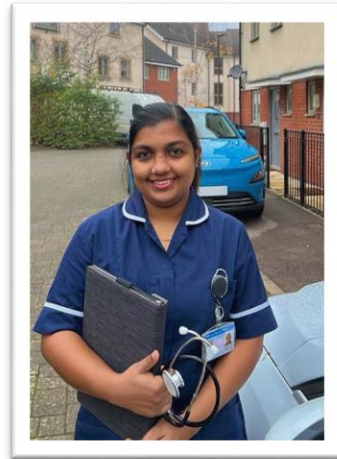




Wye Valley
NHS Trust



Quality Account 2023-24



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 2024. The Trust also make the Quality Account available on the Trust website.

About the Trust

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

The Trust deliver 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 work as a member of a Foundation Group that includes South Warwickshire University NHS Foundation Trust and George Eliot Hospital NHS Trust. 2023-24 saw Worcestershire Acute Hospitals NHS Trust become a full member of the group.

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 2023-24 highlighted in the Quality Account.

This year saw the Trust implement 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. This fundamentally changes how we learn from safety events and implement improvement that tackles local level risks. This is a welcome change and one that staff have adapted to with enthusiasm.



Quality and Safety remains a top priority for the Trust despite the challenges we face, like many other Trusts, seeing increasing hospital attendances and increasing need for our services in the community. We have worked closely with system partners to address delays in discharge, ensure ambulances do not have long waits outside our Emergency Department and continue to review our process to enable patients to access the right services at the right time.

In June the Care Quality Commission (CQC) inspected our maternity services and I am delighted that the service rating improved to good. In particular noting; the service engaged well with women and birthing people. Women and birthing people spoken with during the inspection were positive about their experience of maternity services.

A second visit from the CQC in December to our Emergency Department identified safety issues faced by many departments across the country. Improvement efforts have seen changes to our staffing in the department and a revised triage process to ensure patients are seen in the right place as soon as possible. The dedication of the team in responding to the CQC concerns is a reflection of their passion to provide high quality care to our patients.

I welcome the Quality Priorities we have set for 2024-25 and the introduction of Patient Safety Priorities. The Trust has aligned these where there is benefit to more focused improvement in these domains.

Glen Burley, Chief Executive

2023-24 – A year in numbers

WYE VALLEY NHS TRUST HAS HAD ANOTHER BUSY YEAR SUPPORTING OUR PATIENTS



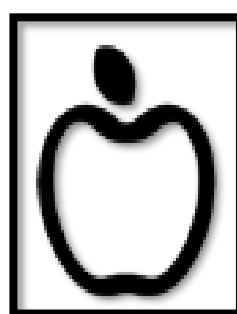
112,000

Patients using our
services



34,000

Patients seen in the
community



95,000

Patients seen in
Herefordshire



11,000

Patients seen in
Powys

Please note figures are based on the number of individual patients seen and not number of appointments, i.e. one patient may have had three visits to the Emergency Department, five outpatient appointment and two admissions but these figures are counting the patient once and not the number of visits.

Celebrating External Recognition

By Royal appointment...

WVT Theatre nurse Jojy Varghese Eapan and Practice educator Kate Hickin were lucky enough to be part of the King's 75th birthday celebrations and attended drinks and canapés at the Palace to help HRH celebrate last week.

To celebrate the work of International Nurses and Midwives, the King requested an evening reception and invited 400 nurses and midwives to Buckingham Palace.

After her soiree with the King, Kate said: "I've worked on the International Nurse Programme with the Trust since 2019 and have seen the incredible impact that these nurses have made on our NHS and it was truly amazing to see their hard work, efforts and sacrifices being rewarded."

"It was a great experience and one I will never forget, just receiving the invite was exciting. We got to drive through the gates and park in the palace, we then were served drinks and fine food while the King, alongside Ruth May (Chief Nursing Officer of the NHS), circulated the room to personally meet and thank people for their services to the NHS. It was a real privilege to be there."

Jojy, who has been working in the Trust since 2019, had been nominated for his work to support the local Indian community through the HEMA group in Hereford.

"HEMA (Hema Malayalee Association) is committed to providing education about our rich and diverse culture history, language and heritage through cultural and social events to bridge the gap between Hereford and our Motherland," said Jojy. "HEMA also work with other organisations of similar interest in order to maintain our heritage by sharing and exchanging concepts and enhancing the quality of life and to preserve the inherent established traditions, cultural diversity and national identity to future generations for a better tomorrow."

Jojy added: "Meeting the King was an amazing experience in my life and I will never forget. I feel proud and thank to all for nominating my name."



Sophie Prothero finalist at Student Nursing Times Awards

Sophie recently attended the Student Nursing Times Awards as a finalist.

Although she didn't win, Sophie has said "I had a really lovely time at the awards and very happy to have been a finalist. To be a finalist is an amazing achievement"

Well done Sophie!



Fellowship success in Podiatric Surgery

Last Friday (22 September), Derek Protheroe attended the House of Lords to officially receive his Fellowship in Podiatric Surgery. The Fellowship, which Derek received after successfully completing his final exam in May, recognises the practitioner's dedication to their patients, to their careers and the academic advancement of both themselves and the profession.

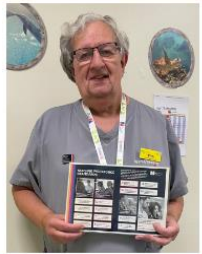
Derek says this is a great deal to him, "It provides recognition for the hard work over the last several years from myself but also the dedication and patience from all members (consultants, nursing and admin) of the podiatric surgery team in facilitating that transition from trainee to registrar level. I hope now that I can continue in my role and develop the service in the future. The award also demonstrates the recognised development and training programme which has been annotated via HCPC and Huddersfield University."

The team are so proud of him and his hard work!



Tim achieves "champion" award

Tim Woods, HCA on Oxford Suite, has been awarded the Nursing Workforce Standards Champion status by the Royal College of Nursing. The award was achieved after Tim completed two cases of work in the Trust using some of the Standards. Going forward, this means that he is available to talk to members of staff and give them advice on how best they can use the standards in their place of work. Tim would welcome members of staff to contact him if they wish to know more. Timothy.Woods@wvt.nhs.uk



First Prize for clinical case poster at the British Dental Association (BDA) Community Dental Services group (CDS group) Annual Presidential and Scientific meeting

Amy Jukes, one of our Community Dentists, has achieved First Prize for clinical case poster at the British Dental Association (BDA) Community Dental Services group (CDS group) Annual Presidential and Scientific meeting 5-6 October 2023.

Her submission on the "Perils of DIY dentistry" showed the disastrous consequences of an attempt at dental veneers using a product purchased on-line. It is sadly well-timed given current access issues to NHS dentistry nationally but in extremis in Herefordshire at this time. The case displays the complex and sometimes unusual cases that present at our Dental Access Centres and the collaborative approaches that are often necessary to resolve. It also reinforces that the disadvantage is often focussed on the most vulnerable members of Herefordshire community.

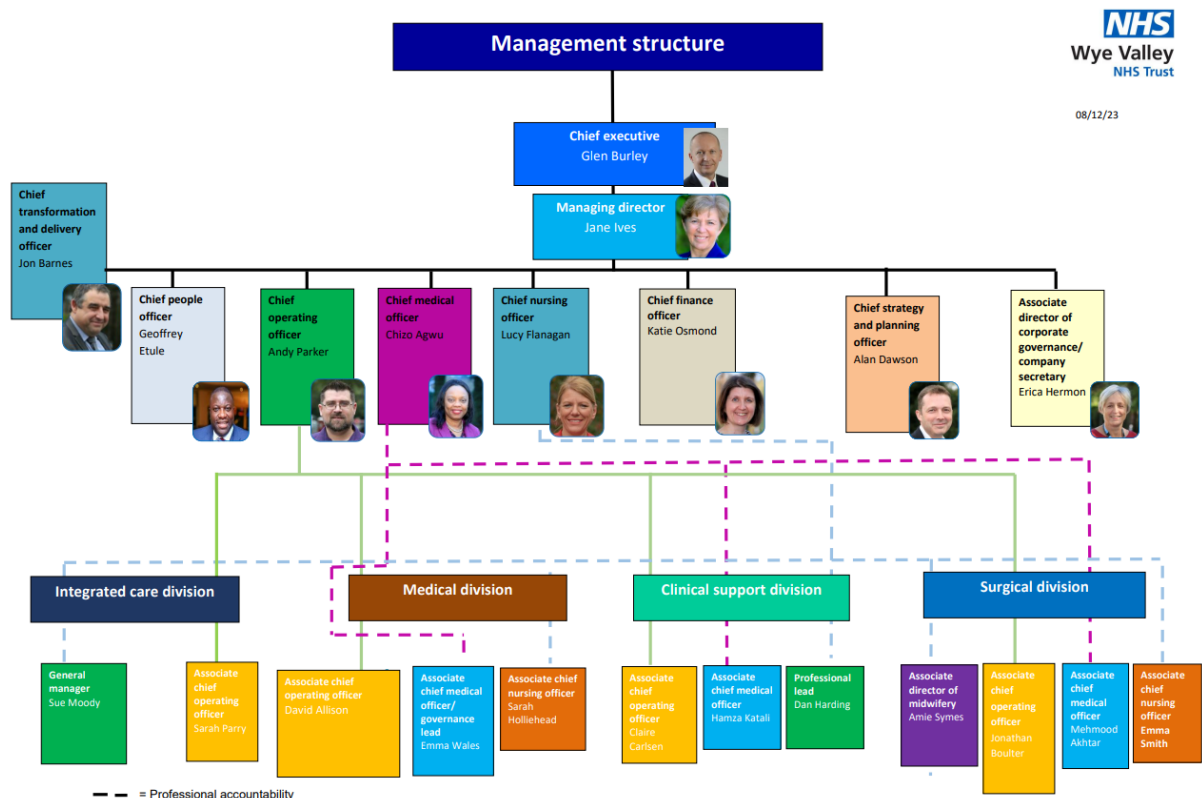


Organisational Change

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 September, the Trust appointed Chizo Agwu as Chief Medical Officer, following the retirement of David Mowbray.



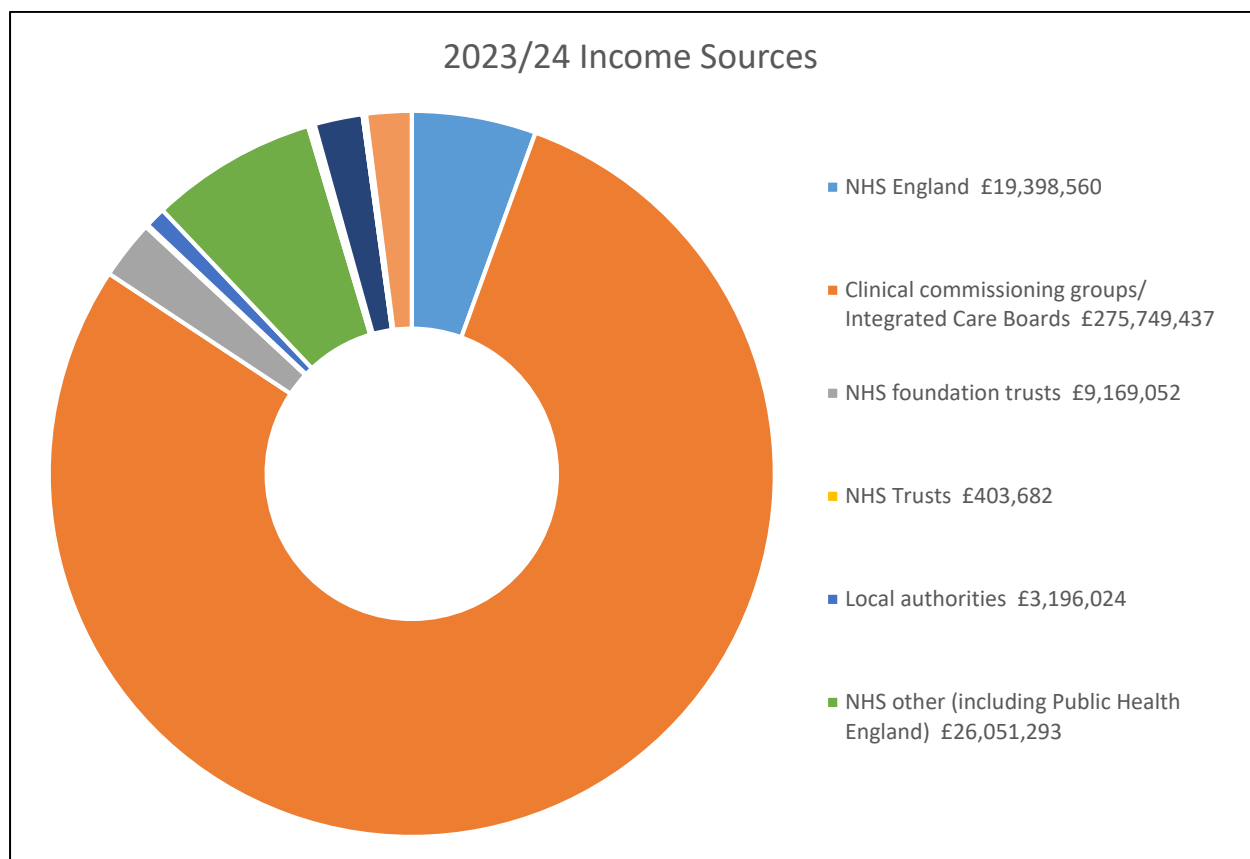
Statement of Assurance

The Trust provided and/or subcontracted 58 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 2023-24.

The income generated by Wye Valley NHS Trust for services reviewed in 2023-24 represents 100% of the total income generated from the provision of relevant health services.

A breakdown of income received from each body for 2023-24 is illustrated below.



Care Quality Commission (CQC) Overview of Progress



The Trust witnessed a busy year for CQC inspections, starting in June 2023, with the Trust welcoming a team of inspectors from the Care Quality Commission who undertook a focused inspection of the trusts maternity services at the County hospital.

The inspectors were able to recognise a wide range of improvements on the maternity ward confirming staff are delivering a “good” service.

The report published in October 2023, praised staff who the inspectors said were working “incredibly hard” to deliver a high standard of care to those using their services. They added that they found a “well-respected and supportive leadership team” in the maternity service with skills and experience to run the service well.

Jane Ives, the Trust’s Managing Director, said: “Our excellent maternity team deserves this recognition. They have worked very hard to continually improve the service to women and families. Listening to the users of the service and responding to feedback, as well as implementing clinical best practice, latest research and national guidelines.



Later, the same year, the Trust’s Emergency Department was subject to an unannounced core service three-day inspection from the Care Quality Commission with a team of inspectors visiting in December 2023.

The Care Quality Commission (CQC) recognised staff are very caring, although it gave the department an overall “Requires Improvement” rating due to concerns over patient safety. The report published in February, frequently refers to overcrowding and “difficult” conditions in ED caused by the limited size of the department and large number of patients. However, they reported that staff were kind and trying to provide good care to patients, describing them as “discreet and responsive” treating patients in a “respectful and considerate” manner. In turn, patients told the inspectors that staff treated them well with kindness.

Jane Ives, managing director, said the inspectors had highlighted a number of issues the Trust was aware of and had been already addressing. In response to the inspection, the Trust held a summit to discuss issues raised. The CQC’s return visit confirmed progress in a number of areas with improved governance, improved child specific training for staff, improvements to the children’s area, and an increase in the number of clinical staff, which included the introduction of a nurse and healthcare assistant to monitor patients in the waiting room 24 hours a day. The Emergency Department have an improvement plan monitoring progress made against the CQC recommendations.

To complete our year, in February 2024, our maternity department received further good news, seeing the Trusts maternity care being scored in the top five performing Trusts in the region for key areas and above the national average in a recently published patient survey.

The national survey undertaken by the Care Quality Commission, which was published in February, provides direct feedback from women about their experience of maternity care, including antenatal care, labour and birth and postnatal care.

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	Responsive	Well-led	Overall
Requires improvement →← Mar 2020	Requires improvement →← Mar 2020	Good →← Mar 2020	Requires improvement →← Mar 2020	Requires improvement →← Mar 2020	Requires improvement →← Mar 2020

National Audit and National Confidential Enquiries (NCEPOD)

We participated in 48 (94%) 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 2023/24, Wye Valley NHS Trust was eligible to participate in 51 national clinical audits. The Trust participated in 48 (94%) of these national clinical audits. In addition, the Trust participated in 100% of the National Confidential Enquiries. Detailed in Appendix 1.

There were 3 eligible audits that the Trust did not participate in during 2023/24:

1. National Ophthalmology Audit Database
2. National Cardiac Arrest Audit
3. Inflammatory Bowel Disease (IBD) Registry

National Data opt-out

The national data opt-out is a service that allows patients to opt out of their confidential patient information being used for research and planning.

Before the Trust submit data to the relevant national audits, we have to follow the process of identifying and removing patients who have opted out. In some cases this means that the number of our patients who are included in the audit is reduced, and in the event of low patient numbers, this can have an impact on the results of the audit, which will be considered when reviewing outcomes and putting in place actions.

The Trust had lower case submission rates for Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP) and National Heart Failure Audit due to staffing pressures and patient care taking precedence over data collection

Learning from Audit

In 2023/24, the Trust Clinical Audit Programme included 271 projects (national & local combined). The programmes monitored by the Trust's divisional and directorate governance groups on a monthly basis with oversight through the Clinical Effectiveness & Audit Committee. Results from national and local clinical audits are reviewed at specialty level, by the clinical teams involved in the audit. If the review indicates that improvements are required, action plans are devised and monitored within the divisions.

