

Quality accounts 2021-22



Contents

	Page
Chief executive's statement	6
Quality structure and accountabilities	9
Quality improvement priorities for 2022-23	10
Statements of assurance from the Board	11
Performance against 2021-22 priorities	20
Other quality indicators	28
Development of the quality report	42
Annex A: Participation in clinical audit	42
Annex B: Nationally-mandated quality indicators	46
Annex C: Comments from third parties	50
Annex D: Statement of directors' responsibilities in respect of the quality report	57
Annex E: Glossary	58

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).

In February 2022 we launched our new five-year Trust strategy, powered by our updated FIRST Trust values of fairness, inclusivity, respect, safety and teamwork. It has three equal ambitions:

- First for patients
- First for staff
- First for the future.

The strategy has been developed to help us improve; build a fair, open and listening culture; transform the care we provide; and develop a modern healthcare facility for the people of Suffolk.

Teams and colleagues across the Trust are developing their own plans for the future, including nursing, digital and communications strategies that will be linked to our overall strategy to ensure that as far as possible, our progress meets the developing needs of our staff, patients and whole community.

After two years of some of the greatest challenges we have ever faced, our strategy reflects what we have learned from our experiences, our staff and those who need our care. As well as the extraordinary pressures of the pandemic, and the urgent need to recover from it, WSFT has been in the spotlight with high-profile issues that should have been handled better. We have ongoing problems with maintaining our current hospital, which has outlived its original lifespan, while our new hospital is built as part of a national programme funded by the Government's New Hospital Programme.

To maintain patient care during COVID-19 meant we had to adapt many of our services and working practices, enhance our infection control measures, and respond as waves of the virus changed the levels of infection in the population. Ensuring our integrated community services and acute hospital teams work closely together to meet individual place-based needs; and developing the relationships with our alliance partners throughout Suffolk has been a vital part of maintaining services.

Technology and digital solutions have continued to be a key element, with online and phone contacts mixed with face-to-face care. In our community services, telehealth and the use of virtual wards have enabled us to safely look after patients where they live, preventing admission or readmission. We have been proactive in promoting and supporting self-care, recovery, and the "stay well" for surgery or treatment initiative led by Suffolk and North East Essex integrated care system (SNEE).

We have delivered an extra "decant" ward at the West Suffolk Hospital, built and equipped in a few months, to allow us to manage extra demand and the issues caused by the structural work under way to maintain our current buildings. We commissioned beds in community settings, such as care homes, to allow us safely to discharge patients and free up beds for those who were acutely ill.

Our cancer care teams have extended the hours for people to access routine screening or referral appointments; and innovative screening tools using artificial intelligence are helping us to increase the numbers of patients we see and reduce waiting times.

The joining of community health and social care services into integrated neighbourhood teams, and a multi-disciplinary way of working across the system is improving the quality and efficiency of care we can offer our patients and will be further developed this year.

The External Review into whistleblowing commissioned by NHS England/Improvement was published in December. The Trust Board accepts full responsibility for the failings that led to the review, and apologised wholeheartedly for the distress caused. The findings from the review have informed work already under way to improve our culture, especially in ensuring our staff feel confident to speak up about matters that concern them. Our new Freedom to Speak Up (FTSU) guardians and

network of FTSU champions throughout the Trust are working with the Board to help drive the culture change we need and want to see.

We have also improved how we handle investigations to take a more supportive and compassionate approach; and developed our Patient Safety and Quality Improvement (QI) team and patient safety initiatives across the Trust. In February we marked the first anniversary of becoming a pilot organisation in the national Patient Safety Incidence Response Framework, which has given us many valuable insights into how better to learn from incidents.

Our 'First for staff' Trust strategy ambition reflects the importance of staff being our greatest asset, especially after two such difficult years. As well as working to build a more open, inclusive and fairer culture where staff feel supported to raise concerns, we have focused on the general wellbeing of our colleagues.

We have invested more than £500,00 in our staff support psychology team; and committed further investment to a partnership with Abbeycroft Leisure to provide free gym membership for all staff, which has proved hugely successful. Free parking, hot drinks and other benefits have been welcomed, as well as a bi-annual wellbeing week called 'Love Yourself' which is run by our communications team. As well as supporting the work of the Trust, our hard-working My WiSH charity team have also done incredible work to support staff wellbeing, such as providing and equipping breakout areas.

One of the greatest achievements made during the pandemic has been the development of vaccines to protect against the transmission and effects of coronavirus. We successfully rolled out first, second and booster vaccines to our staff with an excellent take-up rate. Our vaccination taskforce continues to work with system partners throughout our community delivering vaccine in areas of low take-up and in settings such as supermarket car parks, village halls and colleges. They are also offering the vaccine to some of the most vulnerable and isolated people in west Suffolk.

Along with the vaccine, research into drugs that can be used to treat COVID-19 patients and prevent serious illness and death is taking place throughout the country. Along with our many other research projects, WSFT has received recognition for its efforts as part of the national RECOVERY clinical trial that explores treatments for COVID-19.

Beyond caring for patients and staff, the WSFT is committed to playing a leading role in securing a healthy and sustainable Suffolk, and we have recently published our Green Plan 2021-2025. A truly sustainable health system is defined as working within available resources, to protect and improve health, now and for future generations. This underpins our Trust strategy and the Green Plan will be developed alongside its aims.

A key element of our future will be the development of a new healthcare facility to replace our existing hospital. We have recently submitted the outline planning permission at our preferred site of Hardwick Manor. Much may change in the coming years, but we will maintain the commitment to co-production in developing the plans that has seen us undertake extensive engagement with our community and our system partners. This has included face-to-face workshops and engagement sessions, as well as online surveys and fact-finding.

The Trust has had a number of changes in leadership during the past year, including the departure of our chief executive Steve Dunn, after seven years in the role. The chair of the Trust, Sheila Childerhouse, also stepped down. We are already recruiting for a substantive chair and will then look to recruit a permanent chief executive. Our long-serving chief operations officer Helen Beck retired at the end of 2021; and medical director Nick Jenkins stepped down from that post due to family issues, although I am pleased to say he remains with the Trust as a consultant in emergency medicine.

All of these colleagues have given the Trust unwavering commitment, dedication and leadership for many years, including through the most difficult years of the pandemic, and we thank them for their service.

I am delighted to say that Nicola Cottington, a former associate director of operations for medicine,

has returned to WSFT as chief operating officer; and Paul Molyneux our former deputy medical director and consultant at the Trust for more than 18 years, has taken on the role of interim medical director.

While many challenges remain for the NHS and our community, our whole team believes that with our new strategy and the promise of a new healthcare facility – and the continued commitment and compassion of every one of our staff – we can face the future with optimism.

I can confirm that to the best of my knowledge the information contained in the quality report 2021-22 is accurate and has received the full approval of the Trust Board.



Craig Black
Interim Chief Executive
28 June 2022

Quality structure and accountabilities

The quality report highlights the action WSFT is taking to improve the quality of services we provide. We have structured our priorities and measures according to the three domains of quality defined in 'High Quality Care for All', published in June 2008.

Our vision and priorities align with our partners, including West Suffolk Clinical Commissioning Group, whose mission is to deliver the highest quality health service in the west of Suffolk through integrated working. Through our new strategy, we put quality at the heart of everything we do.



The Board monitors quality through its **performance management arrangements** on a monthly basis. The Board also receives assurance regarding quality within the organisation through the three assurance committees of the Board, which ensure quality is delivered in a coordinated way to support safe, effective and patient-focused healthcare. During 2021-22 the Board made changes to the structure to provide a greater focus on culture, patient safety and quality:

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

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

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

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

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

We are in the process of creating a new role of a Patient Equalities Officer who will work within the Patient Experience and Engagement Team with links to key stakeholders, such as our public health team. This role will focus on better understanding the equity and accessibility of the services and care we provide, utilising the equality delivery system 2 toolkit in order to guide the basis of their work. The role will include regularly engaging with staff, patients and family carers in the hospital and community in order to better understand the issues they face with inequalities, with a particular focus on marginalised communities. They will analyse existing data, within the context of the patient demographic, and work with patients and staff to address health inequalities, access and communication needs and ensure representation of our diverse community.

Quality improvement priorities for 2022-23

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 are open to further review and development as we progress delivery.

Delivering our strategy <ul style="list-style-type: none"> • Use feedback, learning, research and innovation to improve our care and outcomes • Collaborate to provide seamless, accessible care at the right time and in the right place
Priorities for quality improvement <ul style="list-style-type: none"> • Improve care and outcomes for patients through: <ul style="list-style-type: none"> ◦ Effective response to new and emerging guidance ◦ Evidence shared learning from incidents to reduce patient harm • Ensure patients and families experiences are captured and listened to in order to help us to improve through delivery of our experience of care strategy
Measuring our progress and providing assurance <p><u>Safe and high quality care</u></p> <ul style="list-style-type: none"> • Deliver improvements through our patient safety incident response framework (PSIRF) • Deliver improvements as measured by the CQUIN indicators for 2022-23 • Through shared learning deliver improvements to reduce patient harm • Effectively respond to national reports to support quality improvements • Develop our quality assurance framework to support systematic quality improvement • % of patients recommending WSFT as a place receive care • % of staff recommending WSFT as a place to receive care <p><u>Experience of care</u></p> <ul style="list-style-type: none"> • Deliver improvements through the experience of care strategy • Celebrate good practice and share learning for experience improvements • Ensure equality of access and the use of the accessible information standard (AIS) to improve the experience for all service users • Provide opportunities for patients, carers and families to give feedback in a variety of accessible ways, and ensure this is listened to and acted upon • Improve opportunities for patients to become involved with decisions affecting care, services and developments across WSFT • % of patients recommending WSFT as a place to receive care

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 2021-22, WSFT provided and/or sub-contracted **65 relevant health services**. WSFT has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2021-22 was **£260.3m**, which represents **76.1% of the total income** generated by WSFT for 2021-22.

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 in table A. Many of these sources of information provide an indication of quality across more than one domain.

Sources of quality intelligence

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

Participation in clinical audits and confidential enquiries

During 2021-22, 51 national clinical audits and 7 national confidential enquiries covered NHS services that WSFT provides.

During 2021-22 WSFT participated in 100% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that WSFT participated in, and for which the data was completed during 2021-22 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

The number of patients receiving relevant health services provided or sub-contracted by West Suffolk NHS Foundation Trust, who were recruited during 2021-22 to participate in National Institute for Health Research (NIHR) Portfolio or commercially adopted research studies approved by a research ethics committee was 1,499 participants.

Consolidating vacancies and rota issues

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

Staff who speak up (including whistleblowers)

The Trust uses the integrated policy recommended by Sir Robert Francis to support staff to raise concerns about patient care and other healthcare related matters. This policy is available to all staff on the intranet.

The Trust offers a range of services available within the organisation to support Trust staff who wish to raise concerns. These services supplement and support the role of our Freedom to Speak Up Guardians. Ways of speaking up actively promoted throughout the organisation. Our Freedom to Speak up policy outlines the external routes available to raise concerns, should this be more appropriate.

Ways in which staff can speak up

- **Freedom to Speak Up Guardian** - this is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation.
- **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. This includes a non-executive director who acts as Senior Independent Director and has the lead for whistle blowing.
- **Speaking up Champions** - these are volunteer members of staff who provide confidential, independent advice to colleagues.
- **Chaplaincy service** - regardless of whether staff are religious, the chaplaincy team provides a listening ear in times of difficulty or crisis, whether personal or work-related, a space to talk about life, the purpose or the meaning of things, and pastoral counselling. For staff who have a faith, the chaplaincy service can also provide support with: practicing a faith or spiritual tradition, making contact with representatives of other faith communities and prayer support.

- **Anonymous reporting** – there is a dedicated telephone line and web link to allow staff to report concerns. If they so wish they can raise concerns through these routes anonymously and these mechanisms are promoted as options for those who may wish to raise concerns anonymously. This route was introduced in September 2019. Our Freedom to Speak Up Guardians receive any concerns raised via the web link and any reported via the telephone line are actioned initially by our Governance Team.
- **Staff support psychology service** – this clinical psychologist led service was introduced in 2020 to support staff during and in the aftermath of the COVID-19 pandemic. One-off and on-going support is provided to both individuals and teams. Staff can raise any issues of concern with the team.
- **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. A lesbian, gay, bisexual and transgender + (LGBT+) network was set up in the Trust in the autumn of 2018 comprising members of the LGBT+ community working in the organisation and allies. A Staff Disability Network was set up in the summer of 2019 and a BAME staff network was established in the summer of 2020.

In addition, staff are encouraged to seek the support of their line manager, the human resources team and specialist departments (e.g. health, safety and risk office, postgraduate medical education team and governance support).

