiac Rehabilitation	✓	All eligible cases submitted	National Audit of Cardiac Rehabilitation Quality and Outcomes Report 2024 published 11 th December 2024

Myocardial Ischaemia National Audit Project (MINAP)	✓	25%	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP) Annual Report published 14th April 2024
National Heart Failure Audit (NHFA)	✓	93.1%	National Heart Failure Audit (NHFA) Annual Report published 14th April 2024
National Diabetes Audit - CORE	✓	All eligible cases submitted	Annual report not yet published but quarterly reports available online
Diabetes Prevention Programme (DPP) Audit	✓	All eligible cases submitted	Report not yet due to be published
National Diabetes Foot Care Audit (NDFA)	✓	N/A	National Diabetes Foot Care Audit (NDFA) – State of the Nation Report published 9 th May 2024
National Diabetes Inpatient Safety Audit (NDISA)	✓	N/A	National Diabetes Inpatient Safety Audit 2022/23 Report published 13 th June 2024
National Pregnancy in Diabetes Audit (NPID)	✓	All eligible cases submitted	Report not yet due to be published
Transition (Adolescents and Young Adults) and Young Type 2 Audit	✓	N/A	Report not yet due to be published
Gestational Diabetes Audit	✓	N/A	Report not yet due to be published
National Audit of Dementia	✓	All eligible cases submitted	Dementia – Care in General Hospitals (NAD) Report published 12 th December 2024 Dementia audit: Memory Assessment Services 2023/2024 (NAD) Report published 8 th August 2024
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	✓	All eligible cases submitted	2023 Annual SHOT report published July 9 th 2024

National Maternity and Perinatal Audit (NMPA)	✓	All eligible cases submitted	Perinatal mental health report (NMPA) Evaluating hospital and crisis care for perinatal mental health Report published 11 th July 2024
National Hip Fracture Database	✓	All eligible cases submitted	Using the national database to improve hip fracture care (NHFD) A broken hip – three steps to recovery Report published 12 th September 2024
Fracture Liaison Database	✓	N/A	Fracture Liaison Service Database report (FFFAP) Annual Report published 9 th January 2025
National Inpatient Falls Audit	✓	All eligible cases included	Inpatient falls-2024 national report on 2023 clinical data (NAIF) Report published 10 th October 2024
National Joint Registry (NJR)	✓	All eligible cases included	National Joint Registry Annual Report 2024 Report published 1 st October 2024
National PROMS Programme	✓	N/A	Patient Reported Outcome Measures (PROMs) in England, Final 2023/24 data Published 13 th February 2025
NPDA National Paediatric Diabetes	✓	All eligible cases included	Paediatric diabetes – PREMS report 2024 (NPDA) Report published 14 th November 2024 National Paediatric Diabetes Audit (NPDA) report: Care and Outcomes 2022/23 Report published 10 th April 2024
National Neonatal Audit Programme (NNAP)	✓	All eligible cases included	Neonatal audit–Summary report on 2023 data (NNAP) Report published 10 th October 2024
National Audit of Seizures and Epilepsies in Children and Young People	✓	All eligible cases included	Epilepsy 12 State of the Nation Report published 11 th July 2024

UK Cystic Fibrosis Registry (Adults & Children)	✓	Data only collected on Children	UK Cystic Fibrosis Registry 2023 Annual Data Report published October 2024
National Child Mortality Database	✓	N/A	Child deaths due to asthma or anaphylaxis (NCMD) thematic report published 12 th December 2024 Child Death Review Data Release 2024 (NCMD) Report published 14 th November 2024 Learning from deaths of children with a learning disability and autistic children (NCMD) Report published 11 th July 2024
Cleft Registry and Audit NEtwork (CRANE)	✓	All eligible cases included	Cleft Registry and Audit NEtwork (CRANE) 2024 Annual Report published 12 th December 2024
National Respiratory Audit Programme (NRAP) COPD Secondary Care	✓	N/A	Respiratory care – Organisational audit 2024 (NRAP) Report published 14 th November 2024 Breathing Well respiratory audit report (NRAP) Report published 11 th July 2024
National Respiratory Audit Programme (NRAP) Pulmonary Rehabilitation	✓	N/A	Respiratory care – Organisational audit 2024 (NRAP) Report published 14 th November 2024 Breathing Well respiratory audit report (NRAP) Report published 11 th July 2024
National Respiratory Audit Programme (NRAP) Adult Asthma Secondary Care	✓	N/A	Respiratory care – Organisational audit 2024 (NRAP) Report published 14 th November 2024 Breathing Well respiratory audit report (NRAP) Report published 11 th July 2024
National Respiratory Audit Programme (NRAP) Children and Young People's Asthma Secondary Care	✓	N/A	Respiratory care – Organisational audit 2024 (NRAP) Report published 14 th November 2024 Breathing Well respiratory audit report (NRAP) Report published 11 th July 2024

