

Quality Accounts Review 2025

1. Purpose/ objective of the paper:

To provide an overview of our approach to the 2025 Quality Accounts and the key themes for monitoring in 2025/26.

Board is asked to consider this paper in the context of the following framing:

- Quality accounts are a legal requirement for providers, and offer a highly technical view of individual organisations.
- We are uniquely placed to be able to 'triage' this 'performance report' with what we know matters to our communities and what we are hearing in our own engagement, making sure people's voices continue to influence those who deliver services.
- The themes of focus we chose as part of our annual business and research planning process were elicited from the issues local communities face, and throughout this process we sought to bring these to light in our responses and links to our own work, as well as offers of collaboration.
- In the work undertaken, it is clear how much unique value Healthwatch can add, and how much insight we can extract from working within and across the system, that looks at issues across individual institutions.

2. Background

Since 2009, Quality Accounts have been an annual legal requirement for providers (of NHS funded care) to publish an account of the quality of care they provide, covering safety, effectiveness, and feedback.

The purpose of the account is to:

- promote quality improvement across the NHS.
- increase public accountability.
- allow the Trust to review the quality of care provided through its services.
- demonstrate what improvements are planned.
- respond and involve external stakeholders to gain their feedback including patients and the public.

3. Local Healthwatch Role

The NHS (Quality Accounts) Regulations 2010 sets out the legal requirement for the healthcare provider to send their draft Quality Account to one Healthwatch only to review; the final version should contain that Healthwatch's comments. Healthwatch do not have to respond, but if we do our comments should be included.

4. Process for 2025

In our review of the Quality Accounts this year, we looked at whether there was evidence that the Trust was doing the basic things well, that there is a learning culture within the organisation that allows people's real experiences to be captured and used to enable the Trust to improve what they do and that it is clear how priorities will be monitored and measured to show improvements.

We also looked at the things that people have told us are important such as the need for empathetic and clear communication, improving reasonable adjustments, improving flexibility of access, and better integration.

Themes around health inequalities, system partnership, interoperability, digital exclusion (alternate ways of engaging with people) and hospital redevelopment delays were also commented on in a number of responses.

Where appropriate we made links to our work and offered support and opportunities to proactively engage with us in 2025/26.

Feedback from Board / volunteer leads of individual trusts was sought and included.

5. Responses

We provided formal responses to 10 NHS providers to include in their published Quality Account:

1. East and North Hertfordshire Hospital NHS Trust ([ENHT](#))
2. West Hertfordshire Teaching Hospitals NHS Trust ([WHTHT](#))
3. The Princess Alexandra Hospital NHS Trust ([PAHT](#))
4. Hertfordshire Community NHS Trust ([HCT](#))
5. Central London Community Healthcare NHS Trust ([CLCH](#))
6. Royal Free London Foundation NHS Trust ([RFL](#))
7. Hertfordshire Partnership University NHS Foundation Trust ([HPFT](#))
8. East of England Ambulance Service NHS Trust ([EEAST](#))
9. Garden House Hospice Care ([GHHC](#))
10. Isabel Hospice ([IH](#))

6. Key themes we commented on in our responses

Based on our review of the Quality Accounts, several key themes emerged from our assessment of the 10 providers:

- Patient Access and Equity
- Communication and Experience
- System Integration
- Workforce and Culture

Key Learning: While individual improvements matter, the most impactful changes occur through collaborative working across traditional boundaries, particularly when addressing health inequalities and ensuring technological advances remain inclusive rather than creating new barriers to care.

Themes in detail

- **Health inequalities and various techniques being used such as health population data:**
ENHT, HCT, CLCH, HPFT, EEAST, RFL, IH
- **Reasonable adjustments/ accessible information:**
 - ENHT Work on meeting the needs of people with learning disabilities and autism.
 - HCT Examples of projects, innovations, and trials, with system and partnership working supporting them, to improve patient care and to tackle health inequalities. Many of these show how accessibility and reasonable adjustments have been effective.
 - HPFT Training on trauma informed practice so that service users do not have to repeat their experience multiple times.
 - EEAST Investment in accessibility through easy read and BSL videos and themed surveys with patients by experience to review delivered services.
 - RFL The Trust seeks to include the voices of carers and those with a learning disability and autism to improve the use of reasonable adjustments.
 - IH Personalising people's goals as part of the rehabilitative palliative care work to maintain people's independence and dignity.
- **Communication:**
 - PAHT Focus on communication and empathy responding to complaints – progress monitored in the Patient Experience Group.
 - ENHT Patient and Carer Experience programme re complaints responsiveness.
 - WHTHT Work on Patient Information leaflet from admission to discharge.
 - HPFT Using the Dialog experience feedback as part of understanding how service users experience their care. How is this linking with other forms of feedback?
 - HPFT Improving the discharge process.
 - EEAST Issues with 'attitude' themes are still coming through the complaints process.
- **Reducing waiting times:**
 - PAHT For elective care, the need for information, advice, and support about 'waiting well' to be carefully considered and clearly communicated during this period.
 - ENHT Children's community waits particularly on Paediatric Audiology are a significant concern but also a national issue.
 - WHTHT Improvements made to the 65 week waits, meeting the three cancer standards and moving to top 10 nationally for A&E performance as well as improvements in safety in the emergency department.
 - HCT Reducing waiting times for children services.