Staff can access support through our intranet through a single staff supporters web page that has links to all services. 'Staff Supporters' are advertised widely throughout the Trust on posters. Staff who do not have ready access to our intranet are signposted to the Human Resources team who can provide contact details. Services are also advertised in the weekly staff information publication Green Sheet, at Trust induction by the executive director of workforce and communications and the Freedom to Speak Up Guardian in the Trust. Where possible, evidence of use and the types of issues raised by staff are captured for monitoring purposes.

How we provide feedback to staff who speak up

Feedback depends on the mechanism used to report the concern and may be written or verbal. The individual with whom the concern is raised will provide 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 training has been provided to support our policy. A questionnaire is provided to all staff who have raised concerns via the FTSU Guardians. Included in this is a clear statement indicating that detriment as a result of speaking up will not be tolerated at the Trust.

Goals agreed with commissioners

The CQUIN national programme has been suspended during 2021/2022 due to the Covid-19 pandemic, as a result no guidance was published and the income was received as part of the block contract arrangement.

The programme has been reinstated from 1 April 2022 for 2022/2023, with payments being unconditional as agreed locally between both the provider and commissioner. As such, payments will continue to be made via the block contract arrangement.

There are nine acute and four Community CQUINs. As per the national guidance, the acute trust has prioritised five CQUINs, which have been highlighted with an asterisk. Those not identified within the five priorities will be reviewed and managed through existing workstreams.

- **Flu vaccinations** for frontline healthcare workers *
- Appropriate **antibiotic prescribing** for UTI in adults aged 16+ *
- Recording of **NEWS2 score, escalation time and response** time for unplanned critical care

admissions

- Compliance with timed **diagnostic pathways** for cancer services
- Treatment of **community acquired pneumonia** in line with BTS care bundle *
- **Anaemia screening and treatment** for all patients undergoing major elective surgery
- Timely **communication of changes to medicines** to community pharmacists via the Discharge Medicines Service *
- Supporting **patients to drink, eat and mobilise** after surgery *
- **Cirrhosis and fibrosis tests** for alcohol dependent patients
- **Malnutrition screening** in the community
- Assessment, diagnosis and treatment of **lower leg wounds**
- Assessment and documentation of **pressure ulcer** risk

What others say about us

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

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

The Trust's Maternity services were inspected in April 2021 (report published June 2021). The visit reflected the ongoing local scrutiny of the maternity improvement plan and noted the continued efforts to deliver improvements. The rating for Well-led improved although the overall rating remained unchanged.

Report issued	SAFE	EFFECTIVE	CARING	REPONSIVE	WELL-LED	OVERALL
January 2020	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement
June 2021	→ Requires Improvement	→ Requires Improvement	→ Good	→ Good	↑ Requires Improvement	→ Requires Improvement

The report noted that there had been significant change within the maternity service leadership team which had provided stability to the triumvirate. This meant there now was a clearly defined management and leadership structure in place and the CQC observed joint working between leaders both within the department, the rest of the trust and with external agencies and bodies to maximise care provision for women and babies. The report noted a high profile for the maternity service at board level which was an improvement from the previous inspection (2019). The findings of the CQC inspection visit have been incorporated into the Maternity service improvement plan which also links to clinical negligence scheme for trusts (CNST), Ockendon and Each Baby Counts.

In the last full assessment report (from an inspection in 2019 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".

A structured CQC improvement plan was developed to address the findings of the 2019 inspection. The WSFT improvement board (a subcommittee of the board of directors) oversaw delivery of the agreed plan. This was led by the executive chief nurse and coordinated by the project management office in terms of action completion and moving activities and monitoring to a 'business as usual'. The West Suffolk CCG provided an additional level of independent assurance through supportive and proactive clinically-led visits to review the embeddedness of completed actions.

During 2021-22, as described previously, the Trust implemented a new board assurance committee structure which incorporated the ongoing elements of the Trust's improvement plan.

Awards and accolades

The publication of our five-year Trust strategy – First for patients, first for staff and first for the future (2021 – 2026), has given us the opportunity to lay out our priorities and ambitions for the whole organisation. It is founded on our updated FIRST Trust values – fairness, inclusivity, respect, safety and teamwork; and the vision of delivering the best quality and safest care for our community.

First for patients

The pandemic has forced us to make the difficult decision to restrict or suspend visiting at various times over the past year to reduce transmission of the virus. To help patients and their loved ones stay informed and in touch with each other, we established a clinical helpline and Keeping in Touch team. The helpline is staffed by colleagues with clinical backgrounds, who give updates on patients' conditions and answer queries. The clinical helpline won a Patient Experience National Award in the support for caregivers, friends and family category. Digital technology allows the Keeping in Touch team to keep friends and relatives in contact with people on our hospital wards – for example the team enabled a patient to be a virtual guest at their daughter's wedding.

Despite all the pressures of the pandemic and recovery, WSFT has developed its research team and the work it reports on and delivers to a wide variety of vital projects. We were named as the top national recruiting site for the global RECOVERY trial for two consecutive weeks in November. The RECOVERY (Randomised Evaluation of COVID-19 Therapy) trial is one of the world's largest clinical research trials investigating treatments that may benefit people hospitalised with suspected or confirmed COVID-19. One output of the trial is that it has found that repurposed drugs, such as the low-cost dexamethasone, reduces death by up to one third in hospitalised patients who have severe respiratory complications. This discovery has saved millions of lives.

One of our clinical research practitioners, Angharad Williams, has been named as the winner of the 2022 award for Clinical Research Practitioner Leadership by the Academy for Healthcare Science. WSFT is one of 12 integrated care systems in England signed up as an "accelerator site" to tackle waiting lists and elective recovery, trialling new ways of working, implementing and evaluating innovative ways to increase elective operations. We are also part of the Waiting Well pilot which aims to offer support to patients by reducing the risk of deterioration of their mental and physical health while they are waiting for their procedure.

Across the NHS, digital technology has supported new ways of working that allow clinicians to offer care and support to patients. Our Patient Portal and "DrDoctor" text messaging service enable patients to see their records, results, appointments and letters, so they can take more control of their treatment.

Our community services have increasingly used telehealth to offer enhanced care to patients where they live, allowing them to have the clinical oversight and support they need to stay out of hospital. Through our integrated care networks and multi-disciplinary way of working, we are expanding our virtual ward beds which mean people can receive the individual care they need at home.

We are active members of the West Suffolk Alliance, and committed to an "alliance way of working" with our partners across the system. The community and integrated services division, which operates across Suffolk with adults and children in a variety of settings including people's own

homes, exemplify alliance working. In July, Clement Mawoyo was appointed director of integrated community health and adult social care, as part of the work driving further integration with our social care and other alliance colleagues.

Our Mildenhall integrated neighbourhood team is now based at the new Mildenhall Hub, co-located not only with social care, but also a school, leisure centre and other public services. The Brandon team is based at the town's health and leisure hub, and all our teams are able to refer patients directly to trained Abbeycroft Leisure instructors working at local Abbeycroft leisure centres and gyms.

A network of integrated neighbourhood team co-ordinators has been established, who with our hospital-based locality liaison co-ordinator, support community teams and wards to facilitate admission and discharge. We are also working with partners to improve waiting times and ensure equity in access to treatment.

With the Suffolk and North East Essex integrated care system (SNEE) we have established a WSFT vaccine taskforce. After our successful COVID-19 vaccine rollout to our staff and colleagues from key partner organisations, the taskforce joined the campaign to vaccinate as many people as possible at the heart of their community. Giving people expert advice, taking time to answer questions and allay fears, the team has helped thousands to access the vaccines, including some of the most vulnerable.

We recently marked the first anniversary of becoming an early adopter of the Patient Safety Incident Response Framework, a national initiative aimed at identifying risks and learning from incidents to improve quality and safety. Our Patient Safety and Quality Improvement (QI) team has been expanded and developed, and is undertaking projects across the Trust, embedding QI in all aspects of our work.

Improvements in our maternity services were noted by the Care Quality Commission after an unannounced inspection, which reported on progress being made, but also raised concerns which are being dealt with.

With our alliance partners East Suffolk and North Essex NHS Foundation Trust (ESNEFT) we have taken over the Early Supported Discharge service for stroke patients in the county, with the staff also transferred to the trusts.

We continue to perform well on the National Hip Fracture Database, where the data puts us at the top of all hospitals in England, Wales and Northern Ireland for meeting best practice criteria when assessing patients with a hip fracture.

The Macmillan Unit based at the hospital was recently awarded the Macmillan Quality Environment Mark for the third time. The award champions cancer environments that go above and beyond to create welcoming and friendly spaces for patients.

Our dedicated teams of volunteers have also been subject to the restrictions, but have been hard at work whenever those were eased. In February the volunteer gardeners who tackled the overgrown hospital courtyards were given a Putting You First award, nominated by staff.

First for staff

We have passed the second anniversary of the first national lockdown caused by the pandemic, which continues to challenge everyone working in the NHS. We continue to be inspired by the commitment, compassion and teamwork of each one of our colleagues who have shown extraordinary resilience.

We recently received the results of the 2021 NHS Staff Survey, to which 2,000 of our staff responded. The results compared reasonably well with Trusts across the country, with all of our key scores above the national average. We are working with colleagues to examine the findings in detail,

learn from them and use that learning to improve the working lives of our colleagues.

As part of our commitment to build an open, learning and restorative culture, we have appointed two new Freedom to Speak Up (FTSU) guardians: Amanda Bennett and James Barrett. We have also recruited FTSU champions across the Trust, who with the guardians, are working closely with the Board to identify and tackle concerns expressed by our staff.

Supporting our staff and demonstrating how much they are valued is always a priority but in the past two years has become even more important. We have invested in and developed our staff support psychology service, which has worked both with individuals and teams, as well as providing video sessions for a series of Wellbeing Wednesdays.

The staff support team was the recipient of a Suffolk Heroes award, nominated by the county's MPs, in recognition of their work. Laura Rawlings, manager of the countywide community equipment service, also received one of the awards – both richly deserved.

Another major investment has been a partnership with Abbeycroft Leisure, which has allowed any WSFT colleague to access free membership to the facilities and services at Abbeycroft gyms and leisure centres. Our staff have taken up this offer in large numbers, and shared their enthusiasm for the scheme which has been extended for a second year.

During the year the communications team organised two 'Love Yourself' weeks, encouraging the people who look after others to look after themselves and focus on their wellbeing of mind, body and spirit.

Our chaplaincy team has been expanded and the chapel refurbished, and the team works tirelessly to support staff, patients and visitors of all faiths and beliefs.

It has been very heartening to see members of our team recognised. Consultant anaesthetist Jeremy Mauger has been a volunteer with the Suffolk Accident Rescue Service for 20 years and volunteers hundreds of hours for the emergency responders each year. To mark Suffolk Day, he was awarded the county's highest honour, the Suffolk Medal.

While off-duty, critical care nurse Debbie Lavender performed CPR and used a defibrillator to revive a man who collapsed in a pub garden, and was awarded with a Resuscitation Certificate from the Royal Humane Society.

We are often humbled by the appreciation, gratitude and generosity of our patients. Breast cancer patient Chris Goddard was diagnosed and treated at the WSFT during the pandemic. She was inspired to paint portraits of all the staff who cared for her – her NHS heroes as she calls them – and her images of the main masked clinicians are a poignant reminder of the journey that she – and we – have been on.

First for the future

The Trust is one of 40 in the country to receive funding for new build projects as part of the New Hospitals Programme, which will see the building of a new healthcare facility as part of a system to provide innovative, joined-up healthcare for West Suffolk.

Progress has been made this year, with the preferred site for the new facility at Hardwick Manor identified, outline planning permission applied for, and extensive face-to-face and online engagement undertaken to ensure we hear people's views on this great opportunity for our community. There is still much work to do – Hardwick Manor is the preferred, not confirmed site, and other sites are still being considered. Building is not expected to start before 2025, and we are committed to taking on board – and learning from – the knowledge and opinions of our staff, patients and community.

The existing hospital buildings on Hardwick Lane were built in 1974 with an intended 30-year life

span. The Trust has invested heavily in their upkeep over the years, and an extensive programme of maintenance is under way to ensure the safety of everyone using the site until the new hospital is completed.

While those works go on, we have increased the flexibility we can offer with the building of the new “decant” 32-bed ward, G10. We have also increased the community beds we have commissioned to support the discharge of medically optimised patients.

Our Trust strategy reflects the importance with which we see our role at the heart of our community. Our place in the wider world is also a vital part of looking to the future, and with that in mind we have published our Green Plan 2021 – 2025, which underlines our commitment to being part of a sustainable health system. We want to work within available resources and understand the social, environmental and economic impacts of our actions.