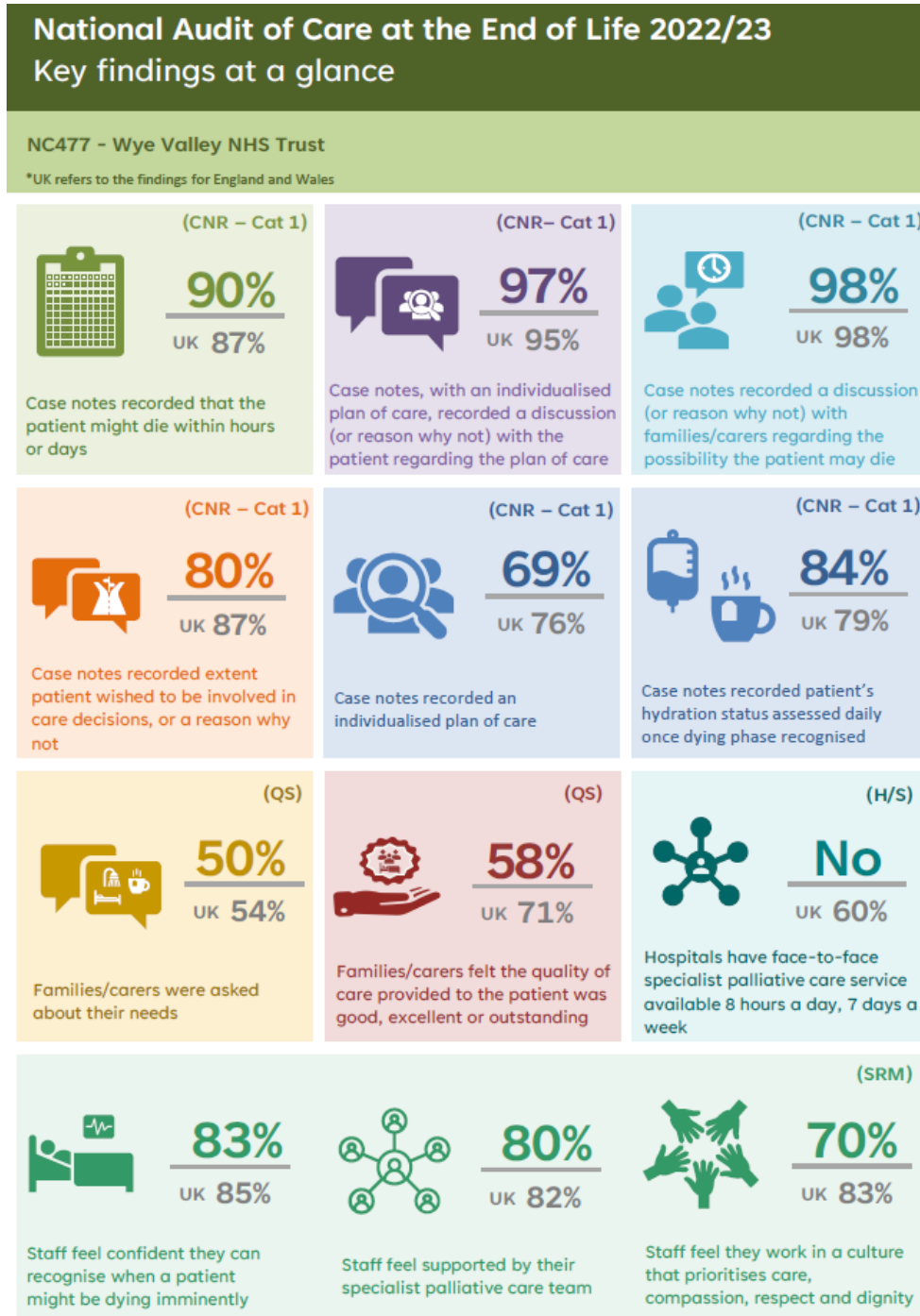
Highlights from Various Published National Audit Reports during 2023/24

There were 31 national clinical audits that published reports in 2023/24 and 12 reports for the National Confidential Enquiry programme. These have been sent for review by the relevant specialty and, where appropriate, action plans have been developed.

A number of these reports are highlighted, including areas of good practice and what the Trust intends to do where standards are not met.

National Audit of Care at the End of Life Fourth round of the audit (2022/23) report

The National Audit of Care at the End of Life (NACEL) is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during their last admission leading to death in acute hospitals and community hospitals in England and Wales.



Areas reflecting good practice:

- Recognition of patients who are approaching the end of life and documentation of a discussion about this with the patient and their family/carers.
- Recording the extent to which patients wished to be involved in care decisions or the reason why not.
- Case notes recorded patient's hydration status being assessed daily once the dying phase had been recognised.

Areas requiring improvement:

- Overall scores for communication with families and others, including addressing their needs and experience of care.
- Use of an individualised plan for end of life care.
- Lack of a face-to-face specialist palliative care service in the hospital during the day at weekends and bank holidays, resulting in families not feeling as supported as much as they could be.
- Staff feeling confident, supported, and that they work within a culture that prioritises care, compassion, respect and dignity.

Local actions to be taken:

- Improvement in Advance Care Planning – Implement the use of digital ReSPECT across the Trust.
- Improvement in the end of life care and support for patients and their families – more proactive end of life care training for Trust ward and community staff through the appointment of a non-medical Community Education Facilitator (CEF) for end of life care.
- Explore how the electronic version of the WVT End of Life Care Record (Individualised Plan) can be made fit for purpose.
- Explore the value/possibility of making End of Life Care training mandatory across the Trust.
- Review of hospital based Specialist Palliative Care Clinical Nurse Specialist capacity and scope for 7 day working.

Key Results demonstrated from a local audit report - The Cappuccini Test

Maintenance of a robust clinical supervision pathway is key to ensuring patient safety in anaesthetic care. In 2012, Frances Cappuccini tragically passed away following post-partum haemorrhage, and it was ruled that lack of anaesthetist supervisor contact played a role in this potentially avoidable loss of life.

To address this issue, the Cappuccini test was created, which aims to establish whether supervisor arrangements within a department meet the required standard set by the Royal College of Anaesthetists.

It consists of auditing junior and consultant level anaesthetists to determine whether they are aware of who is supervising who and that there is a functional method of contact between them.

It would be expected that 100% of supervisees:

- Are aware of who their supervisors are and vice versa
- Supervisors know what work their supervisees are doing
- All contact methods are functional

Areas reflecting good practice:

- 100% of trainees were able to correctly identify their supervisors.
- 100% of supervisors able to correctly identify their supervisees.
- All contact methods were valid.
- Trainees were aware of other contact methods (e.g. bleep number to contact the duty consultant) should they be required.

Areas requiring improvement:

- 25% of supervisors did not give sufficient detail when asked about the type of work being carried out by their supervisees.

However, we understand that this may be a shortfall in the method of data collection, rather than a fault in the supervision pathway.

Local actions to be taken:

- Improve the audit method for the future use by using more thorough questioning when asking about the type of work the supervisee is doing.
Including:
 - Questioning the supervisor more specifically i.e., which surgical specialty is involved? Is it emergency work or elective?
 - This will prompt a more detailed answer, which will retain the validity of the results and provide us with the full information required.

Trust Research Participation Overview 23/24



The Clinical Research and Development Strategy is one of the building blocks of our Trust vision to improve the health and wellbeing of the people we serve in Herefordshire and the surrounding areas. Being delivered

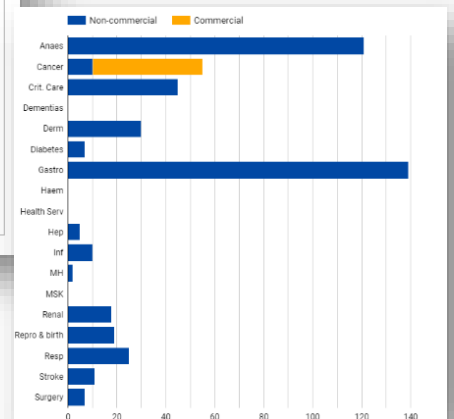
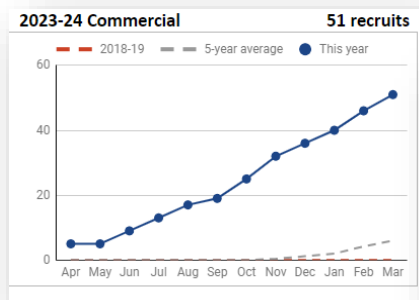
in accordance with our Trust CARE values will contribute to our strategic objective to improving patient care through Research.

Our research participants will have the best experience of care, and we will ensure that our research team makes the best use of the resources we are provided with from the National Institute for Health and Care Research (NIHR), research funders and charitable funding. This strategy will raise awareness of and engagement with research and innovation at the Board and throughout the Trust and will result in:

- Increased staff participation in Clinical Research
- Patients will have increased opportunities to participate in research
- Prioritise participation in research which meets the needs of local, regional and national priorities of health and social care
- Research will be financially sustainable.

In 2023/24, we recruited 631 patients into 25 different trials across 14 different specialties:

- Commercial trials - 51 patients
- Non-commercial - 557 patients



We also opened 12 new trials across 9 specialties.

Our priorities for 2024/25 are:

- Aligning research trials in line with local population health needs
- Increasing number of research active Clinicians
- Increasing participation in Commercial research trials
- Building a stable and effective research team
- Promoting research with patients, nurses and clinicians across the Trust to increase our research profile

Once in the lifecycle of a trial, our patients are given the opportunity to provide us with feedback.

Here are some of the things our patients have said about us.



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.

In 2023-24, the Trust continued to receive the patient safety alerts through the Central Alerting System (CAS) and Medicines & Healthcare products Regulatory Agency (MHRA). These were managed appropriately through the established process, which includes checking for relevancy, and recording completed actions.

All historic alerts have been actioned and completed.

The Trust have implemented a new management system which provides centralised oversight of all the alerts. The aim is to triangulate alerts with incidents and risks to provide a broader view of safety across the Trust and strengthen our safety profile.

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

The FSNs have continued to be reviewed, checked for relevancy to the Trust and actioned accordingly.

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 assisting us in providing the very best care for our patients.



The table below shows the guidance published by type for the year 2023-24

Type of Guidance	Total number
NICE Guidance	42
Clinical Guidance	39
Quality Standard	11
Diagnostic Guideline	10
Technical Appraisal Guidance	81
Medical Innovation Brief	6
Interventional Procedure Guidance	29
Medical Technologies <u>Guidances</u>	3
Health Technology Evaluation	13
Highly-Specialised Technology Guidance	8
TOTAL	242

NICE Guidance published for year 2023-24, broken down into type of guidance

Within the year we have seen increased engagement from divisions in allocation of a lead for managing guidance; enabling the NICE guidance team to effectively managing published guidance within Trust timeframes.

The Quality team has improved its links across its own work streams with the NICE Guidance and Clinical Audit Teams ensuring that the relevant guidance and recorded audits occurring within WVT are aligned. In addition, at the beginning of the CQUINS 2023/24 programme the teams met; reviewing the list of CQUINs, identifying related NICE guidance and taking appropriate action to align information, such as, re-review of the baseline assessment of published guidance documents.

Looking forward to 2024-25, the team are continuing to build on the work already undertaken within the Quality team by exploring how NICE sits with our Safety team and the triangulation of work under the newly introduced PSIRF model.

NICE have announced that they are exploring new ways of producing guidance; looking into the ways in which the organisation prioritise, maintain, review and update their guideline recommendations. We await the outcome of their review to see if we can adapt for our internal practices.

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 National Data Guardian’s 10 data security standards.

The Trust’s year to date position is shown in the table below:

Progress Dashboard and Reports			
Mandatory Reporting – 87/108 mandatory evidence items provided.		Baseline submission due (end of Feb) Current position - Approaching Standards Final submission due – 30/06/23	
Assertions 19/34		Confirmed	
Approaching Standards: February 2024		Target	Action to address:
Target staff % pass rate for the data security and protection mandatory test have now been updated due to the new measurement.	Current – (Feb 24) -84%	85% - for majority of staff	<i>Training Needs analysis updated as per DSPT evidence required and regularly monitored.</i>
	Current – (Feb 24) – 90%	90% - for higher risk staff/activities	

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 23/24 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. As part of these work streams, the previous work done around Data Quality Kite marks will be broadened out to include wider elements of data quality. The current plans around Kite Marks within our board KPIs is due for completion by end June 2024. These kite marks aim to give assurance, and highlight, the quality of the data which supports each indicator.

Illustration of the percentage coding accuracy at Wye Valley NHS Trust in 2023-24 of which all mandated standards were met as set by NHS Digital.

	WVT results	Mandatory	Advisory
Primary diagnosis	94%	90%	95%
Secondary diagnosis	90%	80%	90%
Primary procedure	93%	90%	95%
Secondary procedure	91%	80%	90%

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 come under 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

DA 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 2023-24 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 2023 to March 2024, is detailed below.

NHS Number 23/24				
	Has NHS	No Number	Total	%
IP	80629	96	80725	99.9%
OP	463482	244	463726	99.9%
AE	71187	585	71772	99.2%

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 2023-24 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 99.3% for Outpatients.

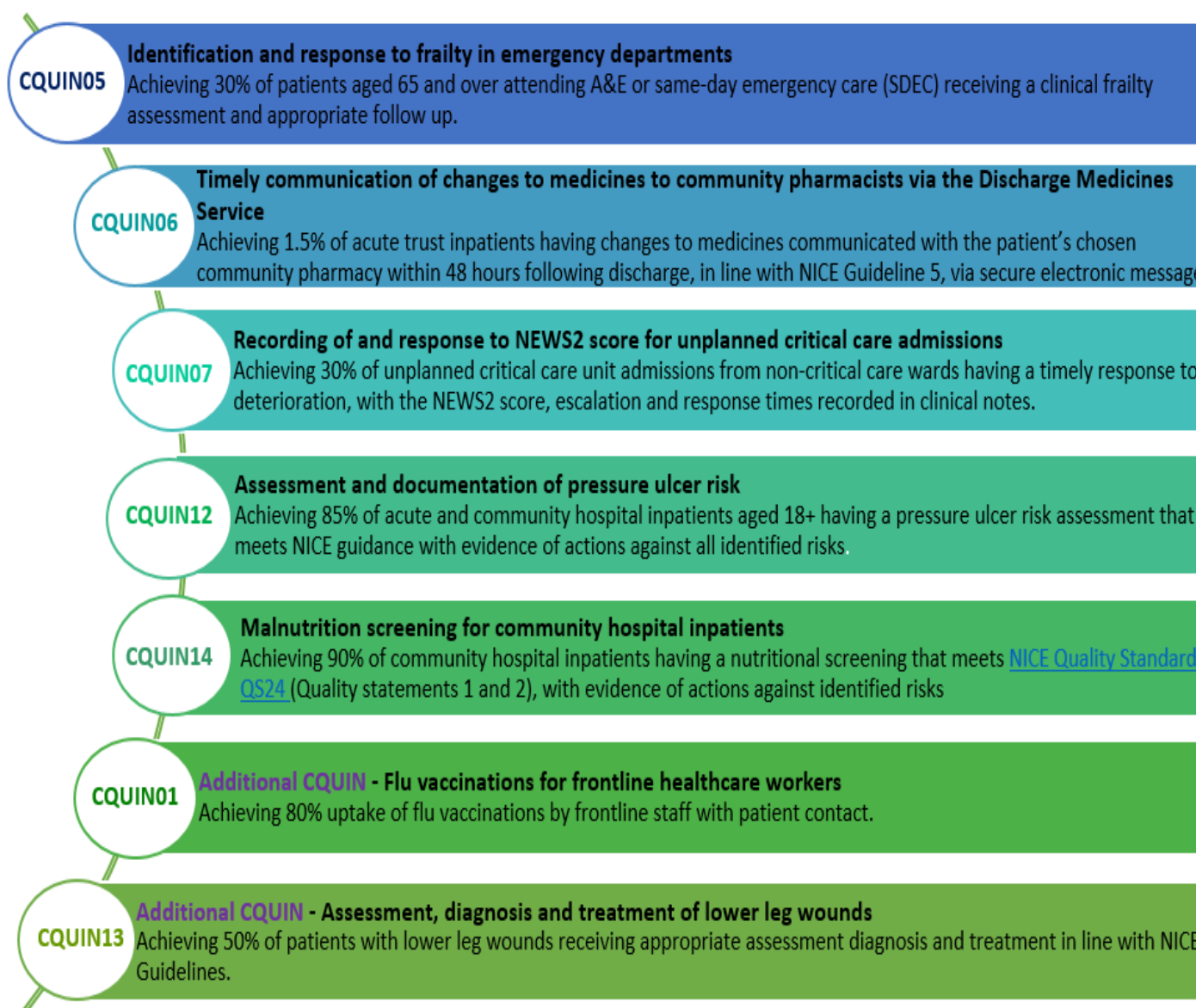
GP Code 23/24				
	Gp code	No Number	Total	%
IP	79456	1269	80725	98.4%
OP	460476	3250	463726	99.3%
AE	67786	2369	71772	94.4%

Commissioning for Quality and Innovations (CQUIN) 2023-24

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.

Each year a number of CQUIN schemes are identified across areas of care. This is linked to targets which may have a financial reward for achievement. With a proportion of the Trust's income provided by meeting these set CQUIN targets. These are nationally reported throughout the financial year.

For 2023-24 the Trust, in agreement with our Commissioners have selected five priority CQUIN projects that link directly to the Trust objectives or quality priorities, this year we have been able to report on two additional CQUINs, these are as follows:



Wye Valley NHS Trust have submitted the following results for the 2023-24 CQUIN programme

The five national indicators adopted by the Trust for 2023/24											
No	Area	CQUIN	Compliance Measure	Q1	% Q1	Q2	% Q2	Q3	% Q3	Q4	% Q4
CQUIN 05	Medical	Identification and response to frailty in emergency departments	10% - 30%	●	73%	●	80%	●	86%	●	89%
CQUIN 06	Clinical Support	Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service.	0.5% - 1.5%	Whole period result - local result to be verified nationally						●	1.5%
CQUIN 07	Trustwide	Recording of and response to NEWS2 score for unplanned critical care admissions	10% - 30%	●	26%	●	45%	●	76%	●	62%
CQUIN 12	Trustwide	Assessment and documentation of pressure ulcer risk (acute & community)	70% - 85%	●	81%	●	89%	●	93%	●	86%
CQUIN 14	Integrated Care	Malnutrition screening for community hospital inpatients	70% - 90%	●	88%	●	86%	●	77%	●	86%
Additional CQUINs that will be reported on in 2023/24											
CQUIN 01	Trust wide	Flu vaccinations for frontline healthcare workers	75% - 80%	N/A	N/A	N/A	N/A	●	38%	●	38%
CQUIN 13	Integrated Care	Assessment, diagnosis and treatment of lower leg wounds	25% - 50%	●	54%	●	55%	●	61%	●	60%

The CQUIN scheme will be paused during 2024/25 pending the outcome of a wider review of quality incentives by NHS England. During this pause a list of non-mandatory indicators will be realised nationally to Trusts to enable a 'CQUIN-like' scheme to run locally throughout 2024-25.