- [EEAST](#) Category 2 response (emergency calls, such as stroke patients) performance in Hertfordshire is well below the required standard with handover delays also a cause for concern, leading to an increase in patient safety alerts.
- **Children and Young People**
 - [HCT](#) Awaiting the feedback of the effectiveness of the drop-in clinic pilot for Children and Young People.
 - [HPFT](#) Work on addressing inequalities in Children and Young People's Mental Health Services.
- **Dementia** Positive work at [PAHT](#)
- **Carers**
 - [PAHT](#) (Carers passports).
 - [WHTHT](#) Focus on better information and support for carers.
 - [CLCH](#) Carer specific projects.
 - [HPFT](#) Co-production projects.
- **Martha's Rule also known as Call for Concern** (a patient safety initiative for families and staff to call for an independent review if they are concerned about a patient's deterioration). At various stages of implementation and review across [ENHT](#), [WHTHT](#), [PAHT](#), [RFL](#).
- **Use of AI, digital transformation, and digital inclusion:**
 - [ENHT](#) New electronic patient record roll out and outpatients changes.
 - [WHTHT](#) Digital inclusion work on maternity – how can this be maximised to support patients across the Trust.
 - [HCT](#) Use of AI to support staff with administrative functions (e.g. ambient scribing). What safeguards are in place?
 - [HCT](#) Power BI capabilities to start to harness the data the Trust holds to provide real insights into how services are working and to identify gaps.
 - [EEAST](#) How EEAST will be ensuring people are not digitally excluded in the next stage of the Trust's co-production and patient engagement initiatives.
 - [RFL](#) Better integrated systems so that patient records from different hospitals can be viewed and updated safely. Recognising that a SMS text message is not suitable for everyone by re-introducing surveys in areas of low responses such as elderly care wards.
 - [GHHC and IH](#) Commitment to improving service user feedback, information provision and complaints handling and looking at how digital solutions may support this.
- **Hospital at Home/Virtual Hospital:**
 - [WHTHT](#) Expansion of the virtual hospital.
 - [HCT](#) Hospital at Home service expanded.
 - [RFL](#) More care closer to home.

- **Staff – wellbeing, Freedom to Speak Up, training** PAHT, ENHT, WHTH, HCT, CLCH, HPFT, EEAST, RFL, GHHC, IH
EEAST workforce issues in Hertfordshire requiring more sustainable solutions.
- **Culture:**
 - PAHT2030 Change strategy – how the impacts of this relate to an improved culture and working environment and improved outcomes for patients going forward.
 - WHTHT Senior staff and Board members to be visible on the front line to bridge the gap between the strategic and operational workforce. Focus on culture change – is it working?
 - CLCH Sits on the South and West Hertfordshire Health and Care Partnership Co-Production (SWH HCP) Board. They are proactively working towards extending their activity, moving away from simply patient involvement to more co-production.
 - EEAST The emphasis on culture shift is recognized as central to EEAST's transformational plans.
- **Collaborative working:**
 - ENHT with EEAST, HCT, primary care and other providers to improve ambulance handover times. (monitor progress).
 - Acute Provider Collaboration ENHT, WHTHT, PAHT (how is this working?).
 - WHTHT with East of England Ambulance Service on a stroke unit pilot, and with HPFT on patients presenting at the Emergency Department (ED) with mental health concerns.
 - WHTHT with ENHT and Mount Vernon to develop the Acute Oncology Service at Watford.
 - HCT with ENHT on the 'Hospital at Home'.
 - HPFT leadership in the Mental Health, Learning Disability and Neurodiversity Health and Care Partnership (MHLDNHCP). Creation of the Mental Health Urgent Care Centre (based at the Lister Hospital, Stevenage).
 - HPFT with ENHT and WHTHT on education sessions to understand links between physical and mental health.
 - HPFT With HCC, Police, EEAST and other partners to improve the access and journey of service users detained in Hertfordshire under Section 136 of the Mental Health Act.
 - EEAST the Unscheduled Care Co-ordination Hubs that in Hertfordshire links up with HCT to reduce unnecessary hospital admissions and provides more immediate personalised care.
 - EEAST The falls project with Fire and Rescue Services in some areas also shows a collaborative approach to improving patient care for vulnerable people.
 - GHHC Launch of the Enhanced Nursing Care Homes contract working with Primary Care Networks in East and North Hertfordshire. Partnership with 66 local schools.
- **Ageing Estates (hospital redevelopment delays) and how they are managed to reduce the impact on patient care.** WHTHT and PAHT.

