Health Scrutiny Committee for Lincolnshire Statement on the *Quality Account* for 2025/26 of the North West Anglia NHS Foundation Trust

Introduction

The Health Scrutiny Committee for Lincolnshire is the statutory body through which elected local government councillors scrutinise the work of relevant NHS bodies and other responsible organisations in relation to the delivery of healthcare services and health outcomes in the county, and is pleased to act as a *critical friend* in reviewing the draft North West Anglia NHS Foundation Trust (NWAFT) *Quality Account* for 2025/26, acknowledging the Trust's commitment to transparent reporting and continuous quality improvement. The Committee recognises the thoroughness of the Trust's review of performance against its 2024/25 priorities and the clarity with which the document sets out its plans for 2025/26, including the Trust's nine priority areas for 2026/27.

Accessibility and presentation of the *Quality Account*

The Committee notes that its prior accessibility comments from the 2023/24 *Quality Account* on dense NHS England-mandated content and acronym overload, appear thoughtfully addressed. The 2025/26 draft shows improvements, including a front-placed glossary, plain-language section summaries, and fewer clustered acronyms, enhancing general-reader access.

Progress on Priorities for 2025/26

The Committee welcomes the Trust's clear and transparent assessment of progress against its 2025/26 quality priorities, particularly in the context of continued operational pressures across urgent and emergency care, patient flow and workforce capacity. The use of the 'RAG' rating for each measure supporting the priorities for improvement, is a clear indication whether progress has been made. Of the 46 measures, 31 were rated 'green', 15 'amber', and none 'red', which represents a significant achievement by the Trust for the year.

The *Quality Account* demonstrates a stronger focus on governance, quality oversight and continuous improvement, with evidence of structured programmes supporting patient safety, clinical effectiveness and patient experience. The Committee notes positively the development of initiatives such as the Hospital at Night model, ward accreditation improvements, strengthened CQC preparedness arrangements and the introduction of the Family Liaison Officer role within the PSIRF framework. These initiatives demonstrate a commitment to improving both patient outcomes and organisational learning.

The Committee also notes that the Trust has been appropriately open about areas where progress has been variable or where targets have not yet been achieved consistently and is satisfied that this balanced reporting is helpful and reflective of a mature approach to quality assurance and improvement.

Whilst recognising the breadth of improvement activity underway, the Committee would encourage the Trust, in the final version of the *Quality Account*, to provide greater clarity on

measurable outcomes and timescales for delivery in some areas where actions remain developmental or process focused.

Trust Quality Priorities 2026/27 and links to previous years

The Committee welcomes the Trust's identification of nine quality priorities for 2026/27 and notes the clear attempt to build on improvement work undertaken during 2025/26, particularly across patient safety, clinical effectiveness and patient experience. The priorities are generally well structured and demonstrate a more integrated approach to continuous improvement rather than discrete annual objectives.

Suggestions for consideration:

(1) The Committee particularly welcomes the inclusion of Research and Development as a quality priority, recognising the importance of innovation in improving clinical outcomes and service delivery. However, the Committee would encourage the Trust to provide greater clarity on how research activity will align with specific clinical services, national audit programmes and local quality improvement priorities.

(2) The continued focus on reducing inpatient length of stay is also appropriate given the operational pressures described throughout the account. However, the Committee considers that stronger assurance would be provided through more explicit objectives relating to the reduction of corridor care and extended waits in the Emergency Department following a decision to admit, reflecting the ongoing impact of patient flow pressures on safety and patient experience.

(3) The Committee also welcomes the inclusion of maternity services as a priority area and would encourage the Trust to provide clearer detail on how maternity safety and patient experience metrics will be used to monitor improvement and assurance.

Metrics used to benchmark success

The Committee welcomes the range of national and local metrics used to benchmark performance, including emergency-department waiting times, inpatient-length-of-stay indicators, and CQC-related domains. The Trust's presentation of these metrics is mostly clear, with tables and charts summarising key performance indicators across 2024/25 and into 2025/26, and brief commentary on trends and outliers.

The Committee merely notes that the Patient Experience aim includes "*agreeing actions necessary to improve care delivery*," yet there are no metrics listed which relate directly to the implementation of those actions or to closing identified feedback-loop gaps. The Committee recommends the use of outcome-style metrics to strengthen accountability.

Statements of quality of services

The Committee finds this to be one of the more informative parts of the document. Each service area is presented with a brief description of the service, a summary of key quality

indicators, and a short reflection on strengths and challenges. The Trust makes visible the contribution of national clinical audits and local quality-improvement initiatives, which aligns with NHS England's expectation that NWAFT should report on audit participation and learning.

Nonetheless, the Committee would like to see greater consistency in the depth of analysis across services and suggests the adoption of a common template for each service statement, ensuring that each section clearly sets out: what went well, what did not go well, what has been learned, and what will be done differently in 2026/27.

Engagement with the Committee

Representatives of the Trust attended the Committee in September 2025, and the Committee would like to see engagement with the Trust continue in the coming year.

Conclusion

In conclusion, the Committee values the Trust's efforts to produce a clear and evidence-based *Quality Account*, welcomes the Trust's progress over the last year in delivering a significant proportion of its improvement priorities, and looks forward to further progress in the coming year.