

Quality accounts 2023-24



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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).

February was the first anniversary of my arrival here, a year which began with a warm welcome from our staff, and working alongside them has only emphasised what amazing colleagues the Trust has. This is my local hospital and I have had first-hand experience of their compassionate, excellent care and teamwork. I've seen for myself the value of our multidisciplinary approach that underlines our services, from receptionists, porters, nurses, doctors, healthcare support workers, radiographers, and all the support staff who fulfil so many vital functions in our Trust.

This is the local hospital and provider of services in the community for our 5,500 staff plus all their friends and family, which underlines the importance of this Trust to the people of Suffolk and neighbouring counties.

I knew the Trust had many strengths before I arrived and indeed it does, not least in the breadth and scale of services it provides as an integrated organisation, across acute and community services. That integration is progressing all the time, allowing provision of care that meets people's individual needs and takes all their circumstances and lived experience into account. Every time I interact with our adult and paediatric community services, I see the benefits for patients of the joined-up care those teams offer closer to their homes.

WSFT is committed to strengthening the collaborative relationships that have been developed across the system, which bring mutual aid provided through alliance working. This goes beyond the excellent work that has been done in recent years to overcome obstacles and bring professionals from partner organisations together in multidisciplinary teams. For example, the clinical education team's partnership with the West Suffolk College is helping to develop the future NHS workforce as well as allowing existing WSFT staff to achieve their full potential. Working with Abbeycroft Leisure, pathways have been developed to help patients regain independence, and support people to make better choices, preventing future ill health.

Teams across the Trust are achieving great things every day, striving to improve quality, safety and productivity, and participating in both Getting it Right First Time and the Patient Safety Incident Response Framework initiatives. It has been rewarding to see national recognition for the outstanding results achieved by the stroke service and orthopaedic team; and the pulmonary rehabilitation team receiving national accreditation. The services these teams provide exemplify the Trust's priority to support patients to achieve greater independence and the best quality of life possible.

Another key strategic priority is ensuring our staff feel valued in their working lives, so that they can provide services that achieve the standard of quality and safety our patients rightly expect. As part of the sustained and genuine effort to look after staff, we have introduced an expanded organisational development and learning team. There is a new Freedom to Speak Up (FTSU) Guardian, more FTSU and wellbeing champions have been trained; and a programme of Schwartz Rounds launched, all aimed at improving the culture of the organisation. Four staff networks have also been launched and developed, a vital part of the Trust's commitment to being an inclusive place to work. Efforts are under way to improve the size of our substantive workforce, building and developing on what has been learned from colleagues' feedback. When issues are raised or incidents occur, it is a priority to share the learning that arises, helping the Trust and its services to improve.

National awards have been won by the team who support, develop and care for the hundreds of our staff who have come to our Trust from overseas, and who make up one in five of our workforce. The Trust-wide focus on equality, diversity and inclusion is a commitment to listen, learn and take action to show everyone who works at WSFT that they are valued and have the right to feel safe and supported.

During the year a great privilege has been meeting the recipients of our staff Putting You First awards, learning more about them and their work – and the reasons their peers put them forward for recognition. I've also been privileged to present long service awards to people who have worked with us for 50 years and been humbled by the extent of their loyalty to the NHS and our community. Meeting colleagues day to day and attending heartwarming events, like a tea party for our invaluable volunteers, stand out as I look back over the year.

The efforts of volunteers and supporters in our community are evident in the work of both the My WiSH Charity and The Friends of the West Suffolk Hospital. My WiSH continues its excellent work to enhance the care of patients and the working lives of staff, and we are so grateful for the fundraising efforts of the many businesses and individuals who support its work. The Friends charity this year donated nearly £90,000 to fund items requested by staff to improve patient care, raised through donations, legacies and the much-loved WSH Friends shop.

All this work goes on despite the enormous challenges facing this Trust and the whole NHS, and all our services facing ever-increasing demands. The emergency department (ED) faces continuing and often extreme pressures, but there has been a huge amount of work around achieving the nationally mandated target of seeing 76% of patients in our ED within four hours by 31 March 2024. We have seen month-on-month improvements since December 2023 and in March 2024 we achieved 74% patients seen within the timeframe.

It has been heartening to see the enormous amount of work that has been done and the efforts under way to reduce the time people are having to wait for care or treatment. With repeated episodes of industrial action in 2023, and more than 10 days of action having taken place since the start of 2024, there has been an impact on our elective recovery, which made it more difficult for us to meet the Trust's 2023-24 elective recovery objectives. We know how frustrating and debilitating it can be for people to wait for the care they need, and I would like to apologise to all those who are waiting longer than we would like them to.

At the end of March 2024, there were 407 patients waiting over 65 weeks. It is worth noting that in April 2023 there were 15,878 patients to treat in the 65-week wait cohort, so this reduction in the number of patients waiting is a huge achievement. As of the end of March 2024, the number of our longest waiting patients stands at 47 waiting more than 78 weeks. That number includes capacity breaches, choice, complexity and unfit patients.

There has been continued improvement for patients waiting more than 62 days on the cancer pathway, which has reduced from 189 in September 2023 to 68 at the end of March 2024. The work has included a focus on skin cancers, weekend theatre lists; and the introduction of a "straight to treatment" pathway to reduce face to face appointments and waiting times.

Achievement of the 28-day faster cancer diagnosis standard has increased from 54% in September 2023 to 77% in February 2024, which is the latest data available. While there is still a great deal of work to do, these improved results are testament to the commitment of our teams.

This year the problems caused by RAAC came to a head in the media, in relation to schools built with this form of concrete, as much of the West Suffolk Hospital was 50 years ago. Thanks to the sustained and expert work of the estates team, the Trust had the opportunity to provide reassurance across the public sector. Teamwork has also been evident in the fantastic response across the Trust to tackling the financial challenges. A huge amount of hard work has meant we have delivered significant progress against our cost improvement programme. However, there is no room for complacency and as we move into the next financial year, we have further significant efficiencies to deliver.

The Trust's strategic priorities are being developed with a focus on transformation: improving clinical pathways, productivity and sustainability; and looking at encouraging better life choices that can prevent future ill health. Providing personalised care closer to home is supported by increased digital capability, which is enabling the development of community care through the expansion of

the virtual ward. Later in 2024, patients will be able to have a variety of diagnostic tests carried out at a community diagnostic centre at Newmarket Community Hospital, where building is under way.

The Future System team continues its work to prepare for the building of a new healthcare facility and meeting future healthcare needs throughout our locality. I have a sense of enormous progress through the year and the pace that has been brought to the work. The Trust is now at the head of the queue for West Suffolk Hospital to be rebuilt and it's a question of when, not if, West Suffolk will have its new hospital. There is an enormous amount of work still to do, the next stages include developing a business case that will achieve regional and national approval.

Recently the Foundation Trust has elected new members to the Council of Governors for the next three years, working with the executive and non-executive directors of the Board to make sure services are meeting the needs of the community. The 14 public governors sit alongside five staff governors and seven governors nominated to represent partner organisations, and I look forward to working with them.

I can confirm that to the best of my knowledge the information contained in the quality report 2023-24 is accurate and has received the full approval of the Trust Board.



Dr Ewen Cameron
Chief executive
25 June 2024

Quality structure and accountabilities

This 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 strategy, we put quality at the heart of everything we do.

Vision:

To deliver the best quality and safest care for our local community

Ambition: First for patients

- Collaborate to provide seamless care at the right time and in the right place
- Use feedback, learning, research and innovation to improve care and outcomes.

Ambition: First for staff

- Build a positive, inclusive culture that fosters open and honest communication
- Enhance staff wellbeing
- Invest in education, training and workforce development.

Ambition: First for the future

- Make the biggest possible contribution to prevent ill health, increase wellbeing and reduce health inequalities
- Invest in infrastructure, buildings and technology.

Powered by our First Trust Values

Fairness • Inclusivity • Respect • Safety • Teamwork

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 2023-24 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 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 our 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
- 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?’
- 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
- minimise our environmental impact with our Green Plan.

Quality priorities for 2024-25

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.

| |
|--|
| <p>Delivering our strategy</p> <p>Use feedback, learning, research and innovation to improve our care and outcomes we will:</p> <ul style="list-style-type: none"> • 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 • ensure patients and families can share their experiences, positive and negative, to help us improve. |
| <p>Priorities for 2024-25</p> <ul style="list-style-type: none"> • to deliver measurable improvements in safe care through implementation of our patient safety strategy • to reduce inequalities in experience for service users. |
| <p>Measuring our progress and providing assurance</p> <p><u>Safe and high-quality care</u></p> <ul style="list-style-type: none"> • to improve the quality and timeliness of discharge summaries to ensure appropriate communication at the point of transfer of care – Q1 data will be used to establish a baseline to determine target for March 2025 • to reduce rates of hospital and community onset healthcare associated <i>C. difficile</i> infection against the 2023-24 baseline of 67 cases. <p><u>Experience of care</u></p> <ul style="list-style-type: none"> • development of personalised care and support plan datasets into e-Care, including integration of the patient profile by March 2025 • increase of 10% in recording of protected characteristics on patient records • implementation of a reasonable adjustment policy to support service access by March 2025 • increase of 10% in reasonable adjustment needs recorded on e-Care by December 2024 • improvements to booking and waiting procedures for those with reasonable adjustments by March 2025 • accessibility improvements to web content and software by March 2025 • assessment/completion of the Equality Delivery System to provide better working practices and environments by March 2025 • accessible guides and improvement plans for all Trust sites by September 2024. |

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 2023-24, WSFT provided and/or sub-contracted **89 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 2023-24 was **£360.3m**, which represents **90.7% of the total income** generated by WSFT for 2023-24.

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 assurance

| Personal care | Safe care |
|---|--|
| <ul style="list-style-type: none"> • Care Quality Commission (CQC) relationship meetings • peer reviews with our ICB and local NHS colleagues • 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-executive directors and governors • feedback from our Foundation Trust members and governors • 'Freedom to Speak Up' (FTSU) feedback • community engagement conversations. | <ul style="list-style-type: none"> • CQC relationship meetings • peer reviews with our ICB and local NHS colleagues • Trust-wide compliance monitoring including: infection control, 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 • safety walkabouts • clinical benchmarking • participation in the national clinical audit programme (HQIP) 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 2023-24, 54 national clinical audits including national confidential enquiries covered NHS services that WSFT provides.

During 2023-24, WSFT participated in 100% of national clinical audits and 100% of national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries in which WSFT participated, and for which the data was completed during 2023-24, 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

799 patients receiving relevant health services provided or sub-contracted by WSFT, were recruited during 2023-24 to participate in National Institute for Health Research (NIHR) portfolio or commercially adopted research studies approved by the research operational committee.

Seven-day services

The Trust has maintained progress with the work of the seven-day services group which led the original seven-day service development and improvement plan. 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, with particular focus on the internal professional standards
- 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, 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** - 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
- **chaplains service** - the chaplains 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 chaplains 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 and wellbeing 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 developed and relaunched and provide a forum for colleagues to speak up and share concerns. There are currently four networks including LGBTQ+, REACH (race, equality and cultural heritage), parent and carer 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 internal staff newsletter and via the weekly staff briefing email. A face to face 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. Follow Up training for Senior Leaders is available via ESR (NHS electronic staff record).

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 and takes into consideration the preference of the person raising the concern. 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 a 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 most areas during 2023-24 with funding received in line with prior arrangements.

There has been a national proposal to pause the programme for 2024-25 at the discretion of local integrated care boards (ICBs). WSFT is working with ICB colleagues to determine if and how to continue the CQUIN programme for 2024-25. WSFT's income associated with CQUIN achievement is not at risk and will continue to be received as unconditional payments agreed locally between both WSFT and Suffolk and North East Essex (SNEE) ICB via the block contract arrangement.

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 & 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, 2021 and 2022 (see charts).






| | 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 |

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, whilst the score for “Well-led” did improve, it did not affect the overall rating of the service. The report noted 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.”

Last inspection: 13 April 2021






Report published: 22 June 2021

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

In 2022 we 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.

Last inspection: 20 August 2022

Report published: 14 September 2022

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

The WSFT recognises that the CQC introduced a new single assessment framework (SAF) in 2023-24 and anticipates a future inspection within this new regime. The Trust welcomes the opportunities the will bring to demonstrate how the organisation is working towards achieving a ‘Good’ rating.

Awards and accolades

First for Patients

Services and teams across the Trust aim to continue to provide excellent care to the people of our community and achieve results that have been recognised at a national level. Recently, the National Hip Fracture Database (NHFD) has rated WSFT as the top hospital in England and Wales for the care of patients with a hip fracture in 2023.

Not only is WSFT top in the country for meeting best practice criteria for patients treated for a hip fracture, but also received the highest figure ever recorded by the NHFD. Best Practice Tariff (BPT) was achieved for 96.4% of patients in all eight criteria measured on the database. The achievement

builds on the team's previous successes, with many of the previous record figures in the national database also being set by the Trust.

Another national measure is the Sentinel Stroke National Audit Programme (SSNAP), a major healthcare quality improvement programme for stroke care. For the last quarter reported (at the end of 2023), our stroke team has maintained its high score of 90 as an Acute Admitting Stroke unit. Added to this, the team has upheld the highest 'A' rating for more than five years. For a small district general hospital with limited resources, that the colleagues providing these services continue to achieve these results is a truly impressive achievement.