Quality of Services - Key Areas

CELEBRATING CHANGE - Patient Safety Incident Reporting Framework (PSIRF)

Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

The past 12 months

Has seen the ICB approve our plan and the Trust going live with PSIRF on the 1st November 2023. Our Serious Incident panel became Patient Safety Panel. This is a fundamental shift in the management of patient safety, with the key principles being:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents and safety issues
- Supportive oversight focused on strengthening response system functioning and improvement.

In order to implement PSIRF key colleagues across the Trust received the following training.

- Engagement and Involvement (improving engagement with persons affected by incidents)
- Systems approach to investigation
- Oversight (Exec and NED directors, senior managers leading on Patient safety)

The next 12 months

Wye Valley are continuing to embed the process and ensure learning generates improvement, this will involve

- Changing the format of Pressure Ulcer Panel
- Review the effectiveness of Falls Panel
- Changes to the format of Patient Safety Panel – focussing the discussion on emerging risks and assurance
- Introduction of an Assurance Panel (triangulation, sign off and monitoring improvement)
- Evaluate the training and develop a plan to roll out the Engagement and Involvement, and System Approach to Investigation training wider.

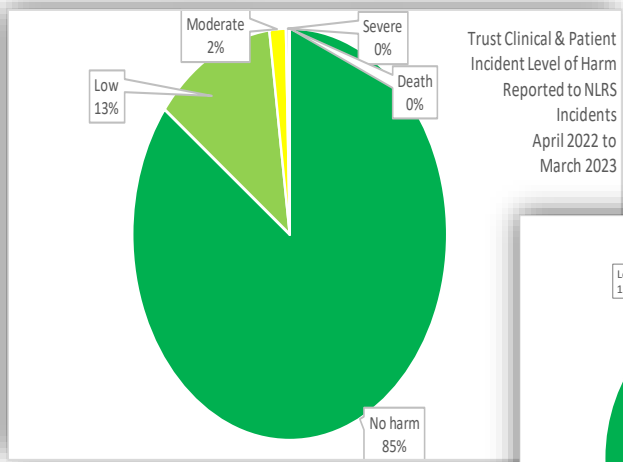


Clinical Incident Reporting

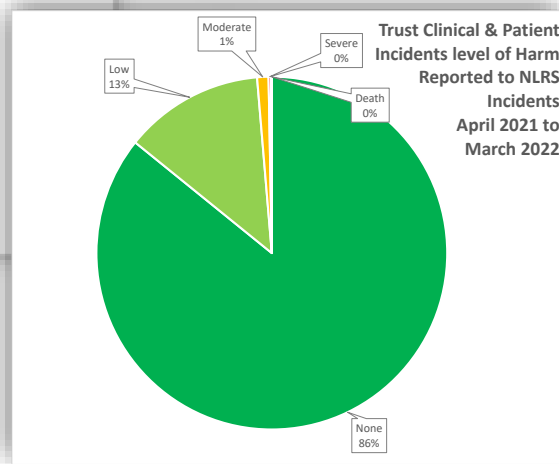
The Trust promotes a culture of safety where staff are encouraged to report actual or near miss incidents.

Comparison data as a rate per 1000 bed days is unavailable from NLRs due to the change to the new Patient Safety Incident Reporting Framework PSIRF.

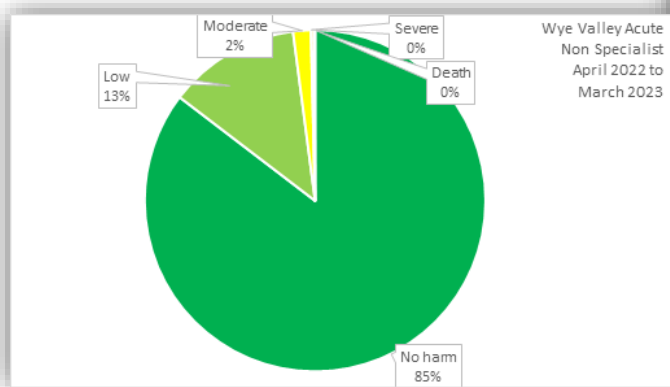
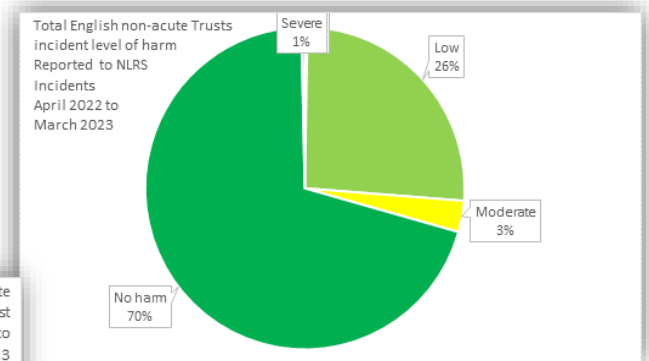
Incidents reported sent to NLRs have increased from 8,784(2020-21) to 10,309 (2022-23), therefore it is likely the Trust has maintained its place as one of the proportionately.



The chart adjacent provides a breakdown of the level of harm of incidents reported nationally to the NLRs April 2022 to March 2023. The chart below contains last year's data.



Levels of Harm are at a similar level to the previous reported year. The chart adjacent shows the Total English non-acute Trusts for comparison. Wye valley reports 2% with Moderate or more severe



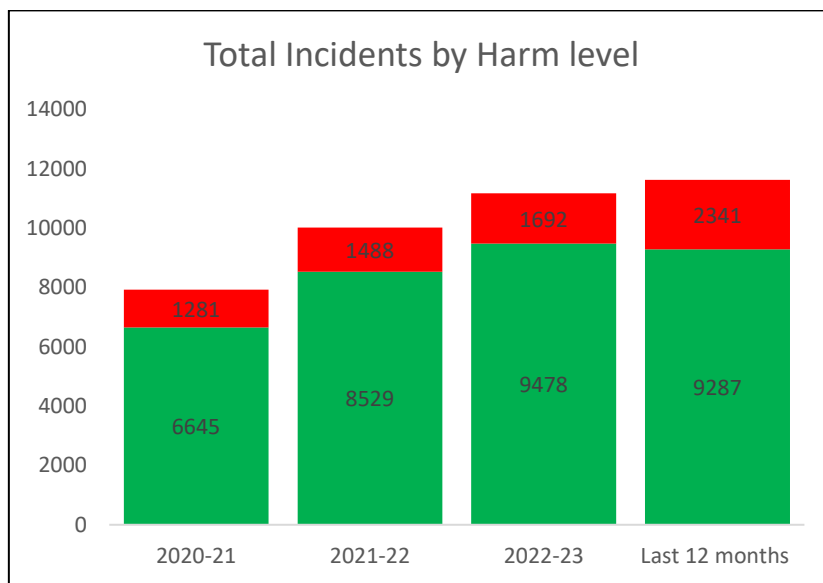
harm, see chart below compared to the English total of 4%.

Current year comparisons are not available with the move to a new incident reporting

framework, national comparisons are currently not available from NHS England.

The following chart shows all incidents reported by the Trust on the incident reporting system. The incidents reported increased during 2023-24 by 6.66%. This shows no harm incidents account for 80% of incidents.

The proportion of Harm incidents of total incidents has increased 7% now 19.67% as opposed to 12.66% seen last year. The volume of Harm incidents has increased by 66%, in 2023/24. The vast Majority of Harm incidents are low harm, with only 2.5% recorded as Moderate severity or greater harm. This compares to the 4% seen nationally in recent years (see Pie charts above).The volume of incidents rated as Moderate or greater severity has increased by 69.5% to 300 incidents in 2023/24. This may be a reflection of the new harm ratings in the National system which has seen the addition of a psychological harm category.



The top five categories of all incidents reported in 2022-23 on the incident reporting system are shown in the next table. The top five remain the same as the previous year.

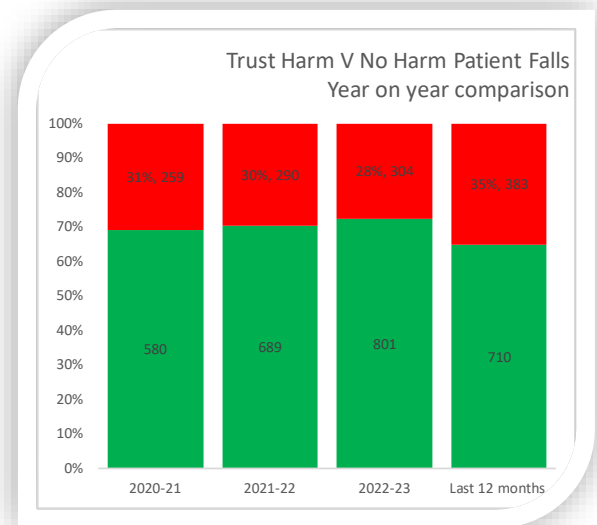
Category	2022-23	Last 12 months	%Total	% Change on 2022-23
Tissue Viability Incident	2396	2686	22.52%	10.18%
Falls	1135	1129	9.47%	-1.06%
Clinical assessment (inc scans, tests, assessment, treatment)	823	1120	9.39%	31.71%
Infrastructure (inc staff, facilities, environment)	1270	1048	8.79%	-18.66%
Admission, access, appointments, transfer, discharge	910	1043	8.75%	9.67%

Reducing Harm to Patients

Reduce patient falls

In 2023-24, we saw the following changes in comparison to 2022-23:

- Total falls decreased by 1.09%
- Falls resulting in harm increased by 26%
- Proportion of harmful falls as a percentage of total falls has increased to 35% from 28% in 2022/23.
- The vast majority of harmful falls are low harm, with 2.65% of total falls (29 falls) being of moderate severity or greater.



Never Events:

During 2023/24, two incident's that met the National criteria for a 'Never Event' occurred in Ophthalmology which were managed under the Serious Incident Framework and were subject to a full investigation using root cause analysis methodology.

Additionally one incident that met the National criteria for a 'Never Event' occurred in Dermatology. This was investigated under PSIRF with a full patient safety incident investigation with full engagement of the patient in the investigation process.

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 continues to provide an opportunity to patients and their families to be involved in providing input into reviews and investigations whether that is by sending questions in, face-to-face meetings or telephone calls.

For any incident that meets the statutory duty there is a prompt and a section to complete however staff are encouraged to be open and honest about any incident that occurs.

Duty of candour is monitored through monthly divisional and corporate reports and as part of the reporting to Quality Committee. In addition, collaboration occurs where a complaint has been received relating to the same incident. This is to provide one single point of contact for the patient and families and ensure they are included in the investigations if they choose to do so.

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 Person (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 co-ordinating 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 their 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 strive 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 advise 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 / serious case 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 opposite

Training	At 29 th Feb 2024	Target
% staff trained at level 1	88%	85%
% staff trained at level 2	88%	85%
% staff trained at level 3	86%	85%
% Staff trained to level 4	100%	85%
% Board Level	100%	85%

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 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.

CELEBRATING CHANGE - Frailty work/SDEC

FRAILTY SAME DAY EMERGENCY CARE



WHAT IS IT?

The Frailty Same Day Emergency Care unit was opened in September 2023 in Hereford County Hospital to provide urgent assessment and treatment for frail patients attending the Emergency Department in a calm and therapeutic environment

Run by Advanced Clinical Practitioners and GP speciality doctors with integrated trained frailty nursing team and therapists
Dedicated frailty flow coordinator works with the clinical site team to ensure timely and appropriate patient flow

GUIDING PRINCIPLES

✔ Senior decision making at the front door

Presentation to emergency care is used as an opportunity to treat the acute illness alongside addressing chronic conditions, deprescribing, ceilings of treatment, advanced care planning, addressing chronic conditions and implementing supportive networks

✔ Right place first time

There is a home first approach, with close links to community teams and a personalised care plan including appropriate support. Patients who need admission are admitted to the most appropriate acute ward with all medical and nursing assessments completed

✔ Hub for frailty training excellence

Focus on upskilling the workforce in the management of frailty with training opportunities for the multidisciplinary team

PROGRESS



Around **50** patients assessed per week



Over **two thirds** are discharged to their usual place of residence



Almost **one in ten** are transferred directly to community hospitals



Comprehensive geriatric assessment and **all nursing care plans** completed



Follow up calls post discharge to reduce readmissions

"We witnessed other patients receiving equally wonderful care. What an incredible department."

"All needs were met at all times... how lucky I feel mum came here."

"This is a 5 star facility with a great team"

"Exceptionally caring, kind and highly competent staff... took such good care of my mum."

"It was good to find a small comfortable unit with helpful, caring staff taking time to explain the need for the various treatments."

"Fabulous communication which means so much... well done everyone and thank you"

"Considering the workload in the department, I cannot thank all of the staff enough for their attention throughout the day. I cannot think of any part which could have been improved upon"

"This is an amazing little unit who cared for him so well and got him home faster. Thank you so much to each and everyone who looked after him."

National Safety Standards for Invasive Procedures and Local Safety Standards for Invasive Procedures (NatSSiPs and LocSSiPs)

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



National Safety Standards for Invasive Procedure 2 (NatSSiPs). Published 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.

The Chief Medical Officer is the Trust's Executive lead for NatSSiPs/LocSSiPs, with the Deputy Chief Medical Officer overseeing the management of and implementation of the guidance across the Trust. The Trust witnessed a change in appointment to both roles in September 2023 and January 2024. The new Deputy Chief Medical Officer, over the next 12 months will focus on establishing what changes are required to be implemented to enable the Trust to meet the new guidance.

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 2023-24 there were a total of 10 RIDDOR reportable incidents, a decrease of four compared to 2022-23. Of these incidents, 6 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"> • Fracture pubic ramis. • Fatality due to cerebral contusions. • Fracture to ribs and T12. • Subarachnoid haemorrhage. • Hip fracture. • Fatality due to bilateral subdural haematomas. 	<ul style="list-style-type: none"> • Fractured ankle. • Fractured tibia and fibia. • 7+day absence after anti-lig curtain rail fell on head. • L.O.C after bloods taken.

Patient Related 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 based on the completion of pre-operative questionnaires, which are measured nationally. Patient participation of questionnaires is voluntary.

England and Provider-level participation and coverage April 2021 to March 2022 (Published July 2023)

There were 396 eligible hospital episodes and 207 pre-operative questionnaires returned – a headline participation rate of 52.3% for Wye Valley NHS Trust (69.2% in England).

Of the 202 post-operative questionnaires sent out, 104 have been returned – a response rate of 51.5% (61.2% in England).

This publication covers a period where health services were still affected by the COVID-19 pandemic. The completion and return of questionnaires providing the data analysed in this publication will have occurred during a period where restrictions on movement and changes to behaviours may have affected patient response levels.

Outcomes

Results of outcomes, in terms of improvement, unchanged or worsening was published in

July 2023.

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

April 2021 to March 2022 Finalised Data (published 13th July 2023)

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	95.3%	89.5%	4.3%	5%	0%	5.5%
	Knee replacements	81.8%	82%	9.1%	8.6%	9.1%	9.3%
EQ VAS (current state of the patients general health marked on a visual analogue scale)	Hip replacements	85%	69.8%	15%	8.5%	-	21.7%
	Knee replacements	53.1%	61.2%	15.6%	10.6%	31.3%	28.2%
Condition Specific Measures Oxford Hip/Knee Score	Hip replacements	100%	96.9%	-	0.5%	-	2.6%
	Knee replacements	86.5%	94.8%	-	0.8%	13.5%	4.4%

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.

Within the Trust our engagement representatives, once again, supported the PLACE (patient led assessment of the care environment) audit. This saw service users joining staff to carry out the audit across both Acute and Community sites. To follow up on the results of PLACE, the Trust has planned a programme of regular, service user led audits utilising PLACE lite and the 15 steps audit tools.

The Trust patient engagement group undertook their first hybrid meeting this year, offering service users the opportunity to attend either face to face or virtually. This meeting was held in conjunction with Sodexo, part of our PFI partnership, to support the implementation of their new Experiencia system. This system will allow for near real time feedback in relation to food and cleanliness. Sodexo's new patient ambassador role will then work to resolve any issues as soon as they are raised.

Links have been established with the Chairs and Vice-Chairs of the patient engagement forums across the wider partnership group and regular meetings take place to share learning.

Service users also continue to support review of patient information resources as part of our virtual reader panel, to ensure patient information is understandable and accessible to end users.