The My WiSH charity

Tireless in its support for the Trust and its staff, in September 2021 the charity saw the end of its ‘#25 birthday appeal’, smashing the target of raising £25,000 and ended the year with almost £31,000. This money is being used to provide a play specialist for the paediatric emergency department, and the department was able to welcome Claire Thompson during the year due to additional fundraising from the Help your NHS hospital appeal.

The charity matched Government funding to provide state-of-the-art toilet facilities for patients with complex disabilities with the completion of a new Changing Places facility. Changing Places are toilets with additional equipment for people who are not able to use the toilet independently, including adult-sized changing benches and hoists.

Refurbishment of the West Suffolk Hospital chapel, including a prayer facility for Muslim people, was also supported by My WiSH.

From providing and equipping quiet spaces for staff to go during the worst of the pandemic; to giving every colleague a reusable cup for the free tea and coffee available to them, the charity has come up with imaginative ways to improve the working lives of our staff.

As well as their own fundraising activities, now being planned once more as restrictions ease, My WiSH is supported by hundreds of local people and businesses who come up with dozens of imaginative ways to raise money for this worthwhile cause.

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	Midlands and East (East)	National
Admitted patient care	99.8%	99.8%	99.7%
Outpatient care	99.9%	99.9%	99.8%
Accident and emergency care	99.3%	-	96.0%

(The above figures cover April 2021 to February 2022 inclusive – taken from NHS Digital)

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

Valid general medical practice code	WSFT	National
Admitted patient care	99.9%	99.7%
Outpatient care	99.9%	99.6%
Accident and emergency care	100%	98.6%

(The above figures cover April 2021 to February 2022 inclusive – taken from NHS Digital)

WSFT's [information governance assessment](#) report overall score for 2020-21 was 'approaching standards' following an external audit by NHS Digital. The assessment for 2021-22 will not be submitted until after publication but we are on target to provide the new requirements of 110 mandatory evidence items, with all 38 assertions met.

WSFT will be taking the following actions to improve data quality:

- Continue to conduct data quality audits on WSFT data to ensure its completeness and accuracy, and feedback audit results to the users/departments involved in the recording of the data
- Continue to increase awareness of the importance of accurate data recording throughout WSFT
- Continue to provide support and training to areas where there is the opportunity to improve the accuracy of data recorded
- Provide worklists and reports that can be used to monitor and improve the quality of data being recorded
- Working with our digital partner, Cerner, to improve reporting from e-Care (our electronic patient record).
- To use an external validation tool, Luna, to conduct referral-to-treatment (RTT) pathway and follow-up waiting list validation

WSFT was not subject to the payment by results (PbR) clinical coding external audit during the reporting period 2021-22. A local audit was undertaken and the error rates reported in the latest published audit for that period for diagnosis and treatments coding (clinical coding) were:

Data field - inpatients	Error rate
Primary diagnosis	5%
Secondary diagnosis	4%
Primary procedure	3%
Secondary procedure	4%

The audit sample was 250 finished consultant episodes (FCEs) from medical, surgical and woman and child health services. The results of this audit should not be extrapolated further than the actual sample audited.

Performance against 2021-22 priorities

The quality priorities for 2021-22 were agreed during the pandemic response. It was felt appropriate to identify planned areas of work which reflected the priorities of WSFT and the local system. This included key organisational elements of our response to our CQC report and concerns around 'speaking up' as well as the national patient safety strategy first issued (pre-pandemic) in the summer of 2019. The following priorities were agreed:

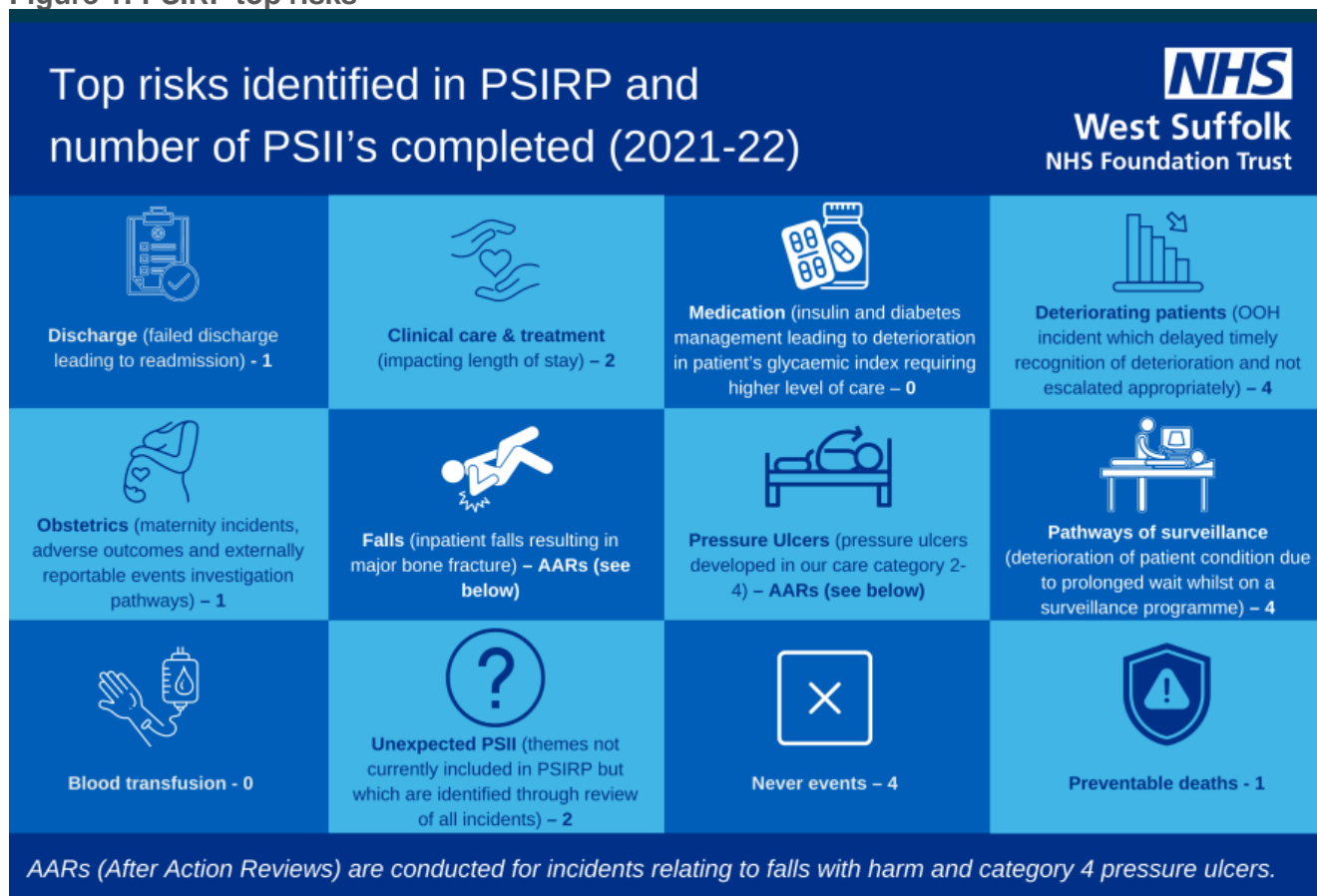
1. Learning and improvement through the implementation of the Patient Safety incident response framework (PSIRF).
2. Development of a reporting framework for quality using the National Patient Safety strategy model of Insight : Involvement : Improvement
3. Supporting all colleagues to speak up safely as part of a culture focused on staff support, well-being and learning

Quality priority 1: Learning and improvement through the implementation of PSIRF

Patient safety incident response framework (PSIRF) reflects a new systems and outcome focused approach to learning from incidents. It responds to calls for a new approach to incident management, one which facilitates inquisitive examination of a wider range of patient safety incidents "in the spirit of reflection and learning" rather than as part of a "framework of accountability". It aims to recognise the needs of those affected, examining what happened to understand the causes and responding with action to mitigate risks remain essential to improving the safety of healthcare.

In 2021-22 WSFT became an early adopter of the new national PSIRF alongside other local trusts in the Integrated Care System (ICS). This 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.

Figure 1: PSIRF top risks



PSSI - patient safety incident investigation

The trust completed its first year of the new process in March and worked with stakeholders to develop the plan for 2022/23 which received board sign-off in March.

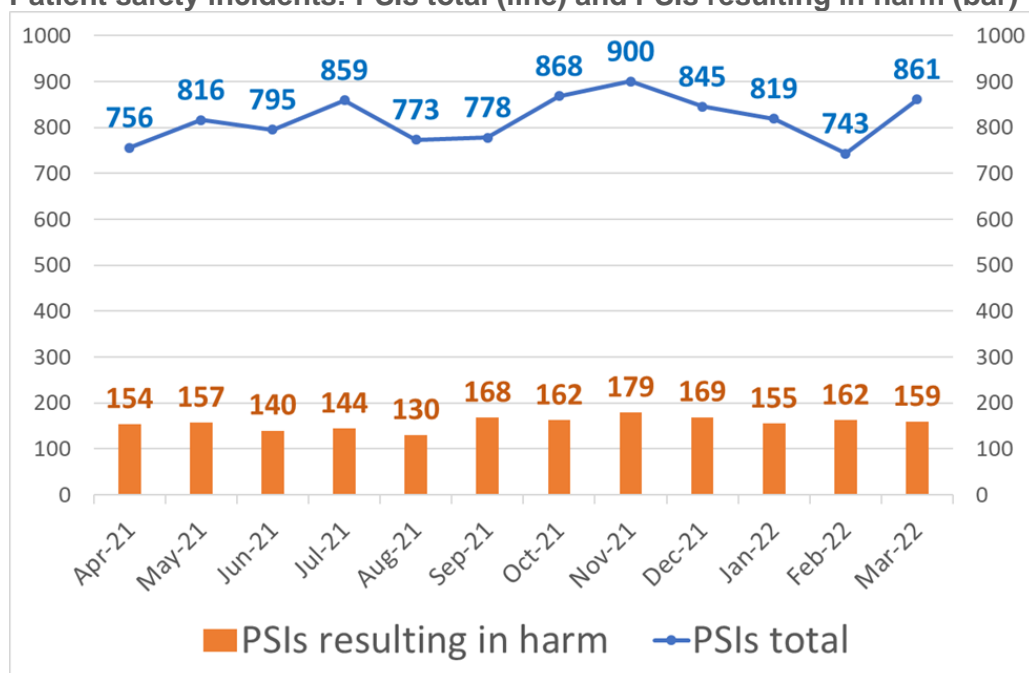
Figure 2: PSIRF plan for 2022/23

	Incident type	Description	Specialty
1	Transfer of care	Potential for patient harm as a result of communication with multiple stakeholders for on-going patient care	All specialties
2	Discharge	'Failed discharge' where a delay has led to an adverse outcome within the extended length of stay after the patient was medically optimised for discharge	All Inpatients specialties
3	Medication	Mis-selection of wrong medication or dose leading to harm or potential for harm	All specialties
4	Validation of results	Potential for patient harm as a consequence of non-communication and action of diagnostic results	All specialties
5	Digital systems	Emerging risks identified as a result of the use of our digital systems	All specialties
6	Clinical care & treatment	Wound care	Adult community services
7	Falls	Inpatient falls resulting in a bone fracture or haemorrhage	All specialties
8	Pressure ulcers	Pressure ulcers developed in our care category 2 -4.	All specialties
9	Medication	Opioids management, Gentamycin/vancomycin, Medication patches, Extravasation, Diabetes medicines management, Thromboprophylaxis	All specialties
10	Unexpected PSII	Identified increase in incidence of subject of theme which has potential for harm	All specialties

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

The organisation reviews this data on a monthly basis within the IQPR and recognises a high reporting rate as a positive reflection of an open culture within the organisation which supports learning from incidents.

Patient safety incidents: PSIs total (line) and PSIs resulting in harm (bar)



Source: Datix

The number of patient safety incidents (PSIs) reported in 2021-22 was higher than in the previous year however the percentage of total incidents resulting in harm fell in the same period from 21% down to 19%. A higher level of PSI reporting demonstrates a good safety culture. The number and percentage of incidents resulting in severe harm or death rose in 2021-22 although it remained low (0.61%). The increase in serious harm in 2021-22 was primarily as a consequence of higher numbers of category 4 (the most severe grading) pressure ulcers in the community .