The Getting It Right First Time (GIRFT) general surgery High Volume, Low Complexity (HVLC) review was commended as the best example of system working in general surgery reviewed so far by the national team and demonstrates the importance of collaboration in improving outcomes for patients.

Another positive set of results has come from the 2023 NHS Maternity Services Survey, part of the NHS Patient Survey Programme commissioned by the Care Quality Commission. The survey collects feedback given by service users cared for by maternity services during 2023. This year's results highlight an upward trend of improvement in the quality and safety of the maternity care provided by WSFT. When compared to results from 2022, two areas saw statistically significant increases: ensuring patients can go home as soon as they would like to after giving birth without delay (from 6.2 in 2022 to 7.6 in 2023); and on the cleanliness of the hospital room or ward (from 9 in 2022 to 9.5 in 2023). The Trust scored highly for trusts across the region in "care in the ward after birth" and "feeding your baby".

Members of our maternity team, led by lead clinical educator Georgie Brown, have marked the first anniversary of a programme that offers free basic life support and health advice sessions to parents and carers of newborn and young babies. More than 800 adults (accompanied by babies) have attended the events, both at the West Suffolk Hospital and recently at community venues, to unanimously positive feedback. Georgie and team recognised an unmet need and are giving their time and expertise to deliver a valuable service.

Another maternity colleague, Theresa Lancaster, education and practice development lead for maternity support workers (MSWs), was recognised for her outstanding contribution to the development of these staff with a prestigious award from the Chief Midwifery Officer for England (CMidO), Kate Brintworth. It was highlighted that Theresa's work helping to ensure her colleagues gained qualifications and attended study days, will improve the quality of care for women, babies and families.

There was a further focus on the value the Trust places on our health care support workers (HCSWs) when Sandra Austin, a member of our clinical education team, was presented with a Chief Nursing Officer for England award by Catherine Morgan, regional chief nurse. Sandra co-ordinates the Care Certificate programme, and has guided and supported more than 700 HCSWs from their arrival at the Trust, ensuring they feel valued, and reducing the number leaving the organisation from 24% to 10%.

Bridget Glynn, senior staff nurse in critical care services, won a coveted Cavell Star, which rewards exceptional care for colleagues, patients, or families. The award honours the memory of Edith Cavell, a British nurse who cared for injured soldiers of all nationalities during the First World War. Bridget's colleagues nominated her for the award to recognise her long and outstanding career at the West Suffolk Hospital, which over 40 years has included more than 37 in critical care. They cited how Bridget puts patients, families, and staff at the heart of everything she does, recognising the small things that matter, especially when experiencing end-of-life care.

The Trust held its first WSFT patient safety month in May, highlighting the processes and mechanisms in place which help promote a strong patient safety culture. During this month, the Patient Safety Incident Response Plan (PSIRP) for 2023-24 was launched, to help create a safer

culture and drive improvement, and is a requirement under the national Patient Safety Incident Response Framework (PSIRF). This plan helps to show how the learning identified during safety investigations is translated into improvements. Also launched was a new patient safety education programme to help colleagues better understand how everyone has a role to play in fostering a strong patient safety culture.

Working closely with patient safety colleagues and other teams including human factors, and learning from deaths, the Quality Improvement (QI) team uses evidence-based methodology to help staff bring their improvement ideas to life. Since 2020, the team has gone from supporting 12 active projects to supporting 348, and also developed training to give Trust colleagues the tools to make positive changes that help improve the care we provide. With their support, teams have completed projects that have resulted in improvements in outcomes for our patients. For example, the team on F3 ward worked to better understand the link between the development of pressure ulcers in patients who undergo significant orthopaedic surgery. By improving awareness and clinician confidence through training, the team decreased the number of patients who developed pressure ulcers following orthopaedic surgery by 43%, which will provide our patients with a much greater level of comfort during their recovery.

The work of the Trust's research team continues to be praised at a national and international level and has recently been acknowledged for its successes in recruiting people to take part in vital studies that will inform clinical practice for future generations.

A further reflection of the high-quality care we deliver to patients has been the national accreditation received by the pulmonary rehabilitation (PR) service. Part of our community and integrated therapies division, the PR team provides individualised care to support people with chronic lung or respiratory conditions to achieve their best quality of life and maintain their independence.

The introduction of the unscheduled care coordination hub (UCCH) has been a tool that symbolises the benefits of system working and delivering the right care, at the right time, in the right place. The urgent community response service can now attend appropriate calls – for example, falls - which would previously have been assigned to an ambulance. Not only has this reduced pressure on ambulance colleagues and the emergency department, but it has helped people stay at home by bringing care to them.

Another community service is the Trust's vaccination team, which has continued its dedicated work to protect Trust staff, system partners and the community of Suffolk from seasonal viruses. The autumn vaccination campaign started early in response to viruses increasing in the population, and the team achieved some of the best take-up rates for vaccination in the region. It has been widely praised for the service it offers to people with special needs, and those in economically-challenged communities, where health outcomes can be poor.

Also within the scope of our community services is the Community Equipment Service (CES) provided by Medequip on behalf of Suffolk and North-East Essex Integrated Care Board (SNEE ICB). WSFT is lead commissioner for this service, which earlier this year was visited by the High Sheriff of Suffolk, Mark Pendlington, who saw for himself the system-wide provision of equipment that allows people to live in their own home and achieve their best quality of independent living.

Nicky Faulkner recently took on the new role of community diabetes nurse specialist, working with both the acute hospital diabetes team and the Trust's six integrated neighbourhood teams. Nicky is supporting community health colleagues to review patients with diabetes so they can receive the optimum standard of care.

During episodes of bad weather in the winter of 2023 and spring 2024, our community colleagues were faced with negotiating significant flooding across the rural areas, where they provide care to people at home. It is testament to their commitment to our patients that they battled through the floods – sometimes by tractor provided by “local hero” farmer Steven Brown - and took other steps amidst the torrential downpours and flooding to ensure patients' needs were met.

Engagement with our community included the Annual Members' Meeting in September. This event provided our foundation trust members and local community with an understanding about how the Trust is doing and the chance to learn more about child development from our expert consultant community paediatrician, Dr Ankit Mathur.

Other events which have taken place over the last year include the annual cancer forum in Bury St Edmunds in May, which provided support and information to cancer patients, their families, friends and support networks. Supported by My WiSH Charity and with well over 200 attendees, there were insightful presentations and interactive sessions throughout the day. In July, the Trust held its 'medicine for members' healthy heart event at Sudbury Football Club, sharing information on how people can take positive steps to look after their cardiac health.

My WiSH Charity continues to help WSFT enhance the quality and safety of the care it provides as well as supporting staff. It is heartwarming to see the support the charity receives, for example from the 14 teams who took on the annual Soapbox challenge, raising an incredible £23,178. In September, with considerable support from local businesses and donors, the charity was able to open the Butterfly Garden at West Suffolk Hospital for our end-of-life patients. This facility will make all the difference to those who are experiencing end-of-life care and their loved ones.

The work of the Trust, and these improvements, innovations and progress, are being made despite repeated industrial action. The strikes have brought significant disruption to colleagues both through the preparations beforehand and during strike days, and to patients through the postponement of appointments and procedures. Our colleagues have worked tirelessly through this difficult time and have showed each other compassion and respect. There have been outstanding examples of colleagues going above and beyond to ensure patients received safe care. This included retired consultants coming back to help look after patients, a GP providing inpatient care and also our colleagues from a wide range of professions who were key to keeping services safe.

First for Staff

Supporting and improving the mental and physical wellbeing of our colleagues is a key strategic priority for the West Suffolk NHS Foundation Trust. As well as the duty of care owed to our hard working, committed colleagues, striving to ensure people feel valued and happy at work has a positive effect on patient experience and improves staff retention.

The development of a People and Culture Plan for the Trust is aimed at ensuring there is an overall strategy driven by what our colleagues tell us - to support our people, we need to know how they feel about their working lives. The NHS Staff Survey is one of the largest annual workforce surveys in the world, offering a snapshot of what staff think across numerous areas of their working lives. The results of this anonymous survey are a cornerstone of how to understand where we need to focus our attention over the year ahead to ensure staff have the best possible experience at work.

Almost 2,500 colleagues completed the 2023 survey, which is equivalent to 46% of the workforce. Scores across all nine of the key areas improved compared to the 2022 findings, but while seven of these areas scored better than the national average, these scores were only slightly above average, showing there is more to do. The two areas which scored lower than the national average are around having 'a voice that counts' and feeling as though 'we are a team'. These are areas already being prioritised through the People and Culture Plan and will continue to be a priority in the coming year. One result that stood out was where WSFT sat in the region in relation to whether staff would 'agree' or 'strongly agree' with recommending this as a place to work. Here, the Trust ranked second in the east of England.

The survey also gave an insight into the experience of Trust colleagues from ethnic groups other than white, and the percentage that reported having experienced harassment, bullying or abuse from patients, relatives, or the public in the last 12 months. That figure has increased from 31% to 34%, more than 12% higher than the rate for white staff, which stands at 20%, and of course is also too

high. Experiencing or witnessing harassment, bullying or abuse, has a huge impact on colleagues and patients. Significant efforts have been made in the past year to improve the experience of people who are treated unequally while at work, due to characteristics such as race, disability or sexuality, and the Trust is committed to making this a fair and equal place to work for all staff.

To help achieve that, a strengthened organisational development and learning team has been established to improve the experience of all our staff, develop line managers and support colleagues to achieve their full potential.

In September 2023 a Learning Hub was launched as part of the Trust's first phase of the people and culture work, focused on the following areas:

- leadership and management
- coaching and mentoring
- health and wellbeing
- equality, diversity, and inclusion
- apprenticeships
- library
- induction and welcome for new starters.

We have welcomed a new Freedom to Speak Up Guardian (FTSU), and more FTSU champions have been trained, taking the message that speaking up is a gift, not a criticism, directly to their teams. The network of wellbeing champions has also been expanded. This is part of the NHS 'Safe Spaces' initiative for colleagues from overseas and supported by My WiSH charity. These champions are visible to anyone who may want to share concerns, worries, or just have a friendly conversation with someone who speaks their language, or simply has time to lend a sympathetic, non-judgmental ear.

This year, four staff networks have been launched to bring people together from across the organisation who have a shared interest in equality and inclusion for a particular group. As well as acting as a safe space and providing peer support, network members use their collective voice to influence positive change, support decision-making and provide a channel for communication between the senior leadership team and staff groups.

The networks are:

- the REACH network for all colleagues from a Black, Asian or other ethnic minority background, and allies
- the refreshed Disability Network aims to amplify the voice of colleagues who live and work with a disability, and allies in this area
- the Pride network is for all colleagues who are lesbian, gay, bisexual, trans or identify with other minoritised sexual orientations or gender identities, and allies
- the Parent and Carer network was launched in March 2024, and aims to support any colleague who has caring responsibilities.

With input from the Disability Network, the Trust was selected as a winner in the NHS England Equality, Diversity and Improvement Awards, under the category of 'assistive technology' and will be using the extra funding from the award to support the implementation of a digital assistive technology toolkit. This will enable staff members who have a disability to find out what digital means there are available to help them do their jobs and have a better experience at work.

The staff support psychology team, set up as a crisis response during the pandemic, is now a substantive part of the services the Trust provides to support the mental wellbeing of the workforce. This team of professionals, now expanded, and renamed the **staff support and wellbeing service**, continues to provide vital support to a significant number of colleagues, using evidence-based techniques and pathways.

The partnership between WSFT and Abbeycroft Leisure (ACL) has been extended for a further year, giving all staff free access to all the facilities and activities at any ACL centre in Suffolk. Providing a way to access the many benefits of being more active, this investment has received overwhelmingly positive feedback from colleagues making use of this offer.

The vaccination team set up during the pandemic now has a permanent base at the West Suffolk Hospital, and this year provided the protection of free COVID-19 and seasonal flu boosters to thousands of staff, as well as people in communities across Suffolk. Understanding the reality of working lives in the NHS, the team took a flexible and responsible approach to the seasonal campaign, going where – and when – they were needed by our teams.

In summer 2023, with the support of the My WiSH Charity, the Trust launched Schwartz Rounds, an initiative aimed at supporting staff wellbeing and improving patient care. There has been excellent feedback for these structured forums, which allow colleagues to discuss the emotional and social aspects of working in healthcare.

In February, various teams came together to organise the annual Love Yourself Week, which aims to encourage people who work in this demanding service to focus on their own health and wellbeing. The week included a partnership with The Poetry Pharmacy, and a ‘walk with words’ exhibition displaying poetry representing the trials and tribulations of a working life in the NHS.

In December there was cause for celebration when the clinical education team was awarded gold in the NHS England Pastoral Care Quality Award for support workers. The achievement of this gold award, which has been given to only two NHS trusts in the East of England, is testament to the commitment we have to support our healthcare support workers and shows the hard work the team puts into looking after and valuing this important group of colleagues.

Members of the clinical education team have also been awarded the National Preceptorship Gold Interim Quality Mark Award, recognising their work in supporting newly-registered nurses, midwives and allied health professionals (AHPs). During the year, the team has launched the preceptorship champion role, training experienced staff to promote the value of preceptorship and support implementation where they work.