National Early Inflammatory Arthritis Audit (NEIAA)	✓	All eligible cases included	Early inflammatory arthritis 2024 report (NEIAA) state of the Nation Report published 10 th October 2024
Sentinel Stroke National Audit programme (SSNAP)	✓	All eligible cases included	Stroke – State of the Nation report (SSNAP) Report published 14 th November 2024
National Emergency Laparotomy Audit (NELA)	✓	All eligible cases included	Emergency Laparotomy-Ninth Patient Report (NELA) Report published 10 th October 2024
Perioperative Quality Improvement Programme (PQIP)	✓	All eligible cases included	Perioperative Quality Improvement Programme (PQIP) Report 5 published September 2024
Breast and cosmetic implant registry	✓	All eligible cases included	Breast and Cosmetic Implant Registry - January to December 2023, Management Information Report published 24 th October 2024
British Hernia Society Registry	✓	N/A	Report not yet due to be published
Society for Acute Medicines Benchmarking Audit (SAMBA)	✓	All eligible cases included	Winter SAMBA24 National Report published 11 th December 2024
BAUS Urology Audits – BAUS Penile Fracture audit	✓	N/A	Report not yet due to be published
BAUS I-DUNC (Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices)	✓	N/A	I-DUNC National Summary Report published 13 th December 2024
Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)	✓	N/A	Report not yet due to be published
National Audit of Care at the End of Life (NACEL)	✓	All eligible cases included	Report not yet due to be published
UK Renal Registry Chronic Kidney Disease Audit	✓		Report not yet due to be published

UK Renal Registry National Acute Kidney Injury Audit	✓	All eligible cases included	UK Renal Registry- Acute Kidney Injury (AKI) in England 2022 Report – Published 20 th December 2023
Oral and Dentoalveolar Surgery - Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS)	✗	N/A	The Trust could not engage in this study because of a shortage of clinical consultants, who needed to prioritise patient care. It is important to note that this project has now been excluded from the quality accounts list for the years 2025/2026
National Cardiac Arrest Audit (NCAA)	✗	N/A	The Trust has temporarily withdrawn participation in this audit due staff resources within the resuscitation team but local data is being collected and reported and full participation to commence in April 2025
National Ophthalmology Database Audit	✗	N/A	The Trust does not currently participate in this audit due to not having the electronic software systems required to upload the data

National Confidential Enquiries (NCEPOD)			
Eligible National Audits	WVT participation in 2024-2025	Cases submitted	Eligible National Audits
Maternal, Newborn and Infant Clinical Outcome Review Programme	NCEPOD	N/A	<p>Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22 - Report published 10th October 2024</p> <p>Perinatal Mortality Surveillance: UK perinatal deaths of babies born in 2022 - Report published 11th July 2024</p> <p>Perinatal Confidential Enquiry: The care of recent migrant women with language barriers who have experienced a stillbirth or neonatal death - Report published 12th December 2024</p>