	2020-21	2021-22
PSIs total	8,348	9,990
PSIs resulting in harm	1,737 (21%)	1,891 (19%)
PSIs resulting in severe harm or death	41 (0.49%)	61 (0.61%)

The tissue viability team have been using the various investigation pathways for pressure ulcers included within the Trust's patient safety incident response plan. This has enabled them to identify the main areas for improvement which will be monitored via the pressure ulcer and complex wound group. These include:

- Maximising patient compliance with care plans and pressure relieving equipment use. This will be supported by the use of the non-compliance pathway tool which is already in place to support staff. This tool takes staff through the options available to maximise patient compliance. Updates are being made so that it can be used more effectively. This involves looking at how the technology is used to support staff in their documentation and education for staff who use the tool. Consistent mental capacity assessment and documentation is integral to support this work
- Ensuring that any circulatory component is always considered for lower limb pressure ulcers. This involves ensuring that staff have the necessary equipment, training and competence to assess lower limb circulation. Effective identification of a circulatory component will ensure patients receive the appropriate referrals and treatment
- Involvement of therapists for patients with complex repositioning issues. This will ensure that appropriate expertise is available to support equipment choice and its use
- Introducing a palliative care wound pathway. The team recognises that if a patient is approaching the end of their life, the planned care for a pressure ulcer should change as healing will no longer be a realistic expectation and comfort must become the focus. The aim

of the pathway will be to empower the staff delivering care to make the appropriate decisions in a timely way.

Summary of PSIRF learning and improvement

PSIRF has given us the ability to prioritise where we would undertake a patient safety incident investigation (PSII) regardless of level of patient harm at the time of the incident. This has meant we can be proactive where we see issues of concern to put safety actions and recommendations in place sooner. An example of this is our maternity team where we saw a rise in moderate harm incidents in relation to post-partum haemorrhage. We are currently undertaking an independent investigation in conjunction with our maternity specialists to understand the learning prior to a major event happening.

As part of our preparation for our second year of PSIRF we co-produced our patient safety incident response plan (PSIRP) with key divisional and specialist leads and where some topics have remained on the plan, some have moved as there are now robust quality assurance mechanisms in place, for example auditing our pathways of surveillance.

Each PSII produces safety actions and safety recommendations. The actions are mitigations which need to be undertaken swiftly to prevent a similar event occurring again, safety recommendations are improvement driven projects which can be themed together to enable us to prioritise quality improvement work. All recommendations from PSII are reviewed at the safety improvement group – a newly formed committee which will have representation from divisional and specialist leads, as well as quality and safety leads. This will allow us to plan and prioritise measurable improvement projects in response to our findings from PSII and other investigations.

We use the LifeQI platform to monitor and progress quality improvement projects and have programmes of work underway in relation to some of our key risks identified in 2021-22. Falls, pressure ulcer prevention and deteriorating patient are examples of programmes which have started in response to findings from safety investigations and are monitored through their relevant specialist committee.

We have other mechanisms for sharing learning as a result of PSIRF. We present learning from individual cases at relevant forums such as the post graduate medical education sessions and the nursing & midwifery clinical council, as well as through divisional boards and also share patient safety bulletins directly with ward staff. The maternity team have a publication called Risky Business which shares examples from practice for all maternity staff.

Currently we are exploring how we can utilise existing communication platforms we have in the Trust to share learning such as the all staff briefings, and our Trust publication 'the green sheet' prior to the re-commencement of the all staff safety summit in the autumn of this year.

Quality priority 2: Development of a reporting framework for quality using the National Patient Safety strategy model of Insight : Involvement : Improvement

During 2020-21 options were co-produced with senior leaders within the Trust to establish a new framework for engagement and oversight for quality, safety and improvement. This was part of a planned review of the Trust's governance committee structure. In 2021-22 a new reporting framework was introduced based on the key principles of the National patient safety strategy (issued summer 2019) and structured around:

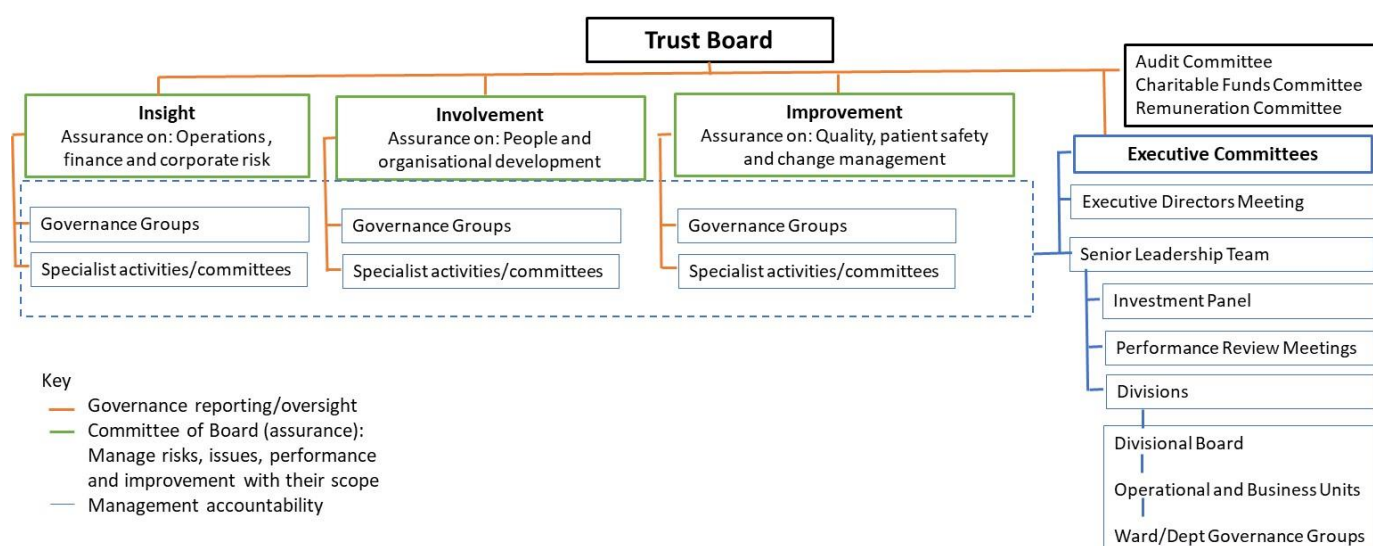
- **Insight** – improve understanding and provide assurance to the Board on operational delivery, finance control and corporate risk
- **Involvement** – provide assurance to the board in relation to people and organisational development, including the Trust's strategies, plans and the management of risks, relating to staff engagement and involvement; patient engagement and involvement and system involvement & public engagement

- **Improvement** - improve understanding and provide assurance to the Board on delivery and improvements in relation to quality, patient safety and change management

Three assurance committee of the Board were established to reflect this approach. This structure is underpinned by governance and specialist groups which provide a structured approach to the understanding, review and improvement of key areas of activity, including:

- People and culture
- Patient safety & quality
- Patient experience
- Patient access
- Clinical effectiveness
- Finance & workforce
- Corporate risk

Figure 3: WSFT board assurance structure



The Board continues to review and evaluate the working and effectiveness of the new structure, for example, recently changes have been made to provide greater focus on patient safety and quality. But during 2022 the Board, by taking confidence from the work of its assurance committees, has been able to restructure its own agenda to provide significantly greater focus on culture, engagement and strategy.

Quality priority 3: Supporting all colleagues to speak up safely as part of a culture focused on staff support, well-being and learning

The West Suffolk Review, commissioned by NHS England on behalf of the Department for Health and Social Care, was published in December 2021.

At the meeting of the Board of Directors on 17 December, the chief executive Craig Black responded on behalf of the Board: “As a Trust we accept full responsibility for the failings and shortcomings which led to the review; we got it wrong and remain truly sorry to the staff and families affected.

“We know the actions taken by the Board which led to the independent review have understandably caused upset and anger amongst many of our staff, patients and their families, as well as our community. We know for the individuals most directly affected the impact on their wellbeing has been significant.

“Whilst the investigation has been taking place, we have been working hard to build an open, learning and restorative culture. Our aim is to help staff feel confident to speak up and be supported when

they raise concerns, and for issues to be dealt with sensitively and appropriately”.

Referring to the main themes of The Healthy NHS Board, the Board’s responsibilities are formulating strategy, ensuring accountability and shaping culture. The Board’s performance fell short on both ensuring accountability and shaping culture and that needs to be the main focus of its response.

The Board agreed the response and plan to address and adopt the learning from the report including the organisational development actions that have already been taken and require further embedding. The response also considered the engagement undertaken to that point, and what more needed to happen, to ensure our plans are based on the priorities for staff, governors, patients and teams and can carry the confidence of stakeholders.

Strategy and values

It is clear from the review report that the identified failings stem from the attitudes and behaviours of senior leaders which contributed to poor and uncompassionate decision-making, and a failure to listen and respond to others’ views.

This plan is founded on our FIRST Trust Values. HOW we lead is as important as WHAT we work on by way of actions, and the right leadership behaviours are a central pillar to ensuring previous failings are not repeated. Our FIRST Trust values have recently been refreshed with our staff and stakeholders alongside the process of creating our new 5-year strategy:

- **FAIR** – we value fairness and treat each other appropriately and justly
- **INCLUSIVITY** – we are inclusive, appreciating the diversity and unique contribution everyone brings to the organisation
- **RESPECTFUL** – we respect and are kind to one another and patients. We seek to understand each other’s perspectives so that we all feel able to express ourselves
- **SAFE** – we put safety first for patients and staff. We seek to learn when things go wrong and create a culture of learning and improvement
- **TEAMWORK** – we work and communicate as a team. We support one another, collaborate and drive quality improvements across the Trust and wider local health system

As our strategy states: “Our First Trust Values are the guiding principles and behaviours which run through our organisation and will help us deliver our vision and ambitions in the right way. We will use them to always strive to improve the services we provide to our community and the way that we work as a team and with our partners. To reflect the changes the Trust has been through in recent years, we have updated these values to reflect the evolution of the organisation, the journey it is on and the culture we are striving to create across the Trust.”

Actions already undertaken or in progress:

- A new 5-year strategy has been developed for WSFT with staff and other stakeholders, which overtly recognises past failings and the importance of learning lessons to develop our culture
- Our FIRST Trust values have been refreshed with staff and stakeholders and are built in to the new strategy
- Staff (and their well-being) are now an overt strategic priority, with investment in staff psychology support services and other well-being measures

Further actions planned:

- Implementation of the new strategy and refreshed values
- Build alignment through divisions and teams using the new strategic ambitions and objectives to develop their own strategies and plans
- Develop a work programme to embed the values in working practices and everyday life across the Trust, and then deliver it
- The Board and the Council of Governors to consider and agree a plan for how they will role model the values and how this should be evaluated as part of their development programmes

Board development and accountability

Culture change starts at the very top of organisations. What leaders pay attention to, talk about and model in their own behaviour tells those in the organisation what it is they should value. This in turn impacts on outcomes, as exemplified in this summary gained from Professor Michael West and through our leadership development session delivered by him in October 2021:

- Compassionate leadership → staff satisfaction
- Staff satisfaction → patient satisfaction, care quality
- Poor leadership → work overload, high staff stress
- High work pressure → less compassion, privacy, respect.
- High staff stress → poorer care quality and finances etc.

The criticisms detailed in the review are clear - that significant failings lay within Board governance - which had ramifications for the culture of the organisation. This in turn has impacted on staff and teams affected through and post these events. Rebuilding the Board and focusing on its development to deliver a change in culture will require significant focus.

Actions already undertaken or in progress:

- An externally-facilitated Board development programme has been commissioned, which commenced in October 2021, including an in-depth 360 feedback exercise
- We have rebuilt the executive team and continue to be focused on its development
- The board assurance committee function has been strengthened
- We have supported our Council of Governors to develop their role of holding non-executive directors to account for performance of the Board
- We have an ongoing training programme for governors, externally-facilitated
- The minutes of closed Board meetings shared with our governors
- Establish an agreed governor-director working group to facilitate their role around holding NEDs to account for the performance of the Board
- Externally-facilitated programme for the Council of Governors commissioned to ensure culture change is reflected in the wider FT accountability framework.

Further actions planned:

- Detailed programme of Board development for 2022, to include development session with review author to support broader reflection and learning and the Board's response
- Person specifications for Board recruitment to reflect lessons learned from review
- Recruitment of new substantive Chair and to NED vacancies
- Recruitment of new substantive chief executive

Building a speak up culture

There are significant failings identified in the review related to the organisational culture around freedom to speak up and it is clear that these failings have harmed staff's confidence in speaking up at West Suffolk.

The learning arising from this must address any real or perceived detriment to staff who raise concerns. Critical to shifting this is the attitude and approach of the Board, and particularly executive directors, in being open to concerns, and ensuring that the management of speak up issues does not become conflated with any other process, including performance management.

The development of a culture where all staff feel confident to speak up and raise concerns at work, and their concerns listened to, is crucially important to us all. It has a direct impact on a culture of safety with positive benefits for patient care, quality and staff experience. We know from the most recent set of staff survey results that further effort is required to develop this culture at WSFT given that an increased number of colleagues reported that they did not feel confident to speak up.