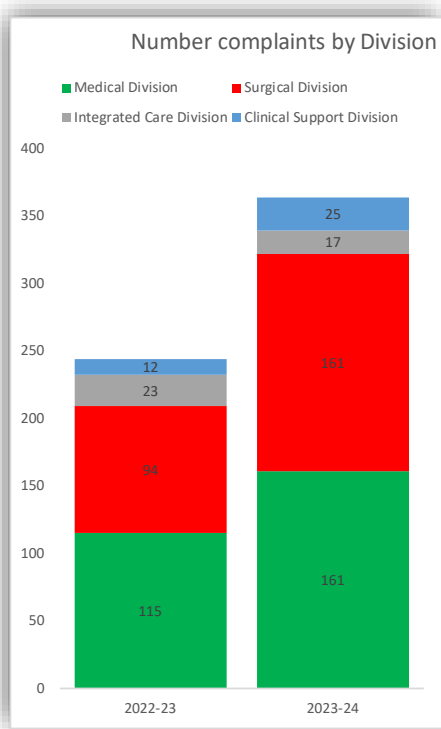
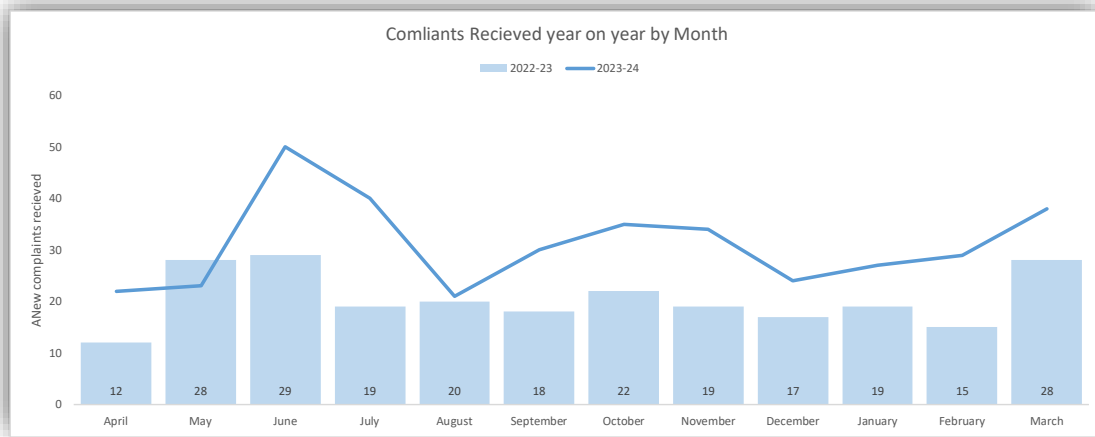
In addition, the Trust continues to work with both healthcare and voluntary sector partners, through the Maternity and Neonatal Voices Partnership (MNVP), Herefordshire Community Partnership and as part of the wider ICS Herefordshire Engagement Network to work collaboratively to identify areas for improvement,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

Complaints

The wider Quality, Safety and Experience team have restructured their management portfolios and the complaints team now sit 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.

Following this restructure, and supported by the introduction of a new risk management system, the procedure for logging complaints has been reviewed. There is now a robust triage process 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.

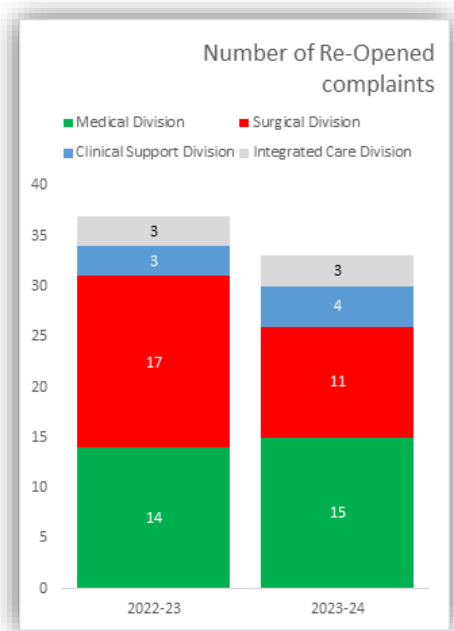
The overall number of complaints received during 2023-24 saw a 52% increase or 127 complaints.



The surgical and medical division received the highest proportion of complaints, 43% each with numbers increasing in both Surgery up 42% (67) and Medical Divisions up 29% (46), compared to last year.

There has been a reduction of complaints that have been reopened, from 37 in 2022/23 to 31 in 2023/24.

There have been 4 preliminary enquiries made by the Parliamentary and Health Service Ombudsman (PHSO) in 2023/4, one decision made not to investigate further, awaiting outcome decisions for the remaining 3.



Complaint categories

63% of the complaints received related to perceived issues with the following categories by complainants:

- Communications
- Clinical treatment
- Values and behaviour

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 10% on last year's numbers.

2. Clinical Treatment:

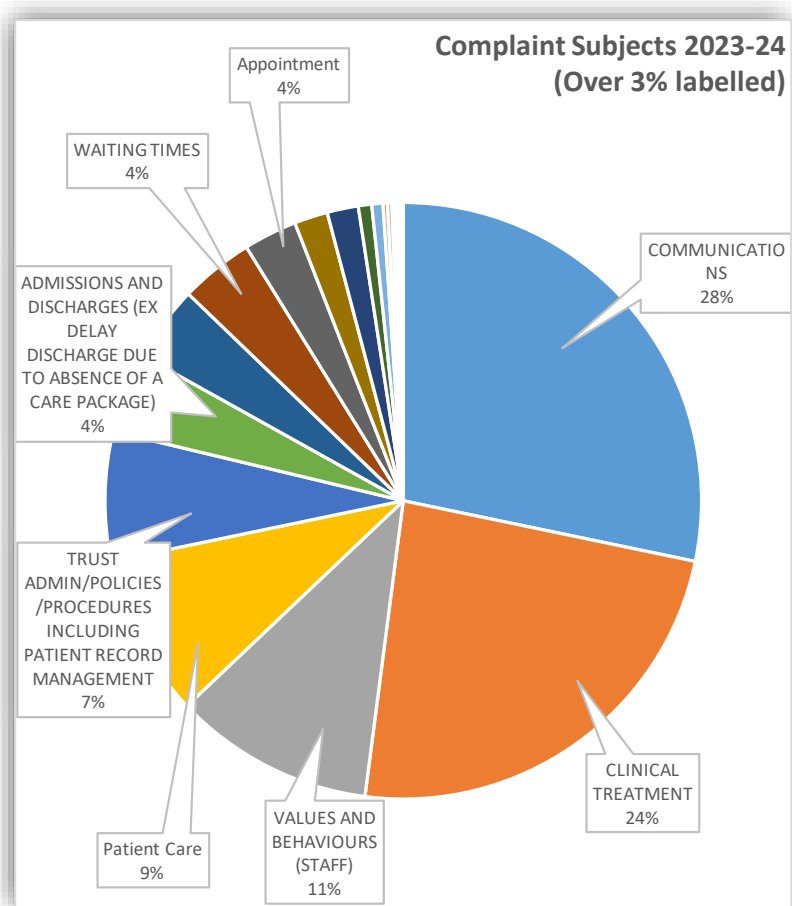
A review of complaints shows the following sub categories accounted for 78% of complaints in this category.

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

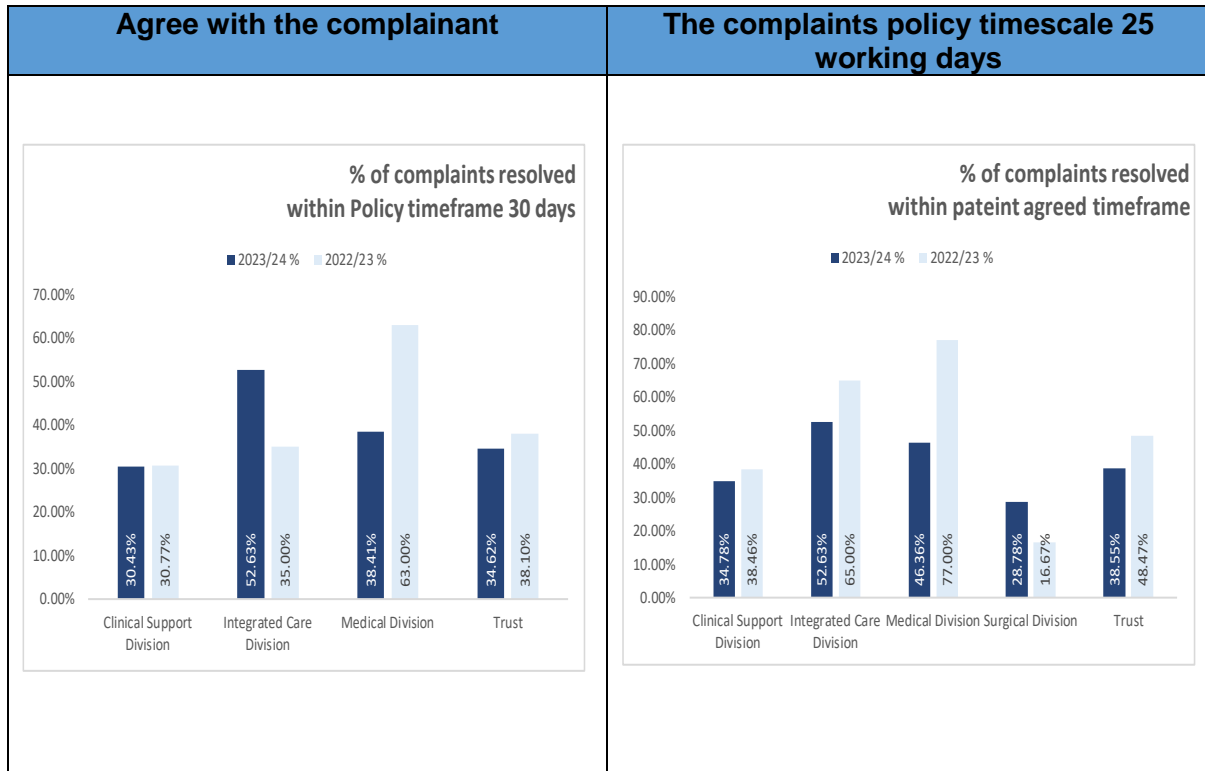


Complaint response times:

There are two measures:

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

The chart compares closed complaints



Due to the increase in operational pressures experienced by the Trust at the beginning of 2023, complaint response times were increased from 30 days to 60* days for the months of January and February.

Over all, the number of complaint responses that are completed within the agreed 30 day timeframe is low at only 35%, this is down on last year's 38%. Within complainants timeframe shows slightly improved performance 38% but this is down on last year's 48%.

Inpatient and National Surveys

Three national survey reports were released by the CQC in 2023/24 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. 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 Cancer Patient Experience Survey results.

Inpatient Survey

A total of 1250 patients who had an overnight stay in an acute bed in the hospital during November 2022 were given the opportunity to participate in the survey. A total of 573 responses were received, representing a 47% response rate.

The Trust saw an improvement on the previous year's results, with work continuing in relation to specific areas for:

- Communication
- Food
- Seeking patient feedback whilst in hospital

Maternity Survey

Women and other pregnant people who gave birth between 1 and 28 February 2023 (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 207, participants were invited to complete the survey and 107 responded representing a 54% response rate.

Results placed us in the five top performing Trusts in the region for all the main categories, including start of your care during pregnancy, antenatal check-ups, during pregnancy, your labour and birth, staff caring for you, care in the ward after birth, feeding your baby, and care at home after birth.

Our score has significantly increased in eight areas compared to the previous year's results and the Trust is above the national average for the majority of areas in the survey.

The Trust has also scored in the top five Trusts nationally for:

- being able to speak to the midwife as much as the patient wanted
- being given appropriate information before induction or labour
- being taken seriously if raising an issue

National Surveys 2023/24

- Four national surveys have been commissioned by Care Quality Commission (CQC), and carried out during 2023/24.
 - The **annual inpatient survey, maternity survey and Adult and Emergency Care Survey** results will be received later in 2024.
 - The **Children & Young Peoples survey** will be published in March 2025.
 - NHS England are once again hosting the National Cancer Patient Experience Survey. The results of this are expected to be published later in 2024.
-

- being able to access support and advice around the clock for feeding your baby
- receiving help and advice in the six weeks after the birth of your baby.

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 2022.

1250 participants from WVT were invited to take part, with 363 responding representing a 30% response rate.

The results remained consistent to the previous year for the majority of questions, with positive scores for four questions resulting in the Trust sitting in the top 20% of scores in national benchmarking.

These four questions covered:

- waiting times from arrival to examination
- help with condition and symptoms whilst waiting
- Doctors and nurses talking to each other about you as if you weren't there
- Expected care and support available after leaving A&E

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

Spotlight on cancer - National Cancer Patient Experience Survey (NCPES)

The National Cancer Patient Experience Survey 2022 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 2022. The 2022 survey involved 133 NHS Trusts. Out of 115,662 people, 61,268 people responded to the survey, yielding a response rate of 53%.

287 patients responded out of a total of 446 patients locally, resulting in a response rate of 64%. 263 reported their ethnicity as English / Welsh / Scottish / Northern Irish / British. 16 did not give their ethnicity.

The largest responses by tumour type was haematology, prostate, urological, breast and colorectal tumours.

Two questions fell above the expected range with four falling below the expected range.

Based on the findings of the NCPES Survey 2022 and follow up discussions with teams (where response rates had fallen below expected ranges) a comprehensive improvement plan was formulated, see diagram below. Further evaluation of age ranges was also carried out to better understand if there was any shortfall in service provision related to age at all and how that emerges.

NATIONAL CANCER PATIENT EXPERIENCE SURVEY ACTION PLAN

Survey Question reference	Survey Question asked	On-going action plan
Q15	Patient was definitely told about their diagnosis in an appropriate place	<ul style="list-style-type: none"> • Ratify Breaking Bad News Guidance. • Continue to assess private space within WVT. • Increase informational support to inpatient areas.
Q52	Patient has had a review of cancer care by GP practice	<ul style="list-style-type: none"> • Continue to promote as part of One Herefordshire Cancer Committee.
Q17	Patient had a main point of contact within the care team	<ul style="list-style-type: none"> • Urology to review practice of 'named nurse'. • Haematology to review.
Q26	Care team reviewed the patient's care plan with them to ensure it was up to date.	<ul style="list-style-type: none"> • Haematology alerted and team to review.
Q41(3)	Beforehand patient completely had enough understandable information about radiotherapy.	<ul style="list-style-type: none"> • Radiotherapy – continue to audit, i.e. switch to online info, link to teams. • RT to build stronger links with MRU Information Centre. • Urology – holding a review with Radiotherapy; EBRT info and timeliness of information.
Q45	Patient was always offered practical advice on dealing with any immediate side effects from treatment.	<ul style="list-style-type: none"> • Haematology recognise discussion re: side effects needs to be repeated throughout care pathway by MDT. A more settled team and recruitment to ACP posts should assist. • Urology to review. • Info Centre to consider any barriers related to age re: how support offered.
Q58	Cancer research opportunities were discussed with patient	<ul style="list-style-type: none"> • Research – ongoing monitoring of situation re: capacity to take on research.

Substantial progress has been made with the actions identified above; some of the achievements are outlined below:

- Breaking Bad News Guidance has now been approved at committee and is awaiting final sign off at the Trust's Policy Review Group.
- An appropriate space has been identified in the Urology Centre for newly diagnosed cancer patients.
- Greater links have been developed between the Macmillan Information and Support Centre (MCISS) with primary care, wards, and other departments including radiotherapy to assess demand and improve provision of information.
- Radiotherapy continue to audit information provision and stronger links are being built between the MCISS at WVT and information team at Gloucester hospitals NHS Trust.
- MCISS continues to monitor any issues related to age and audit who attends the Info Centre for support.
- MCISS has also developed links to Shine Cancer Support aimed at 20-40 year olds.
- Haematology patients are now offered the contact details of the nursing team at several points during their journey and new Macmillan cards have been produced with the details of the Nursing team.

- Three ACP roles have been introduced to the haematology teams, which should help to support the review of care plans and to re-inform messaging regarding side effects.
- Cancer AHP team are introducing Cancer-related Fatigue Management Workshops and considering possibilities for on-line options.
- The Trust continues to monitor opportunities to take on more cancer-based research and several trials are being implemented or reviewed for feasibility.

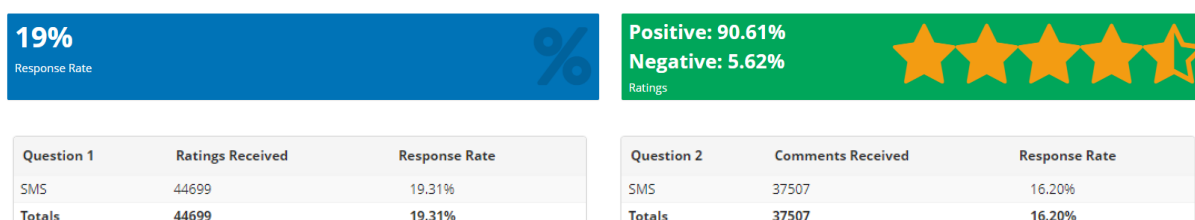
Friends and Family Test (FFT) – National Data Collection

In July 2022, the Trust introduced a new system for receiving feedback from patients for the Friends and Family test. The Trust now sends 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.

The benefits of the new system include live data dashboards, with staff having real time access to feedback specific to the service they provide which allows for meaningful, focused improvement initiatives. The Patient Experience Committee are overseeing how the feedback is used to improve service provision for patients.

The past 12 months has seen the service rolled out further across the Trust with the introduction for our Emergency Department, Maternity services and shortly for our community services.

From 1st April 2023 – 31st March 2024, the Trust received 44,699 responses from our patients and service users, representing an overall response rate of 19%. Over 90% of ratings being positive. Prior to using the text messaging service, the Trust response rate was between 1% and 6%.



2024-25, will see the final stage of roll out completed with our Childrens services being able to access the system. In addition, the Trust is hoping to introduce an alternative way of leaving feedback with the creation of a portal accessed through our patient facing web page and the use of QR codes, further expanding the ability for anybody to leave feedback at any time, meeting our accessibility standards and the Friends and Family Test national guidance.

CELEBRATING CHANGE - Friends and Family Test – ‘You said, We Did’

OUTPATIENTS

YOU SAID

‘Long waits for x-ray in fracture clinic’

WE DID

Changed the pathway so that x-rays were requested for those patients needing them at the beginning of the clinic to reduce waiting times

GARWAY WARD

YOU SAID

‘communication with family could be improved if unable to visit’.

WE DID

Daily call to relatives by Drs to families requesting

ITU

YOU SAID

“waiting room lacked comfortable seating for long stays”

WE DID

The department introduced additional reclining chairs and a sofa. In addition, the relatives’ room was redecorated and made to feel as welcoming as possible.

DINMORE WARD

YOU SAID

‘Increase visiting hours’

WE DID

Changed visiting to 10am – 7pm

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.