The same team has now welcomed more than 50 cohorts of nurses and midwives from overseas, all of whom need to pass the Objective Structured Clinical Exam (OSCE) to be able to register to practise in this country. Thanks to their efforts, the Trust has a 100% OSCE pass rate, an astonishing achievement. Across the WSFT workforce one in five of our staff, and one in four of our nurses, have come to us from another country to care for our patients or fulfil roles in our supporting teams, and they are hugely valued.

The drive to ‘grow our own’ highly-skilled, educated and qualified workforce for the future continues as another important element of our strategy. This year has seen an increase in the number of colleagues undertaking our apprenticeship programmes, from healthcare support workers who want to become registered nurses, to managers taking senior leader apprenticeships at Masters level. As well as their own hard work doing academic studies alongside their jobs, apprentices are mentored by colleagues – this is a real commitment from everyone involved that brings enormous benefits for the Trust.

One element of the People and Culture Plan is a review and refresh of the reward and recognition strategy the Trust has in place for staff, and initial steps have included a survey of views about how people would like to see colleagues’ efforts appreciated. Our existing long service awards, and peer-nominated Putting You First awards have remained in place while the new strategy is developed. The loyalty shown to the Trust and the NHS from people who spend their working lives here is humbling – as are the stories that come to the executive team from the nominations for Putting You First awards.

Awards are also part of the annual volunteers’ tea party which this year was attended by more than

100 of the people who work alongside our staff providing so much valuable service. The party is a small gesture of gratitude for everything they do and includes the presentation of long service awards. Twenty-five volunteers received awards this year, people who between them have given more than 400 years of selfless service to our Trust.

Across the Trust we have our valued administrative staff, porters, cleaners, estates and catering colleagues – to name just a few of the people without whom our Trust simply could not function. Two of our chefs achieved national recognition this year, when Connor Gutsell and Glen Stone cooked up a storm at the NHS England Chef of the Year competition and in doing so secured fourth place. Their hard work and commitment, and the support of their catering department colleagues, exemplify the team spirit that is a hallmark of our Trust.

First for the Future

The new healthcare facility on the Hardwick Manor site in Bury St Edmunds, which will replace the existing West Suffolk Hospital, is of course a keynote project. There has recently been significant progress in the exploratory and preparatory works ahead of the construction phase. Archaeological trenching was completed in early 2024, and buffer trees are being planted at the site to reduce the visual and sound impact of the new facility and are an important part of the enabling works to prepare the site. The New Hospital Programme minister, Lord Markham MBE and Suffolk MPs Jo Churchill and James Cartlidge came to the planting of the first buffer tree. This was an exciting step forward, meaning the Trust is on track to deliver this new facility for 2030, working with New Hospital Programme colleagues and system partners as plans develop.

Earlier in the year, as part of the ecology compensation strategy, approximately one hectare of turf containing rare fungi was moved from the Hardwick to two new sites with identical soil DNA to conserve it. The success of this move is looking positive with early signs of the fungi thriving.

The team continues to co-produce the designs for the scheme. Engagement with staff, patients and members of the community regarding digital technology in the new hospital is now complete. The research will help bring the 'digital first not digital only' strategy to life and understand the future needs of those who will work within and use our hospital.

Construction of the new Newmarket Community Diagnostic Centre (CDC) at the town's community hospital is progressing. It is on track to see its first patients before Christmas 2024, with concrete groundworks being completed and the steel structure expected to be going up this Spring. This facility will create additional diagnostic capacity, providing around 100,000 tests a year, which will help us reduce health inequalities and waiting times while giving local communities access to the care they need as quickly as possible.

Diagnostic tests at the CDC will include magnetic resonance imaging (MRI), computed tomography (CT), X-ray, ultrasound, heart scans and blood tests. As a result of the 123 solar panels that will be installed at the community hospital as part of the project, WSFT has surpassed its ambition to generate 10% of the site's energy renewably, with current predictions putting this at a minimum of 46%.

The Trust's virtual ward is an important route to allow patients to be discharged from hospital earlier, to continue their recovery at home or in another care setting or prevent them from having to stay in hospital in the first place. In line with the strategic plan for the virtual ward, it has moved into the community and integrated therapies division.

The virtual ward began in the medicine division to ensure it engaged effectively with acute services and built the important relationships which drive awareness and referrals. Now that it has been caring for patients for more than one year, it will fully integrate into the community division so that closer working can be achieved with community teams, and also primary and social care partners.

The virtual ward is a new way of working, which in its first year has saved more than 6,600 bed nights in our hospitals. It will continue to grow and develop into a significant service to manage current and future demand.

The drive to provide and improve healthcare across west Suffolk reaches well beyond the boundaries of the bricks and mortar of the hospitals, centres and homes in which services are delivered. As part of the West Suffolk Alliance, a collaboration of health and care service organisations committed to working together to improve the health and care system for everyone in west Suffolk, we are actively going out into communities to help people look after and improve their health.

One example is a pilot project on the Howard Estate in Bury St Edmunds focusing on identifying those most at risk of cardiovascular disease and helping residents manage high blood pressure. The pilot sees GP surgeries contacting residents whose health records show that they either have, or are at risk of, high blood pressure. In the future it is anticipated that residents will be able to have blood pressure checks in places such as the local community centre, bringing healthcare even closer to people's homes. Working to support the prevention of ill-health and reducing health inequalities are important parts of the Trust's strategy, to improve the health and wellbeing of local people, reduce demand on services and ensure that everyone has the access to the healthcare they need and deserve.

As this year ends, the Trust is preparing to mark 50 years since the West Suffolk Hospital was fully opened. The focus will be on the part the hospital, and the wider Trust, plays in the heart of west Suffolk and beyond, underlining its importance to our community. The story of the West Suffolk Hospital is a story of service and commitment from thousands of staff, and their story continues as we look to the next 50 years.

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% | 99.7% |
| Outpatient care | 99.9% | 99.8% | 99.8% |
| Accident and emergency care | 98.7% | - | 97.0% |

(The above figures cover April 2023 to February 2024 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 | 100% | 99.8% |
| Outpatient care | 100% | 99.5% |
| Accident and emergency care | 100% | 98.9% |

(The above figures cover April 2023 to February 2024 inclusive – taken from NHS Digital)

WSFT's **Data Protection and Security Toolkit** overall score for 2022-23 was 'Standards Not Met' at publication in June 2023. An improvement plan was submitted to NHS Digital and this was accepted. The improvement plan was completed and the Trust's status changed to 'Standards Met' in February 2024. The assessment for 2023-24 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 2023-24. 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 | 3.0% |
| Secondary diagnosis | 2.3% |
| Primary procedure | 8.0% |
| Secondary procedure | 5.9% |

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

Performance against 2023-24 priorities

The quality priorities agreed for the year 2023-24 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, the expectation is to demonstrate progress on the priorities as described in this section.

| |
|---|
| <p>Delivering our strategy</p> <p>Use feedback, learning, research and innovation to improve our care and outcomes:</p> <ul style="list-style-type: none"> 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. |
| <p>Priorities for 2023-24</p> <p>Quality priority 1 - to deliver measurable improvements in safe care and confidence to raise concerns through implementation of our patient safety strategy by March 2024</p> <p>Quality priority 2 - to deliver measurable improvements in experience through the implementation of our experience of care strategy by March 2024.</p> |

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

The following describes progress against our agreed delivery measures.

1.1 Increasing percentage of relevant staff completing the patient safety syllabus by March 2024

The national patient safety syllabus was devised following the publication of the national patient safety strategy and applies to all NHS employees. The syllabus outlines a different approach to safety, emphasising a proactive approach to risk and introducing systems thinking and human factors. The training has five levels which are in development. We mandated level 1- essentials for all staff on the NHS Electronic Staff Record (ESR) during Q1.

Measured against this new programme 91% of our staff have undertaken the training and we will explore further whether we mandate level 2 for clinical staff through the mandatory training steering committee. Our patient safety specialists are currently studying levels 3 and 4 at Loughborough University.

1.2 Increasing percentage of relevant staff completing the patient safety education programme by March 2024

Our in-house patient safety education programme, to train staff to use systems thinking and apply this in response to safety events at our organisation, was launched during patient safety month in May 2023. There are currently four modules available to staff with more in development. More than 150 staff have now attended one of these courses since its launch in 2023. We are working with the digital team to migrate this training onto Totara (our online learning hub) to ensure this is the most effective form of delivery and enable access to staff who may not be able to attend the scheduled training session dates.

Whilst it is considered important that all staff have access to the training, we are reviewing training requirements to signpost staff who undertake patient safety investigations to ensure they are appropriately trained. This is in addition to the mandated patient safety syllabus level 1 and the introduction of the training for investigators via Radar Healthcare. Radar replaced our incident reporting system, Datix in April 2024.

1.3 Number of patient safety partners (PSP) in post by March 2024

We have not successfully recruited into the PSP role for WSFT, however we work closely with the PSPs from the ICB, who regularly attend our emerging incident review meetings, and support our safety and quality committees and initiatives, for example, Call 4 Concern © which was introduced across the WSH on 1 May 2024. It is recognised that the patient voice in this forum is an important addition, so we are grateful to our system partners for engaging with us. We will continue to actively pursue the ambition to have WSFT PSPs over the course of the next year. It is recognised, regionally and nationally that recruitment to these posts has been variable so we are linking with other organisations who have been successful to learn from their successes.

1.4 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

We have reviewed the measures associated with duty of candour and developed an audit approach, which has produced encouraging results, and is reported quarterly to the patient safety and quality governance group (PSQGG). The move from a compliance-driven metric to one which encompasses the qualitative aspect of duty of candour is the direction in which we will continue and embed a safe culture, where people are confident to have open and candid conversations.

We are currently working on developing a suite of metrics to measure safety, linking to the new CQC single assessment framework quality statements for safe. This will be reviewed and agreed via the PSQGG and form part of the quarterly patient safety update to the Board's improvement committee.

The patient safety team is also working closely with organisational development and human resources colleagues to review and measure implementation of 'Reviewing patient safety culture – a practical guide', published by NHSE. This will be reported to the people and culture committee.

1.5 Implement a programme of shared learning events, including an annual safety summit by March 2024

The patient safety team launched a safety summit in September 2023. Using the feedback from this we have revisited what learning looks like and how best to share this across the Trust. We are progressing with delivery of our third safety summit in 2024-25. This will be a workshop forum to progress safety improvement initiatives, which better aligns with the national Patient Safety Incident Response Framework (PSIRF) principles. We have also produced a quarterly shared learning analysis report to complement our quarterly thematic incident analysis report, to be shared with specialist committees and divisions.

1.6 Deliver an increase in user access of the e-Care* patient safety dashboard to support high standards of safe care by March 2024.

We are continuing to review our dashboard indicators to ensure the data is accurate, relevant and used to measure quality at specialist committee and divisional levels. Options include creation of a new report to replace the current safety report. This is dependent on transition and development of the Trust's new data warehouse to generate these reports.

2.1 Evidence of learning by March 2024 - 90% of complaints resolved within agreed timeframe, 90% of improvement actions from complaints/feedback implemented to timeframe and implement a programme of shared learning events

97% of all complaints due in 2023-24 were responded to within their agreed timeframes. The experience of care and engagement committee has developed a themed bi-monthly meeting focusing on a specific learning event or trend to enable full discussion and assurance. The patient experience team has also developed a suite of patient and family stories to enable reflection and learning which are also available on Totara (e-learning platform) and on the staff intranet.

2.2 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

A full organisational equality delivery system (EDS) assessment was undertaken and submitted to NHS England in 2023-24. An action plan has been identified and delivery is monitored through the Belonging to the NHS Group.

2.3 Parliamentary and Health Standards Ombudsman (PHSO) Complaints Standards updates - 100% compliance with recommendations and completion of action plan

During 2023-24, two complaints were referred to the PHSO, both investigations are still ongoing. This is compared with three in 2022-23. One of these complaints was referred to both the PHSO and Local Government and Social Care Ombudsman (LGSCO). The outcome of the LGSCO was that the complaint was not upheld however, the PHSO investigation is ongoing. One complaint which was referred to the PHSO in 2022-23, the investigation was concluded in 2023-24 and was found to be partially upheld. Action has been taken in response to the PHSO feedback, including ongoing improvements to fluid balance charts and the patient record system.

2.4 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

All Trust Board meetings have received staff and patient stories covering a range of topics. Stories for the rest of the year are scheduled.

2.5 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.

Due to capacity demands we are currently unable to meet this priority fully. However, the complaints team is conducting a quality improvement project to develop capacity. Updates from the project will be monitored by the experience of care and engagement committee and assurance provided to the involvement committee of the Board.

