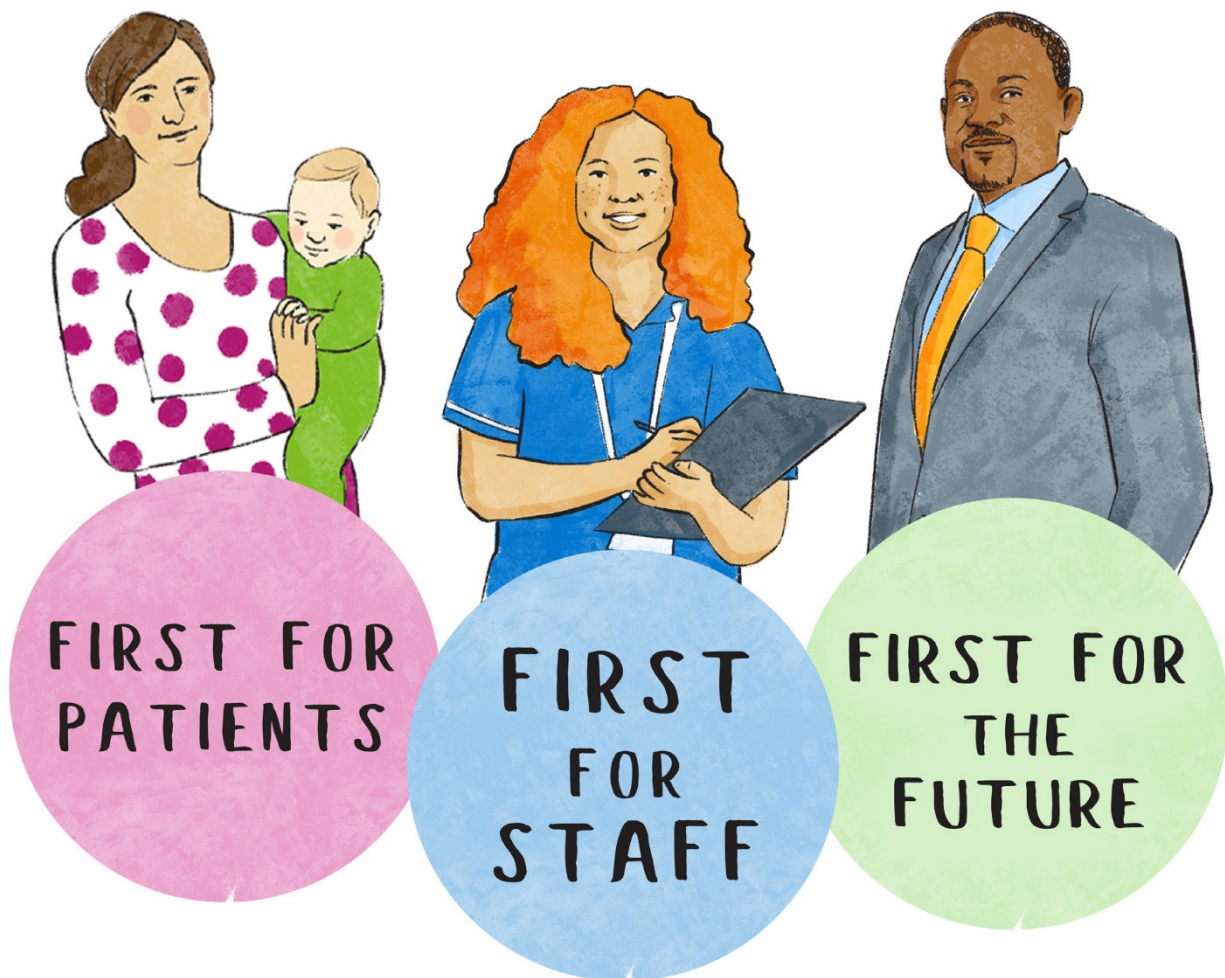


Quality accounts 2022-23



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Throughout this document the organisation West Suffolk NHS Foundation Trust is referred to as WSFT and West Suffolk Hospital as WSH.

Chief executive's statement

I am delighted to introduce this year's quality report on behalf of the West Suffolk NHS Foundation Trust (WSFT).

Since joining the Trust as its chief executive officer in February this year I have been inspired by the commitment of colleagues in our hospitals and community services to live up to the ambitions of our Trust strategy – First for patients, first for staff and first for the future.

In the year since that new strategy was published, there has been a drive towards improving the care for our patients; supporting and listening to our staff; and investing in the future health of Suffolk.

We aim to provide the right care, in the right place, at the right time, to meet the individual needs of patients, and strive to ensure that our care is compassionate and safe. We are also working hard to ensure that we are always learning and improving. We were the first of a small number of trusts taking part of the Patient Safety Incident Response Framework (PSIRF) pilot programme run by NHS Improvement and NHS England. It is designed to improve the quality and safety of the care we provide through learning from patient safety incidents. Our Quality Improvement team offers training and support to colleagues and works with them to develop ideas and projects that will improve the quality, safety and efficiency of our care and our organisation. These ideas often lead to opportunities for shared learning and best practice, bringing tangible benefits for patients.

We know that patient care is improved when our staff feel they are listened to and valued, working for an organisation where they feel able to speak up and share any concerns. The drive to improve the culture of our Trust has made progress – we have expanded our Freedom to Speak Up (FTSU) network, introduced wellbeing champions to reflect our diverse workforce, and relaunched our peer-led staff networks to help us better understand the needs of everyone in our organisation.

To make real and lasting change it is vital to engage with colleagues, and we have this year run a Trust-wide What Matters to You 2 exercise, encouraging frank discussion with staff about their priorities and concerns. With other national and Trust engagement opportunities open to all, we hope to continue conversations which support an open, honest and transparent culture and are taking action on the key issues colleagues have told us are important to them.

One of the biggest challenges for our staff and Trust is the focus on elective recovery - the need to reduce the number of people waiting for treatment, usually surgery. We have made progress in reducing the number of those experiencing the longest waiting times, but the list of people still waiting does not reflect the service we wish to provide. Through investment in advanced technology and smarter, better ways of working, we are aiming to improve our clinical care and at the same time meet the individual needs of patients and drive down waiting times.

Our adult and paediatric community services provide healthcare and support patients to achieve their best quality of life in their homes across Suffolk, and advances in digital healthcare mean we can provide enhanced care and interventions to support discharge and prevent admission to hospital. The successful launch last November of the virtual ward programme has allowed patients to be monitored and cared for in their own homes by a team of clinicians, and this will be developed and expanded in the coming months.

Integration with partners across the health, social care and voluntary sector has been a key driver in improving the quality and outcomes of care in both our adult and paediatric community service. Alliance working in our adult services is led by our integrated neighbourhood teams, a multi-disciplinary, coordinated approach to meet the individual needs of people taking into account all aspects of their lives.

This commitment to progress can only be achieved because we have a highly-trained and motivated workforce. Investing in, celebrating and looking after the thousands of people who devote their working lives to the NHS and our Trust lays the foundation for attracting and retaining staff.

Throughout the NHS there are thousands of staff vacancies, and we know that many of our colleagues are nearing retirement age. Many who had retired returned to us during the pandemic but have now moved on. With increasing demand, and the rising age and acuity of our patients, we must explore better ways to secure a workforce for the future than simply advertising job vacancies. As well as promoting all that we and Suffolk have to offer, we are doing all we can to “grow our own”.

We offer opportunities for training and career development to ensure all our people have the chance to become the best they can be. We are a learning organisation and our training and education team ensure that whatever their role, colleagues meet the mandatory requirements for the NHS. The clinical educators and clinical skills trainers support our frontline staff with a broad range of courses and continuous training, and their work has been recognised by national awards (see the Highlights section for details).

Growing our own also demands support from senior colleagues on the frontline, who give their time and share their expertise and experience to ensure that in the future our community will have the best of care. We are developing our apprenticeships programme, combining practical experience with academic study – for example supporting a former member of our housekeeping team to this year achieve her registration as a nurse.

That colleague came to us from Brazil, and one in five of our workforce is originally from overseas. With the commitment and support of the clinical education team, we have recruited many staff from other countries, who have then achieved the necessary qualifications to practice here. As well as their training and education, the team is committed to the general wellbeing of people living far from home, and this year achieved recognition with a Pastoral Care award.

Our fruitful partnership with the West Suffolk College has developed across 15 years and is another way to secure a workforce for the future. Health and care BTEC students have this year had both practical and classroom-based experience; and in 2023 we shall welcome T-Level students on work experience.

The Trust is recruiting to a new organisational development and learning team, which will allow us to explore new ideas, and give us a foundation on which to develop all the initiatives we have in place for our workforce.

We know that our staff are our number one asset, so to support the mental and physical wellbeing of everyone who works at the Trust, we have continued to develop and invest in our staff support psychology team. Our FTSU champions, wellbeing champions and peer networks maintain a visible presence offering support and a listening ear. The offer of free gym membership at Abbeycroft Leisure has just been extended for another year and includes a wealth of online activity that can be accessed anywhere at any time. The homegrown ‘Love Yourself’ weeks encourage those who care for others to look after themselves, and recognise the need to rest, recuperate and focus on their body and mind.

I’m happy to say that our Trust is a place where people stay, often throughout their working life. Recently we marked the 50 years of NHS service given by one of our district nursing sisters, Sonia Denny. Our long service awards are a chance to say thank you to people who have given decades to the NHS and help to demonstrate that our thousands of staff are all individuals who make up a special community. Our Putting You First awards regularly recognise people who have been nominated by their colleagues for their commitment to quality, progress, care, and our patients.

In so many ways, the My WiSH charity is a key partner in all these initiatives. This small team enhances the experience we can offer, and from improvements to the chaplaincy to toys for our most vulnerable young patients, the charity responds quickly and intuitively and makes a real difference every day.

The support we receive from our community in donations and fundraising events is truly humbling. The contribution of the people of Suffolk has enabled the charity to improve the care of patients and their families, as well as bringing benefits for our staff. Just two of hundreds of examples of their work: the funding for a play specialist in our paediatric emergency department; and the funding for an extra member of our staff support psychology team.

The WSFT vaccination taskforce has been a sterling part of the regional and national drive to vaccinate people against both coronavirus and seasonal influenza. As well as making sure our staff and those from partner organisations could access vaccines at a time and place convenient to them, the team has travelled all over Suffolk to vaccinate the community. They have focused on areas where uptake was low, and where vulnerable people lived to ensure they protected as many people as possible. They have undoubtedly saved many people from serious illness and potentially fatal consequences of COVID-19 and been instrumental in helping us to return to a more normal way of life.

This year we have come a step closer to the building of a new hospital, with outline planning permission granted for our preferred site at Hardwick Manor. The rebuilt West Suffolk Hospital is one part of a Future System programme that will transform the way healthcare is provided in the future. As well as working with system partners we continue to engage with our community, including hard to reach groups, to help us plan and deliver for the needs of future generations.

We continue to capitalise on our expertise as a Global Digital Exemplar, and to benefit from electronic patient records, the Health Information Exchange (HIE), access to the virtual ward, and other advances that are driving progress in healthcare to benefit patients. Digital communication is key to our joined-up working across public services and with partnership organisations, which has proved that integration is the way forward, and we will continue to harness the power of technology to improve our services.

While I welcome the progress being made across the Trust, significant challenges remain. Enormous efforts have been made to ensure the safety of staff, patients and visitors in our ageing West Suffolk Hospital, and I want to pay tribute to the estates team who have worked 365 days a year, day and night, to maintain our estate to keep us as safe as possible.

Demand on our services increases every year, as our population is growing, ageing, and presenting us with ever more complex conditions. Largely due to the pandemic, there has been no reduction in pressure over the past few years, and our focus on reducing the number of people waiting for treatment means that pressure will remain.

The realities of working in the NHS mean that we have a significant number of vacancies, in common with services across the country. I have outlined the many ways in which we try to attract and retain staff, but the effects of trying to meet demand and patient need cannot be underestimated. In recent months, industrial action has added to the pressures on our services. We recognise that these disputes are between the unions and the Government, not the Trust, and support the legal right to strike, but there is an inevitable impact on our services and waiting times.

The WSFT continues to deal with the outcomes of the 2021 [independent review](#) and has fully acknowledged that the organisation's culture needed fundamental change. While progress has been made, we know there is much more to do, and this will take time. I want to thank all the staff who engaged in our Autumn of active listening and shared their views on how we can drive further improvement.

This year has seen changes to both our Council of Governors and team of non-executive directors, and I would like to thank all those who have given, and continue to give the Board their views, knowledge and experience. On behalf of the whole Trust, I also want to express thanks to Craig Black, who served as interim CEO through very challenging times. I am so pleased that he remains with us and is leading on the Future System programme.

I can confirm that to the best of my knowledge the information contained in the quality report 2022-23 is accurate and has received the full approval of the Trust Board.

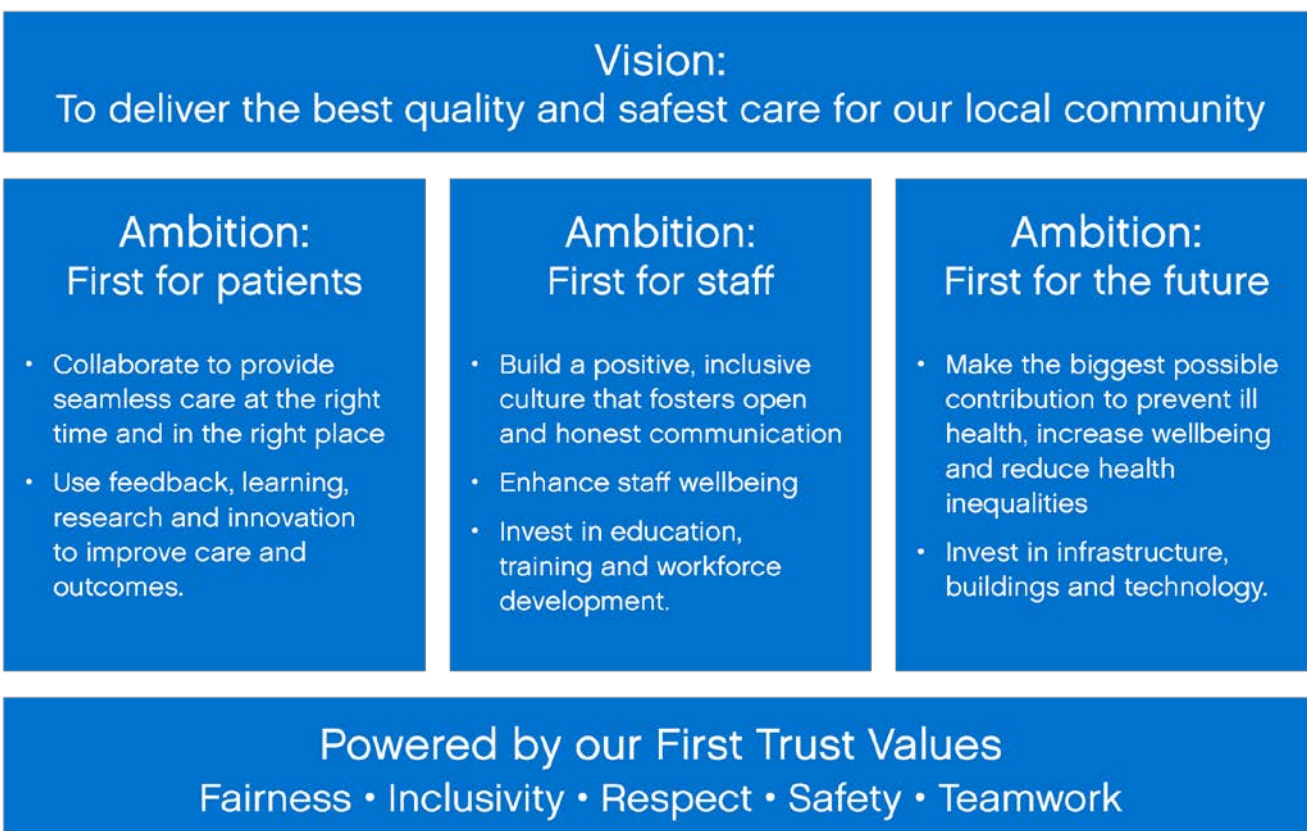


Dr Ewen Cameron
Chief Executive Officer
29 June 2023

Quality structure and accountabilities

The quality report highlights the action WSFT is taking to improve the quality of services we provide. We have structured our priorities around the ambitions within the Trust's strategy.

Our vision and priorities align with our partners, including Suffolk and North-East Essex Integrated Care Board (SNEE ICB), whose vision is to deliver the best possible outcomes for every one of the million people in Suffolk and North East Essex. Through our new strategy, we put quality at the heart of everything we do.



The Board monitors quality through its **performance management arrangements** on a monthly basis. The Board also receives assurance regarding quality within the organisation through the three assurance committees of the Board, which ensure quality is delivered in a coordinated way to support safe, effective and patient-focused healthcare. During 2022-23 the Board continued to develop its working and the assurance structure to provide a greater focus on culture, patient safety and quality:

- **Insight Committee** with a focus on operations, finance and organisational risk
- **Involvement Committee** on people and organisational development
- **Improvement Committee** on quality, patient safety and change management.

The [NHS Long Term Plan](#) sets out the need to do more to prevent illness and reduce inequalities in health experienced by different groups of people.

A key component of our First for the future ambition is to make the biggest possible contribution to prevent ill health, increase wellbeing and reduce health inequalities. Our new strategy reflects the ways in which we are working with partners towards two common aims: improving the health of our community and reducing inequalities.