The development already undertaken within the executive team with Dr Megan Reitz has focused on the awareness that all management teams within organisations should hold, including:

- Speaking up is relational. The dynamics and differences in role, position and context of the individual speaking up, and the individual they are speaking up to, will dictate the environment within which it happens.
- We are not as good at it as we think we are (speaking up or listening up). No one is likely to tell leaders they are “wrong”.
- Those in senior roles typically hold an optimism bias about what it is really like in an organisation, which can lead to them existing in a ‘bubble’.
- Senior leaders can immediately perceive speaking up as criticism, and thus act defensively.

Actions already undertaken or in progress:

- We have strengthened and expanded our Speak Up Guardian function, with two clinicians undertaking this role with dedicated time
- The Speak Up Guardians present to Board at its meeting in public on a quarterly basis, including challenge and feedback to the Board from the guardians
- The Guardians have established a Speak Up champion network during 2021, with training and support for individuals. 40 individuals have been trained and a further 20 are booked for future training
- The Board has used the NHSI self-assessment tool to assess its leadership approach to speaking up twice in 2021
- Essential ‘speak up’ training for all staff agreed and active

Further actions planned:

- Work with the National Speak Up Guardian’s Office to learn from best organisational practice and explore further support
- Further expand our Speak Up staff champion network, particularly focusing on underrepresented areas
- Evaluate the learning from staff champion model and promote positive examples of the difference that raising concerns can make
- Utilise the 2021 national staff survey results to provide focused support to teams where confidence in speak up processes is of most concern
- Design and deliver a development package for all leaders and managers, starting with Board, on how to grow safe speak up cultures within teams including the skills to respond non-defensively to concerns being raised
- Consider additional ways for staff to raise concerns and issues in psychological safety

Other quality indicators

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

National targets

	2021-22 Target	2021-22 Actual	2020-21 Actual	2019-20 Actual	2018-19 Actual
C. difficile - Hospital onset health care associated ¹	16	37	27	25	12 (2)
18-week maximum wait from point of referral to treatment (patients on an incomplete pathway)	92%	64.6%	57.2%	81.6%	88.8%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge ²	95%	-	-	-	90.7%
62-day urgent GP referral-to- treatment wait for first treatment - all cancers	85%	71.5%	75.0%	79.5%	84.6%
62-day wait for first treatment from NHS cancer screening service referral	90%	80.7%	94.2%	92.6%	92.4%
31-day wait for second or subsequent treatment - surgery	94%	100%	100%	99.6%	99.5%
31-day wait for second or subsequent treatment - anti-cancer drug treatments	98%	100%	100%	100%	99.8%
31-day diagnosis-to-treatment wait for first treatment – all cancers	96%	100%	100%	99.6%	99.8%
Two-week wait from referral to date first seen comprising all urgent referrals (cancer suspected)	93%	66.0%	71.5%	92.0%	90.7%
Two-week wait from referral to date first seen comprising all urgent referrals for symptomatic breast patients (cancer not initially suspected)	93%	35.2%	94.3%	89.2%	82.2%
Maximum six-week wait for diagnostic procedures	99%	67.1%	49.8%	93.3%	97.3%

¹ Figures in brackets exclude cases that West Suffolk CCG deemed to be non-trajectory (no identified lapses in care). One case for 2018/19 is pending CCG final opinion

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

We recognise the underperformance in a number of areas and it has been the subject of scrutiny at Board, assurance committee and governance groups.

In terms of two-week wait from referral to date first seen for symptomatic breast patients referral numbers have returned to pre-pandemic levels but show considerable variation month to month which is difficult to plan for. In addition, during the waves of Covid we have experienced staff sickness absences which have led to a reduction in capacity. A full recovery action plan is in place including the purchasing of additional equipment to increase capacity for people referred on the symptomatic breast pathway (cancer not initially suspected). Progress is monitored internally and externally.

Stroke services

Performance against the contractual stroke targets is detailed below. 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 retained its top grade A ranking for 16 quarters since April 2018. SSNAP is a major national health care quality improvement programme based in the school of life course and population sciences at Kings College London reviewing data from hospitals across the country as part of the Sentinel Stroke National Audit Programme, assessing stroke care against 43 key indicators.

We have in place a contract to deliver an early supported discharge service (ESD) for stroke patients across Suffolk. This will provide up to six weeks of intensive stroke rehabilitation in patients' own homes following their discharge from an acute hospital, helping them to regain their mobility and independence. The service is provided by the Suffolk Alliance, which is a partnership of WSFT, East Suffolk and North Essex NHS Foundation Trust, and Suffolk County Council, and is supported by a variety of third sector partners.

Learning from deaths

During 2021-22, 998 WSFT patients died (of which 988 were adult patients, 10 of those were people with learning disabilities and 6 had a severe mental illness, 6 were neonatal deaths, 4 were stillbirths). This comprised the following number of deaths which occurred in each quarter of that reporting period:

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

As of 6th April 2022, 114 case record reviews and 13 investigations have been carried out in relation to these 998 deaths. In 13 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 44 case record reviews (5 investigations) in the first quarter
- 33 case record reviews (3 investigations) in the second quarter
- 26 case record reviews (2 investigations) in the third quarter
- 11 case record reviews (3 investigations) in the fourth quarter.

6 deaths, representing 0.6% of the patient deaths during the reporting period, were judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 1 [0.5%] for the first quarter
- 3 [1.4%] for the second quarter
- 1 [0.3%] for the third quarter
- 1 [0.4%] for the fourth quarter.

These numbers have been estimated using the following pathways: All inpatient deaths excluding neonatal death and stillbirths are collated via the Trust's electronic patient record and recorded on a bespoke mortality database. Neonatal deaths and stillbirths are collated via the MBRRACE-UK perinatal mortality surveillance system. Deaths of patients with a learning disability are recorded on the Trust mortality database but also reported to the national learning disabilities mortality review programme (LeDeR). Maternal deaths are also reported to the Healthcare Safety Investigation Branch (HSIB) for external review.

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

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

Bereaved families are invited to give feedback on the care their relative received, this can be via the Medical Examiner or the Learning from Deaths reviewer.

In a small number of cases a further investigation is warranted and this is undertaken by the patient safety team via the Trust's incident reporting pathway. Where an incident relating to a patient death is considered (at the time of reporting) to be more likely than not to have been due to problems in the care provided then a patient safety incident investigation (PSII) is undertaken and a count of these reports has been used to collate the data for that indicator. If a death is not considered to fit within this definition but opportunities for wider system learning are evident then a patient safety review (PSR) is completed. The sum of PSIIS and PSRs has been used to provide the data for the number of investigations.

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

Learning from reviews of adult deaths:

- Multiple bed moves impacting on the quality of care received by patients particularly at the end of their life
- Inability to fast track discharge enabling those who wish to die at home to do so
- Impact of reduced staffing and increased workload on the ability to perform timely nursing assessment
- Lack of assurance that sick patients receive the same excellent care during the weekend or out of hours as they can expect during daylight week day hours.

Themes similar to previous years with:

- Many examples of excellent communication with family and relatives by junior doctors, when explaining care and treatment
- Regular comment upon excellent care provided by palliative care team who see patients quickly following referral and are supportive of clinical nursing and medical teams as well as families at the end of a patient's life
- Delayed recognition that a patient is reaching the end of their life continues to be a theme, such that active treatment continues when, with the benefit of hindsight, it was likely to be futile with resultant delay in referral to palliative care
- Continuing active treatment also when it has been recognised that the patient is dying, and they and their family have agreed a plan for palliative care with the ward team, which could impact on the patient's quality of life in their last few days.

Actions which LfD has contributed to in 2021-22:

Structure and organisation

- A change in the way that preventable deaths are investigated, recorded and reported with the commencement of the PSIRF framework.
- Consultation regarding the purpose of the LfD group - LfD is a management group not an assurance group with LfD reporting to the Patient Quality and Safety group
- Introduction of the LfD Caseload Manager role; this new post has enabled further development of relationships between the LfD team and clinical staff, the end of life group, human factors group and the patient safety team as well as working with speciality teams to ensure that mortality reviews are recorded in the mortality database.
- Expansion and restructure of the team to better reflect the Trust and cases reviewed. The reviewer team is now - Medical consultant, anaesthetic consultant, surgeon, ED, ITU and anaesthetics locally employed doctors, two nurse specialists with expertise in heart failure and dementia.
- Team training to share learning.
- Enhanced involvement of clinical teams, by invitation to contribute to review process and by LfD team attendance at M&M meetings.
- Restructure of poor care meeting to include the LfD reviewer presenting the case and closed loop communication and documentation for decisions and actions.
- Single point of contact email address for continuity of process if team members away from work lfid.team@wsh.nhs.uk.

Learning and Sharing

- LfD platform on the intranet
- Collaborative work during 'Dying matters' week with presentation of whole trust data and themes presented as a poster during two events for staff.
- Collaborative work for complex patient review (LfD / Patient safety / complaints team).
- Two face to face multidisciplinary learning events delivered (currently suspended following covid and staffing pressures).
- Weekend working and continuity of care highlighted, work is ongoing with a task and finish group to address issues raised from LfD reviews.
- Escalation to specialist groups (SALT and microbiology) the findings from reviews of patients who died of aspiration pneumonia.
- Working with the human factors group to explore the use of the Yorkshire Contributory Factors Framework to improve the information gathered at the time of the death.
- Attendance at speciality M&M meetings to share outcomes from LfD and take cases back for review.
- Reinstating the blue-ribbon initiative, reducing the number of bed moves for patients nearing the end of their life.
- Publication of LfD bulletins. The LfD team have surveyed medical, nursing and allied health professional teams who gave positive feedback and valued the bulletins which have addressed the following themes:
 - Unconscious bias
 - The complex patient.

The Trust records and reviews deaths of patients with a learning disability and patients with a severe mental illness. The trust recruited a learning disability liaison nurse in 2021 and there has been close working between the LfD team and the trust clinical leads for mental health and learning disability as well as the Learning Disability Liaison nurse in 2021-22. Feedback from these reviews to enhance wider learning has been included as a scheduled agenda items in the LfD group meetings and will continue to be included in the new Mortality Surveillance Group meetings in 2022/23. This includes feedback from external reviews to incorporate wider national learning.

The Trust records and reviews deaths of patients in maternity services (including still birth, neonatal death and deaths of women during or immediately following delivery) and there is close working between the LfD team and maternity services with the learning from Death team invited to PMRT reviews and action planning meetings. Feedback from external HSIB reviews to enhance wider learning have been included in the LfD group meetings and will continue to be included in the new Mortality Oversight Group meetings in 2022/23. Presentations of cases of rare and complicated maternity related illnesses highlighted what symptoms and signs may be early indicators of illness, and also highlighted the challenges of ensuring continuity of complex multi-specialty care.

Actions which WSFT proposes to take, in consequence of what has been learnt during 2021-22:

- Task and finish group to provide assurance relating to out of hours medical care of sick and vulnerable patients
- Work with the patient safety team, bed managers, matrons and the infection control team to understand why patients are moved multiple times during their admission and to reduce the number of bed moves for elderly, frail and end of life patients
- Work with the matron team to improve nursing assessment completion and improve basic nursing care given across the organisation including the emergency department.
- Work with the patient safety team to ensure that all preventable deaths are identified through Datix reporting and case review.

Priorities for 2022/23 include

- Undertake a thorough review of the mortality processes within the Trust and develop a clear and streamlined plan for deaths where either the medical examiner, the family or other stakeholders have raised concerns about patients care. The purpose of this is to avoid bereaved families having multiple points of contact and to also expedite the review of notes (SJR) or patient safety investigations / reviews and share the findings with the families, coroner and clinical teams within 60 days.
- Revise the Learning from Deaths policy to reflect the planned mortality review changes
- To review all local morbidity and mortality meetings and have an agreed template which facilitates case discussion being uploaded to the mortality database and ensures compliance with national regulations around recording mortality eg: TARN
- To look at how SJRs are undertaken initially within the surgical directorate (excluding ortho and gynae) and allocate SJRs to that speciality but not to a clinician that has been involved in that patient's care
- Establish KPI of 28 working days for undertaking an SJR across the Trust
- Liaise with the Lead ME to clarify the future role of the Hogan score in light of guidance being disseminated from regional level
- Establish a Mortality Oversight Group to replace LfD group that will be responsible for collating themes around mortality and establishing key learning points and QIP to ensure that these are imbedded. The MOG will meet quarterly and receive reports from LeDeR, maternity, paediatrics
- To produce a quarterly mortality report that will include data on number of deaths monthly and show trends across the year. This data will also be shown as elective, emergency, in ED and by speciality. The SHMI will be presented graphically. There will be a summary of inquests, patient safety investigations and reviews alongside themes identified by case note reviews. Actions that have been identified as required by MOG will be documented along with completion. This report will be shared throughout the Trust
- To change the executive review meeting composition and title to SJR review meeting with AMD, Patient Safety, LfD, Deteriorating Patient and Human Factors represented
- Peer review of all LfD reviewers to ensure that judgements in the SJR's are reliable
- Provide a process to ensure that case reviews are completed where SHMI is indicating an above expected number of deaths in the trust
- Collaborative working to progress quality improvement projects, for example use of the human factors Yorkshire Contributory Framework alongside the SJR
- Strengthen reporting pathways to support the identification of cases for inclusion in the trust's local Patient Safety and Incident Response plan.