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 SNEE ICB. 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

| | 2023-24 Target | 2023-24 Actual | 2022-23 Actual | 2021-22 Actual | 2020-21 Actual |
|---|---------------------|-------------------|-------------------|-------------------|-------------------|
| <i>C. difficile</i> - health care associated ¹ | 49 | 67 | 52 | 37 | 27 |
| 18-week maximum wait from point of referral to treatment (patients on an incomplete pathway) | 92% | 52.9% | 63.8% | 64.6% | 57.2% |
| Maximum waiting time of four hours in ED from arrival to admission, transfer or discharge ² | 76% (Mar '24) | 73.95% | - | - | - |
| 62-day urgent GP referral-to-treatment wait for first treatment - all cancers | 85% | 82.8% | 65.3% | 71.5% | 75.0% |
| 62-day wait for first treatment from NHS cancer screening service referral | 90% | 83.3% | 85.2% | 80.7% | 94.2% |
| Two-week wait from referral to date first seen comprising all urgent referrals (cancer suspected) | 93% | 81.1% | 70.6% | 66.0% | 71.5% |
| Two-week wait from referral to date first seen comprising all urgent referrals for symptomatic breast patients (cancer not initially suspected) | 93% | 96.9% | 52.1% | 35.2% | 94.3% |
| Maximum six-week wait for diagnostic procedures | 95% (by Mar '25) | 68.2% | 60.1% | 67.1% | 49.8% |

¹ From 2022-23 target and performance includes both hospital and community onset healthcare associated cases, prior data only includes hospital associated cases

² WSFT piloted new emergency department reporting standards between 2018-19 and 2022-23 and therefore did not report performance against this standard during this period.

We recognise the underperformance in a number of areas and this has been the subject of scrutiny at Board, assurance committees and governance groups. Plans to achieve the agreed standards for 2023-24 are monitored and reviewed. Improvement in *C. difficile* performance has been identified as one of our quality priorities for 2024-25.

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

There has been significant progress in reducing the elective waiting times for patients over 2023-24 including the elimination of 104-week waits. Following positive progress throughout the year, the number of 78-week and 65-week waits were higher than revised trajectories at the end of March 2024, this was impacted by industrial action during February.

The 2023-24 planning guidance requirement to eliminate elective waits of 65 weeks or more has been extended by six months to be delivered by the end of September 2024. For WSFT, this will require the end of March backlog of 407 patients to be cleared, as well as patients whose waits are not yet at 65 weeks but will be by the end of September deadline. This will require additional activity within the sub-specialty of urogynaecology. This will need to be balanced against recovery within surgical specialties and plans to mitigate this include a potential combination of outsourcing, insourcing and additional internal activity to deliver.

The expectation of previous years' planning guidance to reduce outpatient follow ups has been replaced by a new productivity metric. This states our integrated care board (ICB) must increase the proportion of outpatient attendances that are either a first attendance, or a 'clock stopping' follow-up attendance including a procedure, to 46.2%, from the first six months of 2023-24 baseline of 44.5%. It is anticipated that this can be achieved from a combination of reducing follow-ups with no procedures, swapping this capacity for either first attendances or procedure clinics. It will be critical to ensure that all activity is counted and coded correctly so that the reported position is accurate.

The follow-up reduction will be modelled as taking effect in Q2, as transformation schemes will be delivered to support this.

The two-year objective of 95% of diagnostic tests delivered within six weeks by March 2025 is reiterated in this year's planning guidance. Given that all diagnostic modalities at WSFT committed to the delivery of this last year and there have been no material impacts to demand or capacity, the Trust is recommitting to this objective in planning for 2024-25. The Community Diagnostic Centre (CDC) at Newmarket, expected to open by Christmas 2024, will provide a significant step change in some modalities, but further activity increases from existing recovery plans will also be required, particularly in endoscopy where there will be no additional CDC capacity.

The strong performance against the cancer ambitions for 2023-24 of 75% against the 28-day Faster Diagnosis Standard, and reducing the 62-day backlog, will support delivery of the 2024-25 objectives of 77% against the Faster Diagnosis Standard; and 70% against the combined 62-day standard (urgent suspected cancer, screening and consultant upgrade referrals).

Services and pathways will need to build on improvements and transformation work already completed, particularly to respond to increases in demand across the high-volume pathways in suspected breast, lower gastrointestinal tract and skin cancers. Consideration will be given as to how transformation which has been delivered through non-recurrent East of England Cancer Alliance service development funding will be sustainably achieved.

Urgent and emergency care

Having reintroduced the 4-hour standard for the emergency department (ED) in May 2023, WSFT has demonstrated variable performance with significant progress in March, ending the year with 74% against the standard of 76%.

The headline metric for urgent and emergency care (UEC) will continue to be the 4-hour standard, which will increase from 76% to 78% by March 2025. Additional indicators of average ambulance handover times will need to be maintained below 30 minutes and the number of patients waiting 12 hours or more in the Emergency Department (ED) will need to be reduced from current levels.

Key to delivery and further improvement will be consolidating and continuing workstreams from 2023-24 plans, including those funded by the UEC capacity and discharge fund streams, alongside new developments such as the six-month trial of a minor emergency care unit. Within the department, lessons learned from the additional senior operational and clinical leadership support in March 2024 will be captured and embedded within an evolved recovery plan. This additional support may need to be deployed again should performance significantly deviate from trajectory.

Community and primary care

The Trust consistently achieves the 2-hour urgent community response standard within community services. It has been challenging to monitor consistent primary care access performance data in relation to the Trust's GP surgery at Glemsford. The Trust has committed to meet all requirements of the 2024-25 priorities and operational planning guidance, including:

- improve community services waiting times, with a focus on reducing long waits (NB it is anticipated that more specific guidance will be released later in the year)

- continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.

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 more than five years. SSNAP is a major national healthcare quality improvement programme based in the school of life course and population sciences at King's College London. It reviews data from hospitals across the country as part of the SSNAP, assessing stroke care against 43 key indicators.

We have a contract in place 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 current 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.

The Trust uploads patient safety incidents to the National Reporting and Learning System (NRLS). In 2023-24 this national system was replaced by the new Learn from Patient Safety Events (LFPSE) however WSFT, in common with many other providers, had not yet transitioned to the new reporting system at the time of this report. We envisage that LFPSE reporting will be implemented in 2024-25 as part of a wider project to change our electronic risk management system from Datix to Radar Healthcare.

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

During 2023-24 the total number of patient safety incidents reported was 11,112. From that total number there were 11 patient safety incident investigations (PSIIs) commissioned. Many other incidents were subject to another method of review (such as 'after action review', patient safety audit or 'structured judgement review'). This is part of the overall principles of PSIRF to enable focus on improvement following system-based learning to improve patient safety for the future. The 11 PSIIs were commissioned in 2023-24 according to the following (local and national) categories from our PSIRF plan.

| | | |
|----------|---|---|
| Local | 1C. Barriers to effective discharge due to issues in coordination of system | 1 |
| | 2C. Diabetes, problems with the clinical care / management of diabetic patients when diabetes is not the primary reason for admission to service / hospital | 1 |
| | 4C. Barriers to effective inclusivity | 1 |
| | 6C. Identified increase in incidence of subject of theme which has potential for harm | 2 |
| National | 7C. Never Event ¹ | 2 |
| | 8C. Deaths more likely than not due to problems in care ² | 4 |

¹ Equipment that detached and was retained in the patient during a procedure and an injection administered in the wrong toe web space

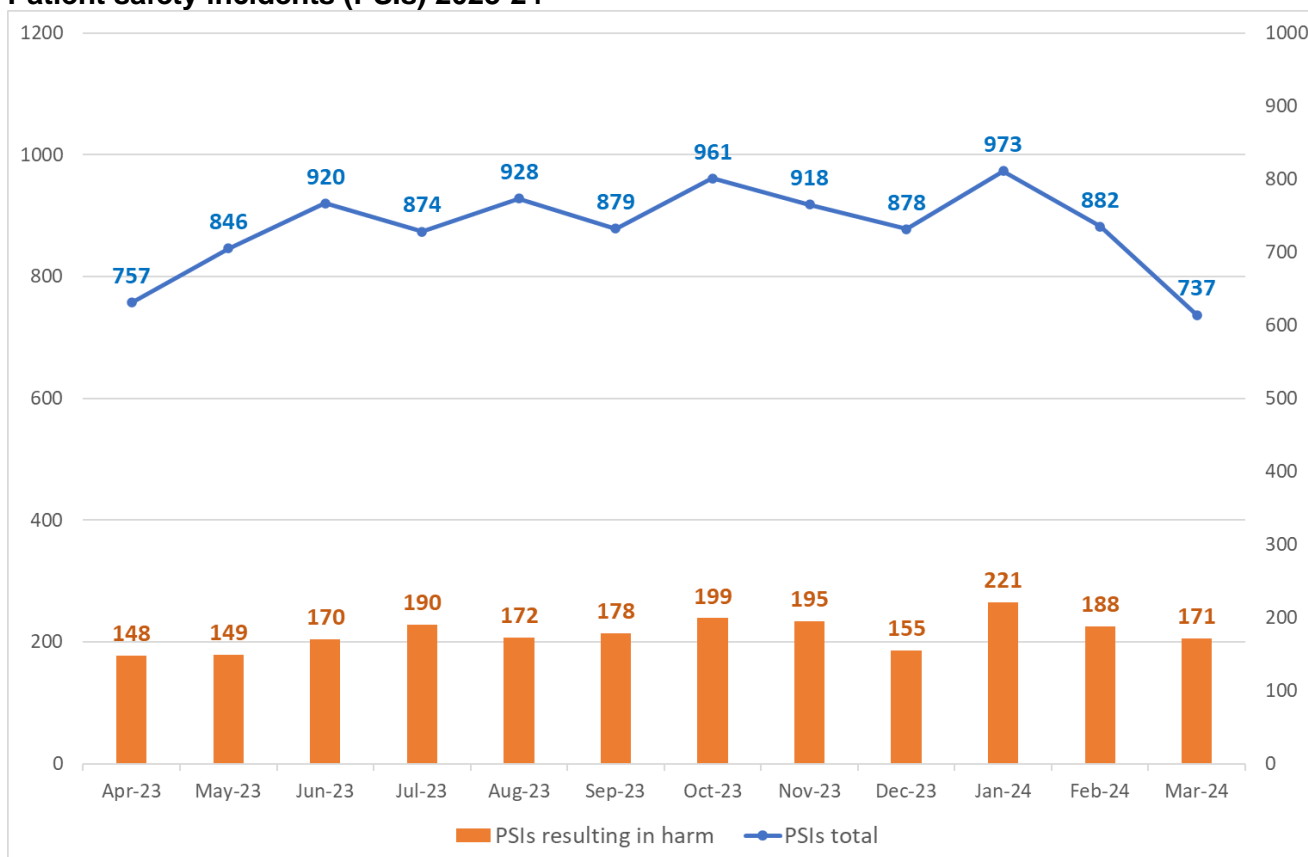
² Late/missed diagnosis (2), accessing specialist prescribing advice and monitoring.

Patient safety incidents reported

The chart below shows how many patient safety incidents were reported in 2023-24. The organisation reviews this data on a monthly basis and recognises the high reporting rate as a positive reflection of an open culture within the organisation which supports learning from incidents.

A slight drop in March was unexpected and, when further reviewed, was mainly due to a reduction in reporting of pressure ulcers. This is being kept under review to see if it is a continued trend.

Patient safety incidents (PSIs) 2023-24



Source: Datix

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 the five PSII reports completed in 2023-24 have included the following examples:

- standardised processes for results review across our organisation to enable the right clinician to review test results at the right time
- opportunities to support staff in a more responsive way when they are delivering care and treatment in escalation areas (i.e. additional areas opened at times of high demand)
- standardised practice for checking implants across the orthopaedic team so that all staff in the team are clear what to expect
- improvement opportunities by participating in the National Audit for Time Critical Medications in the emergency department.

In addition, wider learning can be gained from thematic review of common events such as pressure ulcers and falls, which feed into quality improvement programmes overseen by the specialist teams.

Duty of candour (DoC)

DoC applies to notifiable patient safety incidents. A notifiable patient safety incident is an incident which is unintended or unexpected and in the reasonable opinion of a healthcare professional, already has, or might result in death, or severe or moderate harm to the person receiving care. This is a legal requirement requiring NHS organisations to:

- 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
- 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

In 2023-24 WSFT introduced a new DoC audit which enabled a greater focus on the quality of the DoC process, rather than a simple proxy measure of 10 working day timeliness (the national target is 'as soon as reasonably practicable').

Learning from deaths

During 2023-24, 957 people who were inpatients at WSFT died (of which 950 were adult patients, eight of those were people with learning disabilities and five had a severe mental illness, one was a neonatal death, and six were stillbirths). This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 263 in the first quarter (of which 260 were adults, three were people with learning disabilities, none had a severe mental illness, none were neonatal deaths, three were stillbirths)
- 216 in the second quarter (of which 214 were adults, two were people with learning disabilities, three had a severe mental illness, none were neonatal deaths, two were stillbirths)
- 260 in the third quarter (of which 259 were adults, two were people with learning disabilities, one had a severe mental illness, none were neonatal deaths, one was a stillbirth)
- 218 in the fourth quarter (of which 217 were adults, one a person with learning disabilities, one a person with a severe mental illness, one was a neonatal death, none were stillbirths).

Certain adult deaths are subject to a case record review 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. The national priorities for SJR are as follows:

- Diagnostic:
 - deaths of patients with a severe mental health illness
 - deaths of patients with a learning disability
 - deaths in a service specialty, particular diagnosis, or treatment group where an 'alarm' has been raised (this is identified through the national Summary Hospital-level Mortality Indicator (SHMI) reporting portal). There were none of these identified in WSFT in 2023-24.
- System focused
 - deaths where learning will inform the provider's existing or planned improvement work. In WSFT we have a current improvement programme for end of life care
 - death within 30 days of discharge from hospital. We review a representative sample percentage of these deaths.
- Safety learning
 - deaths where bereaved families and carers, or staff, have raised a significant concern about the quality of care provision. This includes referral from our patient safety team.
 - deaths in areas where people are not 'expected' to die, such as during elective surgery.