This means looking after the community's physical, mental, emotional, social, and economic needs. We're here to help make people better when they are ill, and to support them to help keep themselves well in the first place. To do this:

- we will adapt our services to do more to increase everyone's wellbeing and prevent ill health
- we will recognise and value the role people play in managing their own health and wellbeing, involving our community in conversations and decisions about their health and care, moving from 'what's the matter with you?' to 'what matters to you?'
- we will maximise our social impact as an anchor institution rooted in our local community – providing training and employment opportunities for local people, buying from local businesses, supporting local charities and community groups
- we will minimise our environmental impact with our Green Plan.

Quality priorities for 2023-24

Our quality priorities are driven by our strategy and set out key improvements we aim to deliver and the measures that we will use to understand progress and success. These measures will be reviewed and developed as we progress.

Delivering our strategy

Use feedback, learning, research and innovation to improve our care and outcomes:

- we will give everyone the tools and support they need to put quality and safety first by ensuring staff have the confidence to raise concerns and to make changes when things go wrong
- we will ensure patients and families can share their experiences, positive and negative, to help us improve.

Priorities for 2023-24

- to deliver measurable improvements in safe care and confidence to raise concerns through implementation of our patient safety strategy by March 2024
- to deliver measurable improvements in experience through the implementation of our experience of care strategy by March 2024.

Measuring our progress and providing assurance

Safe and high-quality care

- increasing percentage of relevant staff completing the patient safety syllabus by March 2024
- increasing percentage of relevant staff completing the patient safety education programme by March 2024
- number of patient safety partners in post by March 2024
- coproduce the qualitative and quantitative measures we use to gauge and develop our safety culture by March 2024 e.g. temperature gauge and implement regular monitoring
- implement a programme of shared learning events, including an annual safety summit by March 2024
- deliver an increase in user access of the e-Care* patient safety dashboard to support high standards of safe care by March 2024.

Experience of care

- evidence of learning by March 2024 - 90% complaints resolved within agreed timeframe, 90% of improvement actions from complaints/feedback implemented to timeframe and implement a programme of shared learning events
- Equality Delivery System assessments of accessibility and inclusivity of patient services by March 2024 - more than two Equality Delivery System assessments completed with associated quality improvement plans
- Parliamentary and Health Standards Ombudsman (PHSO) Complaints Standards updates - 100% compliance with recommendations and completion of action plan
- patient story programme by March 2024 - all open Board meetings include presenting patient or staff story and these are published on the staff intranet for training and reflection
- public engagement programme measures by March 2024 - patient experience/customer service training programme by March 2024 - 50% of reception/patient-facing/telephone administrative staff trained and >80% recommender rating in training evaluation.

* e-Care is our electronic patient record system

Statements of assurance from the Board

This section of the quality report is prescribed by regulation. It provides a series of mandated statements from the Board which directly relate to the drive for quality improvement. These statements provide assurance in three key areas:

- our performance against essential standards and delivery of high-quality care, for example our registration status with the Care Quality Commission (CQC)
- measuring our clinical processes and performance, such as participation in national clinical audit
- providing a wider perspective of how we improve quality, for instance through participation in clinical trials.

Review of services

During 2022-23, WSFT provided and/or sub-contracted **61 relevant health services**. WSFT has reviewed all the data available to it on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2022-23 was **£288.7m**, which represents **75.2% of the total income** generated by WSFT for 2022-23.

Information about the quality of these services is obtained from a range of sources, which address the three quality domains described earlier (safety, effectiveness and experience). Key sources of intelligence are summarised below. Many of these sources of information provide an indication of quality across more than one domain.

Sources of quality intelligence

Personal care	Safe care
<ul style="list-style-type: none"> • CQC visits • Trust-wide compliance monitoring including: <ul style="list-style-type: none"> • patient environment • patient experience • same sex accommodation • pain management • nutrition. • complaints and Patient Advice and Liaison Service (PALS) thematic analysis • patient and staff feedback, including local and national surveys and patient/staff forums and communication • visits to clinical and non-clinical areas by executives, non-executives and governors (this has been impacted by COVID-19) • feedback from our Foundation Trust members and governors • 'Freedom to Speak Up' (FTSU) feedback • Community engagement conversations. 	<ul style="list-style-type: none"> • CQC visits • Trust-wide compliance monitoring including: infection control, including hand hygiene; pressure ulcers, falls and venous thromboembolism (VTE); stroke care; learning from deaths; and re-admission • incident and claims analysis and national benchmarking • external regulatory and assessment body inspections and reviews, such as peer reviews • national safety alerts • infection prevention and control • visits to clinical and non-clinical areas • clinical benchmarking • national and local clinical audits • self-assessment against national standards and reports, for example National Institute for Health and Care Excellence (NICE) guidance • Patient reported outcome measures (PROMs).

Participation in clinical audits and confidential enquiries

During 2022-23, 45 national clinical audits and nine national confidential enquiries covered NHS services that WSFT provides.

During 2022-23, WSFT participated in 100% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that WSFT participated in, and for which the data was completed during 2022-23, are listed alongside the number of the cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry listed in Annex A.

Research and development

753 patients receiving relevant health services provided or sub-contracted by WSFT, were recruited during 2022-23 to participate in National Institute for Health Research (NIHR) Portfolio or commercially adopted research studies approved by the research operational committee.

Seven-day services - proposed

The Trust has continued to build upon the work of the seven-day services group which led the service development and improvement plan prior to the COVID-19 pandemic. The Trust operates a full seven-day service for both the emergency department (ED) and inpatients across a wide range of clinical areas to manage weekend admissions and discharges. In the community most of our services are seven-day and some are 24-hour. Our current focus on improving urgent and emergency care patient flows will support the four priority standards of:

- standard 2: time to consultant review
- standard 8: ongoing review – 95% of patients who require a once-daily consultant directed review receive such a review
- we already achieve standards 5 (access to diagnostics) and 6 (access to consultant-directed interventions), where there is access to diagnostics and interventions on-site or through formal agreement with neighbouring Trusts.

Consolidating vacancies and rota issues

The human resources department aims to fill staffing gaps via new appointments, so there can be a delay in this process. Locally employed doctors (LEDs), have been employed specifically for service developments, including the emergency department, general surgery and general medicine. These appointments support the work to ensure that we can safely fill our rotas and staff the wards as well as ensuring safer working hours for all doctors.

Staff who speak up (including whistleblowers)

In line with The National Guardian's office, we aim to make speaking up business as usual within the Trust. In the first instance we encourage all colleagues to seek the support of their line manager, and specialist departments (e.g. health, safety and risk office, postgraduate medical education team and governance support). However, there are many alternative routes available to colleagues. Ways of speaking up are actively promoted throughout the organisation. Our Freedom to Speak Up policy outlines the internal and external routes available to raise concerns, should this be more appropriate.

The Trust's FTSU Policy reflects the national standard policy produced by the National Guardian's Office. Its aim is to ensure all matters raised are captured and considered appropriately. This policy is available to all staff on the intranet and on the public facing internet (www.wsh.nhs.uk).

Ways in which staff can speak up internally

- **Freedom to Speak Up Guardian** - The Freedom to Speak Up Guardian is responsible for helping to nurture a culture of openness, by acting as an independent and impartial source of advice to colleagues at any stage of raising a concern
- **Designated executives, specified non-executive director and other senior staff** - the Trust policy outlines specific individuals who have a role to support any member of staff who wishes to speak up
- **Speaking up Champions** - are here to listen to colleagues and refer to the appropriate services, and where necessary, escalate to the FTSU Guardian. They will support the Trust and the Freedom to Speak Up Guardian in promoting and nurturing a positive speaking up culture
- **Chaplaincy service** - the chaplaincy team provides a listening ear in times of difficulty or crisis, whether personal or work-related, a space to talk about life, the purpose or the meaning of things, and pastoral counselling, regardless of faith or belief. For staff who have a faith, the chaplaincy service can also provide support with: practising a faith or spiritual tradition, making contact with representatives of other faith communities and prayer support
- **Anonymous reporting** - colleagues who wish to speak up to the FTSU Guardian anonymously can do so by completing the anonymous reporting form on the intranet or writing a letter to the Freedom To Speak Up Guardian c/o the Drummond Education Centre at the West Suffolk Hospital. Alternatively, colleagues can leave a message on an anonymous reporting phone-line
- **Staff support psychology service** – this clinical psychologist-led service offers one-off and ongoing support to individuals and teams. Staff can raise any issues of concern with the team
- **Staff Networks** have recently been revamped and provide a forum for colleagues to speak up and share concerns. There are currently three networks including LGBTQ+, REACH (race, equality and cultural heritage) and a disability network
- **Human Resources team** - Provide support, guidance and advice to managers, employees, and workers in line with the FTSU policy for any concerns raised, as well as to individuals considering raising a concern under the FTSU policy
- **Other support mechanisms** - as part of our approach to partnership working with staff-side organisations we actively promote trade unions as a source of support for staff for health and safety advice, education support and member support for disciplinary issues.

Staff can access support through our intranet via the Culture and Wellbeing pages. Posters are displayed throughout the Trust giving contact details of the FTSU Guardian. The network of champions promote speaking up within their teams and networks and support and signpost staff wishing to speak up. Services are regularly advertised in **regular internal communications including** the Green Sheet and via the staff briefing. An introduction to speaking up and how to access support are given at induction, preceptorship and leadership training programmes as well as team meetings.

All staff are required to undertake mandatory training which encourages staff to access the FTSU policy to identify routes to speaking up. Managers at band 7 or above are also required to undertake Listen Up training.

How we provide feedback to staff who speak up

Feedback depends on the mechanism used to report the concern and may be written or verbal. The individual who raised the concern will be provided with direct feedback. Where concerns are reported anonymously, feedback can be provided through general Trust communication routes.

How we ensure staff who speak up do not suffer detriment

Our Freedom to Speak Up policy emphasises that staff raising concerns should not suffer any detriment and the mandatory training and policy supports this. A questionnaire is provided to all staff who have raised concerns via the FTSU Guardian. Included in this is an option for individuals to report if they feel they have suffered detriment and clear statement indicating that detriment as a result of speaking up will not be tolerated at the Trust.

Goals agreed with commissioners

The Commissioning for Quality and Innovation (CQUIN) programme was successfully achieved in many areas during 2022-23 with funding received in line with prior arrangements.

The programme will continue from 1 April 2023 during 2023-24, with unconditional payments agreed locally between both WSFT and SNEE ICB. Payments will continue to be made via the block contract arrangement.

There are eight acute hospital and four community CQUINs. In line with national guidance, **for the coming year** the Trust has prioritised five CQUINs, which have been highlighted in the list below with an asterisk. Those not identified within the five priorities will be reviewed and managed through existing or new workstreams.

Acute services:

- **seasonal influenza vaccinations** for frontline healthcare workers *
- supporting **patients to drink, eat and mobilise** after surgery *
- prompt switching of intravenous to oral **antibiotic** *
- compliance with timed **diagnostic pathways** for cancer services
- identification and response to **frailty in emergency departments** *
- timely **communication of changes to medicines** to community pharmacists via the discharge medicines service *
- recording of **National Early Warning System 2 (NEWS 2) score**, escalation time and response time for unplanned critical care admissions
- assessment and documentation of **pressure ulcer risk**.

Community services:

- **seasonal influenza vaccinations** for frontline healthcare workers
- assessment and documentation of **pressure ulcer risk**
- assessment, diagnosis and treatment of **lower leg wounds**
- **malnutrition screening** in the community.

What others say about us

The Trust has unconditional registration with the CQC with no enforcement action. The Trust's overall rating is 'requires improvement'. The acute services are rated 'requires improvement' and the community services (adults, children and young people and inpatient services) are all rated as 'good'.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↓ Jan 2020	Good ↓ Jan 2020	Good ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓↓ Jan 2020
Community	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Overall Trust	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020

Core areas were inspected last in inspections in 2016, 2018, 2019 and 2021 (see chart below).

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency care	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Medical care (including older people's care)	Requires improvement ↓ Jan 2020	Good ↓ Jan 2020	Good ↓ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020
Surgery	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Critical care	Good Aug 2016	Outstanding Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Outstanding Aug 2016	Good Aug 2016
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good Jan 2018	Good Jan 2018	Outstanding Jan 2018	Good Jan 2018	Outstanding Jan 2018	Outstanding Jan 2018
Outpatients	Requires improvement ↓ Jan 2018	Not rated	Good ↔ Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement ↓ Jan 2018

Maternity services:

Latest inspection: 13 April 2021 Report published: 22 June 2021






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

In the most recent comprehensive inspection (report published in January 2020) inspectors said staff “treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions they worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care”.

The Trust’s maternity services were inspected in April 2021 (report published June 2021), whilst the local service score did improve, it did not affect the overall rating of the organisation. Of note in the 2021 CQC report, it was stated that “Leaders ran services well and supported staff to develop their skills. Staff understood the service’s vision and values, and how to apply them in their work. Staff were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. Staff were committed to improving services continually”.

Additionally our maternity services hosted a formal NHSE and Local Maternity and Neonatal System (LMNS) visit in May 2022 to assess our progress in the maternity improvement programme. This assessment identified our improvements and lead to us formally exiting the programme in November 2022.

This year we also received a “Good” CQC rating for the Glemsford GP practice that is part of the WSFT, with the staff’s kindness and respect for patients highlighted. Please refer to the table below:

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

The WSFT recognises that the CQC are developing a new inspection framework in 2023-24 and will anticipate a future inspection within this new regime and the opportunities it will bring to demonstrate how the organisation is working towards ‘Good’.

Awards and accolades

FIRST FOR PATIENTS

This year saw the launch of the Suffolk and North-East Essex Integrated Care Board (SNEE ICB), and as a leading provider in the integrated care system (ICS), across the Trust we are committed to partnership working on the strategy and delivery of healthcare in the future.

Providing seamless care at the right time in the right place to meet people’s individual needs and wishes means working in collaboration with partners across the NHS and other healthcare providers, the private sector, local councils, charity and voluntary services. We know that integrated working is the way forward, and this year progress has been made on ensuring the care we provide is joined-up, timely and effective.

We are using feedback, learning, research and innovation to improve care and outcomes. We have kept innovations which worked well during the pandemic, such as telephone and video consultations, wellbeing calls, patient-initiated follow up and ways for patients to stay in touch with loved ones in our care: Keeping in Touch and the clinical helpline.

The movement of patients through our services, especially the acute hospital, has been a major focus of our work this year as we strive to reduce the numbers of people waiting for care. We have extended the hours of our outpatient clinics and operating theatres to help us reduce the numbers of people on our waiting lists; and in November we launched virtual wards, part of a national programme which allows patients to receive care at home, instead of needing to reside in hospital. Using digital technology, patients can safely be monitored from the comfort of their own homes as part of their health and care needs. This year social prescriber Stefan Currington joined us at the acute hospital, offering support for people to improve their independence and quality of life after discharge, and preventing readmission.

We have made significant investment in our patient safety and quality improvement teams, using learning, best practice, new models and frameworks to support continuous improvement. We were a pilot trust for the PSIRF patient safety framework, aimed at improving the response to patient safety incidents, and are now helping to roll PSIRF out across the NHS and are just entering into our third year of our patient safety plan based on the new framework. An improvement event run by our medical division inspired and captured ways to make positive change, using and developing ideas that came from staff.

This year a number of our teams, projects and services have been nominated for, and won, prestigious national awards and been recognised for their work.

Clinical nurse specialists (CNSs) are crucial in providing expert support for our patients, but a study by Macmillan Cancer Support found that 37 per cent of the current workforce is over 50 years old.

Our Macmillan Unit team created an innovative way of tackling this potential future workforce shortage, with a bespoke 18-month programme to support Band 5 nurses to progress into CNS positions. This won the Macmillan Professionals Innovation Excellence Award, which is an incredible achievement.

A pilot scheme pioneered on our acute renal ward was nominated for an *HSJ (Health Service Journal)* Patient Safety Pilot of the Year award and *Nursing Times* Best Use of Workplace Technology award. The team identified and introduced equipment that allowed staff to improve the accuracy of measuring and monitoring how much fluid each patient consumed.

The Trust's research team was recognised and praised for its participation in a wide range of regional, national and international research studies. One of our clinical research practitioners, Angharad Williams, was named the recipient of the 2022 Advancing Healthcare Awards for Clinical Research Practitioner (CRP) Leadership from the Academy of Healthcare Sciences. She won the award in recognition for her work in developing a regional network, and national work to develop an approved accreditation scheme and register for CRPs.

The co-ordinators of the prestigious ORION-4 research study have congratulated WSFT colleagues on recruiting more than 100 participants. Consultant cardiologist Dr Pegah Salashouri, lead research nurse Jo Godden and research nurse Lily John were praised for their significant contribution to this collaborative research into a cholesterol lowering injection.

The SIREN (SARS-CoV2 immunity and reinfection evaluation) is a large-scale partnership launched two years ago with NHS workers, to evaluate the immune response to COVID-19, build understanding of the protection offered by vaccines and provide insight into COVID-19 reinfections. At the WSFT, 598 colleagues signed up to participate, many of whom are continuing to support the study today.

Dr Justin Zaman and the cardiology research team have received national recognition for their work on the REACH Heart failure with preserved ejection fraction (HFpEF) trial. The team have placed second in the country for the number of participants recruited, an amazing achievement.

Our stroke service has recently received its results from the Sentinel Stroke National Audit Programme (SSNAP), for acute admitting stroke units. Our service is ranked number one nationally during the October – December 2022 quarter (which is the latest data available at present) and was ranked joint second in the previous quarter. This achievement is due to the hard work, dedication and commitment of all the members of the stroke service.

Our Trust was shown to be performing better than most NHS acute trusts in the country in several areas of care, according to an adult inpatient survey from the Care Quality Commission (CQC). There is always room for improvement, but the findings underlined the efforts made to ensure our patients have a good experience. This year we also received a “Good” CQC rating for the Glemsford GP practice that is part of the WSFT, with the staff’s kindness and respect for patients highlighted.

