

Healthwatch Worcestershire's response to the Quality Account of Herefordshire & Worcestershire Health and Care NHS Trust for 2025/26

Healthwatch Worcestershire (HWW) has a statutory role as the champion for those who use publicly funded health and care services in the county. The role includes making recommendations to the organisations that plan and provide health and social care about how those services could or should be improved and enabling local people to monitor the quality of those services. We use the information we gather from patients, service users and carers to do this.

In carrying out our functions we work with the Care Quality Commission [CQC], which is responsible for inspecting organisations that provide health and social care services.

HWW welcomes the opportunity to comment on the Herefordshire & Worcestershire Health and Care NHS Trust's Quality Account for 2025/26. We recognise the work undertaken by the Trust during what continues to be a challenging period for mental health, community and children's services locally and nationally. We also recognise the greater openness and transparency shown by the Trust in recent years, and the willingness of operational and clinical staff to engage constructively with Healthwatch Worcestershire and respond to feedback.

We note the progress described within the Quality Account in areas such as health literacy, quality data, patient experience systems and the development of improvement programmes within community mental health services and children's services. We also recognise the continued commitment and compassion shown by frontline staff working within services that continue to experience significant demand and workforce pressures.

However, whilst the Quality Account demonstrates progress in a number of areas, HWW remains concerned that several issues repeatedly identified through patient, carer and public feedback appear to be only partially addressed within the report or not yet reflected in sufficiently clear improvement priorities, measurable outcomes or evidence of impact.

1. Ongoing concerns identified in previous Healthwatch Worcestershire responses

In our previous responses to the Trust's Quality Accounts, HWW identified a number of recurring concerns raised by patients, carers and service users. Whilst elements of these issues are reflected within the current Quality Account, we remain concerned that several continue to lack sufficient focus or measurable evidence of improvement.

Organisational culture and leadership

In our response to the 2024/25 Quality Account we highlighted the importance of the Trust's ongoing culture change programme following the Care Quality Commission's inspection findings relating to leadership and organisational culture. We expressed concern that this work was not identified as a formal Quality Account priority despite its fundamental importance to the delivery of safe, compassionate and inclusive care.

Whilst the current Quality Account describes improvements in staff survey results, Freedom to Speak Up arrangements and leadership development, HWW remains concerned that organisational culture and compassionate leadership are still not identified as explicit quality improvement priorities for 2026/27. Given the continuing "Requires Improvement" rating for Well-led services and the ongoing themes identified through patient and staff feedback, we believe this remains a significant area requiring sustained organisational focus.

Access to children's services and CAMHS

HWW has consistently received concerns from parents and carers regarding access to Child and Adolescent Mental Health Services [CAMHS], neurodevelopmental pathways, paediatric therapies and wider children's services. We therefore welcome the inclusion of "Improving services for Children, Young People and Families" as a Quality Account priority for 2026/27.

However, whilst the report describes transformation programmes and intended service developments, it contains limited measurable information regarding current waiting times, expected improvements in access, delivery

timescales, patient outcome measures and expected impact on children and families.

HWW remains concerned that families continue to experience delays, uncertainty and inconsistent communication whilst waiting for support, particularly within neurodevelopmental and therapy pathways.

Access to community mental health services

Concerns regarding access to community mental health services remain one of the most common issues raised with HWW. We welcome the Trust's continued focus on assertive and proactive community mental health care and the work undertaken following national reviews and learning.

However, patients and carers continue to report long waiting times, difficulty understanding pathways and thresholds, inconsistent communication whilst waiting, limited continuity of care and difficulties accessing support during periods of deterioration.

Whilst the Quality Account acknowledges some of these issues, HWW remains concerned that there appear to be insufficient measurable commitments relating to waiting times, communication standards and patient experience whilst waiting for care.

Co-production and involvement of patients and carers

In previous years HWW highlighted concerns regarding the extent to which patients, carers and the public were involved in identifying the Trust's quality priorities.

The current Quality Account contains stronger references to co-production, experts by experience and engagement with patients and carers. However, it remains unclear how patients and carers directly influenced the selection of priorities or how their involvement shapes decision-making beyond consultation and feedback processes.

