

PAPER 5

12 May 2026

Healthwatch Rutland stakeholder statement: NWAFT Quality Account 2025–26

Healthwatch Rutland welcomes the opportunity to review the Quality Account for 2025–26. We recognise the significant pressures the Trust has faced over the past year, particularly in urgent and emergency care, patient flow and workforce capacity.

We also acknowledge the commitment of staff and volunteers who continue to deliver compassionate care in challenging circumstances. The Quality Account provides a transparent overview of progress and we appreciate the Trust's openness in identifying areas where improvement is required.

We note with concern the continued use of escalation areas and corridor care, despite ambitions to reduce these practices and the negative implications for patient dignity, safety and experience (p26). We urge the Trust to recognise that corridor care should never become normalised and encourage the Trust to work with partners to address the underlying causes of delayed discharge.

We also draw attention to the decline in performance against infection prevention and antimicrobial stewardship targets (pp. 24–26). Success against these measures is essential, not only for protecting individual patients, but also for safeguarding public health more broadly. We support the Trust's plans to strengthen stewardship with clear, sustained improvement targets in 2026–27 (p. 41).

We welcome the strengthened oversight of night-time care described in the account in response to concerns raised by staff about the quality and safety of overnight care; particularly in relation to falls, pressure ulcers and workload. The report highlights the importance of understanding both staff and patient experience of care at night. We strongly support this approach and hope to see improvements embedded Trust-wide and particularly in wards where night-time risks of low staffing levels may disproportionately affect vulnerable patients.

We commend NWAFT for its work and progress in engaging with the wider community and for listening to patients, carers and family members. We also welcome the introduction of the Family Liaison Officer (pp. 29–30), whose role will provide important support to families during some of the most stressful periods of their lives, particularly when things have gone wrong during hospital care.

However, the document could be made more accessible to members of the public by adopting a more narrative style, reducing reliance on tabular presentation and ensuring that all acronyms are explained in brackets at first use and included consistently within the glossary.

Finally, we thank all staff and volunteers involved for their continued hard work in improving the delivery of patient care, as reflected in the priorities set out for 2026/2027. We look forward to seeing measurable progress particularly in patient flow (eradicating corridor care), infection control and antimicrobial stewardship and the integration of patient experience insight for continuous improvement.

A handwritten signature in black ink that reads "J Underwood". The signature is written in a cursive, slightly informal style.

Dr. Janet Underwood (PhD)
Chair, Healthwatch Rutland