Patient experience is enhanced by our volunteers, a valued group of people now fully back with us after the pandemic. From helping people find their way around, to keeping our courtyard gardens planted and tidy, supporting ward staff, and offering companionship to people at the end of their lives, the volunteers make a real difference and we are grateful for their support.

We have recently achieved a Work Experience Quality Standard award for the student programme delivered through our voluntary services. This offers valuable opportunities for young people interested in a healthcare career. With the support of clinical and medical colleagues the programme provides invaluable clinical shadowing opportunities, and a digital student academy programme.

Nutrition and hydration are a vital element in the care and recovery of our patients, and this year our award-winning catering team have maintained their excellent hygiene rating, scoring the highest score of 5, which means standards are “very good”. Meanwhile, two of our apprentice chefs won through to the national finals of the NHS chef of the year competition.

The My WiSH Charity continues its sterling work to enhance the care the Trust provides, from funding posts such as a staff support psychologist and a play specialist for young patients in our emergency department, to supporting major appeals and projects. The charity receives amazing support from our community, with local people organising their own fundraising, or supporting My WiSH events such as the Soapbox Challenge, which returned this year to great success.

FIRST FOR STAFF

We know when staff feel confident that they have a voice, can speak up and raise concerns, there is a positive impact on patient safety and care.

In an Autumn of active listening, colleagues were able to respond to the annual NHS staff survey; a travel survey; and “What Matters to you 2”, which followed up on the 2020 staff engagement programme. The aim is to continue conversations with staff so that Trust leadership hear about what is important and can take action to improve. We know it is also important to show where and how we have listened: “You Said, We Did”.

We also focused on Freedom to Speak Up (FTSU), and have a growing number of FTSU champions throughout the Trust. We have relaunched our peer support networks for disabled people, LGBTQ+ colleagues, and those from the global majority. We have introduced wellbeing champions from diverse backgrounds, supported by the My WiSH charity, who are also helping us to build a positive and inclusive culture. After listening to concerns raised by staff, we have developed a more supportive and compassionate HR culture.

Another of our key objectives is showing that we value our staff by enhancing their wellbeing. We have expanded our dedicated staff psychology team; extended our free gym membership for all staff and modernised facilities in the Chaplaincy, including dedicated facilities for Muslim colleagues and visitors. Our vaccination team has ensured free and easy access to both the COVID-19 and seasonal flu vaccinations, as well as running a comprehensive programme in our wider community.

Nominations for our Putting You First awards have come from peers, and their citations are both moving and inspiring. The contribution that people have made to the NHS, often for their whole working lives, is marked through our long service awards – we have this year recognised people who have served for 50 years.

We are investing in education, training and workforce development, because we want staff, who come from all over the world to work with us, to build their careers here. One in five of our staff come from overseas, representing more than 80 countries. This year we were proud to receive the NHS Pastoral Care Quality Award in recognition of our commitment to providing high-quality pastoral care for internationally-educated nurses and midwives.

We have a strong learning and training offer, recognised this year with six nominations in the *Nursing Times* Workforce Awards, including Best UK Employer of the Year for Nursing Staff. Two of our clinical education team were nominated for *Student Nursing Times* Awards, with Alex Levitt-Powell winning Learner of the Year: post-registration category.

Throughout our organisation the year has been marked by celebrating the opportunities and funding staff can access for continuous personal development. Our professional nurse advocates are trained to listen and understand challenges and demands of fellow colleagues, and to lead, support and deliver quality improvement initiatives.

We have been joined by a corporate lead to facilitate advanced clinical practice, supporting colleagues in acute and community services to take up the challenge of advanced practice. Six new registered nursing associates are now working in acute and community settings, an investment in a recently-developed NHS role that brings significant benefits in patient care.

A supervisor role has been introduced in our health care support worker (HCSW) workforce, aimed at giving new HCSWs support and mentoring on our inpatient wards. This has improved retention of these important staff who do so much to care for our patients.

Keeping staff throughout the Trust informed is a priority for our communications team, which last summer developed and launched a new and improved intranet site, working with colleagues across the Trust. Using digital innovations, the team is exploring new ways to ensure our busy staff can easily access information to support patient safety and best practice, as well as the wellbeing support on offer. The team works closely with colleagues across the Trust and the wider system to drive awareness and engagement, in a rapidly changing environment for health and care.

FIRST FOR THE FUTURE

This ambition in our strategy reflects how we are taking the organisation forward and our role as a large, anchor organisation in west Suffolk with the SNEE ICB.

A huge part of our priority to invest in infrastructure, buildings and technology is the work we are doing to plan for the new healthcare facility to replace the West Suffolk Hospital here in Bury St Edmunds. The new hospital, which is one of 40 to be built as part of the Government's New Hospital Programme, should be completed by 2030. Plans are well under way with outline planning permission agreed for our preferred site of Hardwick Manor.

While we work with our partners and our community to plan for a new hospital, our current hospital is reaching the end of its life. It was built in 1974, using reinforced autoclaved aerated concrete (RAAC) planks, and has a life expectancy of 30 years. Every day, our estates team has continued its programme of essential maintenance to ensure our buildings remain as safe as possible for patients and staff.

Through our Future System project, we are looking at ways to develop services we provide in the heart of our community, so that many more people can be cared for without coming into the acute hospital. A diagnostic centre is planned for our Newmarket Community Hospital site, which will increase capacity and give people greater choice to be treated closer to home.

Planning for the future has meant looking at what the next decades will mean for west Suffolk and its population – which is likely to grow in number and in age. The most important asset in caring for people of all ages will be a highly-trained and skilled workforce, and we are exploring ways of supporting young people to become our staff in years to come.

As well as the commitment to “grow our own” through training, development and apprenticeships, we are celebrating 15 years of partnership with West Suffolk College. BTEC students joined us for work experience; and later this year we will welcome students on T-Level courses on placements. This partnership aims to give the workforce of tomorrow the skills they need to hit the ground running when they start their careers.

To support our goal of making the biggest contribution to prevent ill health, increase wellbeing and reduce health inequalities, our community health services are increasingly being co-located with partner organisations – for example at the Mildenhall Hub. The alliance working model of integrated neighbourhood teams allows us to care for people’s individual needs where and how they live. Closer working with key allies such as the county council in social care and housing, but also providers such as Abbeycroft Leisure, has allowed us to improve patient care and experience.

This year saw changes to the membership of our Board, who will be leading on the work to take the Trust forward. As well as a new chief executive officer, we have been joined by new non-executive directors (NEDs), who bring a wealth of experience with them to our foundation trust. We were delighted to be able to hold our Annual Members’ Meeting in person once again, to reflect on the past, present and future, and hear the opinions and questions of local people. As well as engagement through the Future System programme, we have undertaken a travel survey, and organised and attended events across the county, including in Glemsford, where we run the GP surgery.

Many challenges remain, including in recent months extensive periods of industrial action. We recognise these disputes are between the unions and the Government and we support the legal right to strike. The willingness of our colleagues to help us plan and work flexibly around these actions has shown once again their commitment to each other and to our patients, and their dedication to serve the people of West Suffolk.

Data quality

WSFT submits data every week 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 in the published data which included the patients’ valid NHS number was:

Valid NHS number	WSFT	East of England	National
Admitted patient care	99.8%	99.8%	99.6%
Outpatient care	99.9%	99.8%	99.8%
Accident and emergency care	99.1%	-	95.3%

(The above figures cover April 2022 to January 2023 inclusive – taken from NHS Digital)

The percentage of records in the published data which included the patients’ valid general medical practice code was:

Valid general medical practice code	WSFT	National
Admitted patient care	99.9%	99.7%
Outpatient care	100%	99.5%
Accident and emergency care	100%	98.3%

(The above figures cover April 2022 to January 2023 inclusive – taken from NHS Digital)

WSFT's **information governance assessment** report overall score for 2021-22 was 'Standards Not Met' at publication in June 2022. An improvement plan was submitted to NHS Digital and this was accepted and amended the Trust's status to 'Standards Met' in October 2022. The assessment for 2022-23 will not be submitted until after publication of the Quality Accounts.

WSFT was not subject to the payment by results (PbR) clinical coding external audit during the reporting period 2022-23. A local audit was undertaken, and the error rates reported in the latest published audit for that period for diagnosis and treatments coding (clinical coding) were:

Data field - inpatients	Error rate
Primary diagnosis	5%
Secondary diagnosis	2.1%
Primary procedure	2.9%
Secondary procedure	6.4%

The audit sample was 200 finished consultant episodes (FCEs) from medical, surgical and women and children health services. The results of this audit should not be extrapolated further than the actual sample audited.

Performance against 2022-23 priorities

The quality priorities agreed for the year 2022-23 were driven by our strategy and set out key improvements we aim to deliver and the measures that we will use to understand progress and success. Recognising that the strategy is a long-term plan, there is not an expectation that the priorities listed below would be completed in the 12-month period, but that progress on the initiatives could be demonstrated through the agreed measures.

<p>Delivering our strategy</p> <ul style="list-style-type: none"> • use feedback, learning, research and innovation to improve our care and outcomes • collaborate to provide seamless, accessible care at the right time and in the right place
<p>Priorities for quality improvement</p> <ol style="list-style-type: none"> 1. Safe and high-quality care - improve care and outcomes for patients through: <ul style="list-style-type: none"> ○ effective response to new and emerging guidance ○ evidence shared learning from incidents to reduce patient harm. 2. Experience of care - ensure patients and families experiences are captured and listened to help us improve through delivery of our experience of care strategy.









1. Safe and high-quality care measures - measuring our progress and providing assurance





<ol style="list-style-type: none"> 1.1 Deliver improvements through our patient safety incident response framework (PSIRF) 1.2 Deliver improvements as measured by the CQUIN indicators for 2022-23 1.3 Through shared learning deliver improvements to reduce patient harm 1.4 Effectively respond to national reports to support quality improvements 1.5 Develop our quality assurance framework to support systematic quality improvement 1.6 Patient and staff recommender scores: percentage of patients recommending WSFT as a place receive care and percentage of staff recommending WSFT as a place to receive care.
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1.1 Deliver improvements through our patient safety incident response framework (PSIRF)

We introduced our year 2 patient safety incident response plan (PSIRP). To define the WSFT patient safety risks and responses for 2022-23 the following stakeholders were involved:

- staff – through incidents reported on the Datix incident system
- senior leaders across the divisions – through a series of stakeholder events
- patient groups – through a review of thematic contents of complaints and PALS contacts
- commissioners/ICS partner organisations – through partnership working with ICS patient safety and quality leads.

Risk/incident type	Specific risk (or incident subtype)	Planned response	Example cases previously reported
1 - Transfer of care 	Potential for patient harm as a result of communication with multiple stakeholders for on-going patient care	3 PSIIIs will be undertaken to identify key common interlinked causal factors	<ul style="list-style-type: none"> -Repatriation from tertiary unit -Obstetric patient under medical care Discharge requirements not communicated to community team
2 - Discharge 	'Failed discharge' where a delay has led to an adverse outcome within the extended length of stay after the patient was MOFD	3 PSIIIs will be undertaken to identify key common interlinked causal factors	<ul style="list-style-type: none"> -HAI related -Fall on discharge unit EOL
3 - Medication 	Mis-selection of wrong medication or dose leading to harm or potential for harm	3 PSIIIs will be undertaken to identify key common interlinked causal factors	<ul style="list-style-type: none"> -Weight based dosing -Medication allergy Methotrexate
4 – Validation of results 	Potential for patient harm as a consequence of non-communication and action of diagnostic results	3 PSIIIs will be undertaken to identify key common interlinked causal factors	<ul style="list-style-type: none"> - Mis-fractures - Pathology results - Radiology results Communication of results from ED
5 – Digital systems 	Emerging risks identified as a result of the use of our digital systems	3 PSIIIs will be undertaken to identify key common interlinked causal factors	<ul style="list-style-type: none"> -Discharge letters -Lost to surveillance -Deletion of stent register Multiple pathways with different end-points on e-Care
10 - Unexpected PSII 	Identified increase in incidence of subject of theme which has potential for harm	PSII	
11- Never Events 	https://improvement.nhs.uk/documents/2266/Never_Events_list_2018_FINAL_v5.pdf	PSII	
12 - Deaths more likely than not due to problems in care 	Medical Examiner has identified an issue in care which has made the death of a patient more than likely preventable (greater >50%)	PSII	

Risk/incident type	Specific risk (or incident subtype)	Planned response	Example cases previously reported
6 - Clinical care and treatment 	Wound care within community services	AAR	
7 – Falls 	Inpatient falls resulting in a bone fracture or haemorrhage	De-brief and AAR	
8 - Pressure ulcers 	Pressure ulcers developed in our care category 2 -4.	PSA – Cat 2 & 3 AAR – Cat 4	
9 - Medication 	Opioids management Gentamycin/vancomycin, Medication patches, Extravasation Diabetes medicines management Thromboprophylaxis	PSA program for incidents relating to medications listed	Continued rise in medication incidents with no accountable rationale

Key

PSIRF - Patient Safety Incident Response Framework

PSII - Patient Safety Incident Investigation

PSIRP - Patient Safety Incident Response plan

AAR – After action review

PSA – Patient safety audit

MOFD – Medically optimised for discharge

EOL – End of life

HAI – Hospital acquired infection

During 2022 we introduced a new safety implementation group (described in section 1.3).

We also provided input to the national PSIRF programme through close working links with the national leads. This has included:

- our patient safety investigators trialling the system-based tools to enable the final national templates
- our Trust project leads recording videos and podcasts for the PSIRF national platform
- working with our SNEE / ICB colleagues, presenting to regional and national webinars
- with our East Suffolk and North Essex NHS Foundation Trust (ESNEFT) colleagues, attending national events as ‘early adopters’
- participation in the national maternity networks to assist in the development of PSIRF frameworks for that specialist focus.

Next steps: incorporate wider patient perspective into future planning through the introduction of patient safety partners. These roles will play an important part in supporting and contributing the Trust’s governance and management processes for patient safety.

Further information is provided in the ‘Incident reporting and learning’ section of the report.

1.2 Deliver improvements as measured by the CQUIN indicators for 2022-23

The national Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care.

Further information about the national scheme can be found at <https://www.england.nhs.uk/nhs-standard-contract/cquin>.

In 2022-23 there were eight acute, three community and one shared CQUIN. In line with national guidance, five of the acute CQUINs and all three community CQUINs were prioritised (highlighted in the table below with an asterisk) with the remaining four managed through existing workstreams.

CCG1*	Influenza vaccinations for frontline healthcare workers (acute and community)
CCG2*	Appropriate antibiotic prescribing for urinary tract infections in people aged 16 and over
CCG3	Recording of National Early Warning Score (NEWS) 2 score, escalation time and response time for unplanned critical care admissions
CCG4	Compliance with timed diagnostic pathways for cancer services
CCG5*	Treatment of community-acquired pneumonia in line with British Thoracic Society care bundle
CCG6	Anaemia screening and treatment for all patients undergoing major elective surgery
CCG7*	Timely communication of changes to medicines to community pharmacists via the discharge medicines service
CCG8*	Supporting patients to drink, eat and mobilise after surgery
CCG9	Cirrhosis and fibrosis tests for alcohol dependent patients
CCG13	Malnutrition screening in the community
CCG14	Assessment, diagnosis and treatment of lower leg wounds
CCG15	Assessment and documentation of pressure ulcer risk

The “Goals agreed with our commissioners” section of this report provides details on the performance against the 2022-23 CQUINs as well as detailed those prioritised for 2023-24.

1.3 Through shared learning deliver improvements to reduce patient harm

During the year we introduced the safety improvement group (SIG) to provide monitoring, oversight and support to the progression of safety recommendations. Examples of learning and safety recommendations are provided in the “Incident reporting and learning” section of this report. We have also:

- participated in peer review of cases (jointly with ESNEFT) as part of the integrated care system (ICS) safety oversight
- set up a patient safety section on the intranet to enable shared learning
- issued a maternity shared learning bulletin ‘Risky Business’.

Next steps:

- use the NHS England publication “Safety culture: learning from best practice” (issued Nov 2022) to benchmark our practice against the findings from trusts which had achieved an “Outstanding” CQC rating which also had at least a “Good” for “Safe”.
- explore opportunities for shared learning from cases as part of ICS safety oversight
- implement the patient safety summit planned as part of patient safety month.

1.4 Effectively respond to national reports to support quality improvements

During 2022-23 we have:

- participated in the national audit programme and National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies
- strengthened links between the clinical audit and Quality Improvement (QI) teams to support the local response to the publications from the national audit programme
- participated in the NHS England user needs research survey which will be used to:
 - co-create a knowledge hub accessible to all those with an interest in national clinical audit
 - facilitate a community of practice and strengthen peer support
 - provide opportunities for shared learning

- o enable signposting of national clinical audit recommendations and best practice case studies.
- used the Healthcare Safety Investigation Branch (HSIB) national reports as a source of evidence for systems-based national learning to support the safety areas for improvement (AFIs).

Next steps:

- fully implement the learning from our approach and apply to national reports (outside the national audit programme) to enable timely review and identification of opportunities for learning. This includes Healthcare Safety Investigation Branch (HSIB), CQC, Royal colleges and other sources of national learning and best practice
- develop the use of quality improvement methodology to support implementation of actions and recommendations across other activities, including incidents, complaints and audits.

1.5 Develop our quality assurance framework to support systematic quality improvement

During the year we have participated in a range of external quality assurance activities, including working with the integrated care board (ICB) to review frailty and assurance visits to WSH, Newmarket Community Hospital, King’s Suite at Glastonbury Court and the Mildenhall and Brandon integrated neighbourhood team (INT).