Medical & Surgical Clinical Outcome Review Programme	NCEPOD	N/A	<p>Rehabilitation following critical illness - Data collection completed and submitted, report due to be published Spring 2025</p> <p>Sodium - Data collection completed and submitted, report due to be published Winter 2025</p> <p>Acute Illness in people with a Learning Disability - Data collection underway, report due to be published Summer 2026</p> <p>Endometriosis "A Long & Painful Road - A review of the quality of care provided to adult patients diagnosed with endometriosis. Report published 11th July 2024</p> <p>End of Life Care "Planning for the End" A review of the quality of care provided to adult patients towards the end of life. Report published 14th November 2024</p>
Mental Health Clinical Outcome Review Programme	NCEPOD	N/A	<p>The Trust contributes to Mental Health Clinical Review Programme when required</p> <p>Suicide and safety in mental health (NCISH)</p> <p>Reports published 13th February 2025</p>
Child Health Clinical Outcome Review Programme	NCEPOD	N/A	<p>The Trust contributes to Child Health Clinical Review Programme when required – This year the studies are as follows:</p> <p>Juvenile idiopathic arthritis – "Joint Care" A review of the quality of care provided to children and young adults with juvenile idiopathic arthritis Report published 13th February 2025</p> <p>Emergency procedures in children and young people - Data collection completed and submitted, report due to be published Late 2025</p>

Appendix 3 – NHS Doctors and Dentists in Training

Schedule 6, paragraph 11b of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 requires a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps

Our Medical and Surgical Divisions maintain detailed rotas identifying gaps. Detailed improvement plans are in place to address gaps.

Table A – 3rd rotation 03/04/2024 – 06/08/2024
Surgical Deanery Doctors

Grade	Entitled To	Filled	Gap	
Surgical FY1	13	12	1	1 x LAS covered Gap
Surgical FY2	9	8	1	1 x LAS covered Gap
GPST	7	5.8	1.2	1x 80% LTFT, 1x LAS covered
CTs	5	5	0	
ST	5	5	0	
ST3+	15	12.6	2.4	1x 60%LTFT, 1X 80% LTFT, 1 X LAS covered GAP

1st rotation 07/08/2024 – 03/12/2024

Surgical Deanery Doctors

Grade	Entitled To	Filled	Gap	
Surgical FY1	16	11.8	4.2	4X LAS, 1X 80%LTFT
Surgical FY2	11	11	0	
GPST	7	6	1	1X LAS Covered Gap
CTs	5	5	0	
ST	7	6	1	1X LAS Covered Gap
ST3+	16	14.5	1.5	1X LAS Covered Gap, 2x LTFT (1 AT 70%, 1 AT 80%)

2nd rotation 04/12/2024 – 01/04/2025
Surgical Deanery Doctors

Grade	Entitled To	Filled	Gap	
Surgical FY1	16	13.8	2.2	2X LAS, 1x 80% LTFT
Surgical FY2	11	9.8	1.2	1X LAS, 1X 80% LTFT
GPST	7	3.6	3.4	3 X VACANT, 1X60% LTFT
CTs	5	5	0	
ST	7	6	1	1 X LAS
ST3+	16	13.1	2.9	2X LAS, 3X LTFT 80%, 1 X LTFT 70%

Table A – 3rd rotation 03/04/2024 – 06/08/2024
Medical Deanery Doctors

Grade	Entitled To	Filled	Gap	
Medical FY1	22	17.6	4.4	3x LAS , 1X 80%LTFT, 1X 60%LTFT
Medical FY2	12	12	0	
GPST	7	6	1	1 XLAS
CTs/IMT	5	3.8	1.2	1 X LAS, 1 X 80%LTFT
ST3+/ IMT3	14	8.6	5.4	2.4 LTFT, 2 X LAS,1 X VACANT

1st rotation 07/08/2024 – 03/12/2024
Medical Deanery Doctors

Grade	Entitled To	Filled	Gap	
Medical FY1	25	23.6	1.4	1X LAS, 1X 60% LTFT
Medical FY2	13	10.6	2.4	2X LAS, 2X 80% LTFT
GPST	7	6.4	0.6	1X 80% LTFT, 1 X 60% LTFT
CTs/IMT	5	4.8	0.2	1 XLTFT 80%
ST3+/ IMT3	16	12.6	3.4	2X LAS, 1X VACANT, 2 X LTFT 80%

2nd rotation 04/12/2024 – 01/04/2025
Medical Deanery Doctors

Grade	Entitled To	Filled	Gap	
Medical FY1	25	21.8	3.2	2X LAS, 2 X 80% LTFT, 2 X 60% LTFT
Medical FY2	13	12.8	0.2	1 X LTFT 80%
GPST	7	4.8	2.2	2 X VACANT, 1 X 80% LTFT
CTs/IMT	5	4.8	0.2	1 X LTFT 80%
ST3+/ IMT3	16	11.8	4.2	3 X VACANT, 1 X LAS, 1 X 80% LTFT

