

Paper 4: Healthwatch Rutland response to the EMAS Quality Account 2022-23

We thank the Trust for the opportunity to respond to the 2022-23 Quality Account and all staff for their care and dedication through another challenging year.

LLR Division

Healthwatch Rutland welcomes the Trust's engagement with Leicester, Leicestershire and Rutland ICS partners to ensure patients are treated in the most appropriate place. We note that significant admission avoidance programmes have been undertaken, such as the Unscheduled Care Co-ordination Hub, the direct access pathway to pulmonary embolism and the Pre-Clinical Discussion and Assessment Service and would like to see more details of what impact these initiatives have had on handover delays and patient experience.

The positive steps to reduce conveyance by training paramedics to close wounds on scene are encouraging, and we hope this programme can be completed in 2023-24.

Patient and staff engagement

We are pleased to see the expansion of the Patient Voice Forums and the assurance work that they have undertaken. The reduction in formal complaints from 160 last year to 125 in 2022-23 is noted, although we acknowledge that the increased serious incidents being investigated may have obviated the need to complain for some patients.

Work undertaken to invest in and support the wellbeing of staff is commended with the continued Conversation cafés and rollout of online Workplace staff engagement platform. However, we note a deterioration in the number of staff who would recommend the organisation as a place to work from 51% to 46% and hope to see this restored in the coming year.

Healthwatch Rutland notes the continuing focus on Equality, Diversity and inclusion and the successful implementation of the 2022-23 EDI training plan.

Service Quality

We welcome the transparent approach the Trust takes in encouraging staff to report patient safety incidents. The 100 serious incidents requiring

investigation is a concerning increase over the 74 for last year. We acknowledge that system flow pressures are contributing to the delayed response, cited as the main reason for incidents. It could be assumed that this increase is in part responsible for deteriorating patient experience as well as depressing staff morale as evidenced in attrition and satisfaction rates.

We therefore strongly support the EMAS commitment to partnership working to improve quality of care across urgent and emergency care pathways including admission avoidance projects, engagement in regional risk summits and future collaboration through the new Patient Safety Incident Response Framework.

As ICS structures continue to embed, and NHS service delivery is increasingly focused at place level, Healthwatch Rutland would welcome more granular statistical information within the Quality Account for the Rutland place. Our concern is that system (LLR) quality measures and statistics do not facilitate consideration of inequalities of patient access caused by rurality and ageing population.