An assessment of the impact of the actions identified in 2020-21 which were taken during the reporting period 2021-22:

Aspiration pneumonia – reviews are complete and themes are identified and shared. These themes are:

- Choice of antibiotic prescribed in hospital acquired aspiration pneumonia (HAP)
- Choice of antibiotic prescribed in community acquired aspiration pneumonia (CAP)
- Inconsistency in referral to SALT
- Risk based feeding.

Work continues to ensure that CAP and HAP are diagnosed correctly, to produce a streamlined trust wide antibiotic guideline, adoption of a microbiology app and referral pathway to SALT.

Stranded patients – Discharge planning group and CCG working to increase community capacity and improve discharge at the end of life.

End of life care – work with the palliative care team is ongoing. This will include implementation of the ReSPECT tool across the organisation, an action which has been on hold due to increased workload during the pandemic.

The number of case reviews and investigations completed in 2021-22 relating to deaths in reporting period 2020-21 which were not included in the annual quality account in 2020-21

- 37 case record reviews (1 investigation) in the first quarter
- 29 case record reviews (0 investigations) in the second quarter
- 67 case record reviews (0 investigations) in the third quarter
- 61 case record reviews (0 investigations) in the fourth quarter.

The number of deaths judged to be more likely than not to have been due to a problem in the care provided to the patient relating to deaths in reporting period 2020-21 which were not included in the annual quality account in 2020-21

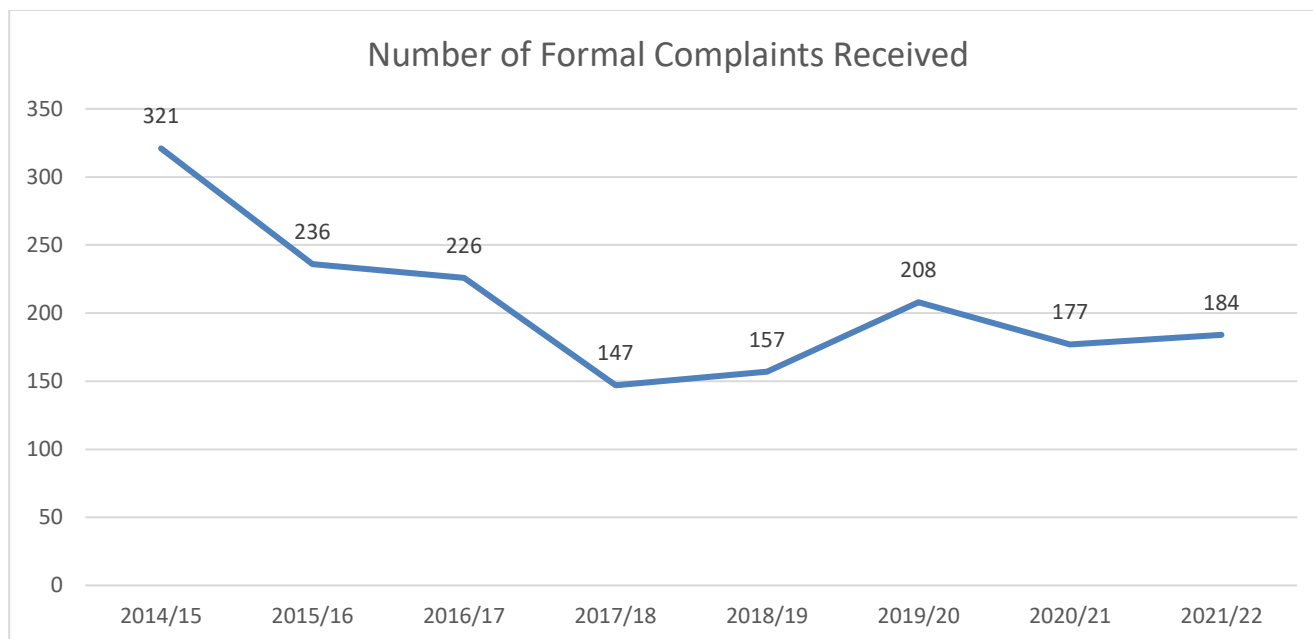
- One [0.003%] for the first quarter
- None [0%] for the second quarter
- None [0%] for the third quarter
- None [0%] for the fourth quarter.

Complaints management

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

Complaints are reviewed with service managers, associate directors, clinical directors and the senior nursing team to ensure that issues are addressed, learning takes place and trends identified. Examples of learning are detailed below. Themes and lessons learned are also reviewed within divisional board meetings and by the involvement committee.

WSFT received 184 formal complaints during 2021-22. The Board monitors complaints and learning on a monthly basis as part of the quality reporting arrangements.

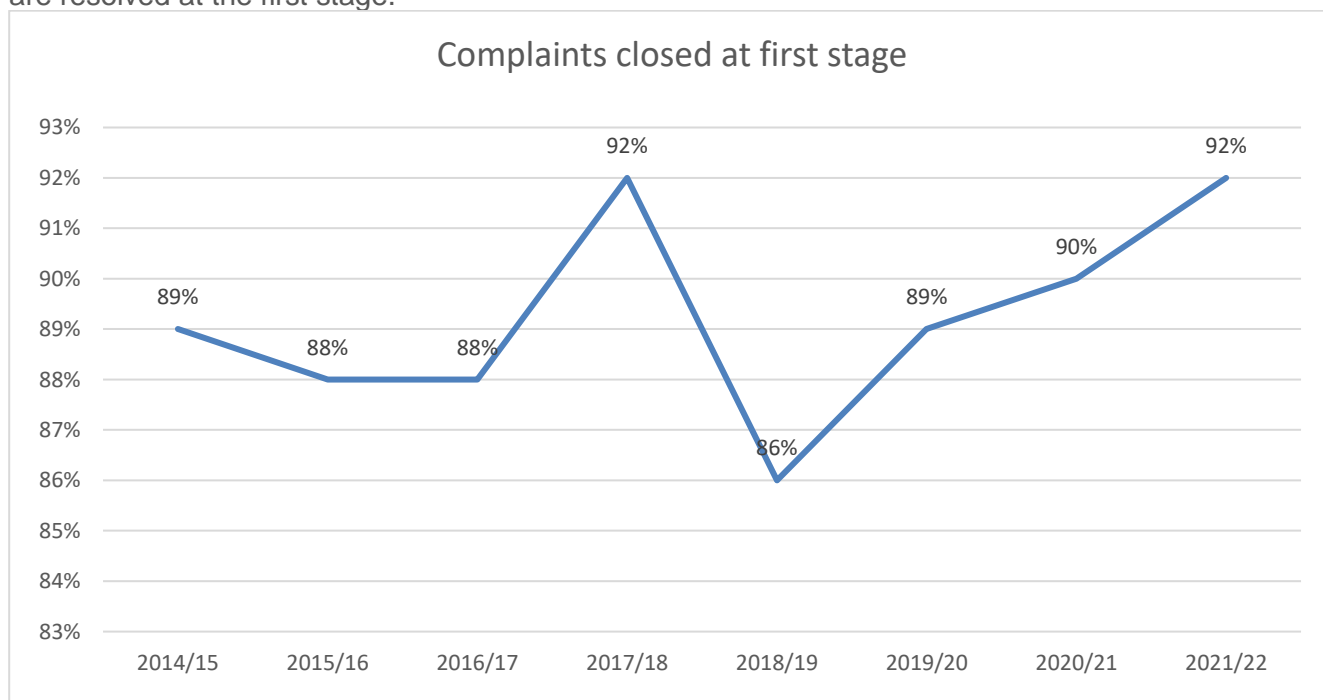


Source: Datix

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

In 2021-22 the Trust successfully resolved 169 complaints at first stage, with 15 investigations escalating to second stage throughout the year.

The increase in 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 increase complainant involvement within the complaints process to ensure complaints are resolved at the first stage.

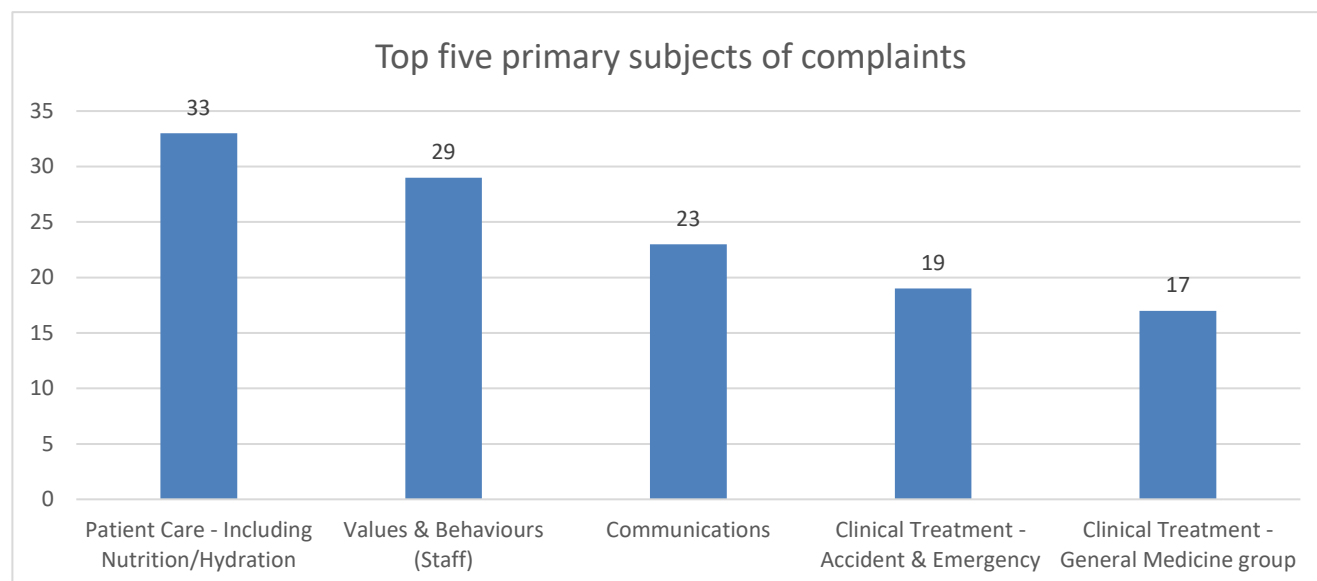


Source: Datix

Complainants who are dissatisfied with the Trust's response can refer their concerns directly to the PHSO for an independent review. During 2021-22, 1 complaint was referred to the PHSO, compared to 4 during 2021-22.

This complaint is still being investigated by the PHSO

This decrease of complaints accepted for investigation by the PHSO in 2021-22 demonstrates quality investigation processes at local level.



Source: Datix

The numbers identified in the chart above list only primary concerns; many complaints have multiple categories. 4 out of 5 of the top categories have remained the same since the previous financial year; however, the clinical treatment for the general medicine group has replaced clinical treatment for the surgical group. This is most likely due to the reduction in elective procedures taking place over the previous year.

Patient care is now the top category for concern increasing from 30 in 2020-21 to 33 in 2021-22. Values & behaviours of staff has increased from 19 in 2020-21 to 29 in 2021-22 showing a 52% increase. Complaints in relation to Communication have decreased from 33 in 2020-21 to 23 in 2021-22 reflecting in a 30% reduction. Communication was previously the top category for concern in 2020-21. Clinical treatment in A&E has decreased from 20 in 2020-21 to 19 in 2021-22.

Whilst clinical treatment within the general medicine group did not feature within the top 5 categories of concern for the previous financial year, it has increased from 13 in 2020-21 to 17 in 2021-22.

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. Learning from complaints has supported WSFT's quality priorities and other service improvements including:

- A number of actions have been completed in order to improve communications between ward staff and relatives including the reintroduction of the clinical helpline and continuation of the keeping in touch service
- Learning disability liaison nurse has been appointed to ensure that referrals are handled in a timely manner and provide support to wards
- Staff on stroke unit will provide patients with a stroke passport as early in their admission as possible
- Training has been arranged for junior doctors 2-3 times a year for mental capacity and lasting power of attorney involvement
- Ward teams have been reminded about the importance of taking patients weight on admission and recording this
- Further collaboration with the regional ambulance service and mortuary manager, ensuring that correct procedures are followed. Flow diagrams have

been made available for emergency department staff

- In complex clinical circumstances, the departure summary for the GP Fwill now be written by the obstetric team
- Improvements have been made in the process for checking the drugs prior to administration as part of the spinal procedure. As well as the drug name, concentration, expiry date the route will also be confirmed
- Regular junior doctor teaching sessions to be recommenced from the Trust's governance office to share learning from investigations. This will take place on a quarterly basis and will capture all junior doctors in training
- Ward team are reviewing options to purchase a fridge for the ward to store expressed colostrum
- Additional ward clerks have been recruited to assist with answering ward phones
- The surgical consent process is being reviewed and a checklist has been implemented to ensure patients agree to treatment.