In addition, each trust will identify local priorities on which to undertake SJR reviews. In this reporting period our medical examiners were asked to highlight any cases for an SJR review where:

- staff did not recognise that a patient was end of life. This can mean that patients continue to receive interventional care such as injections or scans which are not necessary and can impact on their comfort
- there were any delays or missing results (e.g. X-rays or blood tests) and/or not taking an action following a diagnostic result.

Stillbirths and neonatal deaths are reviewed locally using the Perinatal Mortality Review Tool (PMRT) or through external review by the Health Services Safety Investigation Body (HSSIB) (for cases meeting the notification and reporting requirement definitions of Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries (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 HSSIB.

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. A count of these reports has been used to collate the data for that indicator.

The sum of PSII as well as PMRTs and HSSIB 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 mortality oversight group meetings in 2023-24. 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 2023-24). Feedback from local HSSIB reviews and wider learning from the national HSSIB 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 has identified a number of themes:

- inability to fast-track discharge enabling those who wish to die at home to do so. The End of Life group has been kept fully informed of this as an emerging theme and are working to improve the early recognition of dying patients who wish to go home and expedite this discharge
- impact of reduced staffing and increased workload on the ability to perform timely nursing assessment has led to an educational package being developed for nursing assistants and improvement work. This encourages collaboration between nursing assistants and registered nurses when reviewing patient observations
- delayed recognition that a patient is reaching the end of their life: this has led to targeted education and a Grand Round focusing on end-of-life conversations. The Trust is adopting the recommended summary plan for emergency care and treatment (ReSPECT) process from the National Resuscitation Council and online learning is now available.

A new theme identified in 2023-24 reporting period was:

- Patients spending an extended period of time in the Emergency Department (ED), meaning that some patients who would previously have been admitted and died in an inpatient areas, stayed in ED. The ED team is being supported to prioritise patients who are in their final hours or days.

It was identified that a small number of stillbirths took place when the mother was from a black, Asian or another ethnic minority (BAME). These cases, while small in number, are higher as a percentage of stillbirths than the equivalent percentage of BAME mothers in total. No common theme was identified however it is recognised that this has been noted as a national concern within the findings of the most recently issued MBRRACE-UK report, the recommendations of which have been reviewed and a responded to.

An external review of the local cases has been undertaken to provide additional independent scrutiny. Actions from the recommendations of the thematic review are being implemented. WSFT maternity services will monitor implementation to ensure that these are completed in a timely manner, are effective and have the desired effect on quality and safety.

Complaints management

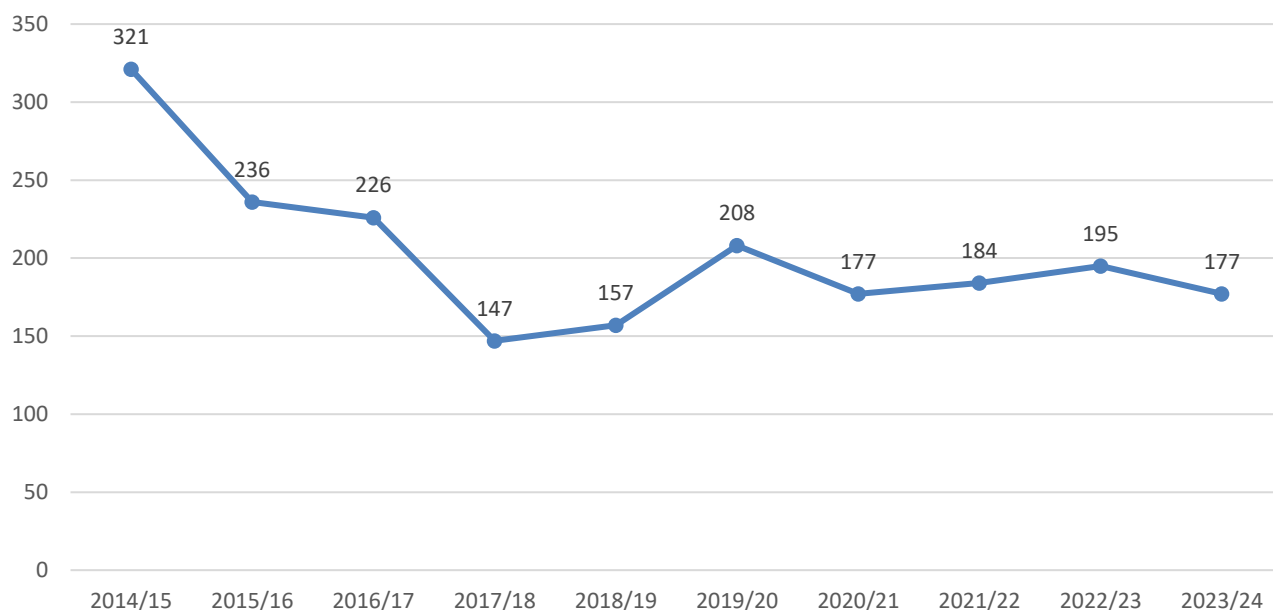
WSFT is committed to providing an accessible, fair and effective means of communication for anyone who wishes to express their concerns with regard to the care, treatment or service provided by the Trust. In responding to and reviewing complaints, WSFT adheres to the NHS Complaints Standards as published in December 2022 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 the experience of care and engagement committee and by the involvement committee.

WSFT received 177 formal complaints during 2023-24. The Board monitors complaints and learning each month as part of the quality reporting arrangements.

Number of formal complaints received



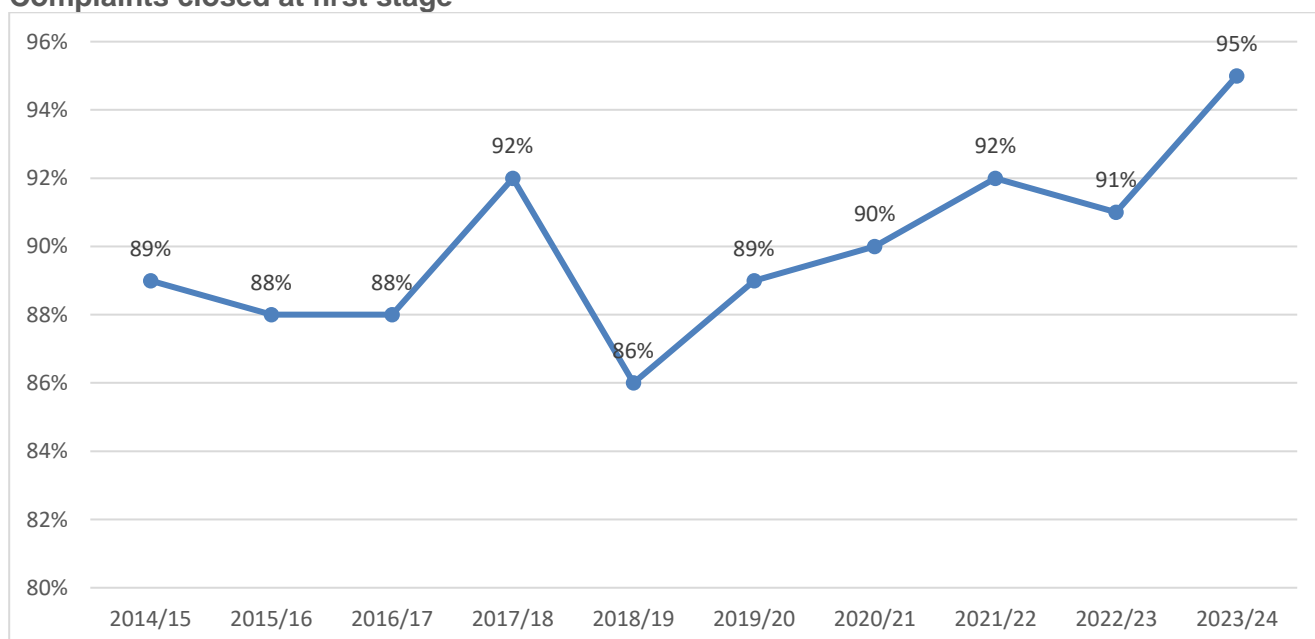
Source: Datix

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 2023-24 the Trust successfully resolved 168 complaints at the first stage, with nine investigations escalating to second stage throughout the year, reflecting a 95% firsttime resolution rate.

The consistent high 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 2023-24, two complaints were referred to the PHSO, both investigations are still ongoing.

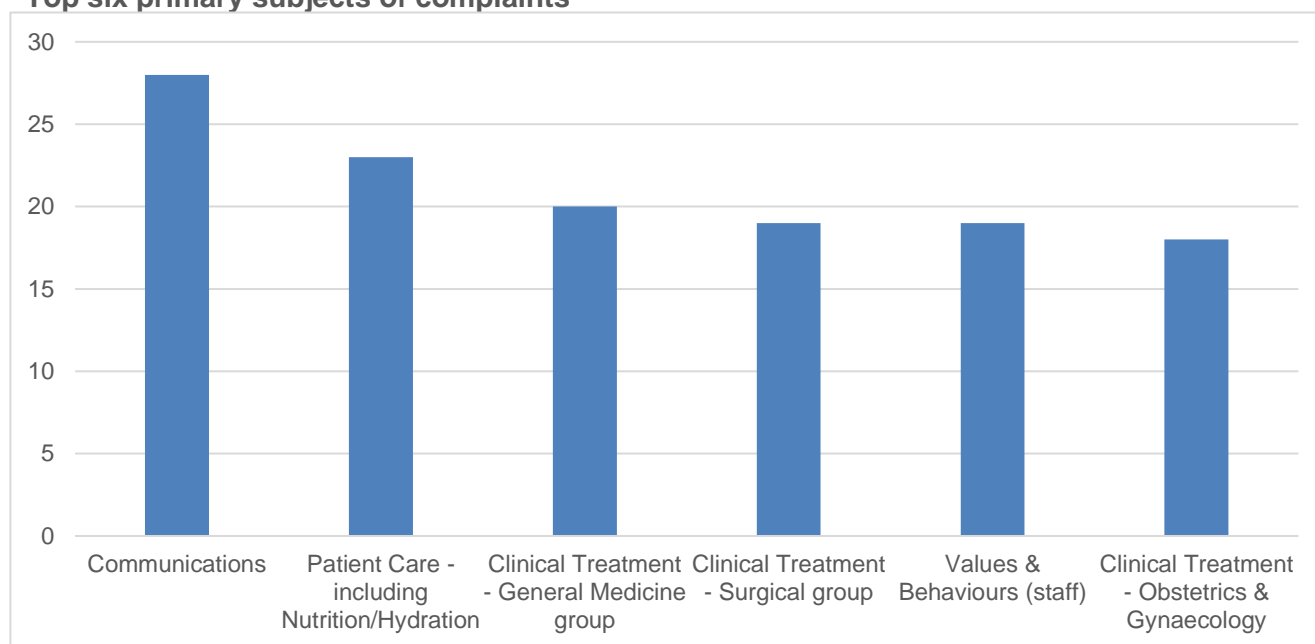
One of these complaints was referred to both the PHSO and LGSCO. The outcome of the LGSCO was that the complaint was not upheld however, the PHSO investigation is ongoing.

One complaint which was referred to the PHSO in 2022-23, the investigation was concluded in 2023-24 and was found to be partially upheld.

During 2023-24, two complaints were referred to the PHSO compared to three cases in 2022-23. Both investigations of the complaints that have been referred to the PHSO are still ongoing.

With only two complaints being referred to the PHSO in 2023-24, this further demonstrates the thorough investigations completed at local level.

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, clinical treatment for the general medicine group has replaced clinical treatment for ED services. Clinical treatment for obstetrics and gynaecology has also become one of the highest subjects for formal complaints in 2023-24.

Communications is the top category of concern and the number of complaints under this subject have increased from 18 in 2022-23 to 28 in 2023-24. Patient care complaints have decreased from 32 in 2022-23 to 23 in 2023-24. Clinical treatment within the surgical group has increased from 15 in 2022-23 to 19 in 2023-24.

Whilst clinical treatment within the general medicine group did not feature in the top categories of concerns for the previous financial year, it has remained the same, with 20 formal complaints being listed under this subject in both 2022-23 and 2023-24.

Clinical treatment in obstetrics and gynaecology was also included in the top categories for 2023-24 following an increase of complaints under this subject, from 18 in 2022-23 to 19 in 2023-24.

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:

- actions have been completed to improve communications between ward staff and relatives
- maternity process reviewed to look at ensuring that any patient who has experienced pregnancy loss beyond 13 weeks is automatically offered a follow-up appointment
- new waiting room nurse role introduced in the emergency department (ED) to monitor patients in waiting room for any deterioration and assist patients if needed
- Red Cross volunteers utilised in ED during times of significant pressure to help provide food and drink to patients waiting in the department
- additional training for staff in how to deliver bad news
- local policy changed to be in line with National Institute for Health and Care Excellence (NICE) guidance for scanning for head injuries when a patient is on blood thinners
- Standard operating procedure (SOP) for discharge waiting area (DWA) developed. A nursing assistant is now based in the department to assist with turning patients, providing personal care and making sure patients are offered food and drinks
- developing an alert on medical records that highlights if a patient does not want certain relatives or callers to be aware of their admission
- additional training and education given to ward staff on prevention of patient falls
- oncology will now liaise with a surgeon to review patient scans and whether surgery is an option
- best practice to undertake a bladder scan when assessing possible cauda equina syndrome shared with orthopaedic team
- some staff have undergone additional communication skills training.