Next steps: co-produce and implement a structured quality assurance framework to support moving from assurance into improvement.

1.6 Patient and staff recommender scores

Information on the patient and staff recommender scores can be found the “Other quality indicators” section of this report under patient and staff surveys respectively.

2. Experience of care measures - measuring our progress and providing assurance

- 2.1 deliver improvements through the experience of care strategy
- 2.2 celebrate good practice and share learning for experience improvements
- 2.3 ensure equality of access and the use of the accessible information standard (AIS) to improve the experience for all service users
- 2.4 provide opportunities for patients, carers and families to give feedback in a variety of accessible ways, and ensure this is listened to and acted upon
- 2.5 improve opportunities for patients to become involved with decisions affecting care, services and developments across WSFT
- 2.6 measure the percentage of patients recommending WSFT as a place to receive care.

2.1 Deliver improvements through the experience of care strategy

The experience of care strategy has been developed with our patients and the public, drawing from feedback about what matters most to them. Through engagement activities, we have produced three quality priorities for the coming year. We aim to ensure equity of access and support to all patients, which we will carry throughout our work.

Building on our three-year objectives, the priorities set out in this section of the report describe our next steps in improving experience of care.

2.2 Celebrate good practice and share learning for experience improvements

During 2022-23 we have:

- improved processes for the sharing and publication of the CQC national patient survey programme results
- delivered quality improvement training for members of the patient experience and engagement department, as well as patient VOICE user group members
- held quarterly patient and carer experience group (PCEG) meetings to review, discuss and share improvements across the organisation, reporting to Board's involvement committee
- utilised PCEG for sharing of best practice initiatives, including topic specific workshops identified through patient experience data.

2.3 Ensure equality of access and the use of the accessible information standard (AIS) to improve the experience for all service users

During 2022-23 we have:

- recruited to patient engagement officer positions to support engagement with our community, in partnership with the ICB, ensuring underrepresented groups have equity of access
- participated in the Equality Delivery System (EDS) 2022, assessing the equity, accessibility and inclusivity of services provided
- implemented a Trust-wide review of patient information in line with the accessible information standard, reviewing:
 - how we communicate with the public in the form of information leaflets, letters, web content etc.
 - how patient information is collated, reviewed and published
 - how it is delivered.

2.4 Provide opportunities for patients, carers and families to give feedback in a variety of accessible ways, and ensure this is listened to and acted upon

During 2022-23 we have:

- developed easy-read experience surveys, helping to support people with low literacy, English as a second language, learning disabilities and anyone requiring information in a plain format
- delivered a patient story programme for the Trust Board
- increased opportunities for patients to provide feedback via satisfaction surveys
- simplified the formal complaints process for those requiring additional support.

2.5 Improve opportunities for patients to become involved with decisions affecting care, services and developments across WSFT

Working with VOICE, community groups and the ICB engagement practitioners' network to connect with a diversity of patients in our community to better understand people's experiences and required improvements. We have established connections with many local groups, including but not limited to:

- multicultural Women's Group
- Steel Bones - charity supporting amputees
- BSE4BL (Bury St Edmunds 4 Black Lives)
- Disability Forum for Suffolk
- Suffolk Voluntary and Statutory Partnership - mental health and wellbeing support
- Suffolk Survivors - support for those subjected to domestic abuse
- Ace Anglia - advocacy and support for those with learning disabilities
- OneVoice4Travellers - connecting with Gypsy, Roma and Traveller communities.

Other quality indicators

WSFT has a comprehensive quality reporting framework that includes an array of quality indicators that are monitored and reported on a monthly basis. These include priorities identified by patients and staff, issues arising from national guidance and research, and other stakeholders such as West Suffolk CCG. Performance against agreed indicators is monitored by the Board on a regular basis. A range of nationally-mandated quality indicators is reported in Annex B.

National standards

	2022-23 Target	2022-23 Actual	2021-22 Actual	2020-21 Actual	2018-19 Actual
C. difficile - health care associated ¹	55	52	37	27	12 (2)
18-week maximum wait from point of referral to treatment (patients on an incomplete pathway)	92%	63.8%	64.6%	57.2%	88.8%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge ²	95%	-	-	-	90.7%
62-day urgent GP referral-to- treatment wait for first treatment - all cancers	85%	65.3%	71.5%	75.0%	84.6%
62-day wait for first treatment from NHS cancer screening service referral	90%	85.2%	80.7%	94.2%	92.4%
31-day wait for second or subsequent treatment - surgery	94%	100%	100%	100%	99.5%
31-day wait for second or subsequent treatment - anti-cancer drug treatments	98%	100%	100%	100%	99.8%
31-day diagnosis-to-treatment wait for first treatment – all cancers	96%	100%	100%	100%	99.8%
Two-week wait from referral to date first seen comprising all urgent referrals (cancer suspected)	93%	70.6%	66.0%	71.5%	90.7%
Two-week wait from referral to date first seen comprising all urgent referrals for symptomatic breast patients (cancer not initially suspected)	93%	52.1%	35.2%	94.3%	82.2%
Maximum six-week wait for diagnostic procedures	99%	60.1%	67.1%	49.8%	97.3%

¹ From 2022-23 target and performance includes both hospital and community onset healthcare associated cases, prior data only includes hospital associated cases. Figures in brackets exclude cases that West Suffolk CCG deemed to be non-trajectory (no identified lapses in care).

² WSFT is piloting a new emergency department reporting standards and therefore has not reported performance against this standard since 2018/19.

We recognise the underperformance in a number of areas and it has been the subject of scrutiny at Board, assurance committee and governance groups. Plans to achieve the agreed standards for 2023-24 are monitored and reviewed.

Elective access, including referral to treatment (RTT), diagnostics and cancer

There has been significant progress in reducing the waiting times for patients including those waiting over 104 weeks and 78 weeks, and the Trust achieved better than trajectory on the latter in 2022-23.

The Trust has committed to meet all requirements of the 2023-24 priorities and operational planning guidance with the exception of achieving zero patients waiting over 65 weeks for elective treatment by March 2024. This is due to capacity issues within the urogynecology pathway.

In summary, the Trust has submitted the following position:

- 154 patients waiting over 65 weeks for treatment at end of March 2024
- achievement of system activity target
- reduction in the number of patients waiting over 62 days on a cancer pathway in line with agreed trajectory, by March 2024
- achievement of the 28-day faster diagnosis standard for cancer by March 2024
- achievement of the 6-week diagnostic target by March 2025.

The mitigating actions for the non-compliant 65-week position include:

- review by NHSE regional medical director
- demand and capacity review using national intensive support team tools
- exploration of mutual aid with neighbouring trusts.

Due to the non-compliant 65-week position, the Trust will be placed in tier 2 for elective care (regional support).

Urgent and emergency care

The Trust has faced significant challenges in relation to urgent and emergency care performance, particularly in relation to the number of patients spending over 12 hours in the emergency department. The Trust has committed to meet all requirements of the 2023-24 priorities and operational planning guidance including:

- reintroduction of the 4-hour standard to the Trust following the participation in the NHS national clinical review of standards since May 2019. The Trust commenced external reporting of the 4-hour standard in May 2023
- achievement of 76% of patients seen within 4 hours by March 2024, in line with agreed trajectory
- reduce general and acute bed occupancy to 92% by March 2024.

There is a comprehensive urgent and emergency care recovery plan in place to achieve these commitments which includes:

- maximising use of the virtual ward
- extension of discharge waiting area service
- implementation of same day emergency care (SDEC)
- embedding of internal professional standards (clear description of the values and behaviours expected).

Stroke services

The focus nationally and within WSFT has been on performance against the national sentinel stroke national audit programme (SSNAP). SSNAP is the national source of stroke data for the NHS and audits stroke services throughout the whole pathway of care: from admission to hospital, across the whole inpatient stay, including rehabilitation at home or in the community, and outcomes at six months after stroke.

Our stroke team has retained its top grade A ranking for 20 quarters since April 2018. SSNAP is a major national health care quality improvement programme based in the school of life course and population sciences at Kings College London reviewing data from hospitals across the country as part of the SSNAP, assessing stroke care against 43 key indicators.

We have in place a contract to deliver an early supported discharge service (ESD) for stroke patients across Suffolk. This will provide up to six weeks of intensive stroke rehabilitation in patients' own

homes following their discharge from an acute hospital, helping them to regain their mobility and independence. The service is provided by the Suffolk Alliance, which is a partnership of WSFT, East Suffolk and North Essex NHS Foundation Trust, and Suffolk County Council, and is supported by a variety of third sector partners.

Incident reporting and learning

The Trust’s web-based electronic incident reporting system (Datix) supports multidisciplinary incident reporting which includes a high level of reporting near misses, no harm and minor harm incidents. Reporting of these “near-miss” incidents is seen as a key driver for identification and management of risks to prevent more serious harm incidents. By reviewing investigations and thematic learning, key learning can be identified, and actions put into place to prevent recurrence.

WSFT uses the new national patient safety incident response framework (PSIRF) to manage its incident reporting, investigation and learning programmes. PSIRF is a national initiative designed to further improve safety through learning from patient safety incidents and forms part of the wider national patient safety strategy .

More information about the PSIRF can be found on the NHS England website at <https://www.england.nhs.uk/patient-safety/incident-response-framework>.

Whilst many NHS organisations will still be implementing this model over 2023-24, WSFT and its colleagues in the SNEE ICS were early adopters and have had the new model in place over two full iterations of a local plan (the patient safety incident response plan – PSIRP).

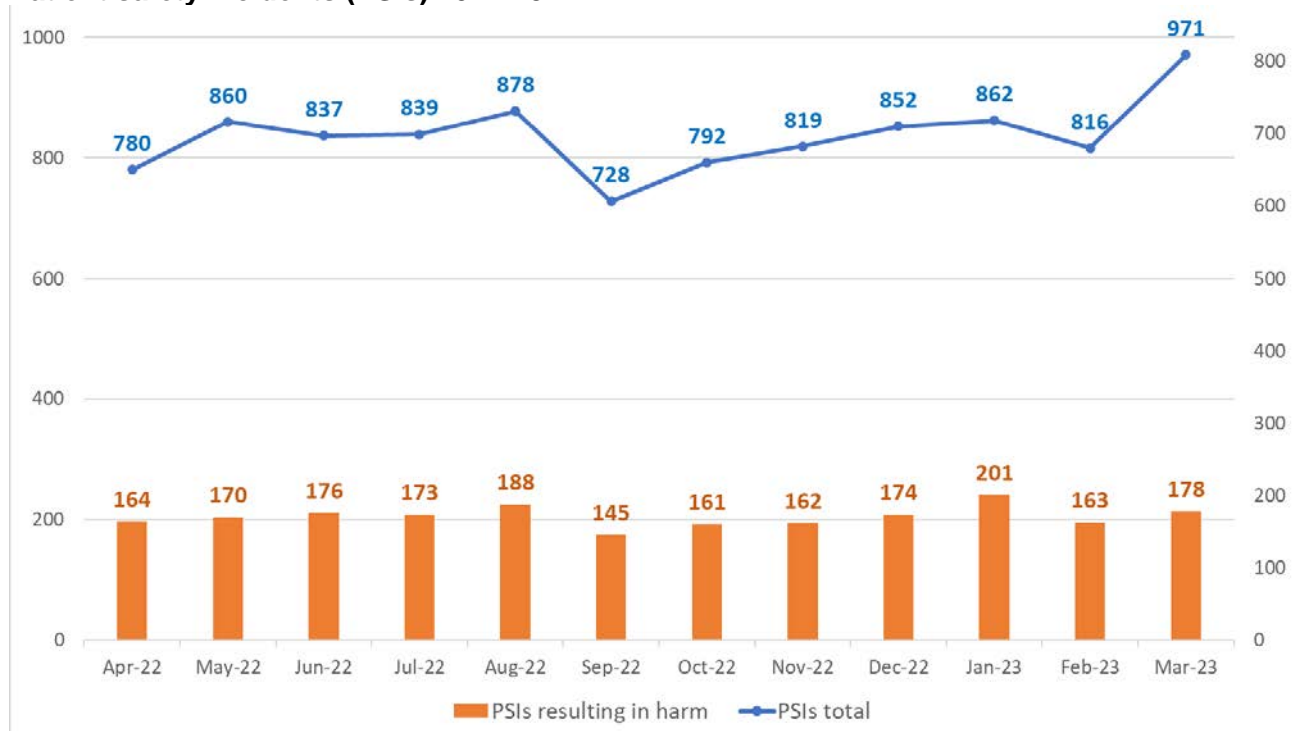
During 2022-23 the total number of patient safety incident investigations (PSIIs) commissioned was 16. Whilst this is significantly less than the number of serious incident (SI) reports produced in previous years it should be noted that many other incidents were subject to another method of review (such as “after action review”, patient safety audit or “structured judgement review”) and these are part of the overall principles of PSIRF, namely to enable focus on the improvement following system-based learning that will improve patient safety for the future. The 16 PSIIs were commissioned in 2022-23 according to the following (local and national) categories.

Local	Potential for patient harm as a result of communication with multiple stakeholders for ongoing patient care	3
	Mis-selection of wrong medication or dose leading to harm or potential for harm	2
	Potential for patient harm as a consequence of non-communication and action of diagnostic results	3
	Emerging risks identified as a result of the use of our digital systems	1
	Identified increase in incidence of subject of theme which has potential for harm	3
National	Never events	2
	Death more likely than not due to problems in care	2

Patient safety incidents reported

The chart below shows how many patient safety incidents were reported in 2022-23. The organisation reviews this data monthly and recognises the high reporting rate as a positive reflection of an open culture within the organisation, which supports learning from incidents. The rise in March 2023 is as a result of the inclusion of a new reporting line for the use of restrictive physical intervention. Exclusion of this category makes March’s figures comparable with the previous 12 months.

Patient safety incidents (PSIs) 2022-23



Source: Datix

The Trust is required to upload all PSIs to the national reporting and learning system (NRLS). This is used to identify national themes and trends and emerging risks and supports the national patient safety alerts system. Data submitted also enables benchmarking of reporting rates against other NHS providers. In 2023-24 this national system will be replaced by the new learning from patient safety events system (LFPSE) however WSFT in common with many other organisations has not yet transitioned to the new reporting system.

Learning and identification of areas for improvement from patient safety incidents and investigations

Areas for improvement (AFIs) are broad, they do not define how improvement is to be achieved and are best created after aggregating learning across multiple investigations (and patient safety reviews) into a similar risk. The term “areas for improvement” is now used instead of “recommendations” to reduce the tendency to jump immediately to solutions at an early stage of the safety action development process.

AFIs identified from our PSIs in 2022-23 have included the following examples:

- in the event that patients need to be transferred away from their primary/specialty ward, ensure that any arrangements/specific patient needs are put in place before the patient is moved, that these are recorded as part of the risk assessment process, and that key information about ward changes and mitigations planned are communicated effectively with ward teams
- discharge letters should be sent to the GP according to the Trust discharge planning policy. Establish a consistent process across the Trust for identifying discharge letters not sent, escalation for action and monitoring that this has been completed.
- catheter management processes to include sufficient, appropriate documentation completed when a catheter is inserted, consistent completion of single point of access request for patients being discharged with catheter in place and consistent use of catheter passports and packs for patients being discharged with catheter in place.

In addition, wider learning can be gained from thematic review of common events such as:

- Pressure ulcers (PUs):
 - many new PUs are reported in community settings where patients are living with long-term conditions or experiencing changing needs
 - two acute wards experiencing increased number participated in a learning opportunity for their staff around the subject of PUs
 - positives around strong partnership working with staff in a care home highlighting benefit of involving community carers in after action reviews (AARs) where possible
 - prolonged stay in emergency department (ED) contributing to PU deterioration.
- Themes in reported falls resulting in harm:
 - communication with patient's next of kin
 - identification / management of patients with a high risk of falls in ED and awareness of issues around the prolonged stay in ED for patients with confusion
 - completion of the post-fall protocol, and manual handling following a fall
 - using the Abbey pain score for patients unable to clearly articulate their needs
 - identification of rib fractures
 - completing lying and standing blood pressure readings.

Duty of candour (DoC)

DoC is required for all safety incidents which have resulted in moderate, severe harm or death and prolonged psychological harm.

Since November 2014, this has been a legal requirement requiring NHS organisations to:

1. Have a face-to-face discussion and offer an apology to the patient or relevant person following a safety incident resulting in moderate harm or above.
2. Provide written communication following the face-to-face discussion with the patient, to include: an account of the known facts about the incident, details of any enquiries to be undertaken, the results of any enquiries into the incident and an apology.

The aim of this regulation is to ensure health service bodies are open and transparent when an incident happens. DoC can make an important contribution to creating a culture of openness and honesty which always places the safety and the needs of the patient and family above the reputation of the organisation.

WSFT's incident system (Datix) is used to record patient safety incidents and automatically notifies key members of staff when an incident of moderate harm or above is reported. These incidents are reviewed by the central quality and safety team in collaboration with senior nursing and medical colleagues to confirm that DoC is achieved in a timely fashion.

Timely DoC is monitored using a proxy indicator of 10 working days and the percentage compliance with this standard is reported monthly in the integrated quality and performance report (IQPR). Reported compliance is variable at least in part due to the overall low numbers of DoC required which makes statistical prevalence difficult.

During 2022-23 the Trust:

- further strengthened the local processes (introduced in 2021-22) to oversee timely DoC conversations and ongoing patient/family involvement in reviews of incidents through emerging incident review meetings.
- developed a new audit of DoC to introduce more qualitative measurements
- launched a quality improvement project with an aim to ensure timely and quality completion of all DoC conversations
- reviewed and updated the classification of severity when reporting healthcare associated infections. This review was based on national updates to the CQC's DoC guidance (June 2022) for providers on the definitions of unexpected or unintended safety incidents.