There are now over 1000 FTSU Guardians in over 500 NHS primary and secondary care, independent sector organisations and national bodies. FTSU guardians have now handled over 100,000 cases since the National Guardian's Office first started collecting data in 2017. In 2023-24, WVT had over 115 cases with each providing an opportunity to learn and improve to 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 striving to meet the National Guardian's call to '*do as much as possible to push for positive change*'.

The Guarding 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.
- Expanded the FTSU Guardian role from part-time to full time.
- Delivering CSL sessions to 509 staff both Trust wide and bespoke to teams.
- Recruiting 60 more Champions taking us from 22 to 82 in the Trust. The aim is to have at least one Champion in each area.
- Creating a new way of speaking up via a QR code and confidential Survey

National Speaking Up Month

In the National Speaking up Month, October 2023, the FTSU team contributed to Staff Wellbeing week and attended the Foundation Group FTSU conference hosted by SWFT as well as promoting FTSU via the Trust's Safety Bites Bulletin within Trust Talk (the global weekly newsletter for staff). There was a stand in the staff canteen each week to both promote speaking up and recruit Champions. Several Executives attended to show their support for speaking up.

FTSU Quality Indicators

- 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 OSCE nurses.

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

Year of the Staff Survey	WVT Score	National/ Sector Score	Position Nationally
2022 Model Hospital/Staff Survey report	63%	62.5%	Quartile 3 - Mid-High
2023 Model Hospital/Staff Survey	Awaiting Publication	Awaiting Publication	Awaiting Publication

Totals for year 2023-24			
(Note numbers will not match number of cases as some have more than one data point associated with the case and some have none)			
Anonymous Reports	14	Suffered a Detriment	1
Bullying and Harassment	4	Worker Safety/Wellbeing	34
Patient Safety / experience	14	Inappropriate Attitudes and Behaviours	37

Six data points are included in the quarterly returns to the NGO by the FTSU Guardians that include Worker Safety (new in 2021-22) and Inappropriate Attitudes and Behaviours added for 2022 -23.

NHS Staff Survey 2023

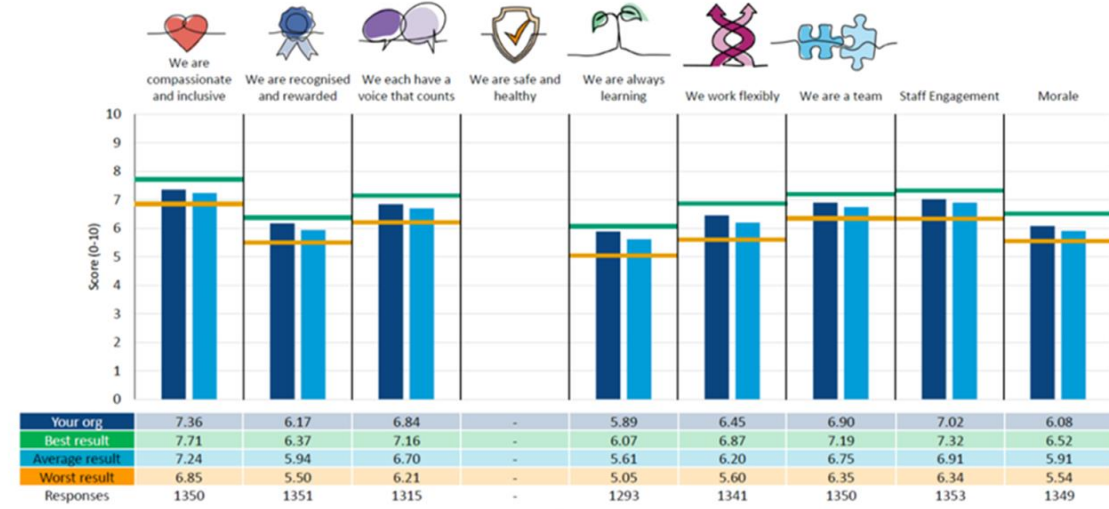
The NHS Staff Survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. Each year, the survey is conducted between October and November, with the results being published by March.

34% of our staff (1,356) participated in the 2023 survey.

Our results show good progress with above average results across all areas.

The following chart details the Trust's performance against the seven People Promise elements, benchmarking WVT results against the best and the worst performers within the benchmark group of Combined Acute and Community Trusts.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.chs.nhs.uk/quality/survey/documents/> for more details.

The 2023 data for WVT shows a **statistically significant higher change in five areas** highlighted below i.e. we are *recognised and rewarded*, we are *always learning*, we *work flexibly*, *staff engagement* and *morale*. This is reflective of the concerted efforts and investments we have made to improve these areas.

There is a reported increase in staff willing to recommend the NHS as a place to work. Similarly, the percentage of staff that would recommend their organisation as a place to receive treatment and care has also increased.

A summary of the 2023 results for WVT shows good progress with **above average scores in all areas of the survey** (*compassionate & inclusive, recognised & rewarded, voice that counts, safe & healthy, always learning, work flexibly, we are a team, staff engagement, morale*). This is attributable to a number of leadership, workforce & OD initiatives that have been implemented at the Trust over the past few years.

We will continue with the staff engagement work and initiatives across the Trust, divisions and directorates, that have proven to be successful over the last year, into 2024 and will be regularly monitoring and reporting on progress over the year.

Health & Wellbeing

Health and Wellbeing of our staff remains a high priority, and we have invested in trialling two roles to further support staff with their mental and physical health and wellbeing, i.e. a Staff Mental Health Wellbeing Nurse and a Staff Physiotherapy service. We continue to offer a range of support and initiatives accessible to all staff which include an Employee Assistance programme, access to NHS apps and support lines, face to face counselling and clinical psychology. We have built on Schwartz Rounds to support emotional and psychological wellbeing of staff and Halo Leisure instructors have further expanded their wellbeing programme offerings including walking groups and discounts to staff.

The Trust Board has now approved a Health & Wellbeing Strategy for the next 5 years which includes the key components shown in the diagram below:



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

Appraisals and Mandatory Training

The table below shows the Trust’s performance against statutory and mandatory training and appraisal as at end of March 2024. All areas are working to ensuring that appraisals are up to date by 30th June 2024.

	Target	Actual March 2024
Statutory and Mandatory Training	85%	88.4%
Appraisals	85%	70.8%

Recruitment and Retention

Recruitment and Retention continues to be one of the key areas of focus linked to the Trust’s organisational strategic objectives and we have made good progress throughout the year. During 2023/24, we have seen improvements particularly in our workforce retention levels which are now at 10%. 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 and we have recruited to target our international nurses and midwives.

We support our International nurses with a 12 month preceptorship programme where we have been awarded the 'Gold' Standard Quality Mark. We have expanded our Band 6 ward leadership as well and we now have 59 international nurses who have been successful in gaining senior roles within the trust. We have been successful in our International nurse recruitment programme, where we have recruited over 300+ nurses and have a strong 95% retention rate with many nurses going on to leadership specialist roles.

We continue to be focussed on working with our partners across Herefordshire and Worcestershire ICS in recruitment events and promoting careers.

We are proud to have been awarded the Pastoral Care Quality Award this year, which demonstrates the organisation's good reputation for the strong pastoral care and onboarding process of our international staff.

In addition, we have grown our collaborative working approach with the DWP with success stories of appointing staff to entry-level positions through our joint employment programme. The Trust has continued to show strong presence at a number of local, regional and national recruitment events.

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 – 1st rotation 02/08/2023 – 05/12/2023
Surgical Deanery Doctors**

Grade	Entitled To	Filled	Gap	
Surgical FY1	13	10.6	2.4	1 LTFT at 60% (40% gap). 2 vacancies
Surgical FY2	9	8.8	0.2	1 80% LTFT doctor leaving 20% gap in ITU
GPST	7	5	2	2 vacancies covered by LAS doctor
CTs	5	5	0	
ST	5	3	2	2 LAS doctors recruited to cover vacancies in O&G
ST3+	15	13.4	1.6	1 vacant post and 3 80% LTFT doctors (60% gap)

2nd rotation 06/12/2023 – 04/04/2024
Surgical Deanery Doctors

Grade	Entitled To	Filled	Gap	
Surgical FY1	13	11	2	2 LAS covered this gaps
Surgical FY2	9	8	1	1 LAS covered this vacancy in paed
GPST	7	5	2	2 vacancies covered by LAS doctor
CTs	5	5	0	
ST	5	3	2	2 LAS doctors recruited to cover vacanices in O&G
ST3+	15	13.2	1.8	1 LAS covered a vacancy in general surgery. 2 80% and 1 60% LTFT doctors (80% gap)

Table A – 1st rotation 02/08/2023 – 05/12/2023
Medical Deanery Doctors

Grade	Entitled To	Filled	Gap	
Medical FY1	22	21	1	1 LAS covered this gap
Medical FY2	12	9.8	2.2	2 vacancies covered with LAS doctors. 1 80% LTFT in ED (20% gap)
GPST	7	7	0	
IMTs/CTs	5	4.8	0.2	1 80% LTFT doctor (20% gap)
ST3+/IMT3	14	11.6	2.4	3 vacancies, 1 covered with LAS. 2 80% LTFT doctors (40% gap)

2nd rotation 06/12/2023 – 04/04/2024
Medical Deanery Doctors

Grade	Entitled To	Filled	Gap	
Medical FY1	22	19	3	3 LAS covered the gaps
Medical FY2	12	9.6	2.4	1 LAS covered gap. 2 80% LTFT (40% gap)
GPST	7	6	0	1 vacancy in ED
IMTs/CTs	5	4.8	0.2	1 80% LTFT doctor (20% gap)
ST3+/IMT3	14	10.4	3.6	3 LAS covered the gaps. 3 80% LTFT doctors (60% gap)

CELEBRATING CHANGE - HOW WE WORK TOGETHER AT WYE VALLEY NHS TRUST. NG217: EPILEPSY IN CHILDREN, YOUNG PEOPLE AND ADULTS

Epilepsy is one of the most common long-term neurological conditions in the UK, affecting 0.8% of the population; defined as the tendency to have recurrent seizures. NICE guidance NG217: Epilepsy in children, young people and adults, was developed with wide multidisciplinary input, to provide national guidelines and standards on the care for patients with epilepsy.

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, NG217: Epilepsy in children, young people and adults; and, NCEPOD released national audit “Disordered Activity? - A review of the quality of epilepsy care provided to adult patients presenting to hospital with a seizure”.



Aim: Determine the Emergency Department’s systems and responses for when a patient with epilepsy presents in the department with a seizure. Ensuring a core set of investigative evaluations are carried out, while developing a pathway protocol for both inpatients and those discharged to have a head CT (and EEG if not performed initially) for those adult patients with known epilepsy who meet criteria.

Aim 1: NCEPOD - Recommendation 5
NG217 – Recommendation 1.2: Specialist assessment and diagnosis

“Develop a core set of investigations for all patients who present to the emergency department with a seizure.”

Aim 2: NCEPOD - Recommendation 6
NG217 – Recommendation 1.3: Neuroimaging

“Develop a protocol that sets out the requirements for undertaking a EEG and CT scan of head in patients with known epilepsy.”



How was this achieved? Aim 1 – The protocol in place for patients presenting in ED with seizures was reviewed and updated to include carrying out a full detailed medical history, blood examination, 12-lead ECG to help identify cardiac-related conditions that could mimic an epileptic seizure; head scans - such as EEG, CT and MRIs.

Aim 2 – A review of the pathway and referral process from ED to radiology was undertaken, to develop a protocol that sets out the requirements for undertaking a head CT and EEG scan in patients with known epilepsy.

Both Aim 1 and 2 included the review and update of the epilepsy chart to ensure all tests performed met the advised criteria

Further and ongoing works: In Dec 2023, the Quality Standard QS211: Epilepsy was released – which will be reviewed over the next 12 months by the teams for comment; indicating whether any further clinical or quality improvement projects are needed to provide better service or to support potential business planning or expansion of service.

Who is involved?

- Emergency Department
- Neurology

- Clinical Epilepsy Team
- Radiology



Quality Priorities:

Review of the Previous
Twelve Months

Quality Priorities for 2023-24

The Trust identified eight quality priorities for 2023-24, 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. Reduce the incidence of avoidable hospital and caseload acquired pressure damage. 2. Improve VTE risk assessment. 3. To reduce Clostridioide infection rates and deliver our cleanliness strategy. 4. Improve management of the deteriorating patient. 	<ol style="list-style-type: none"> 5. Ensure the Trust meets best practice requirements for nutrition. 6. Ensuring patients receive timely critical medications. 7. Embed the MCA and DOLS policies and process in practice. 	<ol style="list-style-type: none"> 8. Using local and national intelligence to improve patient experience.



Quality Priorities - Safe

1. Reduce the incidence of avoidable hospital and caseload acquired pressure damage.

Pressure ulcers are the highest category of incidents and serious incidents the Trust reports. This remains a priority for improvement and an area of concern in relation to patient safety. The Trust committed to drive improvement in reducing harm caused from acquiring pressure damage with this Trust Quality Priority.

Over the past 12 months' a huge amount of change has occurred to move this quality priority forward.

Patient Safety Incident Response Framework (PSIRF)

The introduction of PSIRF in late 2023, witnessed the Trust amend its response to investigation of pressure ulcer cases as serious incidents and narrowed down the criteria for incidents that require a learning response.

The principles of PSIRF have enabled a significant reduction in resource burden for the Trust, whilst ensuring that the Trust must provide assurance through clearly documented improvement action plans that address our known issues that prompted the development of the patient safety priority.

Trust-wide Improvement

Key areas of improvement were identified last year to tackle the themes emerging from investigations. The past 12 months have witnessed the following key areas of improvement:

- **Change in resource in the Tissue Viability Team**

The Trust recruited a Band 4 Tissue Viability Nurse Assistant (TVNA). Their role focussed on pressure ulcer prevention through targeted improvement work with frontline staff. This has included understanding the specific issues (themes) in an area and developing focused education and practical support.

- **Education**

The increased capacity within the team has allowed for the development of a variety of education opportunities for staff including;

- Tissue Viability Link nurse day; highlighting the importance of wound assessment, education on the Wound Care Formulary; measuring wounds; various dressings techniques, therapy treatment in wound management, exudate management, lower limb bandage technique for inpatient settings.
- The Tissue Viability team held a 'Coroners Court' study day. This covered the significance of documentation and the importance undertaking risk assessments. It was very well attended – 100 members of staff
- Tissue Viability Link nurse day, 25th April 2024 is continuing with the theme wound assessment and management; highlighting the importance of nutrition to aid wound healing; interactive sessions on the categorisation of pressure ulcers; Active 2 mattress education.
- There will be daily tissue viability training sessions for two weeks following National Nurses Day to continue to celebrate this national event and maintain a focus for staff on good nursing care.

- Participation in Clinical Practice Weeks.

In addition, issues were identified out of incident response findings or targeted improvements as planned, with evidence of quality improvement being made:

- **Failure to identify long periods of immobility (long lie) when it is not a patient who has had a fall**

This issue predominantly emerged from long waits in ED. The past 12 months have seen management of pressure damage and prevention improve in ED where patients continue to experience delays.

- **No evidence of consideration of equipment to prevent skin damage/delay in providing appropriate pressure relieving equipment**

The Trust now understands this issue, establishing this links to a lack of consistency in understanding equipment requirements in the acute setting. The tissue viability team have organised mattress education for acute staff, across all wards demonstrating how to use equipment. The team have received very good feedback regarding this education. To support the tissue viability team who are planning to audit every inpatient area and focus communication and education around equipment.

- **Failure in photographing the wound and no clear documentation of the wound**

The Trust is now seeing improvements in wound documentation in noting and within incident reviews. The TV team have developed a presentation on 'how to take a photograph' on the TV page on WVT intranet for all staff to access.

- **Staff not recognising the various types of skin damage and sending inappropriate referrals to the Tissue Viability service**

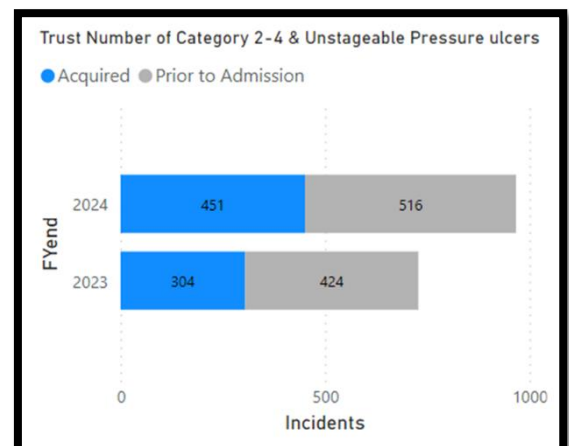
The team have witnessed referrals being received that should be directed to other specialist services. The tissue viability team have been engaging with those services to develop referral pathways to streamline the process and promote more timely and effective review of damage by the appropriate specialist service.

Despite the introduction of the above mentioned improvements, they have not yet generated demonstrable improvement with incidences of harm increasing, however The Trust is in a better position to analyse the level of harm and have a targeted, localised approach to improvement.

Our data for 23/24 in the chart opposite shows in category 2-4 and unstageable pressure ulcer incidents there was a:

- 48% increase in avoidable pressure care incidents (147 incidents)
- 33% increase in the total number of incidents reported
- 5% increase in the proportion of acquired pressure ulcers from 42% in 2022-23 to 47% in 2023-24.

NB data includes 13 incidents in 2022-23 assumed category 2-4 as recorded as Device related pressure ulcer developed or worse in our care but no category given.