HWW would welcome clearer evidence of meaningful co-production and greater involvement of patients and carers in the development, governance and evaluation of quality improvement priorities.

Patient-related outcome measures

HWW has previously commented that many of the measures used within the Quality Account are process-focused and internally focused rather than centred on patient outcomes and experiences.

Whilst the current report includes a broader range of activity and governance measures, many of the priorities continue to rely heavily on: programme milestones, governance arrangements, dashboards, reporting structures and implementation activity. There remains limited use of: patient reported outcome measures, recovery measures, quality of life indicators, functional outcomes and patient-defined success measures.

HWW would welcome stronger evidence of how improvements will be experienced by patients and carers in practice.

Accessibility of the Quality Account

HWW previously recommended the development of a more accessible version of the Quality Account alongside the use of clearer language and reduced reliance on acronyms and technical terminology.

Whilst this year's report is more structured and readable in places, it remains lengthy and difficult for many members of the public to engage with fully. HWW would continue to recommend: an accessible summary version, clearer explanation of terminology, reduced use of acronyms and greater use of plain language throughout.

2. Issues identified through Healthwatch Worcestershire intelligence that are not sufficiently addressed within the Quality Account

Alongside the concerns outlined above, HWW continues to receive feedback from patients and carers regarding a number of issues which we do not believe are sufficiently addressed within the Quality Account.

Communication whilst waiting for services

A recurring theme across mental health, children's services and community services is the experience of waiting for support. Patients and carers frequently describe: limited updates whilst waiting, uncertainty regarding timescales, difficulty contacting services, lack of interim support and feeling forgotten or unsupported,

Whilst waiting times are referenced within the report, HWW considers that the experience of waiting itself requires greater focus and clearer improvement commitments.

Carer involvement and support

Patients and carers continue to report inconsistent involvement in care planning and decision-making. Families often describe feeling excluded from communication or insufficiently recognised as partners in care.

Whilst the report references carers in several sections, HWW believes there remains insufficient evidence of how carer involvement will be improved consistently across services, particularly within mental health and children's services.

Variation in patient experience between teams and services

Feedback gathered by HWW suggests there remains significant variation in the quality of communication, responsiveness and patient experience across different services and teams within the Trust.

Whilst many patients report compassionate and high-quality care from individual staff and services, others continue to experience inconsistency in communication, responsiveness and coordination of care. HWW would welcome stronger evidence of how unwarranted variation between services is being identified and addressed.

Health inequalities and accessibility

HWW welcomes the increased emphasis within the Quality Account on health inequalities and accessibility. However, we remain concerned that patients from some communities continue to experience barriers to accessing care and support.

This includes concerns regarding: accessibility of information, digital exclusion, cultural barriers, complexity of pathways and the experiences of carers and people living in poverty.

Whilst the report sets out intentions to strengthen work in this area, HWW would welcome clearer evidence of targeted action and measurable outcomes for communities experiencing the greatest inequalities.

Patient confidence in systems and pathways

Across a range of services HWW continues to hear concerns from patients and carers regarding: uncertainty about who is responsible for care, lack of

ownership of issues, repeated retelling of personal circumstances and fragmented pathways between organisations and services. Particularly within SEND pathways, mental health services and community-based care, patients and carers often describe exhaustion and loss of confidence in navigating systems. HWW would welcome stronger evidence of how integrated working and patient navigation will improve the overall experience of care.

Conclusion

HWW recognises the considerable pressures facing the Trust and acknowledges the progress made in a number of important areas during 2025/26. We particularly recognise the

continued openness of the Trust in engaging with Healthwatch Worcestershire and its willingness to listen to patient and carer feedback.

However, the concerns most frequently raised with HWW continue to relate to: access to services, communication whilst waiting, involvement of carers, consistency of patient experience, organisational culture and confidence in pathways and systems.

Whilst many of these themes are acknowledged within the Quality Account, HWW believes stronger emphasis is still required on measurable patient outcomes, co-production, accessibility and the lived experience of patients and carers using services.

We look forward to continuing to work constructively with the Trust to support improvement and ensure that patient and carer voices remain central to the development and delivery of services.

Simon Adams

Chair, Healthwatch Worcestershire