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

National CQC patient surveys

The CQC carries out a variety of patient surveys, the most frequent of which occurs annually. Feedback from national as well as local surveys is used to monitor service performance and focus on quality improvement. WSFT was involved in the following CQC surveys which have been reported on during 2021-22:

- 2020 Urgent and Emergency Care Survey (September 2021)
- 2020 Adult Inpatient Survey (October 2021)
- 2020 Children and Young People's Patient Experience Survey (December 2021)
- 2021 Maternity Survey (February 2022)

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 of 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 a trust's 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.

Analysis

The 2021 Maternity Survey features a more in-depth analysis of results than we have seen in previous surveys. Going forward we can expect a similar presentation of results across all of our surveys.

2020 Urgent and Emergency Care Survey (September 2021)

Respondents and response rate

- 447 West Suffolk NHS Foundation Trust patients responded to the survey
- The response rate for West Suffolk NHS Foundation Trust was 36.61%

Banding

Better

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

- Q5. Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?
- Q12. Were you informed how long you would have to wait to be examined?
- Q32. In your opinion, how clean was the A&E department?

Worse

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

Same

- WSFT results were **about the same** as other trusts for 35 questions.

2020 Adult Inpatient Survey (October 2021)

Respondents and response rate

- 574 West Suffolk NHS Foundation Trust patients responded to the survey
- The response rate for West Suffolk NHS Foundation Trust was 49.1%

Scoring

For each question in the survey that can be scored, individual responses are converted into scores on a scale of 0 to 10. For each question, a score of 10 is assigned to the most positive response and a score of 0 to the least positive. The higher the score, the better the trust's results.

Banding

Better

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

WSFT results were **better** than most trusts for 4 questions:

- Q4A. There were restrictions on visitors in hospital during the coronavirus (COVID-19) pandemic. Were you able to keep in touch with your family and friends during your stay?
- Q5.4. Were you ever prevented from sleeping at night by hospital lighting?
- Q12. How would you rate the hospital food?
- Q13. Did you get enough help from staff to eat your meals?

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

- Q5.2. Were you ever prevented from sleeping at night by noise from staff?
- Q11. Were you offered food that met any dietary requirements you had?
- Q19. Did you have confidence and trust in the nurses treating you?

Worse

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

Same

- WSFT results were **about the same** as other trusts for 38 questions.

2020 Children and Young People's Patient Experience Survey (December 2021)

Respondents and response rate

- 130 West Suffolk NHS Foundation Trust patients responded to the survey
- The response rate for West Suffolk NHS Foundation Trust was 25.69%

To note

The Trust overall has scored 'worse than expected' for the experiences of children and young people aged 8-15. This is based on variation of results at Trust level.

Banding

Better

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

- **Parents/carers of 0 to 15-year olds were asked:** Q5. For most of their stay in hospital what type of ward did your child stay on?

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

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

Worse

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

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

- **Children/young aged 8 to 15 were asked:** Q59. Were you involved in decisions about your care and treatment?
- **Parents/carers of 0 to 15-year olds were asked:** Q20. Did hospital staff keep you informed about what was happening whilst your child was in hospital?

WSFT results were **somewhat worse** than most trusts for 2 questions:

- **Parents/carers of 0 to 15-year olds were asked:** Q17. Did you have confidence and trust in the members of staff treating your child?
- **Children/young people aged 8 to 15 were asked:** Q68. Did a member of staff tell you who to talk to if you were worried about anything when you got home?

Same

- WSFT results were **about the same** as other trusts for 55 questions.

Questions where our score has decreased significantly from 2018

Some of the CQC surveys allow for comparison against the trust's results from the previous year, which is possible when the questions have remained the same.

The trust's score decreased significantly from 2018 in the following two questions:

- **Parents/carers of 0 to 7-year olds were asked:** Q9. Were there enough things for your child to do in the hospital?
- **Parents/carers of 0 to 15-year olds were asked:** Q30. Were you able to prepare food in the hospital if you wanted to?

2021 Maternity Survey (February 2022)

Respondents and response rate

- 188 West Suffolk NHS Foundation Trust patients responded to the survey
- The response rate for West Suffolk NHS Foundation Trust was 64%

Banding

Better

WSFT results were **much better** than expected on 0 questions

WSFT results were **better** than expected on 1 question:

- F2. When you were at home after the birth of your baby, did you have a phone number for a midwifery or health visiting team that you could contact?

WSFT results were **somewhat better** than expected on 1 question:

- B4. At the start of your care in pregnancy, did you feel that you were given enough information about coronavirus restrictions and any implications for your maternity care?

Worse

WSFT results were somewhat worse than expected on 0 questions.

WSFT results were worse than expected on 0 questions.

WSFT results were much worse than expected on 0 questions.

Same

- WSFT results were **about the same** as other trusts for 48 questions

Analysis

Where mothers' experience is best

- ✓ During antenatal check-ups, mothers being asked about their mental health by midwives.
- ✓ At the start of their pregnancy, mothers being given enough information about coronavirus restrictions and any implications for their maternity care.
- ✓ Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.
- ✓ Mothers discharge from hospital being delayed on the day they leave hospital.
- ✓ Mothers receiving help and advice from health professionals about their baby's health and progress in the six weeks after the birth.

Where mothers' experience could improve

- Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital
- Mothers receiving help and advice from a midwife or health visitor about feeding their baby in the six weeks after giving birth
- Mothers being given a choice about where their postnatal care would take place
- Mothers feeling that the midwife or midwifery team always listened to them during care after birth
- Mothers feeling that midwives and other health professionals gave them active support and encouragement about feeding their baby.

Action plans

Results are reviewed within relevant groups and action plans established with the support of the Patient Engagement Team alongside any existing work within the workstreams.

Actions from the CQC survey results include:

- The creation of focus groups in particular areas
- Local surveys to determine whether situations have improved
- A review of patient information leaflets given out at discharge
- Collation of feedback following the creation of a new post within the department

National staff survey

The WSFT performs a full census of staff and has seen a slight decrease in the response rate of 2%, now at 44%, which is below average. The Trust has seen a decrease in staff engagement, though this is still above the average national score for acute and acute and community trusts.

There has been a significant reduction in 24% of the scores when compared to the Trusts scores from the previous year. When comparing the Trust scores against the average of other similar organisations, the Trust has seen a significant reduction in 6% of its scores, and a significant increase in 44% of its scores. The Trust's scores are either average or above in 82% of the questions.

The Trust is still above average for the recommender questions but has seen a reduction in the question of staff being happy with the standard of treatment provided by the organisation if friends or family needed treatment from 83% to 74% (average of 66%); there has been a reduction in recommending the organisation as a place to work from 74% to 65%, but again, the trust is above the average of 59%.

The Trust has seen a significant reduction in staff feeling that there are sufficient staff in the organisation to do their job properly from 40% to 29%, though still above the average of 27%.

There has been an increase in staff who feel their immediate manager asks for their opinion before making decisions that affect their work from 56% to 59%, which is above the average of 56%. Opportunities to show initiative frequently in their role has increased from 73% to 75%, which is above the average of 73% and has significantly improved against the average.

There has also been an increase in staff not experiencing harassment, bullying or abuse from patients/service users, their relatives or members of the public, which has increased from 74% to 76%, which is above the average of 74%. There has also been an increase in staff that have not experienced harassment, bullying or abuse from other colleagues from 80% to 82%, which is average compared to similar trusts.

Compared to the average of similar trusts, staff feeling confident that the organisation would address concerns about unsafe clinical practice, reduced from 55% to 52% and is below the average of 58%. Similarly, the score on whether the organisation acts on concerns raised by patients/service users, reduced from 72% to 66%, which is below the average of 71%.

Workforce Race Equality Standard (WRES)

The scores presented below are the scores for indicators 5, 6, 7 and 8 split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

Indicator		WSFT 2021	Average (median) for acute trusts	WSFT 2020
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	23%	27%	25%
	BME	31%	29%	30%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	22%	24%	24%
	BME	26%	29%	28%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	60%	59%	60%
	BME	45%	45%	54%
In the last 12 months have you personally experienced discrimination at work from any of the following – Manager/team leader or other colleagues?	White	6%	7%	6%
	BME	15%	17%	13%

Actions relating to the WRES are included within the Trust's inclusion action plan. It includes actions relating to supporting the development of staff networks, mental health wellbeing, cultural awareness and representation amongst Freedom to Speak Up champions. These are setup out as part of the following objectives:

- Improve the experience and care of people who are lesbian, gay, bisexual, trans and all other sexualities and gender identities
- Ensure that the recruitment and selection processes are bias free and inclusive
- Facilitate the voices of all staff, providing forums for individuals to come together, to share ideas, raise awareness of challenges, provide support to each other
- Take action to support the mental health wellbeing of all staff
- For patients, service users, carers and staff
- Promote a culture of inclusion in the delivery of care to all patients and staff
- Tackle bullying and harassment of and by staff and support staff to respectfully and successfully challenge problem behaviours.
-

Development of the quality report

During 2021-22 we have built on our understanding of the views of Trust members' and users' through engagement in the development and launch of our new strategy.

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

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

Annex A: Participation in clinical audit

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

Table A: National clinical audits

National clinical audit	Host organisation	Eligible	Participated	%
Adult Asthma - National Asthma and COPD Audit Programme (NACAP)	Royal College of Physicians	Yes	Yes	Ongoing ¹
Breast and Cosmetic Implant Registry (BCIR)	NHS Digital	Yes	Yes	Ongoing ¹
British Spine Registry	British Spine Registry	No	N/A	-
Care in General Hospital - National Audit of Dementia (NAD)	Royal College of Psychiatrists	Yes	N/A	Suspended ²
Chronic Obstructive Pulmonary Disease (COPD) - National Asthma and COPD Audit Programme (NACAP)	Royal College of Physicians	Yes	Yes	Ongoing ¹
Cleft Registry and Audit Network (CRANE)	Royal College of Surgeons	No	N/A	-
Consultant Sign off QIP	Royal College of Emergency Medicine	Yes	Yes	Ongoing ¹
Elective Surgery (National PROMS Programme)	NHS Digital	Yes	Yes	Ongoing ¹
Fracture Liaison Service Database - Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians	No	N/A	-
Infection Prevention and Control QIP	Royal College of Emergency Medicine	Yes	Yes	Ongoing ¹
Inflammatory Bowel Disease (IBD) Audit	IBD Registry	Yes	Yes	Ongoing ¹
Maternal Mortality Surveillance	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing ¹
Myocardial Ischaemia National Audit Project (MINAP)	Barts Health NHS Trust	Yes	Yes	Ongoing ¹
Myocardial Ischaemia National Audit Project (MINAP) - National Cardiac Audit Programme (NCAP) - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research	No	N/A	-
National Heart Failure Audit - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research	Yes	Yes	Ongoing ¹
National Adult Cardiac Surgery Audit - National Cardiac Audit Programme (NCAP) - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research	No	N/A	-
National Audit of Breast Cancer in Older Patients (NABCOP)	Clinical Effectiveness Unit - Royal College of Surgeons	Yes	Yes	Ongoing ¹
National Audit of Cardiac Rehabilitation - (NACR)	NHS Digital	Yes	Yes	Ongoing ¹
National Audit of Cardiac Rhythm Management Devices and Ablation	National Institute for Cardiovascular Outcomes Research	Yes	Yes	Ongoing ¹
National Audit of Cardiac Rhythm Management Devices and Ablation - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research	Yes	Yes	Ongoing ¹
National Audit of Care at The End of Life - (NACEL)	NHS Benchmarking Network	Yes	Yes	100%