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 599 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 Care Quality Commission (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 2023-24:

- 2022 Urgent and Emergency Care Survey (published July 2023)
- 2022 Adult Inpatient Survey (published September 2023)
- 2023 Maternity Survey (published January 2024).

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.

2022 Urgent and Emergency Care Survey (published July 2023)

Respondents and response rate

- 251 WSFT patients responded to the survey
- the response rate was 28.77%.

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

Much better than most trusts on 0 questions

Better than most trusts on 3 questions

- Q9. Were you informed how long you would have to wait to be examined?
- Q10. Were you kept updated on how long your wait would be?
- Q37. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

Somewhat better than most trusts on 2 questions

- Q31. In your opinion, how clean was the A&E department?
- Q41. Did staff give you enough information to help you care for your condition at home?

Worse than most trusts on 0 questions

About the same as other trusts on 32 questions

2022 Adult Inpatient Survey (published September 2023)

Respondents and response rate

- 509 WSFT patients responded to the survey
- The response rate was 43.69%.

Banding

Much better than most trusts on 0 questions

Better than most trusts on 1 question

- Q12. How would you rate the hospital food?

Somewhat better than most trusts on 0 questions

Worse than most trusts on 0 questions

About the same as other trusts on 44 questions

2023 Maternity Survey (published January 2024)

Respondents and response rate

- 133 WSFT patients responded to the survey
- the response rate was 45.86%.

Banding

Much better than most trusts on 0 questions

Better than most trusts on 8 questions

- C19. After your baby was born, did you have the opportunity to ask questions about your labour and the birth?
- D2. On the day you left hospital, was your discharge delayed for any reason?
- D4. Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?
- D5. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?
- D7. Do you think your healthcare professionals did everything they could to help manage your pain in hospital after the birth?
- D8. Thinking about your stay in hospital, how clean was the hospital room or ward you were in?
- F2. If you contacted a midwifery or health visiting team, were you given the help you needed?
- F12. Were you given information about any changes you might experience to your mental health after having your baby?

Somewhat better than most trusts on 6 questions

- B10. During your antenatal check-ups, did your midwives ask you about your mental health?
- C7. At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?
- C20. During your labour and birth, did your midwives or doctor appear to be aware of your medical history?
- D3. If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?
- F5. Would you have liked to have seen or spoken to a midwife. . .(Care at home after the birth)
- F14. Were you given information about your own physical recovery after the birth?

Worse than most trusts on 0 questions

About the same as other trusts on 40 questions

Action plans

Results are reviewed within relevant groups and reported to the experience of care and engagement committee. 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 for more staff resource
- creation of new volunteer roles
- installation of radios and televisions in waiting areas.

National staff survey

The WSFT performs a full census of staff and has seen a significant increase in the response rate by 5%, now at 46%, which is in line with the national average for acute and community trusts.

There has been a slight reduction in 1% of scores when compared to the Trust's scores from the previous year, but a significant increase in 21% of scores. When comparing the Trust scores against the average of other similar organisations, the Trust has seen a significant reduction in 8% of scores, and a significant increase in 20% of scores. The Trust's scores are either average or above in 73% of the questions.

The Trust is above average for the recommender questions and has seen an increase in the question of staff being happy with the standard of treatment provided by the organisation if friends or family needed treatment from 68% to 70% (average of 63%); there has also been an increase in recommending the organisation as a place to work from 60% to 65%, the Trust is above the average of 60%.

The Trust has seen a reduction in staff feeling trusted to do their job from 92% to 90%, which below the average of 91% and has been on a downward trend for the past 5 years.

The Trust is below average in 10 questions with the most significant differences in the: immediate manager gives clear feedback on my work at 62% (average 65%); organisation ensures errors/near misses/incidents do not repeat 63% (average 67%); would feel secure raising concerns about unsafe clinical practice 67% (average 70%); would feel confident that organisation would address concerns about unsafe clinical practice 53% (average 56%); appraisal helped me improve how I do my job 23% (average 26%).

The Trust has seen a significant improvement in a number of questions and in the following questions is also above average: satisfied with level of pay 29% to 33% (average 31%); satisfied with opportunities for flexible working patterns 55% to 60% (average 57%); never/rarely feel burnt out because of work 31% to 34% (average 31%); never/rarely feel every working hour is tiring 50% to 54% (average 51%); received appraisal in the past 12 months 84% to 86% (average 83%).

Workforce Race Equality Standard (WRES)

The main area of best performance identified within WRES centred on career progression and promotion for colleagues in non-clinical roles. Race disparity for non-clinical staff on Agenda for Change (AfC) pay bands with a score of 1.0 would indicate equity, a number larger than 1.0 indicates BME colleagues are disadvantaged:

- | | |
|---------------------------------|---------------------------------------|
| • Lower to upper levels = 1.11 | <i>WSFT better than 78% of Trusts</i> |
| • Middle to upper levels = 0.87 | <i>WSFT better than 88% of Trusts</i> |
| • Lower to middle levels= 0.97 | <i>WSFT better than 98% of Trusts</i> |

Another area of strength was the likelihood of being appointed from shortlisting, where a score of 1.0 indicates equity:

➤ White to BME candidates = 1.22

WSFT better than 87% of Trusts

The scores below are for indicators 5, 6, 7 and 8 split between white and black and minority ethnic (BAME) staff, which are key areas for improvement. Career progression for clinical staff on AfC pay bands (indicator 1) has also been identified as an area for improvement.

| Indicator | | WSFT 2023 | Average (median) for acute trusts | WSFT 2022 |
|---|-------|--------------|-----------------------------------|-----------|
| Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | White | 30.9% | 26.8% | 22.9% |
| | BME | 24.6% | 30.6% | 30.8% |
| Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | White | 22.8% | 23.1% | 21.9% |
| | BME | 28.0% | 28.5% | 26.3% |
| Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion | White | 55.7% | 58.9% | 60.0% |
| | BME | 49.5% | 46.3% | 44.9% |
| In the last 12 months have you personally experienced discrimination at work from any of the following – manager/team leader or other colleagues? | White | 7.0% | 6.7% | 5.7% |
| | BME | 17.6% | 17.0% | 14.6% |

Actions relating to the WRES are included and identified in the Trust’s inclusion workplan. It includes actions relating to enhancing the environment and mechanisms so that staff feel able to speak up; embedding learning on inclusive leadership; allyship; anti-racism and bullying in our learning and development offers; introduction of inclusive recruitment practices; and embedding Equality Impact Assessments (EIAs). Our People and Culture plan for 2023-24 set out a range of objectives which also supported this work:

- continued work to embed our speak up processes and culture, in partnership with our Freedom to Speak Up Guardian and champions to ensure concerns are welcomed, action is taken and feedback provided
- growing active, engaged staff networks with visible executive support
- based on our Trust values, agreeing and adopting anti-racist behaviours with support provided for line managers and staff to live these fully
- developing inclusive leadership practices for leaders at all levels
- embedding diversity principles throughout our recruitment processes, enabling the process to be free from bias at all stages
- embedding equality into policies, strategies and key focal areas of Trust practice, aligned to WRES and Workforce Disability Equality Standard (WDES) priorities
- enabling staff development and career progression to be accessible to all
- making all induction programmes inclusive.

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, including clinical outcome review programmes participation

| National clinical audit | Host organisation | Eligible | Participated | % |
|---|--|----------|--------------|----------------------|
| Myocardial Ischaemia National Audit Project (MINAP) | Barts Health NHS Trust | Yes | Yes | Ongoing ¹ |
| British Hernia Society Registry | British Hernia Society | No | N/A | - |
| National Bariatric Surgery Registry (NBSR) | British Obesity and Metabolic Surgery Society (BOMSS) | No | N/A | - |
| National Early Inflammatory Arthritis Audit (NEIAA) | British Society for Rheumatology | Yes | Yes | Ongoing ¹ |
| Respiratory Support British Thoracic Society (BTS) | British Thoracic Society (BTS) | Yes | Yes | 100% |
| UK Cystic Fibrosis Registry | Cystic Fibrosis Trust | No | N/A | - |
| National Joint Registry (NJR) | Healthcare Quality Improvement Partnership (HQIP) | Yes | Yes | Ongoing ¹ |
| Improving Quality in Crohn's and Colitis (IQICC) [Inflammatory Bowel Disease (IBD) Audit] | IBD Registry | Yes | Yes | Ongoing ¹ |
| Case Mix Programme (CMP) | Intensive Care National Audit & Research Centre (ICNARC) | Yes | Yes | Ongoing ¹ |
| National Cardiac Arrest Audit (NCAA) - National Cardiac Audit Programme (NCAP) | Intensive Care National Audit & Research Centre (ICNARC) | Yes | Yes | Ongoing ¹ |
| Sentinel Stroke National Audit Programme (SSNAP) | King's College London | Yes | Yes | Ongoing ¹ |
| National Audit of Metastatic Breast Cancer (NAoMe) | National Cancer Audit Collaborating Centre (NATCAN) | Yes | Yes | Ongoing ¹ |
| National Audit of Primary Breast Cancer (NAoPri) | National Cancer Audit Collaborating Centre (NATCAN) | Yes | Yes | Ongoing ¹ |
| National Bowel Cancer Audit (NBOCA) | National Cancer Audit Collaborating Centre (NATCAN) | Yes | Yes | Ongoing ¹ |
| National Kidney Cancer Audit (NKCA) | National Cancer Audit Collaborating Centre (NATCAN) | Yes | Yes | Ongoing ¹ |
| National Lung Cancer Audit (NLCA) | National Cancer Audit Collaborating Centre (NATCAN) | Yes | Yes | Ongoing ¹ |
| National Non-Hodgkin Lymphoma Audit (NNHLA) | National Cancer Audit Collaborating Centre (NATCAN) | Yes | Yes | Ongoing ¹ |

| National clinical audit | Host organisation | Eligible | Participated | % |
|--|---|----------|--------------|----------------------|
| National Oesophago-Gastric Cancer Audit (NOGCA) | National Cancer Audit Collaborating Centre (NATCAN) | Yes | Yes | Ongoing ¹ |
| National Pancreatic Cancer Audit (NPaCA) | National Cancer Audit Collaborating Centre (NATCAN) | Yes | Yes | Ongoing ¹ |
| National Prostate Cancer Audit (NPCA) | National Cancer Audit Collaborating Centre (NATCAN) | Yes | Yes | Ongoing ¹ |
| National Heart Failure Audit - National Cardiac | National Institute for Cardiovascular Outcomes Research | Yes | Yes | Ongoing ¹ |
| National Adult Cardiac Surgery Audit - National Cardiac Audit Programme (NCAP) | National Institute for Cardiovascular Outcomes Research | No | N/A | - |
| National Audit of Mitral Valve Leaflet Repairs (MVLr) | National Institute for Cardiovascular Outcomes Research | No | N/A | - |
| The UK Transcatheter Aortic Valve Implantation (TAVI) Registry | National Institute for Cardiovascular Outcomes Research | No | N/A | - |
| 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 Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) - National Cardiac Audit Programme (NCAP) | National Institute for Cardiovascular Outcomes Research | No | N/A | - |
| National Congenital Heart Disease (CHD) - National Cardiac Audit Programme (NCAP) | National Institute for Cardiovascular Outcomes Research | No | N/A | - |
| National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent) | NHS Benchmarking Network | No | N/A | - |
| 2023 Audit of Blood Transfusion against NICE Quality Standard 138 - National Comparative Audit of Blood Transfusion: | NHS Blood and Transplant | Yes | Yes | 100% |
| Breast and Cosmetic Implant Registry (BCIR) | NHS Digital | Yes | Yes | Ongoing ¹ |
| Elective Surgery (National PROMs Programme) | NHS Digital | Yes | Yes | Ongoing ¹ |
| National Audit of Cardiac Rehabilitation - (NACR) | NHS Digital | Yes | Yes | Ongoing ¹ |
| 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 clinical audit | Host organisation | Eligible | Participated | % |
|---|---|----------|--------------|----------------------|
| National Diabetes Footcare Audit (NDFFA) - 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 |
| Integrated Specialist Survey - National Diabetes Audit (NDA) | NHS Digital | Yes | Yes | 100% |
| National Obesity Audit | NHS Digital | No | N/A | - |
| National Pregnancy in Diabetes Audit (NPID) - National Diabetes Audit (NDA) | NHS Digital | Yes | Yes | Ongoing ¹ |
| National Audit of Pulmonary Hypertension | NHS Digital | No | N/A | - |
| LeDeR - learning from lives and deaths of people with a learning disability and autistic people | NHS England | Yes | Yes | Ongoing ¹ |
| Perioperative Quality Improvement Programme | Royal College of Anaesthetists | Yes | Yes | Ongoing ¹ |
| National Emergency Laparotomy Audit (NELA) | Royal College of Anaesthetists | Yes | Yes | Ongoing ¹ |
| Time Critical Medications | Royal College of Emergency Medicine | Yes | Yes | Ongoing ¹ |
| Care of Older People | Royal College of Emergency Medicine | Yes | Yes | Ongoing ¹ |
| Mental Health (Self-Harm) | Royal College of Emergency Medicine | Yes | Yes | Ongoing ¹ |
| National Maternity & Perinatal Audit (NMPA) | Royal College of Obstetricians and Gynaecologists | Yes | Yes | Ongoing ¹ |
| National Ophthalmology Database Audit (NOD) | Royal College of Ophthalmologists | Yes | Yes | Ongoing ¹ |
| National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) | Royal College of Paediatrics and Child Health | Yes | Yes | Ongoing ¹ |
| National Neonatal Audit Programme (NNAP) | Royal College of Paediatrics and Child Health | Yes | Yes | Ongoing ¹ |
| National Paediatric Diabetes Audit (NPDA) | Royal College of Paediatrics and Child Health | Yes | Yes | Ongoing ¹ |
| Adult Asthma - National Asthma and COPD Audit Programme (NACAP) | Royal College of Physicians | Yes | Yes | Ongoing ¹ |
| Chronic Obstructive Pulmonary Disease (COPD) - National Asthma and COPD Audit Programme (NACAP) | Royal College of Physicians | Yes | Yes | Ongoing ¹ |
| Fracture Liaison Service Database - Falls and Fragility Fractures Audit Programme (FFFAP) | Royal College of Physicians | Yes | Yes | Ongoing ¹ |