Learning from deaths

During 2022-23, 1,159 people who were in-patients at WSFT died (of which 1,150 were adult patients, 15 of those were people with learning disabilities and five had a severe mental illness, two were neonatal deaths, seven were stillbirths). This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 271 in the first quarter (of which 0 were neonatal deaths, 1 was a stillbirth, 1 was a person with learning disabilities and 1 had a severe mental illness)
- 242 in the second quarter (of which 0 was a neonatal death, 1 was a stillbirth, 3 were people with learning disabilities and 0 had a severe mental illness)
- 325 in the third quarter (of which 0 were neonatal deaths, 4 were stillbirths, 7 were people with learning disabilities and 2 had a severe mental illness)
- 321 in the fourth quarter (of which 2 were neonatal deaths, 1 was a stillbirth, 4 were people with learning disabilities and 2 had a severe mental illness).

At 17 April 2023, 124 case record reviews and 16 investigations have been carried out in relation to these 1,159 deaths. In no cases was a death subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 33 case record reviews (2 investigations) in the first quarter
- 31 case record reviews (3 investigations) in the second quarter
- 44 case record reviews (8 investigations) in the third quarter
- 16 case record reviews (3 investigations) in the fourth quarter.

Four deaths, representing 0.35% of the patient deaths during the reporting period, were judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 1 [0.37%] for the first quarter
- 1 [0.41%] for the second quarter
- 2 [0.62%] for the third quarter
- 0 [0%] for the fourth quarter.

The number of case reviews and investigations completed in 2022-23 relating to deaths in reporting period 2021-22 which were not included in the annual quality account in 2021-22:

- 18 case record reviews (0 investigations) in the first quarter
- 34 case record reviews (0 investigations) in the second quarter
- 19 case record reviews (0 investigations) in the third quarter
- 6 case record reviews (0 investigations) in the fourth quarter.

Zero deaths, representing 0% of the patient deaths during the reporting period, were judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 [0%] for the first quarter
- 0 [0%] for the second quarter
- 0 [0%] for the third quarter
- 0 [0%] for the fourth quarter.

These numbers have been estimated using the following pathways: All inpatient deaths excluding neonatal death and stillbirths are collated via the Trust's electronic patient record and recorded on a bespoke mortality database. Neonatal deaths and stillbirths are collated via the Mothers and Babies:

Reducing Risk through Audits and Confidential Enquiries (MBRRACE) UK perinatal mortality surveillance system. Deaths of patients with a learning disability are recorded on the Trust mortality database but also reported to the national learning disabilities mortality review programme (LeDeR). Maternal deaths are also reported to the Healthcare Safety Investigation Branch (HSIB) for external review.

For adult deaths, the case record review is undertaken using the Royal College of Physicians' structured judgement review (SJR) method. The objective of the SJR method is to review the quality of the care provided, to provide information about what can be learned about the hospital systems where care goes well, and to identify points where there may be omissions or errors in the care process.

Stillbirths and neonatal deaths are reviewed locally using the PMRT (Perinatal mortality toolkit) or through external review by the HSIB (for cases meeting the notification and reporting requirement definitions of MBRRACE).

Bereaved families are invited to give feedback on the care their relative received, this can be via the medical examiner, the learning from deaths reviewer, the patient safety incident investigator or HSIB.

In a small number of cases, a further local investigation is warranted, and this is undertaken by the patient safety team (including maternity) via the Trust's incident reporting pathway. Where an incident relating to a patient death is considered (at the time of reporting) to be more likely than not to have been due to problems in the care provided, then a patient safety incident investigation (PSII) is undertaken, and a count of these reports has been used to collate the data for that indicator.

If a death is not considered to fit within this definition but opportunities for wider system learning are evident then a patient safety review (PSR) is completed. The sum of PSII's and PSRs as well as PMRTs and HSIB referrals in our maternity services have been used to provide the data for the number of investigations.

The Trust records and reviews deaths of patients with a learning disability and patients with a severe mental illness. Feedback from these reviews to enhance wider learning is included as scheduled agenda items in the new mortality oversight group meetings in 2022-23. This includes feedback from external reviews to incorporate wider national learning.

The Trust records and reviews deaths of patients in maternity services including stillbirth and neonatal death (there were no deaths of women during or immediately following delivery in 2022-23). Feedback from local HSIB reviews and wider learning from the national HSIB maternity reporting programme are included in the maternity programme of improvement.

Case record reviews and investigations conducted in relation to the deaths have highlighted the following themes:

Learning from reviews of adult deaths identified themes similar to previous years:

- multiple bed moves impacting on the quality of care received by patients particularly at the end of their life
- inability to fast-track discharge enabling those who wish to die at home to do so
- impact of reduced staffing and increased workload on the ability to perform timely nursing assessment
- delayed recognition that a patient is reaching the end of their life continues to be a theme, such that active treatment continues when, with the benefit of hindsight, it was likely to be futile with resultant delay in referral to palliative care
- end of life care – work with the palliative care team is ongoing. This includes the implementation of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) tool across the organisation.

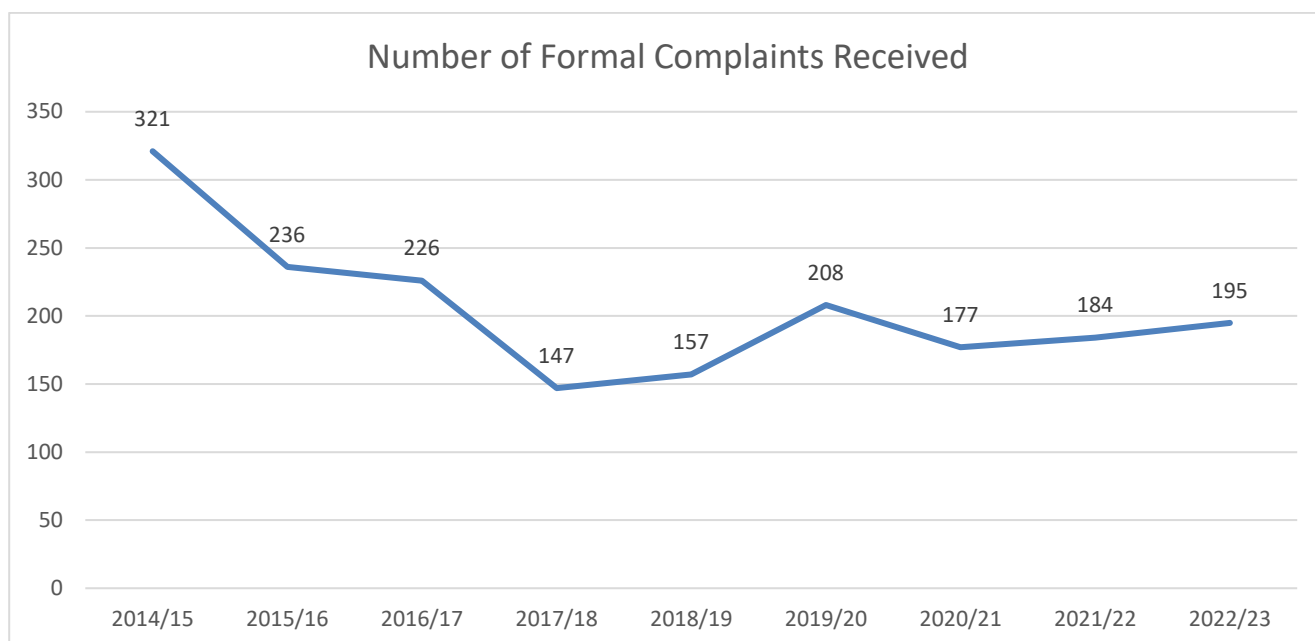
Complaints management

WSFT is committed to providing an accessible, fair and effective means of communication for anyone who wishes to express their concerns with regard to the care, treatment or service provided by the Trust. In responding to and reviewing complaints, WSFT adheres to the six principles for remedy as published in October 2007 by the Parliamentary and Health Service Ombudsman (PHSO).

Complaints are reviewed with service managers, associate directors, clinical directors and the senior nursing team to ensure that issues are addressed, learning takes place and trends identified.

Examples of learning are detailed below. Themes and lessons learned are also reviewed at divisional board meetings and by the involvement committee.

WSFT received 195 formal complaints during 2022-23. The Board monitors complaints and learning each month as part of the quality reporting arrangements.



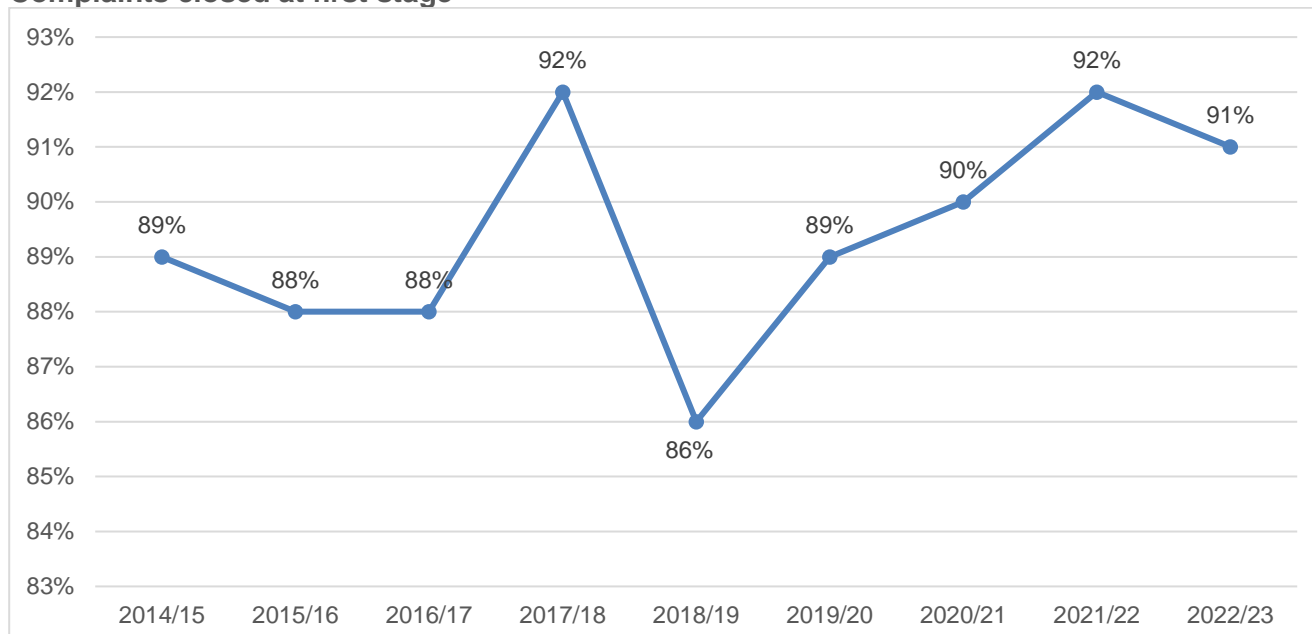
Source: Datix

As a Trust we aim to resolve complaints at first stage, resolving a person's concerns upon receipt of their first contact. On occasions people are dissatisfied with the outcome of our investigations and request a review; at this stage we would consider this to have gone beyond the first stage.

In 2022-23 the Trust successfully resolved 178 complaints at first stage, with 15 investigations escalating to second stage throughout the year.

The consistent number of complaints resolved at first stage demonstrates quality investigations at local level. New complaints management processes were implemented to improve the complainants' experience with an aim to ensure complaints are resolved at the first stage.

Complaints closed at first stage

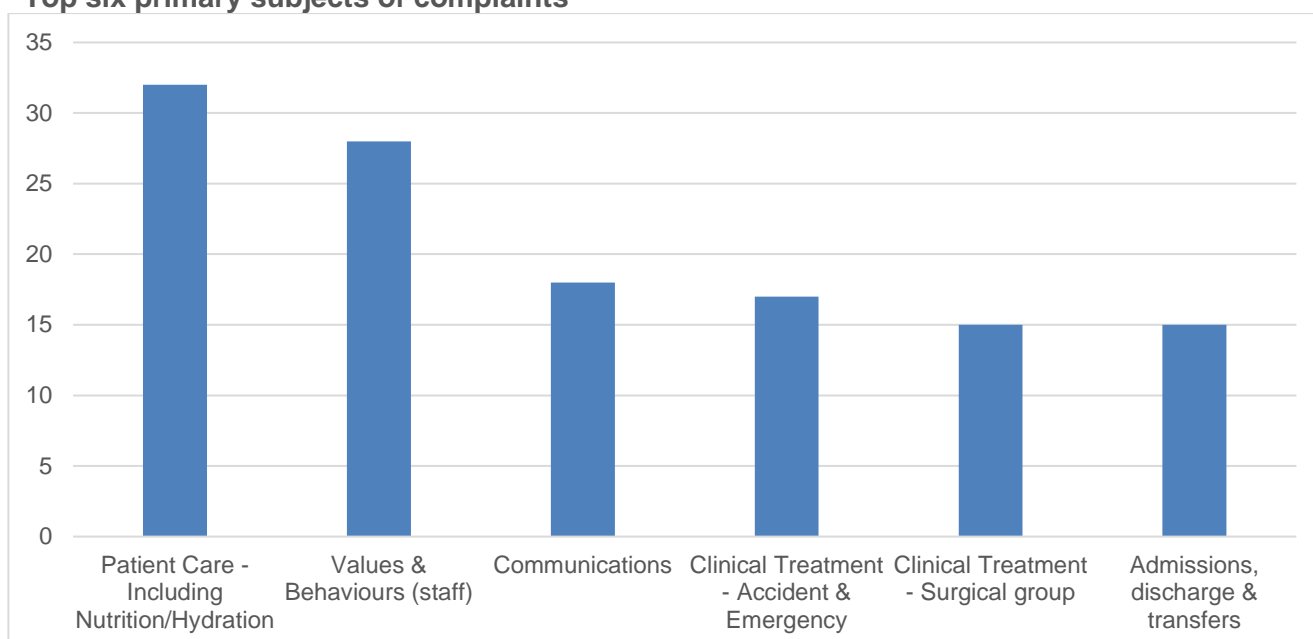


Source: Datix

Complainants who are dissatisfied with the Trust’s response can refer their concerns directly to the PHSO or the Local Government and Social Care Ombudsman (LGSCO) for an independent review. During 2022-23, two complaints were referred to the LGSCO, and one complaint was referred to the PHSO compared to one (total) during 2021-22. Of the three complaints referred, two were found to be not upheld and one is still being investigated.

Whilst there is a slight increase of complaints being escalated to the Ombudsman, the first-time resolution rate remains high, with 91% of complainants satisfied with the Trust’s response. Further reassurance can be given that of the two investigations that have been completed by the Ombudsman were not upheld.

Top six primary subjects of complaints



Source: Datix

The numbers identified in the chart above list only primary concerns; many complaints have multiple categories. Four out of six of the top categories have remained the same since the previous financial

year; however, the clinical treatment for the surgical group has replaced clinical treatment for the general medicine group. An additional category of admissions, discharge and transfers has also been included as this subject received the same number of formal complaints as clinical treatment – surgical group.

Patient care remains the top category of concern, and the number of complaints under this subject has decreased from 33 in 2021-22 to 32 in 2022-23. Values and behaviours of staff has also decreased from 29 in 2021-22 to 28 in 2022-23. Complaints relating to communication have decreased from 23 in 2021-22 to 18 in 2022-23. Clinical treatment in the emergency department has decreased from 19 in 2021-22 to 17 in 2022-23.

Whilst clinical treatment within the surgical group did not feature within the top categories of concerns for the previous financial year, it has increased from 11 in 2021-22 to 15 in 2022-23. This is a 36% increase. Admissions, discharge, and transfer concerns have also increased from eight in 2021-22 to 15 in 2022-23, which is an 88% increase.

As well as responding to and learning from individual complaints, WSFT identifies themes and trends from local complaints and national publications such as the PHSO. We have provided a sample of the learning outcomes from complaints which has supported WSFT's quality priorities and other service improvements:

- a number of actions have been completed to improve communications between ward staff and relatives including the continuation of the clinical helpline and the keeping in touch service
- acute assessment unit (AAU) developing an information leaflet for relatives to ensure better communication is delivered about how AAU functions
- patients who attend multiple times for breast care services in a short period of time for the same problem that is not resolving will be discussed at a senior level or at the department multidisciplinary team (MDT) meeting
- extended imaging will be arranged for any breast care patients who have attended multiple times withing a short period
- mandatory study sessions have been arranged for all ward staff with the tissue viability team regarding pressure damage; and patient falls from the falls team
- abortion clinics will not be run on the same day as for women who are asked to attend for miscarriages due to the distress caused
- emergency department staff have received training in communication and customer service to reduce miscommunications
- a new policy has been implemented within radiology where a second opinion from another sonographer should be sought, to confirm the finding of any anomaly and measurements before referring a patient to the foetal medicine unit
- Ward F7 staff have implemented a thorough property check when patients are admitted to the ward, to ensure that all property is accounted for and securely stored if appropriate
- Parkinson's Disease management training for the F7 ward team has been completed with the Parkinson's specialist team
- information about patient consent has been added to the AAU competency pack and discussed in the unit's daily safety huddles to highlight this to all staff
- the gynaecology team has discussed and implemented a plan which includes clear questions to ask patients with a positive pregnancy test at three weeks, to determine if watching and waiting is appropriate or if an ultrasound scan should be arranged
- a clinical educator has been employed specifically for the AAU to support junior nurses in teaching and development which will include discharge planning
- the housekeeping team has introduced a monthly on-the-job knowledge programme for ward-based staff.