7. Where we referenced our work

Making Local Healthcare Equal:

- **ENHT** re their focus on tackling health inequalities (Priority 6) around paediatrics and maternity.
- **HCT** in connection with increasing the Friends and Family response rates.
- **CLCH** re the use of Population Health data (Campaign Five) to hear from a diverse range of voices and that Population Health has been added to the quality strategy (which is linked to the Quality Account priorities) to improve health equity.
- **EEAST** re action 'to enhance analysis and reporting by demographic groups to better understand diverse patient experiences, whilst proactively engaging with seldom heard groups'.
- **RFL** in connection with RFL's new Faculty of Population Health to highlight the needs of the communities it serves.
- **IH** re the use of data to understand the needs of underserved communities in their area and the commitment to strengthen engagement with a diverse range of people who experience health and care inequalities.

International Recruits:

- **PAHT** in connection with 'psychological support for staff and the work on Freedom to Speak Up ambassadors'.
- **ENHT** re their continued focus on staff engagement and morale and the 'A Voice That Counts' work and reducing discrimination.
- **WHTHT** re the focus on staff co-production, inclusion and anti-racism at the Trust and their work on Freedom to Speak Up champions. Scores in the staff survey around themes such as Compassionate Culture, Diversity & Equality, Raising Concerns, and Negative Experiences are significantly below average.
- **HPFT** improving cultural sensitivity and understanding between staff and service users (Broadland clinic initiative).

Online GP Services :

- **ENHT** in relation to the rollout of new electronic patient record as a reminder about the accessibility of online services and the impact digitalisation may have on those who struggle to use technology.

Refugees and Asylum Seekers:

- **HCT** Proactive and supportive of our engagement with refugees and asylum seekers.
- **HPFT** We will share the experiences of mental health support.

Children and Young Peoples Oral Health (to be published)

- **HCT** Positive experiences for Special Care Dentistry from our research on children and young people's oral health.

Armed Forces (to be published)

- **HPFT** We will share the experiences of members of the Armed Forces that includes their experiences of mental health support.

8. Potential collaboration in 2025/26

PAHT

Children and Young People – a Patient Panel focus.

ENHT

- Involvement with public Trust Board meetings.
- Advance Care Planning as this is a key focus for the Trust and topic for us.
- Share our expertise on coproduction and engagement with the Trust particularly around the implementation of the new electronic patient record and transformation of Outpatients.

WHTHT

- With WHTHT now as the host provider of the South and West Hertfordshire Health Care Partnership (SWHCP), we welcome continued collaboration on ensuring that the patient voice is at the centre of transformational projects. Maintaining communications with affected communities is more important than ever before.
- Re increase in interpreter requests – share findings from our Refugees and Asylum Seekers work to help inform their approach.

HCT

- Children and Young People re their focus on integration and reducing waiting times as well as supporting children's physical and mental health.

CLCH

CLCH has shared their Integrated Heart Failure Pathway at the SWH HCP Co-Production board for advice on how the Trust can ensure patient experience is involved and included.

HPFT

- To help understand what is important to service users and carers and to triangulate with other forms of feedback, we would be happy to help support HPFT with the mechanisms to collect robust experience data, including tailored surveys,

focus groups, and feedback tools designed to capture the voices of people who use their services including people from underrepresented groups.

- Share insights on children and young people's mental health
- Work together to shape how we scope programmes of engagements and in particular, which parts of our community are underserved from a mental health perspective.

EEAST

- Children, Young People and Families as EEAST has a focus on Children and Young People in the coming year.
- Closer collaboration between EEAST and local Healthwatch overall.

RFL

Sharing findings on mental health as RFL are introducing new mental health nursing roles.

GHHC

- Collaborate and share insights from our research on Children and Young People with GHHC.
- Frailty and advance care planning as this a key focus.

IH

Frailty and advance care planning as this a key focus.

9. RECOMMENDATION

The Board is asked to:

- 1. Note the report. Full responses are published in each provider's Quality Account.**