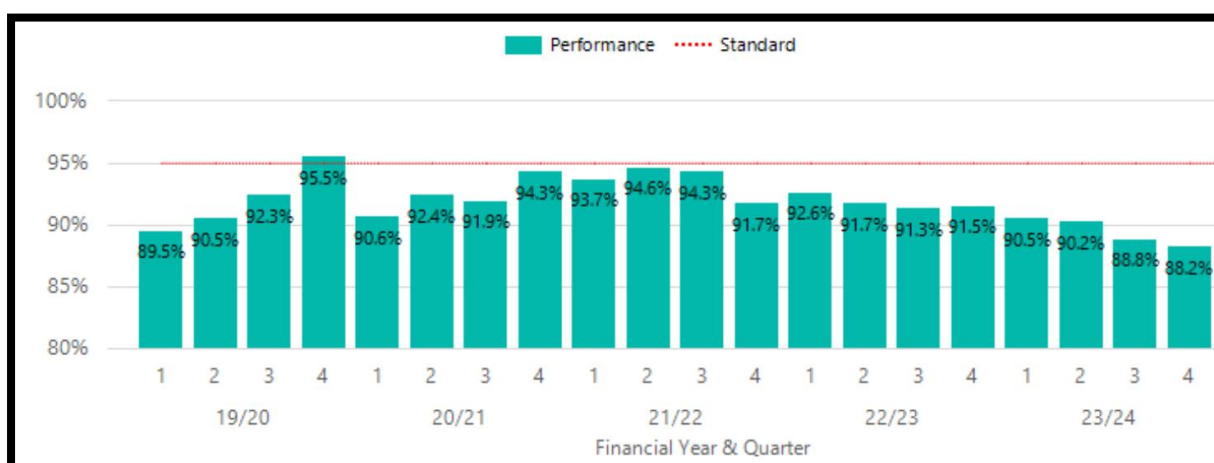


The next 12 months will see the Trust continue to focus on reducing pressure area damage and the improvement work already introduced. By refining the quality priority to focus on 'Reduction in cases of grade 2 pressure ulcers' in 2024-25 to support the patient safety priority 'Deterioration of moisture associated skin damage (MASD) to Category 3, 4 and Unstageable pressure ulcers.

2. Improve VTE risk assessment

Venous thromboembolism (VTE) consists of Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE). Both DVT and PE are significant contributors to preventable in-hospital mortality. For prevention of VTE among patients being admitted to hospital, VTE risk assessments are required to be undertaken on admission followed by administration of thromboprophylaxis if required.

The national target for completion of VTE risk assessments on admission is 95%, the table below shows the Trust compliance for screening, which remains below national standard.



VTE Risk Assessment compliance – Trust Overall Quarterly

Next Steps : Improvement Plan

2023-24 enabled our newly appointed Chief Medical Officer and Deputy Medical Officer to understand the requirements needed to move this quality priority forward, the following improvements and actions have been identified:

- The Trust continues its aim to be an exemplar site and has approached the VTE Specialist Network to help achieve that via a recognised buddy system.
- The MAXIMS system undergoes an upgrade expected early Summer 2024 which will directly link the Risk assessment tool to our Electronic Prescribing & Medicines Administration (EPMA) system.
- Review of VTE status to be part of board ward round/post ward round huddle. Patient level status is available on whiteboard.
- Sharing the compliance data on a regular basis with the Divisions/Directorates. Clinical leaders to take ownership and accountability. In development is a live dashboard of compliance which centralises the real-time inpatient dashboards and includes more visual and targeted KPI content for many points including VTE.

- Conducting educational sessions to increase awareness and address concerns.
- Creating and communicating educational material on VTE risk assessment completion to frontline staff.
- Incorporating VTE risk assessment in induction of all new clinical staff.
- Explore process to screening all medical admissions daily and providing timely feedback to the physicians to complete the assessment.
- All (PE) deaths will be subject to Structured Judgement Review.
- Thrombosis committee to be reinvigorated, to lead on the improvement plan and continue to review all Hospital Acquired Venous Thromboembolism (HAVTE) to ensure lessons learned and disseminated.

To enable the above improvements to be implemented allowing the Trust to improve its VTE risk assessment compliance this quality priority will continue in 2024-25.

3. To reduce Clostridioides infection rates and deliver our cleanliness strategy

1. Reducing Clostridioides infection rates

NHS Improvement (NHSI) released the official Clostridioides difficile infection (CDI) objective for 2023-24 for Wye Valley NHS Trust in April 2023. The total threshold for both Hospital and Community onset healthcare associated CDIs linked to Wye Valley NHS Trust has been set at 43 cases. This is a reduction of one case from last year's threshold.

Progress made with CDI rates of infection

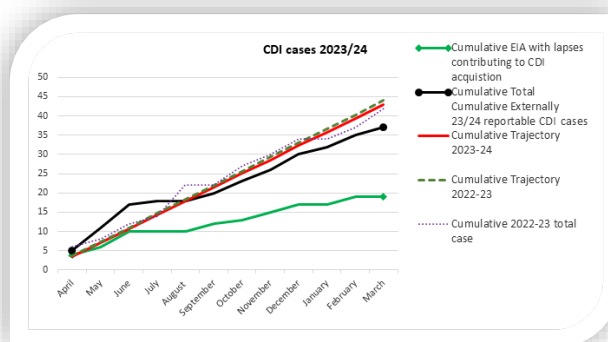
At the end of 2021-22, the Trust was an extreme outlier for CDI rates compared to other Trusts in the region and nationally.

NHSE report the Trusts CDI counts and 12 months rolling rates of hospital onset – healthcare associated cases as 38.13 per 100,000 bed days October - December 2023.

Apr to Jun 2020	Jul to Sep 2020	Oct to Dec 2020	Jan to Mar 2021	Apr to Jun 2021	Jul to Sep 2021	Oct to Dec 2021	Jan to Mar 2022	Apr to Jun 2022	July to Sept 2022	Oct to Dec 2022	Jan to March 2023	April to June 23	July-Sept 23	Oct to Dec 2023
26.51	56.82	13.11	40.21	48.61	26.22	43.71	71.49	35.35	26.22	39.34	33.41	82.60	10.89	38.13

NB. Some of the high rate recorded over the last few years, may be explained by the fact that the denominator for the rate is taken from the KH03 occupied overnight bed data and does not include the community hospital beds.

The Trusts year to date, overall Trust performance was 37 cases. This is under the Trust threshold for 2023/4.



To achieve this improved position, the Trust implemented the following actions:

- All CDI cases are reported via our incident reporting system.
- The Infections Prevention team (IP team) continue to undertake a post infection check of the clinical environment within 2 working days of CDI acquisition/reporting in order to identify and address any immediate concerns.
- The Informatics team continue to develop a formula and data set that will enable the trust to monitor the CDI rates of infection based on the entire bed base within the organisation.
- The Lead Infection Prevention Nurse participates in the NHSE Regional Task and Finish Groups focusing on CDI improvements.
- The Infection Prevention service has developed an Infection Prevention Improvement Plan which supports best practices for CDI management and prevention.

2. Delivering our Joint Cleanliness Strategy

The Joint Cleanliness Strategy was developed 2022-23.

2 Year Aim	To improve overall cleanliness through strategic stakeholder engagement				
What do we need to achieve?	Visibility of Delivery	Improved SOPs that incorporate clear accountability		Clear Monitoring outputs	
Key Strategic Priorities	Develop a transparent and integrated Cleaning schedule	Implement SOPs inline with National Cleaning Standards	Develop a robust monitoring system with clear outputs	Deliver exceptional patient service through cleanliness	Continuous improvement patient/visitor touchpoints
Where are we now?	Several versions of the truth. Lack of stakeholder understand at all levels	Individual SOPs for task, transition period to NCS, failure of NHSEI audits	Several monitoring processes, too much data, results not impacting audits	Several capturing processes, too much data, results not impacting audits	No joint approach to risk: no stakeholder innovation platform
Key Objectives	<ul style="list-style-type: none"> Clinical/Trust/Sodexo cleaning teams have an integrated cleaning schedule that satisfy NCS and external Auditing Develop and Implement a robust mechanism to provide visibility of completion of daily/weekly/monthly tasks 	<ul style="list-style-type: none"> Create a standardised uniform approach to cleaning through all stakeholders Agree across all stakeholders, NCS output versus current output Provide robust SOPs that deliver on all Auditing requirements 	<ul style="list-style-type: none"> Create a joint monitoring team between all stakeholders Align monitoring systems to produce clear management data Improve audit results through a robust monitoring system 	<ul style="list-style-type: none"> Use and agree existing data capture methods (Experientia, Place inspections, national inpatient surveys, family and friends feedback (text) to inform/drive cleanliness strategy Develop management data that clearly impacts overall cleanliness and audit results 	<ul style="list-style-type: none"> Create patient/visitor journeys for the hospital, understanding patient/visitor flow Identify risks to cleanliness through current/future practices Develop an overall process to capture innovation
Major Action Points 2022/23	<ul style="list-style-type: none"> Review/ Recommunicate responsibility matrix Agree method to capture a joint cleaning overview and establish mechanism to capture data Create a shared reporting system Review external audits (NHSEI/COCI) agreeing actions for input into schedules 	<ul style="list-style-type: none"> Produce new SOPs inline with NCS input (task and area specific) Devise area based overviews based on a task based approach from all stakeholders, aligning where possible e.g. Cleaning materials used 	<ul style="list-style-type: none"> Establish a joint monitoring team Agree on system to use to capture data Complete a gap analysis between NCS monitoring and NHSEI audit result, implementing results into monitoring program Agree KPIs that satisfy contractual agreements and deliver improved cleanliness 	<ul style="list-style-type: none"> Reinstall Senior team walkarounds Review systems used to capture customer data and agree how to combine/utilise outputs to impact cleanliness Establish a patient feedback dashboard from all sources, include Sodexo national feedback 	<ul style="list-style-type: none"> Devise, create and implement a cleanliness risk register supporting delivery of the cleanliness strategy Create a stakeholder steering group that captures/reviews key data, and discusses innovation. Develop patient / visitor sample journeys to establish strategic function.
Underpinned by our values	SODEXO - Service Spirit – Team Spirit – Spirit of Progress TRUST – Compassion – Accountability – Respect - Excellence				
Enablers	Sodexo central team support				
Driven by our Mission Statement	To provide a quality of care we would want for ourselves, our families and friends				

Progress against the strategy has been largely positive. NHSE have continued to provide ongoing support in the form of regular supervision to the lead IPC nurse, development sessions for the team and peer review visits. The Trust is still under enhanced support from the regional team and will continue to focus on cleanliness during 24/25. Monitoring of progress will be through the overarching improvement plan and enhanced local audit and surveillance with further embedding of joint monitoring with Sodexo colleagues.

4. Improve management of the deteriorating patient.

NICE guidance on acutely ill adults in hospital: recognising and responding to deterioration (2012) recommends that adult patients in acute hospitals should have physiological observations recorded at first assessment or admission and at regular intervals. NEWS, (National Early Warning Score), which is the 'Track and Trigger system' endorsed by NHS England is a scoring system that measures 6 physiological parameters;

- Respiration rate
- Oxygen saturation
- Systolic blood pressure
- Pulse rate
- Level of consciousness or
- New-onset confusion and temperature.

A score of 0, 1, 2 or 3 is given to each parameter. A higher score means the parameter is further from the normal range. Appropriate clinical responses are given for threshold – see diagram opposite.

NEWS Score	Frequency of monitoring
0	Minimum 12 hourly
Total: 1- 4	Minimum 4 - 6 hourly
3 in single parameter	Minimum 1 hourly
Total: 5 or more Urgent response threshold	Increased frequency to minimum of 1 hourly
Total: 7 or more Emergency response threshold	Continuous monitoring of vital signs every 15 minutes

In children, the PEWS (Paediatric Early Warning Score) chart is used whilst in Maternity; the MEWS chart is used to document the observations.

Progress to date

The Trust has focused the past twelve months on quality improvements that target the 3 key areas that affect outcome of deteriorating patients. These are:

1. Detection of deterioration
2. Escalation of deterioration
3. Quality of response to deterioration

The following has been achieved over the past 12 months:

1. Dashboard development

Focus has been on developing an information dashboard, which is now live in the Emergency Department. The intention is it is available to the wards in order to monitor their NEWS scores along with other key indicators to help highlight deterioration and potential deterioration so action can be taken, as well as provide statistics for performance across the Trust. The Trust is currently awaiting feedback following initial usage.

The dashboard will allow drill down to RLQ level, and further development is currently being undertaken in order to incorporate the new PEWS as well as MEOWS scores from the BadgerNet system.

2. Monitored beds

The Trust is currently assessing the available options regarding adding monitored beds, reviewing the pros and cons. Discussions have taken place with other Trusts to understand

what approaches have been used elsewhere and how those approaches function in the day-to-day running of the Trust.

Next steps will be an options appraisal to aid decision making.

3. CQUIN

Alongside this quality priority for 23/24, the Trust selected the CQUIN 'Recording of and response to NEWS2 score for unplanned critical care admissions. The national compliance measure was 10%-30%.

The Trusts CQUIN results showed an increase each quarter except for Q4 where there was a decrease, however, still producing results in excess of the national compliance measure. The main failures occurring were in the recording of the time of escalation and the time of clinical response; proposed actions for improvements are discussed at the Deteriorating patient committee to take forward.

No	Area	CQUIN	Compliance Measure	Q1	% Q1	Q2	% Q2	Q3	% Q3	Q4	% Q4
CQUIN 07	Trustwide	Recording of and response to NEWS2 score for unplanned critical care admissions	10% - 30%	●	26%	●	45%	●	76%	●	62%

4. 24/7 Outreach Service

There is a national target for all hospitals to provide this service. The Trust has presented a business case for a 24/7 Outreach service to Trust Management Board.

The aim of this team is to take a proactive approach, visiting wards and monitoring NEWS scores to be able to make contact in circumstances where patients are deteriorating, in addition there is ongoing work to enhance how this service is utilised, for example to assist with NIV.

Work will continue into 2024-25, with the introduction of Martha's Rule, allowing next of kin to seek a second opinion if they feel their loved one is deteriorating.

5. Rolling out of SBAR as a communication tool

The SBAR tool is going to be built into Maxims from April 2024. Discussions are currently ongoing for the training strategy.

6. Education and Training

Compliance with NEWS2 Training by specialty will be monitored in future Deteriorating Patient Committee meetings as compliance to ALS/APLS/ATLS courses. The Acute Illness Management (AIMS) is being rolled out, though not compulsory.

Discussions continue as to how we ensure we link learning from incidents/complaints into training program of junior doctors. Case scenario training for ED doctors is due to start soon.

Quality Priorities - Effective

5. Ensure the Trust meets best practice requirements for nutrition

Nutrition was a quality priority for the Trust for 2022/23 and remained a quality priority for 2023/24. The scope of the priority for 2023/24 included the following 8 measures/projects, significance progress has been made in terms of developing the governance and oversight arrangements, some of these changes are detailed below against each measure.

1. Nasogastric (NG) Management

Current position – Nasogastric management (NG)

The Nutrition Specialist Practitioner (NSP) has worked across divisions to provide expert support and is leading on NG placement/management.

Work continues with the Education team to produce a theoretical training package around confirmation of nasogastric (NG) tube placement by chest x-ray.

An Enteral Feeding Care Plan is available as an ICP for nasogastric, nasojejunal, jejunostomy, PEG and RIG routes. This allows nurses to meet expectations to complete the safety checks and document in the care plan for all patients receiving enteral nutrition before accessing the tube.

The revised Nasogastric (NG) Management policy is progressing through governance authorisation and will be available soon.

Current position – Parental Nutrition

The peripherally inserted central catheter (PICC) service has been extended to PN patients, allowing for improved patient experience, decreased infection risk and improved outcomes.

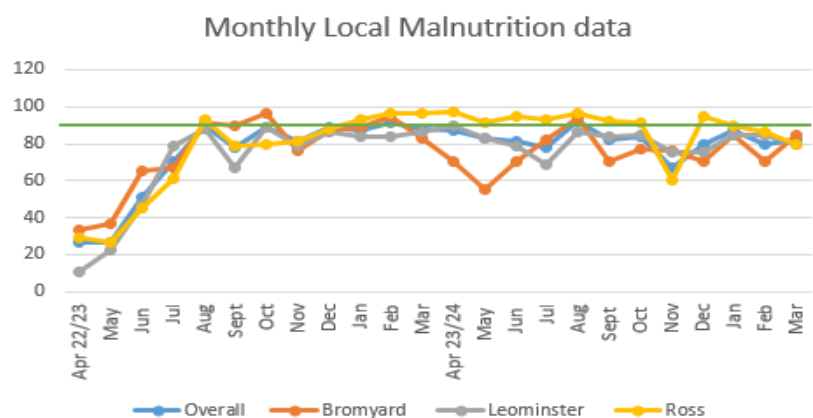
2. MUST CQUIN scores for community hospital and county site – to ensure sustained improvements in community hospitals and audit improvement on the county site.

Current position

This CQUIN was selected in order to identify correct application of the assessment tool and documentation thereof in our community hospitals.

Although the starting position was poor, the community hospitals showed great and largely sustained progress through 22/23. This CQUIN target remained for 23/24 and, although the scores at Bromyard have been more volatile, it has been pleasing to see these scores increasing again and largely being maintained at a higher level.

The County Hospital has an ongoing annual audit of MUST completion and assessment.



3. Development of a digital dashboard

Current position

As part of Digital Nurse Noting, a ward dashboard has been developed, which will identify initial completion of patients' MUST scores. This innovation provides real time assurance/ oversight for ward managers and overall assurance to the Board and is superior to sample note audits in terms of data collection.

4. Ongoing audit of quality of MUST completion

Current position

The Lead Dietician continues to check the quality of MUST tool completion and associated actions on a rotational basis throughout the county hospital and community hospital wards.

The annual WVT MUST audit was completed in December 2023, results have shown an improvement in the number of MUST tools being completed within 24 hours of admission and recoding a weight for each patient. Next steps are to focus education on accuracy and importance of completion of the tool.