There were some complaints that were also investigated simultaneously with serious incident investigations and the actions identified through these investigations are being progressed and reported via this route.

Managing compliments

A total of 566 compliments have been formally received by WSFT. This figure only includes thank you correspondence shared with, or sent directly, to the patient experience team.

National CQC patient surveys

The CQC carries out a variety of patient surveys, the most frequent of which occurs annually. Feedback from national as well as local surveys is used to monitor service performance and focus on quality improvement. WSFT was involved in the following CQC surveys which have been reported on during 2022-23:

- 2021 Adult Inpatient Survey (published September 2022)
- 2021 Maternity Survey (published January 2023)

Interpreting our data

The “better” and “worse” categories are based on a statistic called the expected range, which determines the range within which the Trust’s score could fall without differing significantly from the average. If the Trust’s performance is outside this range, its performance is significantly above or below what would be expected. If it is within this range, we say that its performance is “about the same”. This means that where survey results have been identified as better or worse than the majority of trusts it is very unlikely that these results have occurred by chance.

2020 Adult Inpatient Survey (published September 2022)

Respondents and response rate

- 472 WSFT patients responded to the survey
- the response rate for was 39.76%.

Scoring

For each question in the survey that can be scored, individual responses are converted into scores on a scale of zero to 10. For each question, a score of 10 is assigned to the most positive response and a score of zero to the least positive. The higher the score, the better the trust’s results.

Banding

Better

WSFT results were **much better** than most trusts for 0 questions.

WSFT results were **better** than most trusts for 5 questions:

- Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?
- Q12. How would you rate the hospital food?
- Q29. Do you think the hospital staff did everything they could to help control your pain?
- Q33. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?
- Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?

WSFT results were **somewhat better** than most trusts for 1 question:

- Q25. How much information about your condition or treatment was given to you?

Worse

WSFT results were **much worse** than most trusts for 0 questions.

WSFT results were **worse** than most trusts for 1 question:

- Q5.1 Were you ever prevented from sleeping at night by noise from other patients?

WSFT results were **somewhat worse** than most trusts for 0 questions.

Same

WSFT results were **about the same** as other trusts for 40 questions.

2021 Maternity Survey (published January 2023)

Respondents and response rate

- 161 WSFT patients responded to the survey
- The response rate was 54.76%.

Banding

Better

WSFT results were **much better** than most trusts for 0 questions.

WSFT results were **better** than most trusts for 2 questions:

- C19. Thinking about your care during labour and birth, were you spoken to in a way you could understand?
- C20. Thinking about your care during labour and birth, were you involved in decisions about your care?

WSFT results were **somewhat better** than most trusts for 3 questions:

- C5. And before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?
- C22. Did you have confidence and trust in the staff caring for you during your labour and birth?
- D6. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?

Worse

WSFT results were **much worse** than most trusts for 0 questions.

WSFT results were **worse** than most trusts for 0 questions.

WSFT results were **somewhat worse** than most trusts for 0 questions.

Same

- WSFT results were **about the same** as other trusts for 16 questions.

Action plans

Results are reviewed within relevant groups and reported on at the Patient and Carer Experience Group (PCEG). Action plans are established with the support of the patient engagement team alongside any existing work within the workstreams. Actions from the CQC survey results have included:

- the creation of focus groups in particular areas
- local surveys to determine whether situations have improved
- submission of business cases at department level for more staff resource
- creation of new roles
- improvements to physical appearance of areas.

National staff survey

The WSFT performs a full census of staff and has seen a slight decrease in the response rate of 3%, now at 41%, which is below the national average. The Trust has seen a decrease in staff engagement, though this is still above the average national score for acute and community trusts.

There has been a significant reduction in 9% of the scores when compared to the Trust's scores from the previous year. When comparing the Trust scores against the average of other similar organisations, the Trust has seen a significant reduction in 14% of its scores, and a significant increase in 27% of its scores. The Trust's scores are either average or above in 61% of the questions.

The Trust is still above average for the recommender questions but has seen a significant reduction in the question of staff being happy with the standard of treatment provided by the organisation if friends or family needed treatment from 74% to 68% (average of 61%); there has been a reduction in recommending the organisation as a place to work from 65% to 60%, but again, the Trust is above the average of 57%.

The Trust has seen a significant reduction in staff satisfied with the level of pay from 33% to 29%, though still above the average of 26%.

There has been a significant increase in staff reporting their last experience of harassment/ bullying/ abuse from 43% to 50%, which is above the average of 48%. Disability: organisation made reasonable adjustment(s) to enable me to carry out work has increased significantly from 72% to 76%, which is also significantly above the average of 72%. There has also been a significant increase in the last 12 months, staff not experiencing musculoskeletal (MSK) problems as a result of work activities from 70% to 73% which is above the average of 70%.

There has also been an increase in team members who say they often meet to discuss the team's effectiveness from 55% to 57%, which is below the average of 58%. There has also been an increase in staff who never/rarely find work emotionally exhausting from 20% to 22%, which is above the average of 21% compared to similar trusts.

Workforce Race Equality Standard (WRES)

The scores presented below are the scores for indicators 5, 6, 7 and 8 split between white and black and minority ethnic (BME) staff, as required for the Workforce Race Equality Standard.

Indicator		WSFT 2022	Average (median) for acute trusts	WSFT 2021
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	23%	27%	23%
	BME	31%	29%	31%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	22%	24%	22%
	BME	26%	28%	26%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	60%	59%	60%
	BME	45%	44%	45%
In the last 12 months have you personally experienced discrimination at work from any of the following – manager/team leader or other colleagues?	White	6%	7%	6%
	BME	15%	17%	15%

Actions relating to the WRES are included and identified in the Trust's inclusion action plan. It includes actions relating to embedding three staff networks, cultural awareness, and enhancing process around Equality Impact Assessments (EIAs). These are set out as part of the following objectives:

- there is a developmental organisational understanding of what “inclusion” means and what matters most to people
- staff networks are supported and developed with clear purpose and role within the organisation
- colleagues have access to a range of resources, education and training to develop their EDI knowledge and capability (WRES and WDES metrics)
- progress in LGBTQ+ equality is benchmarked and a clear improvement plan is developed
- leaders better understand and can work well with difference
- recruitment and selection processes are free from bias, encourage diversity of applicants and support successful appointments from a range of candidates
- all policies relating to people have consistent messaging and support inclusion aims
- understanding of various aspects of equality, diversity and inclusion continues to improve, with opportunities for colleagues to learn and participate in a range of activities
- senior leadership is representative of the proportion of colleagues from a Black, Asian or other minority ethnic background
- Equality Impact Assessments (EIA) are being completed throughout the Trust and uploaded to the Trust websites.

Many of these objectives and actions contribute towards an anti-racist approach by seeking to address the inequalities embedded in our systems, processes and cultures.

Development of the quality report

In preparing the quality report, we also sought the views of SNEE ICB, Suffolk Health Scrutiny Committee, Healthwatch Suffolk and our governors.

Commentary from these parties is detailed in Annex C. As a result of the feedback received, changes were made to simplify the language used in the document and provide appropriate explanation of abbreviations or phrases.

Annex A: Participation in clinical audit

This annex provides detailed information to support the clinical audit section of the quality report.

Table A: National clinical audits

National clinical audit	Host organisation	Eligible	Participated	%
Adult Asthma - National Asthma and COPD Audit Programme (NACAP)	Royal College of Physicians	Yes	Yes	Ongoing ¹
Breast and Cosmetic Implant Registry (BCIR)	NHS Digital	Yes	Yes	Ongoing ¹
Case Mix Programme (CMP)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Yes	Ongoing ¹
Chronic Obstructive Pulmonary Disease (COPD) - National Asthma and COPD Audit Programme (NACAP)	Royal College of Physicians	Yes	Yes	Ongoing ¹
Cleft Registry and Audit Network (CRANE)	Royal College of Surgeons	No	N/A	-
Elective Surgery (National PROMS Programme)	NHS Digital	Yes	Yes	Ongoing ¹
Fracture Liaison Service Database - Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians	No	N/A	-
Gastro-intestinal Cancer Audit Programme (GICAP) - previously National Bowel Cancer Audit	NHS Digital	Yes	Yes	Ongoing ¹
Gastro-intestinal Cancer Audit Programme (GICAP) previously National Oesophago-Gastric Cancer Audit (NOGCA) - Gastrointestinal Cancer Audit Programme	NHS Digital	Yes	Yes	Ongoing ¹
Infection Prevention and Control QIP	Royal College of Emergency Medicine	Yes	Yes	Ongoing ¹
Inflammatory Bowel Disease (IBD) Audit	IBD Registry	Yes	Yes	Ongoing ¹
LeDeR - learning from lives and deaths of people with a learning disability and autistic people	NHS England	Yes	Yes	Ongoing ¹
Mental Health (Self-Harm) QIP	Royal College of Emergency Medicine	Yes	Yes	Ongoing ¹
Myocardial Ischaemia National Audit Project (MINAP)	Barts Health NHS Trust	Yes	Yes	Ongoing ¹
National Heart Failure Audit - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research	Yes	Yes	Ongoing ¹
National Acute Kidney Injury Audit	UK Kidney Association	No	N/A	-
National Adult Cardiac Surgery Audit - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research	No	N/A	-
National Audit of Breast Cancer in Older Patients (NABCOP)	Clinical Effectiveness Unit - Royal College of Surgeons	Yes	Yes	Ongoing ¹
National Audit of Cardiac Rehabilitation - (NACR)	NHS Digital	Yes	Yes	Ongoing ¹

National clinical audit	Host organisation	Eligible	Participated	%
National Audit of Cardiac Rhythm Management Devices and Ablation - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research	Yes	Yes	Ongoing ¹
National Audit of Care at The End of Life - (NACEL)	NHS Benchmarking Network	Yes	Yes	100%
National Audit of Dementia (NAD) round 5	Royal College of Psychiatrists	Yes	Yes	100%
National Audit of Inpatient Falls - Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians	Yes	Yes	Ongoing ¹
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research	No	N/A	-
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Royal College of Paediatrics and Child Health	Yes	Yes	Ongoing ¹
National Bariatric Surgery Registry (NBSR)	British Obesity and Metabolic Surgery Society (BOMSS)	No	N/A	-
National Cardiac Arrest Audit (NCAA) - National Cardiac Audit Programme (NCAP)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Yes	Ongoing ¹
National Child Mortality Database (NCMD)	University of Bristol	Yes	Yes	Ongoing ¹
National Clinical Audit of Psychosis (NCAP)	Royal College of Psychiatrists	No	N/A	-
National Congenital Heart Disease (CHD) - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research	No	N/A	-
National Core Diabetes Audit - National Diabetes Audit (NDA)	NHS Digital	Yes	Yes	Ongoing ¹
National Diabetes Audit - Integrated Specialist Survey	NHS Digital	Yes	Yes	100%
National Diabetes Footcare Audit (NDFA) - National Diabetes Audit (NDA)	NHS Digital	Yes	Yes	Ongoing ¹
National Diabetes Inpatient Safety Audit (NDISA) Previously NaDIA-Harms - National Diabetes Audit (NDA)	NHS Digital	Yes	Yes	Ongoing ¹
National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology	Yes	Yes	Ongoing ¹
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	Yes	Yes	Ongoing ¹
National Hip Fracture Database - Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians	Yes	Yes	Ongoing ¹
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership (HQIP)	Yes	Yes	Ongoing ¹
National Lung Cancer Audit (NLCA)	Royal College of Physicians	Yes	Yes	Ongoing ¹
National Maternity & Perinatal Audit (NMPA)	Royal College of Obstetricians and Gynaecologists	Yes	Yes	Ongoing ¹

National clinical audit	Host organisation	Eligible	Participated	%
National Neonatal Audit Programme (NNAP)	Royal College of Paediatrics and Child Health	Yes	Yes	Ongoing ¹
National Obesity Audit	NHS Digital	No	N/A	-
National Ophthalmology Database Audit (NOD)	Royal College of Ophthalmologists			
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	Yes	Yes	Ongoing ¹
National Pregnancy in Diabetes Audit (NPID) - National Diabetes Audit (NDA)	NHS Digital	Yes	Yes	Ongoing ¹
National Prostate Cancer Audit (NPCA)	Royal College of Surgeons	Yes	Yes	Ongoing ¹
National Smoking Cessation Audit - British Thoracic Society (BTS)	British Thoracic Society (BTS)	Yes	Yes	100%
National Vascular Registry (NVR)	Royal College of Surgeons	Yes	Yes	Ongoing ¹
Neurosurgical National Audit Programme	Society of British Neurological Surgeons	No	N/A	-
Paediatric Children and Young People Asthma - National Asthma and COPD Audit Programme (NACAP)	Royal College of Physicians	Yes	Yes	100%
Pulmonary Rehabilitation - National Asthma and COPD Audit Programme (NACAP)	Royal College of Physicians	Yes	Yes	Ongoing ¹
Sentinel Stroke National Audit Programme (SSNAP)	King's College London	Yes	Yes	Ongoing ¹
Society for Acute Medicine Benchmarking Audit (SAMBA)	Society for Acute Medicine	Yes	Yes	100%
Trauma Audit & Research Network (TARN)	The Trauma Audit and Research Network (TARN)	Yes	Yes	Ongoing ¹
UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	No	N/A	-
UK National Haemovigilance Scheme - Serious Hazards of Transfusion (SHOT)	Serious Hazards of Transfusion (SHOT)	Yes	Yes	Ongoing ¹
UK Parkinson's Audit	Parkinson's UK	Yes	Yes	100%
UK Renal Registry Chronic Kidney Disease Audit	UK Kidney Association	No	N/A	-

¹ The listed National Audits run a continuous data collection cycle therefore the percentage of cases submitted against registered cases required in 2022-23 is currently unavailable.

Table B: Clinical outcome review programmes participation

Clinical outcome review programme	Host organisation	Eligible	Participated	%
Community Acquired Pneumonia Study	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Yes	100%
Crohn's Disease Study	Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Yes	Yes	40%
Endometriosis Study	Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Yes	Yes	Ongoing ¹
Maternal mortality confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing ¹
Maternal mortality surveillance	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing ¹
Perinatal mortality and serious morbidity confidential enquiry	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing ¹
Perinatal Mortality Surveillance	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing ¹
Testicular Torsion Study	Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Yes	Yes	100%
Transition from child to adult health services	Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Yes	No	50%

¹The listed national confidential enquiries run a continuous data collection cycle therefore the percentage of cases submitted against registered cases required in 2022-23 is currently unavailable.

Table C: Action from national clinical audit reports

62 national clinical audits reports were reviewed by the provider and 10 were identified for action and improvement opportunities.

National Clinical Audit	Actions identified
Children and young people asthma clinical and organisational audits 2019-20	Undertake Clinical Audit to assess current practice of administration of systematic steroids within 1 hour of arrival.
	Implement asthma discharge bundle.
	Undertake Clinical Audit to assess appropriateness of coding of bronchiolitis, viral respiratory infection, viral wheeze, and asthma diagnosis.
National Audit of Inpatient Falls (NAIF) Interim annual report - Spring 2021	Change current screening tool used in electronic care record to a multi-factorial falls risk assessment to patients over 65, and others over 50 who may be at higher risk of falls.
NPID (National Pregnancy in Diabetes) Audit Report 2020	Establish a new pre-pregnancy counselling clinic.
NMPA (National Maternity and Perinatal Audit) Clinical Report 2021 Based on births in NHS maternity services in England, Scotland and Wales between 1 April 2017 and 31 March 2018	Quality of data obtained from electronic care record poses a potential risk therefore added to Risk Register for senior oversight
National Audit of Inpatient Falls Annual Report 2021	Trust falls lead to include real-time data in multidisciplinary quarterly thematic review.
National Bowel Cancer Audit Annual Report 2021	Departmental work ongoing to improve diagnostics capacity for endoscopic and computed tomography colonoscopy (CTC) - recovery plans in place.
National Maternity and Perinatal Audit: Clinical report 2022	Update guidelines and patient information leaflets to ensure that links to sources of further information are included.
Child and Young Person Asthma 2021 Organisational Audit: summary report	Appoint new respiratory nurse specialist to support care of children and young people with asthma according to nationally agreed standards, with dedicated time for inpatient care.
National Audit of Inpatient Falls annual report 2022	Update policy to ensure appropriate staff are available to carry out post-fall checks.
Epilepsy Care: Disordered Activity	Undertake quality improvement project to support improvement of documentation of neurology assessments for seizures.

Table D: Action from local clinical audit reports

97 local clinical audits were completed and 60 were identified for action and improvement opportunities by the provider 2022-23. WSFT intends to act to improve the quality of health care provided.