| National clinical audit | Host organisation | Eligible | Participated | % |
|--|---|----------|--------------|----------------------|
| National Audit of Inpatient Falls - Falls and Fragility Fractures Audit Programme (FFFAP) | Royal College of Physicians | Yes | Yes | Ongoing ¹ |
| National Hip Fracture Database - Falls and Fragility Fractures Audit Programme (FFFAP) | Royal College of Physicians | Yes | Yes | Ongoing ¹ |
| Paediatric Children and Young People Asthma - National Asthma and COPD Audit Programme (NACAP) | Royal College of Physicians | Yes | Yes | Ongoing ¹ |
| Pulmonary Rehabilitation - National Asthma and COPD Audit Programme (NACAP) | Royal College of Physicians | Yes | Yes | Ongoing ¹ |
| Prescribing Observatory for Mental Health (POMH): Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services | Royal College of Psychiatrists | No | N/A | - |
| Prescribing Observatory for Mental Health (POMH): Monitoring of patients prescribed lithium | Royal College of Psychiatrists | No | N/A | - |
| National Audit of Dementia (NAD) round 6 | Royal College of Psychiatrists | Yes | Yes | 100% |
| National Clinical Audit of Psychosis (NCAP) | Royal College of Psychiatrists | No | N/A | - |
| Cleft Registry and Audit Network (CRANE) | Royal College of Surgeons | No | N/A | - |
| National Vascular Registry (NVR) | Royal College of Surgeons | Yes | Yes | Ongoing ¹ |
| UK National Haemovigilance Scheme - Serious Hazards of Transfusion (SHOT) | Serious Hazards of Transfusion (SHOT) | Yes | Yes | Ongoing ¹ |
| Society for Acute Medicine Benchmarking Audit (SAMBA) | Society for Acute Medicine | Yes | Yes | 100% |
| Nephrostomy Audit Programme (NCAP) | The British Association of Urological Surgeons (BAUS) | Yes | Yes | TBC |
| Trauma Audit & Research Network (TARN) | The Trauma Audit and Research Network (TARN) | Yes | Yes | Ongoing ¹ |
| National Acute Kidney Injury Audit | UK Kidney Association | No | N/A | - |
| UK Renal Registry Chronic Kidney Disease Audit | UK Kidney Association | No | N/A | - |
| UK Renal Registry National Acute Kidney Injury Audit | UK Kidney Association | No | N/A | - |
| National Child Mortality Database (NCMD) | University of Bristol | Yes | Yes | Ongoing ¹ |
| Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) | University of Warwick | 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: Action from national clinical audit reports

34 national audit publications were issued during 2023-24, five were identified for action and improvement opportunities.

| National Clinical Audit | Actions identified |
|--|--|
| National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12) | <ul style="list-style-type: none"> • Create and submit business plan for epilepsy care nurse to increase service provision. (West Suffolk only) • New appointment of acute consultant with epilepsy interest. • Quality Improvement project on pills swallowing training |
| National Audit of Care at the end of life (NACEL) | <ul style="list-style-type: none"> • Introduce end of life and palliative care training at induction and include as part of mandatory training to ensure all health and care staff have the appropriate support to develop the competence and confidence to care for people at the end of life. • Adapt current individualised care plan template on electronic record (e-Care) to add in prompts for assessment of all needs. |
| National Audit of Dementia | <ul style="list-style-type: none"> • Implementation of GP discharge notification on discharge (if episode of delirium) on e-Care • Introduction of 'Previous episode of delirium' included in past problems when patients' readmitted on e-Care • Quality Improvement project including introduction of: <ul style="list-style-type: none"> ○ Single question in delirium being asked as mandatory for every over 18 in ED triage, (if answer yes or unknown, alert for possible delirium and to complete the 4AT) if 4AT 4 or more, prompts to commence delirium order set and care plan, automatically records delirium as 'this visit' problem ○ Daily 4AT screening prompt on e-Care (if delirium diagnosed) ○ If initial single question in delirium was a no, re-asked on every bed move, weekly on the safety assessment, and the 4AT is also triggered if they score 'new confusion' on the observations (AVPU) |
| Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) | <ul style="list-style-type: none"> • QI project to explore the use of card medic in conjunction with the Local Maternity and Neonatal System (LMNS) • Explore alternative to language interpretation services including patient information leaflets/letters into other languages • Audit of personalised care plan • Local Trust implementation of the Equality Diversity and Inclusion Midwife to facilitate cohesive care between Trust and families • Update Trust post-partum haemorrhage guidance to include further details once available. For escalation to the post partum haemorrhage (PPH) group for awareness. • Review patient information relating to common medication and breastfeeding. |
| National Audit of Inpatient Falls (NAIF) | <ul style="list-style-type: none"> • Improvement opportunities identified for vision assessments (excluding stroke ward as regularly conducted as part of occupational and physiotherapy). Consideration for updating falls care plan to ensure multifactorial risk assessments are included. |

Table C: Action from local clinical audit reports

119 local clinical audits were completed and 28 were identified for action and improvement opportunities by WSFT in 2023-24. WSFT intends to act to improve the quality of health care provided.

| Local Clinical Audit | Actions identified |
|---|---|
| In-hospital Management of Perianal Abscesses audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Macmillan appointment slips audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Tristel decontamination audit | <ul style="list-style-type: none"> • Undertake re-audit |
| An audit of familial hypercholesterolaemia patients at the West Suffolk Hospital Lipid Clinic: risks for future pregnancy and the fetus while taking lipid-modifying drug therapy audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Clinic Reception audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Magnetic resonance Imaging (MRI) safety mis-referral audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Compliance with pre-MRI safety screening processes for Inpatients audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Endoscopy Unit Upper GI Bleed audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Department of ERS records audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Audit of use of vaginal packs and accompanying wristband for post-partum haemorrhage >1.5 litres audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Dermatology appointment slips audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Audit of use of vaginal packs and accompanying wristband for PPH >1.5 litres' audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Drug storage/expiry dates and fridge temperature audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Plastic surgery outcome code audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Ear nose and throat (ENT) outcome audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Temporary folders on Evolve audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Newborn Hearing Screening Outpatient clinic audit | <ul style="list-style-type: none"> • Undertake re-audit |
| Comparing if the Transfusion-Associated Circulatory Overload (TACO) assessment practice in WSH meets the national standard audit | <ul style="list-style-type: none"> • Implement change to TACO form on e-care system • To incorporate blood prescription form from paper chart to e-care |
| Audit of bed rail assessments (quarter 1) audit | <ul style="list-style-type: none"> • Review of the side rail assessment and whether this requires change to support staff decision making on the use of side rails • To review whether side rails should be recorded in record of accountability and the falls prevention interventions |
| Hypokalaemia in patients treated with high dose hydrocortisone audit | <ul style="list-style-type: none"> • Create guidelines for patient care and treatment |
| An audit of FH patients at the West Suffolk Hospital Lipid Clinic: risks for future pregnancy and the fetus while taking lipid-modifying drug therapy audit | <ul style="list-style-type: none"> • Annual structure review to improve the documentation concerning the potential risks for future pregnancy and the fetus while taking lipid-modifying drug therapy in line with NICE CG 71 |
| In-hospital Management of Perianal Abscesses audit | <ul style="list-style-type: none"> • Development of WSH guideline on management of perianal abscess • Incorporate guidelines into micro guide • Raise junior doctor awareness by Friday lunchtime teaching on management of perianal abscess |

| Local Clinical Audit | Actions identified |
|---|---|
| Compliance with pre-MRI safety screening processes for inpatients audit | <ul style="list-style-type: none"> • Re-order or re-label the inpatient safety consent form on the intranet to allow easy access for ward staff |
| ENT outcome audit | <ul style="list-style-type: none"> • Routine presentation of Kaiser calculator and its implementation in our bitesize teaching |
| Quality Assured & Meridio Corrections and Deletions audit | <ul style="list-style-type: none"> • Staff training to reduce the non-compliant figure to <2 % |
| Awareness of radiation risk by referrers justifying radiological investigations audit | <ul style="list-style-type: none"> • Regular teaching sessions to be continued to ensure that every new doctor joining WSFT is taught about the radiation risk • Engage with postgraduate medical education (PGME) to see if such information can be incorporated in the syllabus / competency of foundation training |
| Patient consent for data input on the National Joint Registry audit | <ul style="list-style-type: none"> • Include consent for NJR together with consent for surgery to improve compliance • Labels on consent form (including consent for National Hip Fracture Database (NHFD)) |
| Faster Diagnosis Standard and Best Practice Timed Pathways for Cancer Prostate audit | <ul style="list-style-type: none"> • Review the 2-week wait referral form and update as required. |

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)

| | Jun19 – May20 | Jan20–Dec20 | Dec20–Nov21 | Nov21–Oct22 | Jan 22- Dec 22 | Dec 22–Nov23 |
|------------------------|--------------------------|--------------------------|----------------------------|-----------------------|--------------------------|--------------|
| WSFT (control limits) | 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) | 0.9679 |
| Banding ^{a b} | As expected | As expected | Lower than expected | As 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 19 – Jun 20 | Jan20 – Dec20 | Dec20–Nov21 | Nov21–Oct22 | Jan 22–Dec 22 | Dec 22–Nov 23 |
|------------------|-----------------|---------------|-------------|-------------|---------------|---------------|
| WSFT | 46% | 46% | 46% | 46% | 37% | 36% |
| National average | 36% | 37% | 39% | 40% | 40% | 42% |

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 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|--|------|------|------|------|------|------|
| WSFT (agree + strongly agree) | 82.9 | 86.3 | 82.6 | 73.4 | 67.8 | 69.9 |
| England: acute trusts (agree + strongly agree) | 71.3 | 70.6 | 74.3 | 66.9 | 63.0 | 65.0 |
| Benchmark group best result (agree + strongly agree) | 87.3 | 87.4 | 91.7 | 89.5 | 86.4 | 88.8 |
| Benchmark group worst result (agree + strongly agree) | 39.8 | 39.7 | 49.7 | 43.6 | 39.2 | 44.3 |

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

| | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|------------------|---------|---------|---------|---------|
| WSFT | 8.6 | 17.0 | 21.1 | 24.4 |
| National average | 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 | 8,829 (69.4 / 1000 bed days) | 53.9 / 1000 bed days | Top quartile (high is good) |
| Apr 2022 – Mar 2023 | 10,034* | No longer published | No longer published |
| Apr 2023 – Mar 2024 | 11,112* | No longer published | No longer published |

Sources: NHS Improvement (National Reporting and Learning System -NRLS) and *Local incident system. From March 2022 NRLS data no longer issued as part of NHS England's planned move to the 'learning from patient safety incidents' (LFPSE) system so no peer group or median data available for comparison.

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 | 56 (0.6%) | 0.40% | Above peer group average |
| Apr 2022 – Mar 2023 | 59 (0.6%)* | No longer published | No longer published |
| Apr 2023 – Mar 2024 | 66 (0.6%)* | No longer published | No longer 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.

Governor elections were held in November 2023, 9 Governors were either re-elected or re-appointed and 16 were new appointments. The newly formed Council of Governors commenced its' term of office in December. Governor biographies can be found on the Trust web site.

There are three sub-committees of the CoG – the Engagement Committee, Standards Committee and Nominations Committee. These have been reformed and inaugural meetings held.