Appendix 4 - Comparable data summary from data available to the Trust from NHS Digital

The following data relating to national reporting requirements in the Quality Account are provided by NHS Digital. Wye Valley NHS Trust considers that this data in the table below is as described for the following reasons:

<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>

Performance information is consistently gathered and reported on monthly to the Trust

Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	Remarks
NHS Outcomes Framework - Indicator 5.2.i - Incidence of healthcare associated infection (HCAI) - MRSA (2021/22)	0	0	3	20	0	Hospital Onset cases. Latest 2023-2024 Previous 2022-23 (09/2024 release)
MRSA bacteraemia: annual data - GOV.UK (www.gov.uk)						
Wye Valley NHS Trust is taking the following actions to reduce incidence of MRSA and so the quality of services, by ensuring its strict cleaning, hygiene, hand-washing regimes, and bare below the elbows practice is adhered to. The trust also has a robust antibiotic prescribing policy and ongoing screening of all people that we admit to hospital.						
NHS Outcomes Framework - Indicator 5.2.ii - Incidence of healthcare associated infection (HCAI) - C. difficile	37	42	77.4	326	0	Hospital & Community onset, Healthcare associated. Latest 2023-24 Previous 2022-23 (17/05/2024 release)
Clostridioides difficile (C. difficile) infection: annual data - GOV.UK (www.gov.uk)						
Wye Valley NHS Trust is taking the following actions to improve the rate of C.Diff infection and the quality of services, by learning lessons from these investigations, sharing with the clinical area and presenting at the Trust's Quality Committee meetings.						
NHS Outcomes Framework - Indicator 5.6 Patient safety incidents reported						No new release of data due to the change to the new Patient Safety Incident Reporting framework
NHS Outcomes Framework - Indicator 5.6 Patient safety incidents reported Severe or death						No new release of data due to the change to the new Patient Safety Incident Reporting framework
Note: No new release of data since 19/20 due to the change to the new Patient Safety Incident Reporting Framework						
Wye Valley NHS Trust is taking the following actions to improve the rate of patient safety incidents (including those that result in severe harm or death) and so the quality of services, by organisational learning from incidents and the outcome of investigations are shared throughout Divisional and Directorate governance meetings. Incident reviews that identify a new emerging risk or new learning are shared in a variety of forums and in the trust Safety Bites newsletter.						

Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	Remarks
Summary Hospital-level Mortality Indicator (SHMI) - SHMI data at Trust level (Current Dec 2023 – Nov 2024) Band 2 (Previous Dec 2022 – Nov 2023) Band 2	1.028	1.0212	1.0	1.29	0.70	Data is banded 1-3 high to low Previous period Dec 2023 - Nov 2024
Summary Hospital-level Mortality Indicator (SHMI) - The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the (Current Nov 2023 – Oct 2024) (Previous Nov 2022 – Oct 2024)	24%	24%	45%	65%	17%	Reported as a percentage of all deaths.
SHMI data at trust level, Dec22-Nov23 (xls).xls (live.com)						
SHMI data - NHS England Digital						
Wye Valley NHS Trust is taking the following actions to improve its mortality rates and so the quality of services, by maintaining the implementation of the Mortality strategy and supporting quality improvement work in relation to mortality alerts and learning from deaths.						
Limited submissions for current year . Numbers not sufficient for the benchmarking tool to use						Using EQ-5D Index score (a combination of five key criteria concerning general health) <i>This year Measuring Health gain</i> Note for Hip sample small for accurate National comparison. Note last year updated to 2022-23 More info in link below
Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	
PROMS Total HIP Replacement (latest 2023-24) (Previous latest 2022-23)	0.498	0.495	0.453	0.60	0.36	
PROMS Total Knee Replacement Latest 2023-24 Previous 2022-23	0.292	0.34	0.323	0.40	0.23	
Patient Reported Outcome Measures (PROMs) - NHS Digital						
Wye Valley NHS Trust is taking the following actions to improve PROMs outcomes and so the quality of services, by continuing to look at the issues with the PROM outcome scores in greater detail, in particular those patients who have had a negative outcome and analysing patient level information to look at the outliers and their impact on the overall scores. This analysis is undertaken by the surgical teams to understand how we can improve.						

Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	Remarks
Section 5 Your care & treatment NHS Outcomes Framework - Indicator 4b Patient experience of hospital care Statistic: verall how was you experience....in Hospital	7.90	7.98	8.14	9.34	7.47	NHS Outcomes Framework indicator 4.2 - the average weighted score of 5 questions relating to 2023 survey Nov sent Jan – April 2024 Published Sept 2024
Adult inpatient survey 2023 - Care Quality Commission						
Wye Valley NHS Trust is taking the following actions to improve the score and so the quality of services by developing local action plans which will focus on areas identified as requiring for improvement						
d) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (Q25d – 2024)	57	58	62	90	40	Percentage of staff taking part in the survey. Selection of Community & Acute Trusts Current data 2024 Previous December 2023
Staff recommendation: Key Finding 1. Staff recommendation of the organisation as a place to work (Q25c-2024)	62	61	61	79	35	Percentage of staff taking part in the survey. Selection of Community & Acute Trusts Current data 2024 survey latest available
NHS Staff Survey 2024 Benchmark Report						
Local results for every organisation NHS Staff Survey (nhsstaffsurveys.com)						
Wye Valley NHS Trust is taking the following actions to improve the score and so the quality of services by developing local action plans which will focus on areas identified as requiring for improvement.						
Friend and Family Inpatient services latest Jan 2025 Previous December 2023	88	84	95	100	72	Figures expressed as percentage who would recommend. Current Jan 2025 previous December 2023
Friend and Family Accident and Emergency services Jan 2025 Previous December 2023	80	72	80	97	56	
https://www.england.nhs.uk/fft/friends-and-family-test-data/ NHS England » Friends and Family Test data – January 2025 friends-and-family-test-inpatient-data--january-2025.xlsm						

Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	Remarks
VTE risk assessed						Expressed as a percentage of patients requiring assessment
Current October to December Q3 2024-25	91%	92.2%	91%	99.6%	14%	
Previous VTE risk assessed Quarter 3 (October to December Q3 2019-20)						
Statistics » Quarter 3 2024/25 (October to December 2024) https://improvement.nhs.uk/resources/venous-thromboembolism-vte-risk-assessment-201920/						
Wye Valley NHS Trust is taking the following actions to improve the number of patients who are risk assessed for VTE and so the quality of services by maintaining a focus on achieving the national target through the quality priority set for 2024-5 and continued audit of practice. 2025 latest published national data see VTE section for latest quarterly data. There was a National data suspension during the Pandemic.						

Appendix 5 - Contracted Services 2024-25 - Contract Monitoring Services

Surgical	Medical	Integrated Care	Clinical Support
General Surgery	Plastic Surgery	Physiotherapy	Palliative Medicine
Urology	Accident & Emergency	Occupational Therapy	Anti Coagulant
Breast Surgery	General Medicine	Dietetics	Chemical Pathology
Colorectal Surgery	Gastroenterology	Orthotics	Haematology
Upper GI	Endocrinology	Speech & Language	Radiology
Vascular Surgery	Hepatology	Podiatry	Audiology
Trauma & Orthopaedics	Diabetic Medicine	Medical Inpatient (Community Beds)	Pathology
ENT	Cardiology	Community Nursing Inc. Specialist Com. Nursing	Clinical Neurophysiology
Ophthalmology	Transient Ischaemic Attack	Community ACPs	Endoscopy
Oral Surgery	Dermatology	Community Referral Hub	
Orthodontics	Respiratory Medicine	Virtual Ward	
Anaesthetics	Respiratory Physiology		
Paediatrics	Stroke		
NeoNatology	Nephrology		
Gynaecology	Neurology		
Obstetrics	Rheumatology		
Midwifery	Geriatric Medicine		
ITU			
SCBU			
Community Child Health			
Community Dental			
Podiatric Surgery			
Public Health Nursing			
Health Visiting			
School Nursing			