Local Clinical Audit	Actions identified
Dexamethasone in non-diabetic Covid-19 positive patients	Create prompt on the electronic care record that will pop up for Covid-19 patients on dexamethasone treatment.
	Create Weekly report on HbA1c patients for each department treating Covid-19 patients and Covid-19 patients on dexamethasone.
	Liaise with primary care teams to support onward 3-month HbA1c testing.
Audit to assess the diagnostic quality of chest x-rays	Education around the diagnostic importance of postero-anterior (PA) films regular staff updates.
	Undertake regular audits of PA verses antero-posterior (AP) chest x-rays.
Cardiovascular Risk Assessment for Type 2 Diabetic Patients in WSH outpatient diabetes clinic	Amend the diabetes clinic communication to include a section for cardiovascular disease risk.
Audit of Herceptin Results 2020 & 2021	Ensure a 6 monthly review of HER-2 results is undertaken .
Management of Shoulder Dystocia	Create electronic care record reminder when filling a Datix report.
	Create reminder system.
	Undertake re-audit in 2023-24.
Management of Diabetes in pregnancy	Education regarding postnatal BM monitoring and documentation to screen for type-2 DM.
	Undertake re-audit in 2023-24.
HR 2 - Clinic Reception	Undertake re-audit in 2023-24.
HR 3 - Binding a patient record	Undertake re-audit in 2023-24.
Appropriateness of usage of computed tomography pulmonary angiography (CTPA) investigation of suspected pulmonary embolism.	Modification of current CTPA request on electronic care record CXR – To add reminder for CXR to be done within 48 hours of request for CTPA.
Major Postpartum Haemorrhage (Operative) Audit	Education to support awareness of Sublingual Misoprostol and IM/IV ergometrine as approved.
	Education to support awareness of the PPH tool for during booking.
To review and implement Trauma Meeting Documentation by means of a proforma	To create an auto-text template on electronic care record for Trauma Meeting documentation.
	To inform members of the T&O department regarding the importance of clear and contemporaneous documentation.
	Inform members of the T&O department regarding the importance of clear and contemporaneous documentation.
	Undertake re-audit in 2023-24.
Barrett's Oesophagus Surveillance	Undertake re-audit in 2023-24.
Re-audit: computerised tomography (CT) head in stroke patients: Time from requesting CT to CT report.	Discuss with 4-ways personnel the result of the re-audit and encourage reporting CT head scan as soon as possible.
	Continue to encourage ED doctors/nurse to request CT head scan and involve stroke team.
Upper Gastro-intestinal Bleed	Undertake re-audit in 2023-24.
Post Colonoscopy Colorectal Cancer	Undertake re-audit in 2023-24.
Inpatient Referrals	Identify future areas of opportunity for additional inpatient lists.
	Consider the impact of introducing 7-day service provision.
	Undertake re-audit in 2023-24.
Brief and Debrief Audit	Undertake re-audit in 2023-24.
Nurse Endoscopist Activity	Undertake re-audit in 2023-24.
Day case rate for adenotonsillectomy - Adenotonsillectomy audit in <16 year olds at West Suffolk Hospital 2019-2021	Convene local working group.
	Create protocol for Day Surgery Unit.
Mortality After Major Emergency Operation in General Surgery Are We Informing Patients or	Education to support awareness of NELA standard - documentation of mortality in the consent forms.

Local Clinical Audit	Actions identified
National Emergency Laparotomy Audit (NELA) (2nd cycle)	Undertake re-audit in 2023-24.
Platelet Transfusion - appropriate indication & use	Education for prescribing, administering staff and clinical staff. Education to support awareness of British Society for Haematology guidelines
Routine Antenatal Anti D Prophylaxis Audit 2021	Undertake re-audit in 2023-24.
Evaluating the Views of Clinical Practitioners Regarding Procalcitonin-guided Antibiotic Therapy in Internal Medicines	Work with Emergency Department to embed Procalcitonin (PCT) into practice. Integrate PCT into 'COVID-19 bloods' order set (day 0 and 3), Add PCT hyperlink to above. Record training video to add to Microguide. Target training to all grades of doctors. Present PCT at Grand round.
Antibiotic Review Questionnaire	Re start targeted micro/pharmacy ward rounds. Quality improvement project with Wards F5 and F8 to improve nurse baseline antimicrobial stewardship knowledge. Update adult antibiotic treatment guideline to provide expected durations for each indication. Create an electronic care record focus group.
An audit to determine adherence to antibiotic review and course length within the surgical division in accordance with CG10118 at West Suffolk Hospital	Promote intravenous antibiotic to oral stepdown of antibiotics as part of world antibiotic awareness week.
Paediatric UTI Antibiotic prescribing guidance: review and update project	A dedicated departmental implementation, focusing on the importance of clear documentation over choice of antibiotics and type of UTI. Liaise with the electronic care record team on the addition of an option to choose upper or lower UTI when the diagnosis of UTI is added in.
Auditing breast surgery operative notes documentation	Consider implementing new operation note template listing the key details in a larger font required by the Association of Breast Surgeons.
A clinical audit to determine the diagnostic and prescribing compliance in urinary tract infections in accordance with local and national guidance	Inclusion of urine dipsticks into training the following: o Nurses – separate QI project o Doctors – induction training o Pharmacists – induction training o ACPs – liaise with lead to establish best method o Physicians associates – liaise with lead to establish best method
Quality of content of discharge summaries and timeliness compliance audit	Teaching session(s) to all ED health professionals Education to support awareness of the essential documentation to be included in the ED discharge summaries. Undertake re-audit in 2023-24.
A review of the smoking status in the wheezy child presenting to the Emergency Department	Education for paediatric and ED teams regarding risks associated with tobacco exposure to children. Include parental smoking status/child exposure in routine nurse triage questionnaire on the electronic care record.
Venous Thromboembolism (VTE) prophylaxis audit	Undertake re-audit in 2023-24.
The Use of Oxygen Administration for Patients on the Last Days Rounding Tool Audit	Amend Days of Life/Care of the Dying Clinical Guideline (no.7.5.2, GC10057-10) to state that oxygen does not necessarily relieve the sensation of breathlessness.
Sip till send - local pre-operative fluid fasting	Create a staff and patient survey. Create separate guidelines for individual patient groups. Create sip till send campaign. Education for ward staff and junior doctors.
Lumbar Puncture (LP) Documentation	Introduce LP proforma on the electronic care record.

Local Clinical Audit	Actions identified
Evaluating Ambulatory Care management of patients presenting with suspected pulmonary embolism	Draft a formal pathway for ambulatory management of PE.
Gynaecomastia Referrals Audit	Update gynaecomastia referral and imaging guidance.
Single Unit Transfusion in Non-Bleeding Patients	Remind clinicians of the need to evaluate & document the therapeutic effect i.e. check haemoglobin and clinical assessment between each unit & identify case to present at Grand round.
	Review precise definition of sample selection & evidence of compliance with transfusion lead prior to re-audit.
	Consider if weight/target Hb calculation should form part of acceptance of request within single unit algorithm.
	Consider if electronic care record request, in closed loop bloods system, should force doctors to state if patient actively bleeding & prevent requests for more than 1 unit.
	Review clarity & interpretation of laboratory single unit algorithm.
	Ascertain if electronic care record request, in closed loop bloods system, could include threshold/weight/target calculation for volume
Re-evaluation of compliance of diabetic monitoring in patients with end-stage renal disease on maintenance haemodialysis and patient satisfaction at the joint renal-diabetes clinic.	Education of importance of glucose monitoring and feet inspections in diabetic patients in the haemodialysis unit where patients are at high risk.
Transperineal prostate biopsy outcomes audit	Future training of practitioners to follow structured program delivered by sole mentor in clinical setting.
Endoscopy Unit Patient Comfort & Sedation Audit	Undertake re-audit in 2023-24.
Planned Procedures	Undertake re-audit in 2023-24.
Surveillance Endoscopy	Monitor the progress of the overdue surveillance scopes until all surveillance referrals are being undertaken and the appropriate timely interval and no delays are seen.
Repeat Oesophagogastro duodenoscopy (OGD) for Gastric Ulcers within 12 weeks	Undertake re-audit in 2023-24
Did not attend and Cancellation Audit Endoscopy	Undertake re-audit in 2023-24
American Society of Anaesthesiologists (ASA) scores for endoscopy patients	Undertake re-audit in 2023-24
Audit of patient feedback	Undertake re-audit in 2023-24
IT Helpdesk Calls	Undertake re-audit in 2023-24
8 Day readmission audit	Undertake re-audit in 2023-24
360° Audit Scope to Patient Traceability	Implement fingerprint system.
	Education to support awareness.
Re audit (Lumbar spine X-rays)	Undertake re-audit in 2023-24.
Temporary folders on Evolve	Undertake re-audit in 2023-24.
Study of time lapsed between the admission and the administration of analgesia, for patients with hip fracture.	Education: surgical doctors & ED doctors.
	Junior doctors surgical and T&O quick guide to be updated.
	Undertake re-audit in 2023-24.
Audit of administration of intravenous antibiotics following artificial rupture of membranes	Align practice to NICE recommendations and current WSH guidance on management of rupture of membranes at term.
Diagnostic value of staging multiresonance imagine (MRI) bladder	Education of appropriate timing of staging MRI bladder after TURBT.
Indications for CT imaging in the severely injured patient	Undertake re-audit in 2023-24.

Local Clinical Audit	Actions identified
Study of stroke mimics patients who were thrombolysed in ED at WSH in the last 3 years	Undertake re-audit in 2023-24.
Respiratory Appointment Slips	Undertake re-audit in 2023-24.
Audit of reporting discrepancies identified at MDT review	Present audit at consultant pathologist meeting. Ensure electronic forms are received back in a timely manner.
Use of Oxford wedge in patients with high body mass index for airway management in theatre	Undertake re-audit in 2023-24.
Safety Huddle Audit	Request intensive care unit junior doctor chairs the meeting when an Outreach nurse is unavailable.
	Encourage attendance on an individual basis if the ward is having safety issues.

Annex B: Nationally-mandated quality indicators

This section sets out the data made available to WSFT by the Health and Social Care Information Centre (HSCIC) for a range of nationally-mandated quality indicators.

(a) Preventing people dying and enhancing quality of life for people with long-term conditions

Summary hospital-level mortality indicator (SHMI)

	Jun18 – Jun19	Jun19 – May20	Jan20–Dec20	Dec20-Nov21	Nov21-Oct22	Jan 22- Dec 22
WSFT (control limits)	0.9183 (1.08 to 0.88)	0.9266 (1.08 to 0.92)	0.9119 (1.08 to 0.92)	0.8954 (0.896 to 1.117)	0.8891 (0.89 to 1.12)	0.9800 (0.89 to 1.12)
Banding ^{a b}	As expected	As expected	As expected	Lower than expected	As expected	As expected
National baseline	1.00	1.00	1.00	1.00	1.00	1.00

Source: NHS Digital

(2020 guidance) The England average SHMI is 1.0 by definition, and this corresponds to a SHMI banding of “as expected”. For the SHMI, a comparison should not be made with the highest and lowest trust level SHMIs because the SHMI cannot be used to directly compare mortality outcomes between trusts and, in particular, it is inappropriate to rank trusts according to their SHMI. Trusts are advised to use the banding descriptions i.e. 'higher than expected', 'as expected', or 'lower than expected' in their Quality Account rather than the numerical codes which correspond to these bandings. This is because, on their own, the numerical codes are not meaningful and cannot be readily understood by readers.

WSFT considers that this data is as described as the SHMI rates are reported to the learning from deaths group along with an analysis of other mortality information. These indicate that WSFT is performing well in regard to maintaining mortality below the expected level.

Patient deaths with palliative care coded at either diagnosis or specialty level

	Jul 18 – Jun 19	Jul 19 – Jun 20	Jan20 – Dec20	Dec20-Nov21	Nov21-Oct22	Jan 22-Dec 22
WSFT	45%	46%	46%	46%	46%	37%
National average	36%	36%	37%	39%	40%	40%

Source: NHS Digital

WSFT considers that this data is as described and shows WSFT's rate is slightly below the national average. WSFT intends to take, and has taken, a range of actions to monitor and improve performance in this area as part of our mortality reviews, and so the quality of our services. These are described in the “Other quality indicators” section of this report.

(b) Patient reported outcome measures scores (PROMS)

	2016-17	2017-18	2018-19	2019-20	2020-21
Hip replacement surgery (primary) EQ-5D adjusted health gain					
WSFT	0.441	0.479	0.448	0.403	0.464
Comparison	Not an outlier	Not an outlier	Not an outlier	Negative outlier	Not an outlier
National average	0.445	0.468	0.46	0.459	0.472
Knee replacement surgery (primary) EQ-5D adjusted health gain					
WSFT	0.338	0.427	0.327	0.273	0.266
Comparison	Not an outlier	Positive outlier	Not an outlier	Negative outlier	Not an outlier
National average	0.324	0.338	0.34	0.335	0.315

* PROMS data publications are currently paused: In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to

link the PROMs-HES data. Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a pause in the current publication reporting series for PROMs at this time.

(c) Emergency readmissions within 30 days of discharge from hospital

		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
WSFT	Aged 0 to 15	12.9	12.5	13.1	13.3	11.6	11.5
National average		11.6	11.9	12.5	12.5	11.9	12.5
WSFT	Aged 16 or over	12.2	12.1	12.7	12.7	12.8	12.0
National average		13.6	14.1	14.6	14.7	15.9	14.7

(2021 update) The ongoing review by NHS Digital of emergency readmissions indicators across Compendium, Clinical Commissioning Group Outcomes Indicator Set and NHS Outcomes Framework has been paused due to the coronavirus illness (COVID-19) disruption and re-prioritisation of work across NHS Digital.

(d) Responsiveness to the personal needs of its patients

	2016	2017	2018	2019	2020	2021
WSFT	72.9	69.7	68.6	67.4	68.9	76.5
National average	69.6	68.1	68.6	67.2	67.1	74.5
Highest NHS trust	86.2	85.2	85.0	85.0	84.2	85.4
Lowest NHS trust	58.9	60.0	60.5	58.9	59.5	67.3

Source: NHS Digital

(March 2022 update) - As of the 2020-21 survey, changes have been made to the wording of the five questions, as well as the corresponding scoring regime, which underpin the indicator. As a result, 2020-21 results are not comparable with those of previous years.

WSFT considers that this data is as described as each year WSFT participates in a national inpatient survey. Review of this data shows that WSFT is performing at the national average and has performed at or better than the national average in all of the last six years.

(e) Staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their friends or family

If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	2017	2018	2019	2020	2021	2022
WSFT (agree + strongly agree)	85.3	82.9	86.3	82.6	73.4	67.8
England: acute trusts (agree + strongly agree)	70.8	71.3	70.6	74.3	66.9	63.0
Benchmark group best result (agree + strongly agree)	85.3	87.3	87.4	91.7	89.5	86.4
Benchmark group worst result (agree + strongly agree)	46.7	39.8	39.7	49.7	43.6	39.2

Source: National NHS Staff Survey Co-ordination Centre - Picker Institute

WSFT considers that this data is as described as the data is analysed independently. Each year WSFT participates in a national staff survey. WSFT receives a benchmark report that compares the results with those of other trusts. When given the statement “if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation”, the percentage of staff employed by, or under contract to the Trust during the reporting period who indicated they agreed or

strongly agreed scored higher than the England average for acute trusts. Review of this data shows that WSFT is performing better than the national average each year.

(f) Patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE)

	2016-17	2017-18	2018-19	2019-20 Q3 *	2020-21
WSFT	86.62%	92.12%	94.94%	94.39	NA
National average	95.61%	95.27%	95.59%	95.53	

Source: NHS England

*VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic. Data is reported for Q3 in 2019/20 only.

(g) Rate per 100,000 bed days of cases of *C. difficile* infection reported in the Trust amongst patients aged 2 or over

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
WSFT	17.3	13.4	8.6	17.0	21.1	24.4
National average	13.2	13.7	12.2	13.6	15.4	16.2

Source: NHS Digital

WSFT considers that this data is as described as the *C. difficile* infection cases is consistent with the data reported to the Board and described in the 'Other quality indicators' section of this report.

(h) Number and, where available, rate of patient safety incidents reported within the Trust, and the number and percentage of such patient safety incidents that resulted in severe harm or death

Patient safety incidents (total)

	WSFT number and rate/1000 bed days	Median (all acute non-specialist trusts) Rate/1000 bed days	Comparison to peer group
Apr 2019 – Sept 2019	3,894 (51.60 / 1000 bed days)	48.47 / 1000 bed days	Middle 50% of trusts
Oct 2019 – Mar 2020	3,725 (54.81 / 1000 bed days)	50.66 / 1000 bed days	Middle 50% of trusts
Apr 2020 – Mar 2021	7,377 (65.81 / 1000 bed days)	54.48 / 1000 bed days	Middle 50% of trusts
Apr 2021 – Mar 2022	9,990 *	Not yet published	Not yet published

Data sources: NHS Improvement (NRLS) and *Local incident system

Since April 2020 NRLS publishes annual data so not comparable with prior years.

Patient safety incidents resulting in severe harm or death

	WSFT number and % of total reported	Average (all acute non-specialist trusts) % of total reported	Comparison to peer group
Apr 2019 – Sept 2019	24 (0.6%)	0.3%	Above peer group average
Oct 2019 – Mar 2020	24 (0.6%)	0.3%	Above peer group average
Apr 2020 – Mar 2021	43 (0.6%)	0.49%	Above peer group average
Apr 2021 – Mar 2022	61 (0.6%) *	Not yet published	Not yet published

Data source: NHS Improvement (NRLS) and *Local incident system

Since April 2020 NRLS publishes annual data so not comparable with prior years.

WSFT considers that this data is as described as the reporting rates are consistent with the data received by the Board. WSFT intends to take and has taken a range of actions to improve the rate and percentage for these indicators, and so the quality of its services. These are described in the report within the summary in the “Incident reporting and learning” section.

Annex C: Comments from third parties

WSFT Council of Governors

The Council of Governors (CoG), with support from the Board and Trust colleagues, continues to embrace its role to represent both the interests of the Trust as a whole and the interests of the population that it serves. The governors recognise and fully support the Board of Directors' commitment to improving the high standard of care for our patients.

The governors are keen to harness the power of our local community and collaborate with health and care partners as part of the Suffolk and North East Essex Integrated Care System (ICS). We also collaborate with West Suffolk Alliance and regional partners.

The governors recognise the importance of the West Suffolk Alliance in the delivery of health and care services in the west of Suffolk as well as collaboration with our wider system partners as part of the ICS.