- **Engagement with members and public:**

- Governors, in collaboration with Trust staff such as clinical teams, the Trust's engagement team, Future System team and My WiSH Charity, participate in various public engagement activities and events
- Whilst carrying out engagement activities they encourage members of the public to take interest in Trust services by becoming members of the Foundation Trust. Friends, relatives and acquaintances are also encouraged to join.
- Members receive regular information about the Trust via a newsletter. They can meet the experts to find out more about modern treatments and how to prevent ill health by attending the 'Medicine for Members' events. Members have voting rights in Governor elections and can stand for election themselves. They are invited to attend the Annual General Meeting (AGM) where they can meet and question the Trust CEO and Chair
- The AGM was held in the Apex in September 2023. Governors and Board members attended. In addition to service updates from the CEO and Trust Chair and a review of Governor activities delivered by the Lead Governor, an interesting clinical update was presented by a paediatric community consultant
- Governors are about to join the VOICE meetings as observers
- Governors are invited to participate in 'Experience of Care' meetings.

- **Governor Engagement Activities:**

- Governors participate in regular “15 Steps” visits to clinical and non-clinical areas. This is a national initiative from NHS England. Governors, a Non-Executive Director and clinical staff visit a department in order to look at the care provided and the environment as if through the eyes of a patient or visitor. Feedback is given to the department staff
- Under the guidance of the patient experience team Governors act as ‘secret shoppers’, by positioning themselves in various waiting areas in order to observe the patient experience. Feedback is provided to the department manager
- Governors join the estates and facilities team to carry out environmental reviews. Department staff and the accompanying estates manager compile action plans with the aim of improving the department environment
- Governors meet visitors in the Courtyard café and the Newmarket site café in order to conduct a short patient experience questionnaire. The opportunity is taken to have a conversation with the visitor about their experience of the Trust and to encourage them to join as a member.

Working with the Board:

The respective powers and roles of the Trust Board and CoG are set out in their standing orders and Trust Constitution.

- Governors receive the bi-monthly Board meeting agenda and papers. Governors and members of the public have an open invitation to attend these meetings as observers. Questions relating to the agenda may be asked at the appropriate time on the agenda
- Governors do not attend the closed Board meeting where matters of a confidential nature are discussed. However, Governors do have access to the meeting Agenda and approved minutes
- Governors volunteer to observe three Board sub-committee meetings, on a rota basis. They complete reports on the meetings which, are submitted to the CoG. All Governors will have access to the Agenda for these meetings and to the approved minutes. Attendance at these meetings provides insights into the working of the Trust and supports Governors in their role
- The CEO attends CoG meetings and presents his report on which, Governors have opportunity to ask questions
- Executive Directors also attend CoG meetings when they have a specific topic to present, for example, the Executive Director of Workforce recently presented the results of the national staff survey and the Director of Finance provides financial updates
- Governors can request, via the Chair, that specific items are added to a CoG agenda.
- Working with the NEDs has allowed sharing of information to triangulate areas for further consideration and/or improvement
- Governors, through effective questioning, hold the NEDs to account for the performance of the Board
- Governors complete the appraisals of the Chair and all NEDs to a schedule.
- The Lead and Deputy Lead Governors meet with the Trust Chair and Trust and Deputy Trust Secretary monthly
- The Lead Governor recently participated in the successful recruitment of a new Board member, an Executive Director for Strategy and Transformation.

- **Development of knowledge and skills:**

- A training and development programme has been arranged for Governors, including an externally facilitated induction day. The induction day was attended by both Governors and NEDs
- A recent briefing session was delivered by the Director of Nursing who presented her portfolio of responsibility, including providing quality care and incident management
- During this briefing Governors were invited to observe an Incident Review Meeting; several Governors took the opportunity to do so and were assured by the in-depth processes involved
- Governors may suggest subjects, they would like to understand better by receiving a brief, to the Trust Secretary or Chair
- Informal Governors' meetings and joint Governor and NED meetings, facilitated by the Lead Governor, enhance effective working relationships.

The Governors recognise the contribution made by the staff and volunteers and would like to thank them for their dedication and hard work during continued challenging times. 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 WSFT have consulted and invited comment regarding the Annual Quality Account for 2023/2024. This has been submitted within the agreed timeframe and SNEE ICB are satisfied that the Quality Account provides appropriate assurance of the service.

SNEE ICB have reviewed the Quality Account and the information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous twelve 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.

A handwritten signature in black ink, appearing to read 'Lisa Nobes'.

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 2023-24. This should in no way be taken as a negative response. The Committee acknowledges the significant developments, challenges and opportunities across health and care 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.

A handwritten signature in black ink, appearing to read 'Jessica Fleming'.

County Councillor Jessica Fleming
Chairman of the Suffolk Health Scrutiny Committee

Healthwatch Suffolk thank the Trust for the opportunity to comment on the Quality Account for 2023/24, the first full year under the leadership of Dr Ewen Cameron.

We recognise this has been a period of 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 over this period in time. Healthwatch Suffolk also recognises the additional pressures faced by the Trust, due to the continued and long standing Reinforced Autoclaved Aerated Concrete (RAAC) repair programme.

Patients sharing feedback with us about their experiences of the Trust have been largely positive, with overall ratings scored either 4* or 5* in 74% of cases, whilst 1/5th of comments were scored 1* or 2*.

Experiences of Maternity, Cardiology, Gynaecology, Cancer, Orthopaedics, Eye Clinic and Oncology were rated positively. Staff and Information & Advice are strengths of the Trust, with Treatment & Care and Discharge largely positive. Areas in need of attention fall under the headings of Facilities & Surroundings, Administration and Referrals. Waiting times are not unsurprisingly also an issue for some patients and their families. Specific case studies are available from us that can help to address matters such as the role of security staff, and how same sex couples might at times be treated.

Healthwatch Suffolk has worked with several of the Trust's teams and individuals during 2023/24, a working relationship that appears to be strengthening over time. An example of such a project is [Your Care Your Way](#), an awareness raising campaign about the statutory Accessible Information Standard (AIS). There are, incidentally, no references to the Trust's activities in respect of the AIS in this year's draft Quality Account. Other projects involving both our respective organisations include the county's Dementia Strategy (and Healthwatch Suffolk's [Dementia Report](#)), future use of the [Essex and Suffolk Elective Orthopaedic Centre](#) (which is a live survey as this statement is being prepared), [maternity/midwifery](#), and visits to the Trust by our Engagement & Community Officers e.g. phlebotomy.

We note the two very appropriate priorities for 2024/25 around improvements in safe care and in reducing inequalities in service user experiences, both of which would benefit from a co-production approach. The Trust was unsuccessful in recruiting the Patient Safety Partner role but is committed to doing so later in 2024/25. There has however been a first ever patient safety month in May 2023. Staff can now speak up through a wide variety of ways, inclusive of the Freedom to Speak Up Guardian, designated executives, a non-executive director, senior staff, Speaking up Champions, the Chaplaincy service, and through the four staff networks. Have any of the staff network Chairs been invited to offer testimonials for this Quality Account?

It is great to see so many professionals and staff named for having received notable awards and accolades for their work, skills and dedication. Even "local hero" farmer Steven Brown is mentioned for helping staff in their community provision roles, during the floods. A lovely touch.

The Quality Improvement team has gone from supporting 12 active projects in 2020 to supporting 348 last year, whilst also developing a training programme. Improvements in outcomes for patients include an example of decreasing the number of patients who developed pressure ulcers following orthopaedic surgery by 43%. The introduction of the Unscheduled Care Coordination Hub (UCCH) has reduced needs to assign ambulances for falls.

Amongst community services at the Trust is the vaccination team. They have been praised for the service they offer to people with special needs, and those in economically challenged communities, where health outcomes are often poorer. Another community service is the Community Equipment Service (CES), provided by Medequip. The Trust is lead commissioner for this service, one that allows people to live in their own home and achieve their best quality of independent living. Healthwatch Suffolk has a longstanding working relationship with Medequip locally and nationally, having trained and guided a significant number of the company's managers and staff in co-production.

All NHS trusts have delivered their services during times of industrial action. This Quality Account rightly references stories of clinicians, professionals and other staff going above and beyond, in order to keep services as safe as possible.

46% of the workforce completed the most recent NHS Staff Survey. Whilst scores across all nine of the key areas improved compared to the 2022 findings, two areas scored lower than the national average; having 'a voice that counts' and feeling as though 'we are a team'. The Trust 'as a place to work' was however second best in the east of England. Sadly, global majority ethnic groups at the Trust, reported having experienced harassment, an increase from 31% to 34%. On a positive note, the Disability Staff Network was key in securing the Trust an NHS England Equality, Diversity and Improvement Award, under the category of 'assistive technology'.

Healthwatch Suffolk has in the past proposed the adoption of Schwartz Rounds at the Trust and so it is good to note that such an initiative has now been launched.

The 'new hospital' (future systems) programme continues to be co-produced, which is very welcome news. An example of the co-production ethos comes in the shape of the "digital first, not digital only" strategy and mantra. Other transformational changes will take the form of a new Newmarket Community Diagnostic Centre by the end of 2024, alongside community based opportunities for patients, to for example have blood pressure checks made closer to home.

There are mixed results in terms of some key performance measures from a selection highlighted in this Quality Account:

- 18 week maximum wait; 52.9%, below any of the preceding 3 years.
- Maximum waiting time in A&E; close to achieving revised target of 76%.
- 62 day urgent GP referral to treatment (cancers); close to achieving target of 85%, and best for 4 years.
- Two week wait for (first) referral (cancer suspected); best for 4 years.
- Two week wait for referral for symptomatic breast patients; Above national target (93%) at 96.9%
- Maximum six week wait for diagnostic procedures; best for 4 years, good progress, albeit some way off the national target set for 2025.

There has been some progress in reducing the elective care waiting times for patients during 2023/24, including the elimination of 104 week waits. Industrial action will have impacted negatively on attempts to address 78 week and 65 week waits.

The Trust has now retained its Sentinel Stroke National Audit Programme (SSNAP) topgrade A ranking for more than five years, and has in place a contract to deliver an Early Supported Discharge (ESD) service for stroke patients across Suffolk. Supported by East Suffolk and North Essex NHS Foundation Trust, and Suffolk County Council, it is also supported by a variety of “third sector partners”. We believe that it would be important to name these other partners too e.g. Livability Icanho, responsible for Suffolk’s community-based brain injury rehabilitation services.

During 2023/24 11 patient safety incident investigations (PSIIs) were commissioned. The Quality Account describes the areas for improvement (AFIs) as being “broad”. In terms of learning from deaths, bereaved families continue to be invited to feedback on the care their relative received, through a variety of means. A new theme was identified in 2023 from reviews of adult deaths. Patients were spending an extended period of time in the Emergency Department (ED), meaning that some who would previously have been admitted and died in an inpatient area, stayed in ED. The ED team is now being supported to prioritise patients who are in their final hours or days.

Elsewhere, a higher percentage of stillbirths took place when the mother was “from a black or another ethnic minority (BAME)”. The Trust recognises that such an inequality is a national concern, and so scrutiny actions from a thematic review are now rightly being implemented.

The Trust received nearly 600 compliments in 2023/24, and successfully resolved 168 complaints at the first stage, with nine investigations escalating to second stage throughout the year, reflecting a 95% first time resolution rate. Two complaints were referred to the Parliamentary and Health Service Ombudsman (PHSO), and both investigations are still ongoing. Four out of six of the top complaints categories have remained the same since the previous financial year, with clinical treatment for obstetrics and gynaecology becoming one of the highest subjects for formal complaints in 2023/24. Communication is once again the top category of concern.

It is good to see the broad range of examples of learning outcomes from complaints, covering communications between ward staff and relatives, maternity pregnancy loss beyond 13 weeks, a waiting room nurse in ED to support waiting patients, volunteers providing refreshments for patients in ED, and additional training for staff in how to deliver bad news, to name but a few.

There was a 5% increase in the response rate to the national NHS Staff Survey, now at 46%, which is in line with the national average for acute and community trusts.

Notable aspects of the survey results are:

- ‘Recommending the organisation as a place to work’ has risen from 60% to 65%;
- ‘Would feel secure raising concerns about unsafe clinical practice’ scored 67% (average 70%);
- ‘Would feel confident that the organisation would address concerns about unsafe clinical practice’ scored 53% (average 56%);

- 'Satisfied with opportunities for flexible working patterns' rose from 55% to 60% (average 57%); and
- 'Never/rarely feel every working hour is tiring' rose from 50% to 54% (average 51%).

Overall, the Trust has achieved much considering the challenges it, and its partners, have faced during 2023/24 as described in the Quality Account. We have previously invited the Trust to focus more on analysis and outcomes, rather than description and inputs. This year's report reflects a continued such shift, and we are appreciative of this.



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 2023 to June 2024
 - papers relating to quality reported to the Board over the period April 2023 to June 2024
 - feedback from commissioners dated 10 June 2024
 - feedback from Suffolk Health Scrutiny Committee dated 30 May 2024
 - feedback from Healthwatch Suffolk dated 10 June 2024
 - feedback from governors dated 9 May 2024
 - 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
25 June 2024



Dr Ewen Cameron
Chief executive
25 June 2024

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.

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.

NHSE

NHS England (NHSE) is the sector regulator for health services in England.

MRSA

MRSA (*Methicillin Resistant Staphylococcus Aureus*) is an antibiotic-resistant form of a common bacterium called *Staphylococcus aureus*. *Staphylococcus aureus* 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.

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.

Schwartz Rounds

The scheme, called Schwartz Rounds allows NHS staff to get together once a month to reflect on the stresses and dilemmas that they have faced while caring for patients.