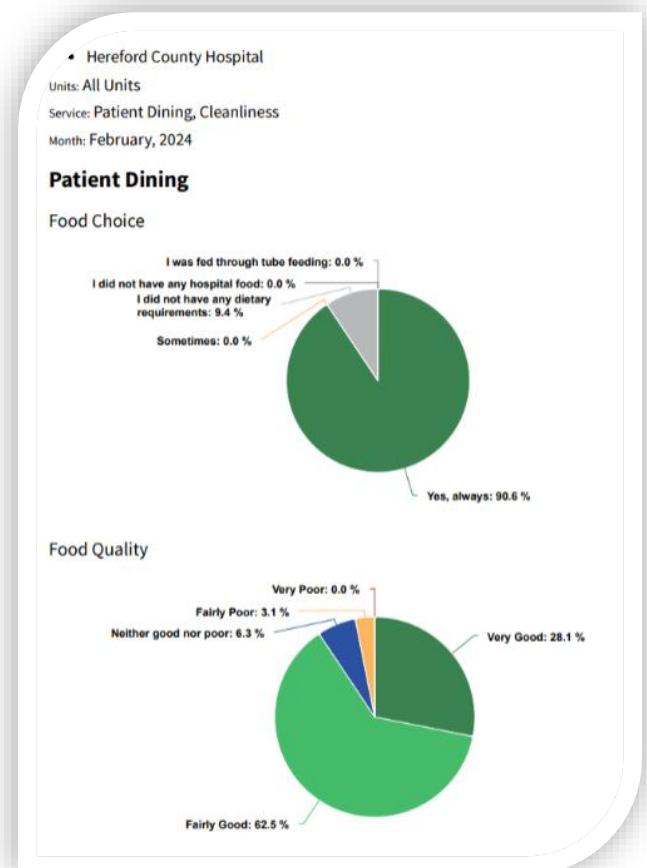
5. Improved food scores within in patient surveys

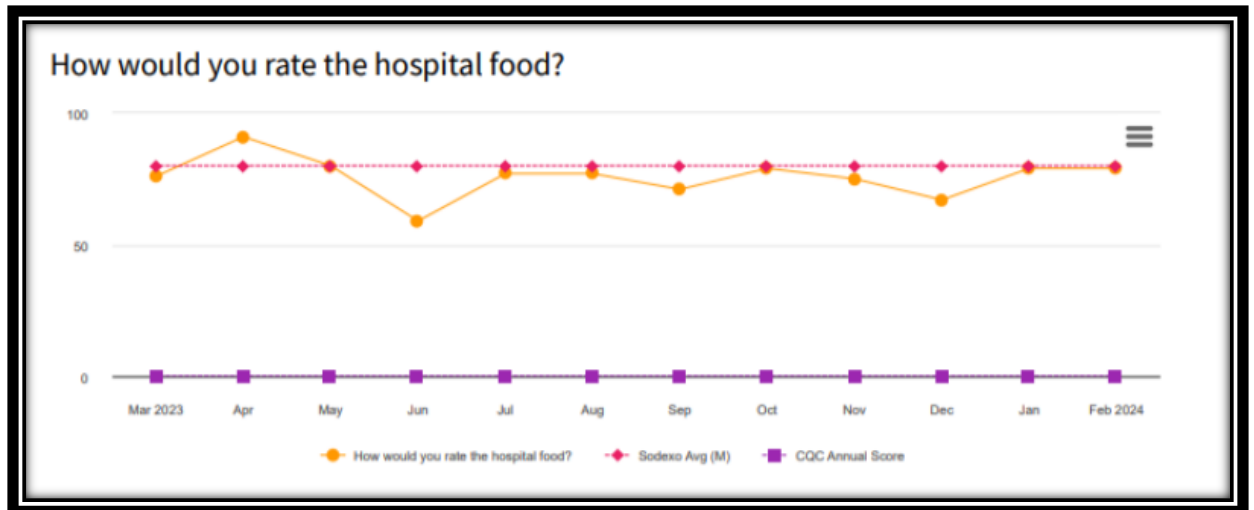
Current position

WVT Estates team and Sodexo are regularly auditing meal services/food provision. Opposite is an extract from the patient nutrition meal service audit for the County Hospital site for February 2024. The adjacent chart indicates good results with sustained improvements.

Patient Led Assessments of the Care Environment (PLACE) are a further source of intelligence relating to patient feedback on food. PLACE audits were completed in the latter part of 2023 and the results recently published. High level analysis of the latest PLACE data indicates lower combined food results than the national average. Additional analysis and action plan to address concerns is awaited.

The chart below indicates good results currently with sustained improvements.





6. National Standards for healthcare food and drink

Current position

A gap analysis has been undertaken against the eight key standards contained within the NHS England publication “National Standards for healthcare food and drink”. Recommendations have been identified with actions required to meet these standards and a working group set up to compile our own WVT Food & Drink strategy. Progress will be monitored by the Nutritional Steering Group and escalated appropriately.

7. Consider feedback and compliance following the launch of the mouth care guideline and national survey.

Current position

The mouth care guideline is now established within WVT as best practice. There is ambition to include more information regarding mouth care and dysphagia within our Health Care Support Worker (HCSW) induction programme. Details of note audits and feedback from the national audit will feed into the Nutritional Steering group as part of business as usual governance for nutrition and hydration.

8. Consider the development of bespoke surveys focussing on food provision.

Current position

A bespoke survey is to be developed, in the interim food provision is analysed by the Nutritional Care Group who report into the Nutritional Steering Group. A bespoke survey is still to be considered due to the contradictory initial data from the National Patient Survey which indicates poorer results than the Sodexo survey results.

This past 12 months has seen quality improvement introduced at pace and the Trust is keen to continue this in 2024-25.

6. Ensure patients receive timely critical medications

Whilst the Trust acknowledges that there are a number of timely critical medications, the foundation group signed up to the national Parkinson’s medication campaign to improve safety of patients with Parkinson’s disease when in our care, this became the initial focus for the Trust and this priority.

The aim of the priority was:

- To reduce missed and delayed doses of critical medications.
- To work with Foundation Group colleagues to improve the care of Parkinson's patients by ensuring their medications are received on time every time.

Data so far

Data collation commenced in May 2023 and information distributed to divisions, sisters and matrons to enable targeting of good practice and areas to

	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Total	1263			1293	1077	1182	817	988	1498
Administered 30 - 60 mins	14.17%			15.93%	10.68%	10.83%	17.26%	12.25%	10.55%
Administered 60 - 120 mins	5.54%			9.20%	6.50%	5.41%	7.22%	6.48%	4.67%
Administered 120+ mins	1.19%			4.49%	2.32%	3.64%	3.06%	2.53%	1.87%
Missed Dose*	1.35%			1.47%	0.84%	1.27%	1.84%	0.81%	1.47%
Other Omitted	3.80%			1.78%	1.86%	1.61%	1.84%	1.82%	2.54%

*True Missed (Combined - Deferred and not administered, Medicine unavailable, Patient unavailable)

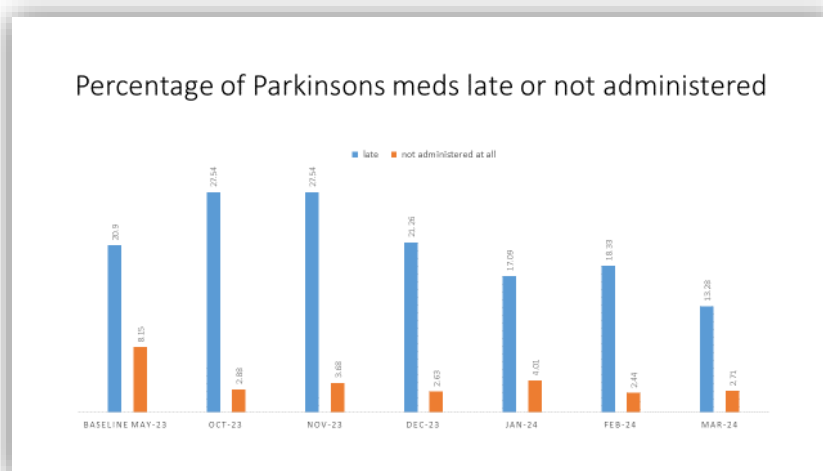
develop with the aim to reduce missed doses and drive forward awareness across the Trust for the importance of timely critical medication.

Jan-24	Administered	30-60 mins	60-120 mins	Over 120	Missed Dose*	Other Omitted
Medical	721	95	50	16	10	22
Surgical	166	20	11	3	4	5
Integrated Care	611	60	19	14	8	11
Surgical/Medical	2	1	0	0	0	0
Grand Total	1500	176	80	33	22	38

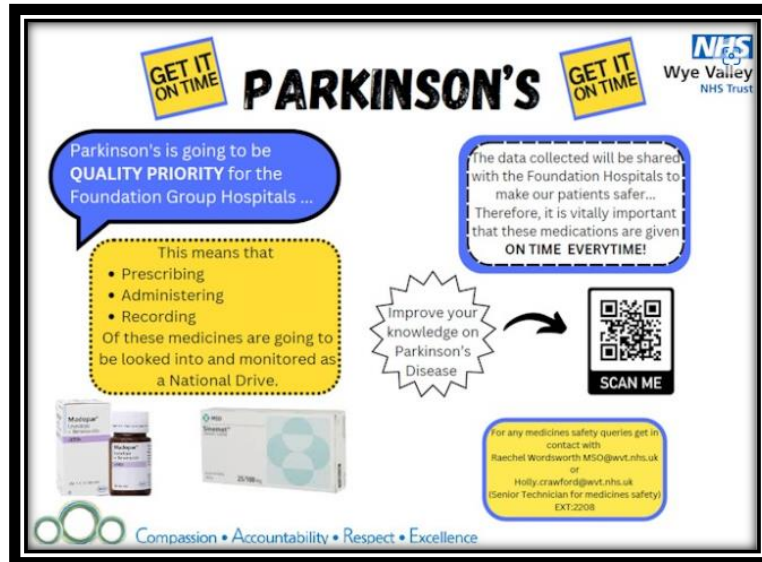
Dec-23	Administered	30-60 mins	60-120 mins	Over 120	Missed Dose*	Other Omitted
Medical	562	80	45	17	6	12
Surgical	150	16	14	6	1	4
Integrated Care	255	28	11	6	1	2
Surgical/Medical	9	2	0	0	0	0
Grand Total	976	126	70	29	8	18

For the period May 2023 to January 2024, our reporting system has been able to identify the following progress made, this includes:

- Doses delayed beyond 30 mins improved from 20.9% to 17.09%
- Omitted doses for specific reason (e.g. Nil By Mouth, Patient refused) improved from 3.8% to 2.54%.
- Since the Quality Priority commenced there has been a reduction in Parkinson's medication being administered late or not administered at all, see chart below:



In addition to the data shared, the Medicines Safety Officer (MSO) has conducted an extensive communication campaign via Trust Talk, screen savers, directed ward visits personally and via Medicines Champions. In addition, raising awareness at FY1/FY2 training sessions and the creation of a number of flyers and alerts which have been shared, see below flyer.



Whilst some progress has been made over 2023-2024, the Trust and our Pharmacy team continue to take our ability to ensure patients receive timely critical medications seriously. Therefore, we will see this priority continue in 2024-25.

7. Embed the MCA and DoLS policies and process in practice

This was a Trust Quality Priority for 2022-2023, being extended through to 2023-2024.

The Adult Safeguarding Team have experienced unexpected staff shortages during 2023-24, which has affected progress with this quality priority. Despite this, improvements have been introduced and future work has been identified in the following areas:

1. Training

There are three sources of training which are currently provided to staff:

- Online
 - Mental Capacity Act e-learning training
 - Deprivation of Liberty Safeguards e-learning
- Bespoke training sessions via Microsoft Teams or face to face
- Clinical practice weeks – bite sized training delivered in the clinical setting

MCA & DoLS eLearning is not mandatory training, yet 'badged' as essential to role where applicable. Uptake is reported through Finance & Performance Executive (F&PE) and data disseminated by HR Business Partners to all managers and divisions.

Attendance at monthly or bespoke training sessions has been mandated following any escalation of concerns or incidents where best practice was not followed when implementing the MCA or DoLS.

There has been a marked increase in the uptake of training in recent months and the clinical practice weeks are evaluating well.

2. Internal audit

An internal audit was carried out in December 2023 reviewing the policies related to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS); the audit also included a survey to evaluate staff understanding. The response rate to the survey was low and the internal audit recommends that this is repeated on an annual basis.

In addition, the specialist team plan to audit patient records in order to review how MCA and DOLs is applied in practice and the robustness of documentation.

The internal audit also recommended changes to the associated policies and these have been updated.

Given the complex nature and legal frameworks associated with the application of the MCA and DOLs in practice this work will be an area of focus on an ongoing basis. Moving forward the Trust's Quality Committee will receive updates on audit and survey findings and training uptake through the Safeguarding Adult Quarterly Reports.

Quality Priorities - Experience

8. Using local and national intelligence to improve patient experience

The Quality Account has detailed the use of the Friends and Family Test service to gather real time feedback, how we respond to complaints and results of national patient surveys.

In 2023-24, the Trust relaunched the Patient Experience Committee to provide oversight in all aspects of patient experience. The meetings provide the opportunity to triangulate the information we receive from all data sources to generate improvement projects.

A key area of concern and feedback from service users, and their families or carers related to missing patient property whilst an inpatient. This can cause a lot of distress to patients and families. The committee commissioned a project to review Trust processes for securing patient property and documenting decisions as to how patients would like to store their property during their stay. It was identified that the Trust policy, processes and records were out of date and did not align with the use of an electronic patient record to detail patient property and how it should be secured. Using quality improvement methodology a new property form and disclaimer is being trialled in the Emergency Department, where the majority of patients start their stay with in hospital. The project is ongoing but the Trust are committed to improving the storage of patient property.

This is one example of how the information we receive and seeking to improvement in our services.

Improvements to our complaints process have focussed on engaging with those who have had a poor experience at the earliest opportunity and offering to discuss the issues raised face to face or over the telephone to ensure we fully understand the concerns and the resolution the complainant it seeking. Taking this time to speak to service users and their families or carers makes a difference to their experience of resolving concerns but also ensures the Trust provides a detailed and open response to the complaint. The impact of this has meant the quality of responses have improved, which is seen in the reduction of complaints re-opened.

The committee recognises there is more the Trust can do to improve patient experience and going into the year ahead have refined and focussed the aims of our priority seeking to improve our responsiveness to all sources of patient feedback, providing a wealth of opportunity to develop quality improvement projects and maintain the momentum generated this year in engaging with services users and improving their experience of care and treatment at the Trust.

Quality Priorities: The Year Ahead

Our objectives 2024/25



QUALITY

- **Develop a business case and implement our blueprint** for integrated urgent and emergency care with our One Herefordshire partners
- Work with partners to **ensure that patients can move to their chosen destination rapidly**, reducing discharge delays
- Work with partners to **deliver the improvement plan for Children's services**



WORKFORCE

- **Deliver plans for 'grow our own' career pathways** that provide attractive roles for applicants
- **Increasing the number and quality of green spaces for staff and improve the catering offer** at the County Hospital in order to improve the working environment for staff
- **Embed EDI objectives in our performance appraisals** in order to make a demonstrable improvement in EDI indicators for patients and staff



PRODUCTIVITY

- **Deliver our Elective Surgical Hub project** and associated productivity improvements in order to increase elective activity and reduce waiting times
- **Continue our Community Diagnostic Centre project, ready for Summer 2025** in order to improve access to diagnostics for our population
- **Create system productivity indicators** to understand the value of public sector spending in health and care



DIGITAL

- **Implement an electronic record into our Emergency Department** that integrates with other systems
- **Deliver the final elements of our paperless patient record plans** in order to improve efficiency and reduce duplication
- **Maximise the functionality of EMIS** with 1H partners and the shared care record



SUSTAINABILITY

- Work with Group partners to **identify fragile services and develop plans to make them more sustainable** utilising the scale of the group and existing networks
- **Redesign selected services to focus more on prevention** in order to reduce secondary care activity
- **Build our integrated energy solution** on the County Hospital site to reduce carbon emissions



RESEARCH

- **Increase both the number of staff that are research active and opportunities for patients to participate in research** through our academic programme in order to be known as a Research active Trust
- **Continue to progress our plans for an Education Centre** in order to develop our workforce and attract and retain staff

@WyeValleyNHS

@WVTNHS



QUALITY PRIORITIES 2024-25

Safe	Implementing the NatSSIPs2 standards and improving management and oversight of safety in relation to interventional procedures	Ensure patients receive a timely VTE risk assessment in line with NICE guidance
	Reduction in cases of Grade 2 pressure ulcers	Improving care of deteriorating patients and implementing Martha's rule by January 2025

Experience	Improve responsiveness to patient experience data
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Effective	Implement Quality Improvement project to target high-risk time critical medication as locally defined	Fully implement the 'Get it on Time' campaign for Parkinson's medications
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PATIENT SAFETY PRIORITIES 2024-25

WVT Patient Safety Priorities				
Tissue Viability incidents – Deterioration of moisture associated skin damage to G3/4 or unstageable pressure damage	Inpatient falls In patients with dementia, delirium or a known high risk of falls	Delays in assessment, diagnosis or treatment Responding well to clinically changing conditions	Admissions and discharges Incidents relating to the movement of patients, particularly delays to follow up	Medication incidents Incidents relating to the failure of administration of critical medications

External Statements of Assurance



Statement of Assurance from NHS Herefordshire and Worcestershire ICB regarding Wye Valley Trust Quality Account for 2023-2024

Herefordshire & Worcestershire Integrated Care Board (HWICB) welcomes the opportunity to review and comment on the Wye Valley NHS Trust (WVT) Quality Account for the period covering 2023/24.

The Quality Account provides WVT with the opportunity to look back on the past year, reflect upon the successes and progress made with improving quality and make an honest assessment of the areas where a continued focus is required.

HWICB recognises the service developments reflected within this Quality Account for 2023/24, especially considering the ongoing challenges being faced. WVT continue to be a lead partner in driving improvements in integrated care for the benefit of people across Herefordshire and neighbouring boundaries including Powys.

The improvement in services and outcomes for parents and babies led by the trusts Maternity team are to be congratulated. The Local Maternity and Neonatal System (LMNS) recognise the improvement achieved to be afforded the Care Quality Commission (CQC) rating of 'Good' and that this has been further supported by the results of the national survey.

HWICB welcomes the trusts intention to continue their commitment to continuous quality improvement through increasing the central triangulation of insight and learning. Progress on this has been demonstrated through the evidence of action being taken in response to engagement with national and local audit (including the National Audit of Care at the End of Life). It is encouraging to see recognition of where teams have excelled in practice but also where there is commitment to further improvement.