The CoG appointed their new lead governor and deputy lead governor in November 2022. These individuals work with the Chair to facilitate effective relations between the Board of Directors and the CoG. This includes joint meetings/workshops with the Board of Directors and attendance of Non-Executive Directors (NEDs) at CoG meetings.

- **Engagement with members and public:**

- we are delighted to have started to reintroduce face-to-face engagement activities and events with the public, following the easing of COVID-19 restrictions. These include clinical talks ("Medicine for Members") as well as other engagement activities, working with the Trust's engagement team, Future System team and My WiSH Charity
- we have encouraged the public to join as members of the foundation trust and engaging with approximately 7,000 public members to take an interest in the services we provide
- governors have been asked to encourage their friends and relatives to join the Trust as a way of engagement. There are also information briefings for members at regular intervals
- in September 2022, the annual members' meeting was held face to face for the first time in three years. Governors and Board members attended, together with nearly 150 public members.

The Governors have been engaged and supported the Trust in the Future System development to meet the future health requirements of the local population, in particular, the creation of a new hospital facility. We will continue to support this important work, including lobbying at national level for the funding.

- **Review of care and services provided:**

- visits to clinical and non-clinical areas restarted in mid 2022, on a monthly basis, in line with the national 15 steps challenge approach from NHS England
- monthly "area observations", led by the patient engagement team have also restarted, following the suspension during coronavirus restrictions
- environmental review led by the estates and facilities team started again in Spring 2023. These will also take place monthly focusing on non-clinical environments.

The governors have continued to monitor the performance of the Board through review of Board meeting packs, observation of the Board meetings and questioning of the NEDs.

- **Working with the Board:**
 - regular attendance at Trust Board meetings, face to face, where governors are encouraged to ask questions and report back to all governors on outcomes of these discussions
 - attending Board meetings and briefings has also educated governors on key clinical areas and developments, including the Future System programme and the Trust's infection prevention policy, following COVID-19
 - working with the NEDs has allowed sharing of information to triangulate areas for further consideration and/or improvement
 - regular briefings have focused on key developments within the operational plan and topics identified by the governors
 - completed the appraisals of all NEDs on schedule
 - holding the Board to account through the NEDs by requesting assurance on areas of concern
 - governors appointed the Chair on a one-year fixed term in July 2022 and are now in the final stages of appointing the substantive Chair, beginning in July 2023
 - three NEDs ended their terms during the year. Six new NEDs were appointed during 2022-23, including a new audit committee Chair and University of Cambridge appointed NED
 - governors now attend the three assurance committees of the Board as observers (the insight, involvement and improvement committees). This provides insight to the working of the Trust and supports the governors in their role in holding NEDs to account. The observations at these meetings provide a report to CoG summarising their observations.
 - following the publication of the [West Suffolk Review](#) in December 2021, the CoG established a West Suffolk Review governor director working group to take forward the learning from that report. By bringing together governors and directors, this working group ensured that the Trust's response supported both the Board and the CoG by making sure that they meet their respective governance responsibilities in addressing the learning from the report of the review. In March 2023, the CoG took the positive decision to cease the working group recognising the transition of responsibility for key areas of this work to the involvement committee. Governor observation of the involvement committee supports this decision.

- **Development of knowledge and skills:**
 - a training and development programme has been agreed, including an externally facilitated session
 - governors have attended seminars, both internal and external to support learning and development which included a joint training session with NEDs held face to face and virtually through MS Teams
 - informal governors' meetings, arranged by the lead governor, ensure effective working relationships and preparations for meetings
 - an externally facilitated review was undertaken by the Good Governance Institute for the Council of Governors during 2022. The findings of this have been used to strengthen working arrangements for the governors, including how they engage with the Board.

The governors recognise the contribution made by the staff and would like to thank them for their dedication and hard work during these challenging times. This makes the Trust a very special place for our patients, the public as well as our staff. We would also like to thank volunteers for their patience during this challenging period.

We will continue to develop opportunities for engagement with the public and our members over the next year. The feedback we receive helps us understand people's experiences and priorities.

Suffolk and North East Essex Integrated Care Board

The Suffolk and North East Essex (SNEE) Integrated Care Board (ICB) confirm that WSHFT have consulted and invited comment regarding the Annual Quality Account for 2022/2023. This has been submitted within the agreed timeframe and the ICB are satisfied that the Quality Account provides appropriate assurance of the service.

The ICB have reviewed the Quality Account (and enclose some feedback for your consideration). The information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous 12 month period.

SNEE ICB look forward to working with clinicians and managers from the service and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and a good service user experience is delivered across the organisation.

This Quality Account demonstrates the commitment of WSFT to provide a high quality service.



Lisa Nobes
Chief Nursing Officer
Suffolk & North East Essex Integrated Care Board

Suffolk Health Scrutiny Committee



As has been the case in previous years, the Suffolk Health Scrutiny Committee does not intend to comment individually on NHS Quality Accounts for 2022-23. This should in no way be taken as a negative response. The Committee acknowledges the significant ongoing pressures faced by NHS providers and wishes to place on record our thanks for everything being done to maintain NHS services for the people of Suffolk in the most challenging of times.



County Councillor Jessica Fleming
Hartismere Division, Suffolk
Chairman of the Suffolk Health Scrutiny Committee

Healthwatch Suffolk (HWS) thank the Trust for the opportunity to comment on the Quality Account for 2022/23. We recognise this has been a period of extreme intensity for the Trust's staff, clinicians and volunteers, and as a Healthwatch, we are also naturally also acutely aware of the heightened needs of the public during these past 12 months. Healthwatch Suffolk also recognises the additional pressures faced by the Trust, due to the continued, urgent and extensive Reinforced Autoclaved Aerated Concrete (RAAC) repair programme.

Roughly 80% of comments received by Healthwatch Suffolk referring to 'expectations of treatment' were positive, and 'staff attitudes' are also positive overall, despite the pressures faced by the Trust. Others have however reflected on 'not hearing anything about when they will be seen'. People are fairly positive overall about staff (such as being supportive and offering good explanations). Negativity tends to be about waiting more generally, and poor communication, or things not happening as regularly as people might expect.

There have been several key changes in Council of Governors and Board membership. Such changes may already be contributing to, for example, how the Trust is engaging with Trust Members and the public. This is worth noting because of the variety of opportunities being offered, and a return to in-person meetings/sessions. WSFT's new [First for the Future related] strategy reflects the ways in which it is working with partners towards 'common aims', those of improving the health of the community and reducing inequalities. The choice of these aims is supported by Healthwatch Suffolk. It would help to describe evidence that supports this commitment, within the Quality Structure and Accountability section.

The Trust recognises the challenges concerning elective recovery waiting times. It is good to see actions taken such as extended hours of clinics and theatres, to help reduce the numbers of people waiting. As a partner in Healthwatch Suffolk's 2022 countywide elective care survey, the Trust could also have referenced that work and the recommendations that were made to the local integrated care system.

Support for staff 'mental and physical wellbeing' is noted, and it is good to see the many ways in which staff can now speak-up. The Freedom to Speak Up Guardian could also be invited to offer a statement/testimonial in the Quality Account.

After listening to concerns raised by staff, the Trust developed 'a more supportive and compassionate HR culture'. This is good but what does 'a compassionate HR' feel like in practice, for a member of staff? Staff numbers retiring is clearly adding to workforce pressures. Would it be prudent to note predicted numbers of retirees for 2023/24, and to add which service areas will require the most attention?

One in five staff come from overseas, representing more than 80 countries. This extremely diverse workforce has also led to the Trust receiving an NHS Pastoral Care Quality Award, in recognition of the provision of pastoral care for internationally educated nurses and midwives. The Chaplaincy includes dedicated facilities for Muslim colleagues and visitors. Many challenges remain, including extensive periods of industrial action. The Trust recognises the contribution of staff who have helped and worked flexibly.

The Workforce Race Equality Standard (Table on page 39) would benefit from a revision. Rounded up, as per the 2021 figures, the percentages are exactly the same for every category. Healthwatch Suffolk would advise Tables such as this to be consistent in the number of decimal places used for each column/line.

Governors recognise the contribution made by staff and thanked them for “their dedication and hard work during these challenging times”. This is such an important morale related statement, but could the QA give such a sentiment a far higher profile, within the document?

Healthwatch Suffolk welcomes several news items:

- The Trust’s vaccination taskforce travelled all over Suffolk to vaccinate the community, focusing on areas where uptake was low, and where vulnerable people lived.
- The Trust has kept innovations which worked well during the pandemic, such as telephone and video consultations, wellbeing calls, patient-initiated follow up and ways for patients to stay in touch with loved ones.
- The appointment of a social prescriber, who now offers support for people to improve their independence and quality of life after discharge; helping to prevent readmission.
- The Trust’s stroke service is ranked number one nationally during the October – December 2022 quarter.
- The CQC ‘Good’ rating for Glemsford GP Practice, which is part of the WSFT, with the staff’s kindness and respect for patients highlighted.
- The My WiSH Charity’s funding of posts such as a staff support psychologist and a play specialist, for young patients in the emergency department.
- The new supervisor health care support worker role, aimed at giving new team members support and mentoring, on inpatient wards.

References and several examples of how WSFT is responding to its legal duty of putting into practice the Accessible Information Standard is good to see. This naturally helps to communicate with more vulnerable communities and goes towards addressing health inequality, in terms of accessibility. There is also a note on a patient story programme for the Trust Board. What has this led to? Is there an example that can be shared? The Trust has also simplified the formal complaints process for those requiring additional support. In what way has the process been simplified?

We also note that all open Board meetings include presentations of patient or staff stories, which are then published on the staff intranet for training and reflection. This is good practice. Have any such presentations led to actions taken by the Board?

The Trust has done well to establish connections with a diverse range of local groups, such as, a multicultural Women’s Group, Steel Bones, Bury St Edmunds 4 Black Lives, Disability Forum for Suffolk, the Healthwatch Suffolk run Suffolk Voluntary and Statutory Partnership, Survivors in Transition (there is a typo here in that the QA refers to the organisation as Suffolk Survivors), Ace Anglia, and OneVoice4Travellers. Some testimonials from these organisations would add further value to this section in the report, describing how such a working relationship is improving the lives of hospital patients and their carers.

WSFT is a pilot site for the PSIRF patient safety framework and the Trust has a comprehensive quality reporting framework. Results for 2022/23 are very mixed, with some improvements since 2021/22, but also some downward trends. These are acknowledged and are being monitored. An example area of greater concern is performance regarding two-week waiting from referral to date first seen comprising all urgent referrals for symptomatic breast patients (cancer not initially suspected).

Some priorities for improvement have been identified by patients and staff. It would be interesting to know which of these had been identified as being important, by patients. WSFT is also piloting new emergency department reporting standards, but there are no details shared in the report.

WSFT describes itself as a Global Digital Exemplar and this has been evidenced for several years now. Healthwatch Suffolk would encourage the Trust to reflect on how it recognises and addresses digital exclusion/literacy, and then consider the adoption of the Digital Transformation Guiding Principles, developed by Healthwatch Suffolk and the Suffolk & North East Essex ICB.

Healthwatch Suffolk acknowledges learning and the identification of areas for improvement from patient safety incidents and investigations; ranging from 'arrangements/specific patient needs needing to be put in place before the patient is moved', 'implementing the discharge planning policy', 'catheter management', 'pressure ulcers' to 'reported falls resulting in harm'.

Four deaths, representing 0.35% of the patient deaths during the reporting period, were judged to be more likely than not to have been due to problems in the care provided to the patient. Were any of these four deaths one of the "15"; learning disabilities, severe mental illness, neonatal, and stillbirths?

Healthwatch Suffolk notes that bereaved families are invited to give feedback on the care their relative received, via the medical examiner, the learning from deaths reviewer, and the patient safety incident investigator.

Learning from reviews of adult deaths identified themes similar to previous years. Examples are the impact of multiple bed moves, inability to fast-track discharge, and impact of reduced staffing and increased workload on end of life care. Can this be addressed in 2023/24, or is this a trend that is difficult to break?

In 2022/23 the Trust successfully resolved 178 complaints at the 'first stage', with 15 investigations escalating to second stage throughout the year. How is 'resolved' defined? Is this closure agreed with the patient?

Patient care remains the top category of concern and many complaints have multiple categories. Four out of six of the top categories have remained the same since the previous financial year; however, the clinical treatment for the surgical group has replaced clinical treatment for the general medicine group. An additional category of admissions, discharge and transfers has also been included. There is a good range of learning outcomes from complaints and Healthwatch Suffolk hopes this leads to fewer similar cases in 2023/24.

'Emergency department staff have received training in communication and customer service to reduce miscommunications'. Should such key-skills training also be considered for other departments, over a reasonable period of time?

'Abortion clinics will not be run on the same day as for women who are asked to attend for miscarriages due to the distressed caused'. We are surprised to see this issue as it seems such an obvious clash to be avoided at all costs, in any maternity unit.

WSFT has committed to "coproduce the qualitative and quantitative measures we use to gauge and develop our safety culture by March 2024". This is the only reference to co-production in the QA, which is a surprise, because the Trust's own Futures Systems Programme, is itself being entirely co-produced, placing it well nationally in amongst all the new hospital building programmes.



Andy Yacoub
Chief Executive



Wendy Herber
Independent Chair

Annex D: Statement of directors' responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement previously issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality accounts.

In preparing the quality accounts, directors are required to take steps to satisfy themselves that:

- the content of the quality accounts meets the requirements set out in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations and supporting guidance
- the content of the quality accounts is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2022 to June 2023
 - papers relating to quality reported to the Board over the period April 2022 to June 2023
 - feedback from commissioners dated 15 June 2023
 - feedback from Suffolk Health Scrutiny Committee dated 26 May 2023
 - feedback from Healthwatch Suffolk dated 16 June 2023
 - feedback from governors dated 2 May 2023
 - the Trust's annual complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the latest national patient survey
 - the latest national staff survey
 - the Head of Internal Audit's annual opinion of the Trust's control environment
 - CQC inspection report.
- the quality report presents a balanced picture of the Trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board



Jude Chin
Chair
29 June 2023



Dr Ewen Cameron
Chief executive
29 June 2023

Annex E: Glossary

Clostridium difficile

C. difficile is a spore-forming bacterium which is present as one of the normal bacteria in the gut of up to 3% of healthy adults. People over the age of 65 are more susceptible to developing illness due to these bacteria.

C. difficile diarrhoea occurs when the normal gut flora is altered, allowing *C. difficile* bacteria to flourish and produce a toxin that causes a watery diarrhoea. Procedures such as enemas and gut surgery, and drugs such as antibiotics and laxatives cause disruption of the normal gut bacteria in this way and therefore increase the risk of developing *C. difficile* diarrhoea.

Confidential enquiries

These aim to assist in maintaining and improving standards of healthcare for the benefit of the public (such term to include members of the public for the time being serving a term of imprisonment) by reviewing the care of patients, by undertaking confidential surveys, and by publishing and generally making available the results of such activities.

CQC

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

The CQC's purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.

The CQC's role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, and to publish findings, including performance ratings to help people choose care.

CQUIN

The Commissioning for Quality and Innovation (CQUIN) payment framework enables our commissioner to reward excellence by linking a proportion of the Trust's income to the achievement of local quality improvement goals.

DEXA (DXA) scan

DEXA (DXA) scans are used to measure bone density and assess the risk of bone fractures. They're often used to help diagnose bone-related conditions, such as osteoporosis, or assess the risk of developing them.

Total body DEXA scans can also be used to measure body composition (the amount of bone, fat and muscle in the body). This type of scan is routinely used in children, but is still a research application in adults.

Dr Foster Intelligence

Dr Foster Intelligence provides comparative information on health and social care services to die on the basis of average figures across England, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.

EPARS	The purpose of the EPARS (Escalation Plan and Resuscitation Status) form is to ensure that patients admitted to the Trust (with the exception of day case patients), all have an escalation and treatment plan in place. This ensures that all healthcare professionals are aware of patient's treatment and degree of escalation and de-escalation when coming into contact with the patient.
EPRO	EPRO is a web-based clinical information management system which supports deployment of discharge summaries while also managing patient records and providing reporting capabilities.
HSMR	Hospital standardised mortality ratio (HSMR) is calculated as a ratio of the actual number of deaths to the expected number of deaths among patients in acute care hospitals. An HSMR equal to 100 suggests that there is no difference between the hospital's mortality rate and the overall average rate; greater than 100 suggests that the local mortality rate is higher than the overall average; and less than 100 suggests that the local mortality rate is lower than the overall average.
MEWS	Modified early warning score (MEWS) is a simple physiological scoring system suitable for use at the bedside that allows the identification of patients at risk of deterioration.
NHSE	NHS England (NHSE) is the sector regulator for health services in England.
MRSA	MRSA (<i>Methicillin Resistant Staphylococcus Aureus</i>) is an antibiotic-resistant form of a common bacterium called <i>Staphylococcus aureus</i> . <i>Staphylococcus aureus</i> is found growing harmlessly on the skin in the nose in around one in three people in the UK.
NCEPOD	National confidential enquiry into patient outcome and death (NCEPOD). NCEPOD promotes improvements in healthcare. It published reports derived from a vast array of information about the practical management of patients.
Never event	Never events are a sub-set of SIRIs (see below) and are defined as "serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers".
NRLS	The national reporting and learning system is a national database of confidentially-reported patient safety incidents from healthcare staff across England and Wales. Clinicians and safety experts analyse these reports to identify common risks to patients and opportunities to improve patient safety.
PROMs	Patient Reported Outcome Measures (PROMs) measure quality from the patient perspective. Initially covering four clinical procedures, PROMs calculate the health gain after surgical treatment using pre- and post-operative surveys.
VTE	Venous thromboembolism, or blood clots, are a complication of immobility and surgery.