The outcomes of the staff survey, including the seven elements of the NHS Peoples Promise reflect the impact of the trusts continued efforts to invest in the wellbeing of the workforce. This demonstrates recognition of the connection between engaged staff and the delivery of safe and compassionate care. The resulting impacts on workforce metrics such as retention and reductions in staff vacancies are also showing good progress.

The Quality Account reflects a recognition that the CQC inspection undertaken in their Emergency Department indicated that an increase in pace was required for improvements in some areas of practice previously identified by the trust. The CQC's re-inspection reflected information available to HWICB that demonstrated the results

of the implementation of a clear and robust plan to support sustainable improvements in the delivery of patient care. HWICB would like to express their continued support for these changes and commend the Emergency Department and Medical Division staff team for their dedication to improving patient care.

HWICB are pleased to have worked collaboratively with the trust in their work to introduce new processes to launch and embed the Patient Safety Incident Response Framework at the end of 2023. We are in full agreement with the Trust's identified priority areas, including across areas where progress during 2023/24 helped to more clearly understand the nature of underpinning factors whilst not yet being able to influence a change in outcome. Engagement in Integrated Care System, HWICB and WVT led forums have supported an ongoing dialogue and transparency between the trust and commissioners to reach agreement for the areas that require a focus going into 2024/25. This includes the review of revised National Safety Standards for Invasive Procedures (NatSSIPS 2), a continued focus on Venous-thromboembolism (VTE) assessment and reducing the incidence of hospital acquired avoidable harm.

Independent reviews into the safety of care in the NHS in England have again during 2023/24 brought into sharp focus the importance of listening to the patient voice. HWICB are highly supportive of the trusts ambition to further strengthen how they triangulate and demonstrate improvement in their response to patient feedback during 2024/25. We look forward to seeing progress with the quality and trust priorities identified in this Quality Account in conjunction with the embedding of the Patient Safety Incident Response Framework and associated patient safety priority improvements.

In conclusion it is the view of HWICB that this Quality Account reflects the commitment of WVT to ensure continuous quality improvement and to work to address key issues in a focussed and innovative way.

HWICB are satisfied the Quality Account for 2023/4 provides a clear and accurate statement which is a representative and balanced reflection of the safety, effectiveness and experience of healthcare provided by WVT.

We look forward to continuing the productive working relationships developed with the Trust and to witnessing during 2024/25 the outcomes that can be achieved as the trust continues to be a lead partner in developing One Herefordshire's learning culture.

Simon Trickett

Chief Executive Officer- NHS Herefordshire and Worcestershire Integrated Care Board

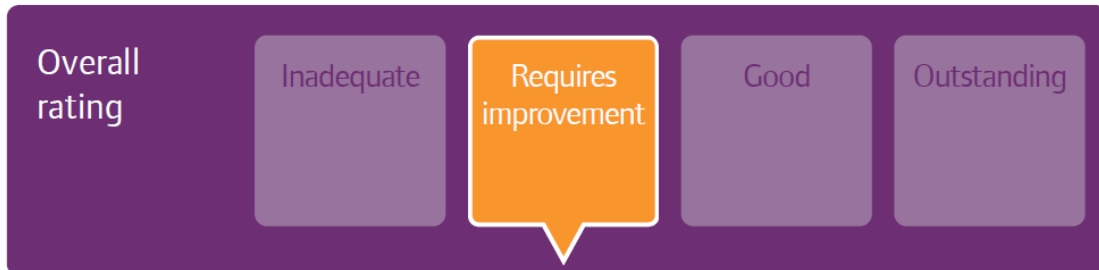
Appendices



Appendix 1

CQC Ratings Tables

Acute Site ratings



Are services

Safe?	Requires improvement
Effective?	Requires improvement
Caring?	Good
Responsive?	Requires improvement
Well-led?	Requires improvement

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 2023-2024	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) Mental health (self-harm)	✓	N/A	Report not yet due to be published
Royal College of Emergency Medicine (RCEM) Infection Prevention	✓	All eligible cases submitted	RCEM National Quality Improvement Programme 2021/22 Infection Prevention and Control Year 2 Interim Report – Published April 2023 Infection Prevention and Control 2022-2023 RCEM National Quality Improvement Programme National Report – Published February 2024
Major Trauma Audit (TARN)	✓	All eligible cases submitted	Continuous data collections – all eligible cases submitted Data published quarterly
Case Mix Programme (CMP)	✓	All eligible cases submitted	Continuous data collections – all eligible cases submitted Data published quarterly
National Lung Cancer Audit (NLCA)	✓	All eligible cases submitted	National Lung Cancer Audit (NLCA) – State of the nation report 2023 – Published 12 th April 2023

Oesophago-gastric Cancer (NAOGC)	✓	All eligible cases submitted	National Oesophago-Gastric Cancer Audit (NOGCA) Report - Published 11 th January 2024 Socioeconomic differences in the impact of oesophago-gastric cancer on survival in England (NOGCA) – Published 13 th July 2023.
National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	✓	N/A	Audit at planning stage nationally Wye Valley not required to enter data as yet but will be participating as required
National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	✓	N/A	Audit at planning stage nationally Wye Valley not required to enter data as yet but will be participating as required
Bowel Cancer (NBOCAP)	✓	All eligible cases submitted	Bowel Cancer State of the Nation report - Published 8 th February 2024
Prostate Cancer	✓	All eligible cases submitted	National Prostate Cancer Audit (NPCA) report - Published 11 th January 2024
Cardiac Rhythm Management (CRM)	✓	All eligible cases submitted	National Audit of Cardiac Rhythm Management (NACRM)– Published 8 th June 2023
National Audit of Cardiac Rehabilitation	✓	All eligible cases submitted	Continuous data collection – all eligible cases submitted National report - Published July 2023
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	✓	25%	Management of Heart Attack: analyses from the Myocardial Ischaemia National Audit Project (MINAP) - Published 8 th June 2023
National Heart Failure Audit	✓	33%	National Heart Failure Audit: Summary report – Published 8 th June 2023

National Diabetes Audit - CORE	✓	All eligible cases submitted	<p>National Diabetes Audit (adults) Young People with Type 2 Diabetes State of the Nation report (England and Wales) – Published 14th December 2023</p> <p>National Diabetes Audit (adults) Diabetes Prevention Programme (DPP) Non-Diabetic Hyperglycaemia (NDH) State of the Nation report (England only) - Published 14th December 2023</p> <p>National Diabetes Audit 2021-22, Type 1 Diabetes – Published 12th October 2023</p> <p>National Diabetes Audit: Care Processes and Treatment Targets 2021-22 - Published 12th October 2023</p>
National Pregnancy in Diabetes Audit	✓	All eligible cases submitted	National Pregnancy in Diabetes Audit 2021 and 2022, England and Wales – Published 12 th October 2023
National Diabetes Foot Care Audit	✓	N/A	Report not yet due to be published
National Diabetes Inpatient Safety Audit	✓	N/A	Report not yet due to be published
National Audit of Dementia	✓	All eligible cases submitted	Dementia Care in General Hospitals Round 5 Audit 2022 (NAD) – Published 10 th August 2023
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	✓	All eligible cases submitted	Annual SHOT Report 2022 - Published July 2023
National Maternity and Perinatal Audit (NMPA)	✓	All eligible cases submitted	Report not yet due to be published
National Hip Fracture Database	✓	All eligible cases submitted	National Hip Fracture Database (NHFD): 15 years of quality improvement – Published 14 th September 2023

Fracture Liaison Database	✓	N/A	Fracture Liaison Service Database Annual report – Published 8 th February 2024
National Inpatient Falls Audit	✓	All eligible cases included	Inpatient falls and fractures – 2023 NAIF report on 2022 clinical data – Published 9 th November 2023
National Joint Registry (NJR)	✓	All eligible cases included	National Joint Registry 20th Annual Report 2023 – Published 3 rd October 2023
National PROMS Programme	✓	N/A	April 2021 to March 2022 Finalised Data - Published 13 th July 2023
NPDA National Paediatric Diabetes	✓	All eligible cases included	National Paediatric Diabetes Audit Admissions report (NPDA) – Published 13 th July 2023
National Neonatal Audit Programme (NNAP)	✓	All eligible cases included	National Neonatal Audit Programme Summary report on 2022 data – Published 12 th October 2023
National Audit of Seizures and Epilepsies in Children and Young People	✓	All eligible cases included	Epilepsy12 organisational and clinical audits report, England and Wales (2020-22) – Published 13 th July 2023
UK Cystic Fibrosis Registry (Adults & Children)	✓	Data only collected on Children	UK Cystic Fibrosis Registry 2022 Annual Data Report - published September 2023
National Paediatrics Asthma Audit	✓	All eligible cases included	Report not yet due to be published
National Child Mortality Database	✓	N/A	Infection related deaths of children and young people in England – Published 14 th December 2023 Child Death Review Data Release: Year ending 31 March 2023 – Published 9 th November 2023 Deaths of children and young people due to traumatic

			incidents (NCMD) – Published 13 th July 2023
Cleft Registry and Audit Network (CRANE)	✓	All eligible cases included	CRANE Database 2023 Summary of Findings for Patients and Parents/Carers - Published December 2023
National Chronic Obstructive Pulmonary Disease (COPD) Audit in Secondary Care	✓	N/A	Report not yet due to be published
National Adult Asthma Audit	✓	N/A	Report not yet due to be published
National Chronic Obstructive Pulmonary Disease (COPD) Pulmonary Rehab Audit - Organisational & Clinical Audit	✓	N/A	Report not yet due to be published
British Thoracic Society - Adult Respiratory Support Audit	✓	N/A	Report not yet due to be published
National Early Inflammatory Arthritis Audit (NEIAA)	✓	All eligible cases included	National Early Inflammatory Arthritis Audit State of the Nation Report 2023– published 12 th October 2023
Sentinel Stroke National Audit programme (SSNAP)	✓	All eligible cases included	Stroke: SSNAP State of the Nation 2023 report- published 9 th November 2023
National Emergency Laparotomy Audit (NELA)	✓	All eligible cases included	Not yet due to be published
Perioperative Quality Improvement Programme (PQIP)	✓	All eligible cases included	Perioperative Quality Improvement Programme (PQIP) Report 4 July 2021- March 2023 – Published 11 th July 2023
Breast and cosmetic implant registry	✓	All eligible cases included	Data published on NHS digital

British Hernia Society Registry	✓	N/A	Audit at planning stage nationally Wye Valley not required to enter data as yet but will be participating as required
Society for Acute Medicines Benchmarking Audit (SAMBA)	✓	All eligible cases included	Society for Acute Medicines Benchmarking Audit (SAMBA) National Audit of Acute Medical Care in the UK 2023 - published 10 th January 2024
BAUS Urology Audits – Nephrostomy Audit	✓	N/A	Report not yet due to be published
National Audit of Care at the End of Life (NACEL)	✓	All eligible cases included	National Audit of Care at the End of Life (NACEL) 2022/23 report – Published 13 th July 2023
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
National Ophthalmology Database Audit	✗	N/A	The Trust does not currently participate in this audit due to not having the electronic software required to upload the data
Improving Quality in Crohn's and Colitis (IQICC) Previously known as Inflammatory Bowel Disease (IBD) Registry	✗	N/A	The Trust had temporarily withdrawn participation in this audit due to staff resources within the gastroenterology team, this audit came to a close at the end of March 2024
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

National Confidential Enquiries (NCEPOD)			
Eligible National Audits	WVT participation in 2023-2024	Cases submitted	Eligible National Audits
Maternal, Newborn and Infant Clinical Outcome Review Programme	NCEPOD	N/A	<p>The Trust contributes all maternal and child deaths to programme</p> <p>MBRRACE-UK Comparison of the care of Black and White women who have experienced a stillbirth or neonatal death – Published 14th December 2023</p> <p>MBRRACE-UK Comparison of the care of Asian and White women who have experienced a stillbirth or neonatal death - Published 14th December 2023</p> <p>MBRRACE-UK: Saving Lives, Improving Mothers' Care State of the Nation Themed report (Maternal Deaths from infection, neurological, haematological, respiratory, endocrine, gastrointestinal and general surgical causes 2019-21) – Published 12th October 2023</p> <p>MBRRACE-UK: Saving Lives, Improving Mothers' Care State of the Nation Themed report (Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths from haemorrhage, amniotic fluid embolism and anaesthetic causes 2019-21 and morbidity following repeat caesarean birth) – Published 12th October 2023</p> <p>MBRRACE-UK: Saving Lives, Improving Mothers' Care State of the Nation Surveillance report – Published 12th October 2023</p> <p>MBRRACE-UK: Perinatal Mortality Surveillance - Published 14th September 2023</p>

<p>Medical & Surgical Clinical Outcome Review Programme</p>	<p>NCEPOD</p>	<p>N/A</p>	<p>Contributed to the programme via</p> <p>Community Acquired Pneumonia – Consolidation Required – Published 14th December 2023</p> <p>Making the cut? Review of care of patients undergoing surgery for Crohn’s Disease (NCEPOD) – Published 13th July 2023</p> <p>Endometriosis –Data collection completed and submitted, report due to be published Summer 2024</p> <p>End of Life Care- Data collection completed and submitted, report due to be published Autumn 2024</p>
<p>Mental Health Clinical Outcome Review Programme</p>	<p>NCEPOD</p>	<p>N/A</p>	<p>The Trust contributes to Mental Health Clinical Review Programme when required</p> <p>Suicide by people in contact with drug and alcohol services - published 8th February 2024</p> <p>Suicide and safety in mental health: UK patient and general population data 2011-2021 - published 8th February 2024</p>
<p>Child Health Clinical Outcome Review Programme</p>	<p>NCEPOD</p>	<p>N/A</p>	<p>The Trust contributes to Child Health Clinical Review Programme when required – This year the studies are as follows:</p> <p>Twist and Shout: Review of care provided to children and young people with testicular torsion – published 8th February 2024</p> <p>The Inbetweeners – a review of the transition from CYP into adult health services – Published 8th June 2023</p> <p>Juvenile idiopathic arthritis - Data collection completed and submitted, report due to be published Autumn 2024</p>

Appendix 3

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	2.2	14	0	Hospital Onset cases. Latest 2022-2023 Previous 2021-22 (06/10/2023 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.						
qQNHS Outcomes Framework - Indicator 5.2.ii - Incidence of healthcare associated infection (HCAI) - C. difficile	42	51	71.1	282	0	Hospital & Community onset, Healthcare associated. Latest 2022-23 Previous 2021-22 (06/10/2023 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 due to the change to the new Patient Safety Incident Reporting Framework.						

Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	Remarks
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 weekly Safety Bites newsletter.						
Summary Hospital-level Mortality Indicator (SHMI) - SHMI data at Trust level. (Current Sept 22-Aug 2023) Band 2 (Previous Sept 22-Aug 2023) Band 1	1.0212	1.0335	1.0	1.2564	0.720	Data is banded 1-3 high to low Previous period Sept 2022 - Aug 2023
Summary Hospital-level Mortality Indicator (SHMI) - The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the (Current Sept 22-Aug 2023) Band 2 (Previous Sept 2021-Aug 2022) Band 1.	24%	42%	40%	65%	12%	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) More info in link below
PROMS Total Hip Replacement (latest 2021-22) (Previous 2019-20 2020-21 not available)	0.60	0.56	0.793	0.529	-0.35	
PROMS Total Knee Replacement Latest 2019-20 Previous 2018-19) 2020-21 not available	0.21	038	0.32	-0.034	0.74	
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
National Inpatient Survey: Responsiveness to inpatients' personal needs. This is no longer in the survey	8.1		8.2	9.1	7.7	NHS Outcomes Framework indicator 4.2 - the average weighted score of 5 questions relating to
Section 5 Your care & treatment NHS Outcomes Framework - Indicator 4b Patient experience of hospital care Statistic: verall how was you experience....in Hospital	8.0	7.9	8.12	9.28	7.35	2022 survey Jan-March 2023 Published Sept 2023
Adult inpatient survey 2022 - Care Quality Commission (cqc.org.uk)						
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 – 2022)	57	63	60	86	39	Percentage of staff taking part in the survey. Selection of Community & Acute Trusts Current data 2022 Previous December 2021
Staff recommendation: Key Finding 1. Staff recommendation of the organisation as a place to work (Q25c-2022)	60	61	56	75	41	Percentage of staff taking part in the survey. Selection of Community & Acute Trusts Current data 2022 survey latest available
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 December 2023 previous(February 2020 sample)	84	99	94	100	73	Figures expressed as percentage who would recommend. Current Dec 2023 previous February 2020
Friend and Family Accident and Emergency services December 2023 previous(February 2020 sample)	72	76	78	100	54	
https://www.england.nhs.uk/fft/friends-and-family-test-data/ https://www.england.nhs.uk/publication/friends-and-family-test-data-february-2019/						

Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	Remarks
VTE risk assessed						2019 latest published national data see VTE information on page 57 for latest quarterly data. There was a National data suspension during the Pandemic.
https://improvement.nhs.uk/resources/venous-thromboembolism-vte-risk-assessment-201920/						
<p>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 2020-21 and continued audit of practice.</p> <p>2019 latest published national data see VTE section for latest quarterly data. There was a National data suspension during the Pandemic.</p>						

Appendix 4

Contracted Services 2023-24 - 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 Inpatients (Community Beds)	Pathology
ENT	Rehabilitation	Community Nursing Inc. Specialist Com.Nursing	
Ophthalmology	Cardiology		
Oral Surgery	Transient Ischaemic Attack		
Orthodontics	Dermatology		
Anaesthetics	Respiratory Medicine		
Paediatrics	Respiratory Physiology		
NeoNatology	Thoracic Surgery		
Gynaecology	Nephrology		
Obstetrics	Neurology		
Midwifery	Clinical Neurophysiology		
ITU	Rheumatology		
SCBU	Geriatric Medicine		
Community Child Health	Minor Injury Units		
Community Dental	High Dependency Unit		
Podiatric Surgery			