National 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 Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research	No	N/A	-
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Royal College of Paediatrics and Child Health	Yes	Yes	Ongoing ¹
National Bariatric Surgery Registry (NBSR)	British Obesity and Metabolic Surgery Society (BOMSS)	No	N/A	-
National Bowel Cancer Audit (NBOCA) - Gastrointestinal Cancer Audit Programme	NHS Digital	Yes	Yes	Ongoing ¹
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK	Yes	Yes	Ongoing ¹
National Cardiac Arrest Audit (NCAA) - National Cardiac Audit Programme (NCAP)	Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK	Yes	Yes	Ongoing ¹
National Child Mortality Database (NCMD)	University of Bristol	Yes	Yes	Ongoing ¹
National Congenital Heart Disease (CHD) - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research	No	N/A	-
National Core Diabetes Audit - National Diabetes Audit (NDA)	NHS Digital	Yes	Yes	Ongoing ¹
National Diabetes Audit - Integrated Specialist Survey	NHS Digital	Yes	Yes	100%
National Diabetes Footcare Audit (NDFA) - National Diabetes Audit (NDA)	NHS Digital	Yes	Yes	Ongoing ¹
National Diabetes Inpatient Audit (NaDIA) - National Diabetes Audit (NDA)	NHS Digital	Yes	Yes	Ongoing ¹
National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology	Yes	Yes	Ongoing ¹
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	Yes	Yes	Ongoing ¹
National Hip Fracture Database - Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians	Yes	Yes	Ongoing ¹
National Intensive and Special Care - National Neonatal Audit Programme (NNAP)	Royal College of Paediatrics and Child Health	Yes	Yes	Ongoing ¹
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership (HQIP)	Yes	Yes	Ongoing ¹
National Lung Cancer Audit (NLCA)	Royal College of Physicians	Yes	Yes	Ongoing ¹
National Maternity & Perinatal Audit (NMPA)	Royal College of Obstetricians and Gynaecologists	Yes	Yes	Ongoing ¹
National Oesophago-Gastric Cancer Audit (NOGCA) - Gastrointestinal Cancer Audit Programme	NHS Digital	Yes	Yes	Ongoing ¹

National clinical audit	Host organisation	Eligible	Participated	%
National Outpatient Management of Pulmonary Embolisms Audit	British Thoracic Society (BTS)	Yes	Yes	100%
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	Yes	Yes	Ongoing ¹
National Perinatal Mortality Review Tool	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Yes	Yes	Ongoing ¹
National Pregnancy in Diabetes Audit (NPID) - National Diabetes Audit (NDA)	NHS Digital	Yes	Yes	Ongoing ¹
National Prostate Cancer Audit (NPCA)	Royal College of Surgeons	Yes	Yes	Ongoing ¹
National Smoking Cessation Audit - British Thoracic Society (BTS)	British Thoracic Society (BTS)	Yes	Yes	100%
National Vascular Registry (NVR)	Royal College of Surgeons	Yes	Yes	Ongoing ¹
Paediatric Children and Young People Asthma - National Asthma and COPD Audit Programme (NACAP)	Royal College of Physicians	Yes	Yes	100%
Pain In Children QIP	Royal College of Emergency Medicine	Yes	Yes	Ongoing ¹
Perinatal Confidential Enquiry	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Yes	Yes	Ongoing ¹
Perinatal Mortality Surveillance	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Yes	Yes	Ongoing ¹
Pulmonary Rehabilitation - National Asthma and COPD Audit Programme (NACAP)	Royal College of Physicians	Yes	Yes	Ongoing ¹
Sentinel Stroke National Audit Programme (SSNAP)	King's College London	Yes	Yes	Ongoing ¹
Society for Acute Medicine Benchmarking Audit (SAMBA)	Society for Acute Medicine	Yes	Yes	100%
Transurethral REsection and Single instillation intra-vesical chemotherapy Evaluation in bladder Cancer Treatment (RESECT) Improving quality in TURBT surgery.	British Urology Researchers in Surgical Training (BURST)	Yes	Yes	Ongoing ¹
Trauma Audit & Research Network (TARN)	The Trauma Audit and Research Network (TARN)	Yes	Yes	Ongoing ¹
UK National Haemovigilance Scheme - Serious Hazards of Transfusion (SHOT)	Serious Hazards of Transfusion (SHOT)	Yes	Yes	Ongoing ¹
Vertebral Fracture Sprint Audit-Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians	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 2021-22 is currently unavailable.

² As a result of the COVID-19 pandemic collection cycle was temporarily suspended by the Host Organisation (not WSFT). The data collection cycle is scheduled for 2022-23.

Table B: Clinical outcome review programmes participation

Clinical outcome review programme	Host organisation	Eligible	Participated	%
Perinatal Mortality Surveillance	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing ¹
Perinatal morbidity and mortality confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing ¹
Maternal Mortality surveillance and mortality confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing ¹
Maternal morbidity confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing ¹
Epilepsy Study	Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Yes	Yes	29%
Transition from child to adult health services	Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Yes	Yes	Ongoing ¹
Crohn's Disease	Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Yes	Yes	Ongoing ¹
Physical Health in Mental Health Hospitals	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	No	N/A	-
Suicide by middle-aged men	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - University of Manchester	No	N/A	-
Real-time surveillance of suicide by patients under mental health care	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - University of Manchester	No	N/A	-
Suicide and Homicide	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - University of Manchester	No	N/A	-

¹The listed national confidential enquiries run a continuous data collection cycle therefore the percentage of cases submitted against registered cases required in 2021-22 is currently unavailable.

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)

	Jul16 – Jun17	Jul17 – Jun18	Jun18 – Jun19	Jun19 – May20	Jan20–Dec20	Dec20–Nov21
WSFT (control limits)	89.29 (92.48 to 89.05)	87.89 (107.71 to 92.69)	0.9183 (1.08 to 0.88)	0.9266 (1.08 to 0.92)	0.9119 (1.08 to 0.92)	0.8954 (0.896 to 1.117)
Banding ^{a b}	2	3	As expected	As expected	As expected	Lower than expected
National baseline	100	100	1.00	1.00	1.00	1.00
Highest NHS trust	122.77	125.72	No longer reported nationally			
Lowest NHS trust	72.61	69.82				

Source: Dr Foster up to June 17, NHS Digital July 17 onwards

(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 15 – Jun 16	Jul 16 – Jun 17	Oct 17 – Sep 18	Jul 18 – Jun 19	Jul 19 – Jun 20	Jan20 – Dec20	Dec20–Nov21
WSFT	32.54%	31.1%	41.0%	45%	46%	46%	46%
National average	29.56%	35.9%	33.6%	36%	36%	37%	39%

Source: Dr Foster to June 17, NHS Digital October 17 onwards

WSFT considers that this data is as described and shows WSFT's rate is slightly above 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

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

		2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
WSFT	Aged 0 to 15	12.8	12.9	12.5	13.1	13.3	11.6
National average		11.5	11.6	11.9	12.5	12.5	11.9
WSFT	Aged 16 or over	12.5	12.2	12.1	12.7	12.7	12.8
National average		13.4	13.6	14.1	14.6	14.7	15.9

(2021 update) The ongoing review by NHS Digital of emergency readmissions indicators across Compendium, CCGOIS and NHS OF has been paused due to the coronavirus illness (COVID-19) disruption and re-prioritisation of work across NHS Digital.

(b) 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 5 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.

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

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

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.

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

	2016-17	2017-18	2018-19	Q3 2019-20*	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.

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

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
WSFT	16.4	17.3	13.4	8.6	17.0	21.1
National average	14.9	13.2	13.7	12.2	13.6	15.4

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 on a monthly basis and described in the 'Other quality indicators' section of this report.

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

Patient safety incidents (total)

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

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

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

Patient safety incidents resulting in severe harm or death

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

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

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

WSFT considers that this data is as described as the reporting rates are consistent with the data received by the Board on a monthly basis and described in this report within the summary on *Incident reporting and learning*.

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 on *Incident reporting and learning*.

Annex C: Comments from third parties

WSFT Council of Governors

The Council of Governors, 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 Governors have worked closely with the Board in response to the External Review into whistleblowing published in December 2021. This included considering appropriate action to be taken and the focus of organisational development, including culture and freedom to speak up. During 2021/22, the decision was taken by the Council of Governors to extend the term of office for our lead governor; this provided consistency during the Trust's response, as well as the Chair and non-executive director (NED) recruitment described below.

- **Engagement with members and public:**

- We have been unable to capture feedback at the patient and visitor cafes in West Suffolk Hospital and Newmarket Hospital due to Covid restrictions. This will be reintroduced as soon as we are able to do so
- Encouraging the public to join as members of the Foundation Trust and engaging with approximately 6,000 public members to take an interest in the services we provide
- Governors have been asked to encourage their friends and relatives to join the Trust as a way of engagement. There are also information briefings for members at regular intervals
- The annual members meeting was held remotely this year and governors attended in this way.

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

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

- Visits to clinical and non-clinical areas have been suspended during the pandemic. We have now been able to put in place plans to restart these visits in line with the national 15 steps challenge approach
- 'Environmental Reviews' have been suspended due to Covid restrictions
- 'Area Observations' have been suspended due to Covid restrictions.

Whilst it is no substitute for these activities the Governors have continued to monitor the performance of the Board through review of Board meeting packs, observation of the Board meetings and questioning of the NEDs.

- **Working with the Board:**

- Regular attendance at Trust Board meetings, via Teams, where we are encouraged to ask questions and report back to all Governors on outcomes of these discussions
- Attending Board meetings and briefings has also educated Governors on key clinical areas and developments

- Working with the non-executive directors (NEDs) has allowed sharing of information to triangulate areas for further consideration and/or improvement
 - Regular briefings focused on key developments within the operational plan
 - Completed the appraisals of all NEDs on schedule
 - Holding the board to account through the NEDs by requesting assurance on areas of concern, such as maternity services
 - Three NEDs left the Trust during the year, including the Chair and an associate NED. The Governors appointed an interim Chair in January 2022 and are in the final stages of appointing the substantive Chair and up to three NEDs.
- **Development of knowledge and skills:**
 - Agreed a training and development programme, including an externally facilitated session
 - Attended seminars, both internal and external to support learning and development which included a joint training session with NEDs held virtually through MS Teams
 - Held informal meetings of Governors, arranged by the Lead Governor, to ensure effective working relationships and preparations for meetings
 - An externally facilitated programme for the Council of Governors was commissioned to review and support effective working and governance. The final report is expected later in the year.

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

We will continue to strive for opportunities for face-to-face engagement as much as possible for governors with staff, patients and the public.

West Suffolk Clinical Commissioning Group

The West Suffolk (WS) Commissioning Group confirm that WSFT have consulted and invited comment regarding the Annual Quality Account for 2021/2022. This has been submitted within the agreed timeframe and the CCG are satisfied that the Quality Account provides appropriate assurance of the service.

The CCG have reviewed the Quality Account. The information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous 12 month period.

The WS Commissioning Group 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 WSHFT to provide a high quality service.

Lisa Nobes
 Chief Nursing Officer
 Ipswich and East Suffolk Clinical Commissioning Group
 North East Essex Clinical Commissioning Group
 West Suffolk Clinical Commissioning Group

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 2021-22. This should in no way be taken as a negative response. The Committee acknowledges the significant ongoing pressures faced by NHS providers as a result of the Covid-19 pandemic and wishes to place on record our thanks for everything being done to maintain NHS services for the people of Suffolk in the most challenging of times.

County Councillor Jessica Fleming
Chairman of the Suffolk Health Scrutiny Committee

Healthwatch response to the West Suffolk NHS Foundation Trust Quality Account 2021/2022 (with WSFT responses included)

Healthwatch Suffolk (HWS) thank the Trust for the opportunity to comment on the Quality Accounts for 2021/22. We recognise this has been a period of extreme intensity for the Trust's staff, clinicians and volunteers, and as a Healthwatch, we are naturally also acutely aware of the heightened and at times sadly, sometimes unmet needs of the public, during these past 12 months.

We are delighted that the Trust's new healthcare facility, to replace the existing hospital, will continue to be extensively co-produced with staff, the community and system partners. We also note a co-production approach to the development of a patient safety incident response plan, with key principles structured around Insight, Involvement and Improvement.

We note that recent changes to Board assurance have been made to provide greater focus on patient safety and quality, with the aim of providing greater focus on culture, engagement and strategy. We welcome the externally facilitated Board development programme that includes an in-depth 360 feedback exercise.

Learning and improvement regarding Patient Safety was a 2021-22 priority and due to the concerns of some mothers and their partners, during the year, we recognise examples such as the one recollected in the report. A rise in moderate harm incidents in relation to post-partum haemorrhage was identified by the maternity team. This is now being independently investigated to understand the learning prior to a major event happening.

On mothers' experiences we also note Trust actions [from CQC survey results] around, for example, the introduction of local surveys to determine whether situations have improved, and a review of patient information leaflets given out at discharge. We would envisage input from the Maternity Voices Partnership (MVP), but there are surprisingly no references to the MVP within this report.

The National Maternity CQC patient surveys point to required improvements concerning the involvement of partners, feeding the baby after birth, the choice about where postnatal care will take place, being listened to by midwives, and active support for feeding.

There are mixed results from the NHS national Staff Survey, with comparisons to the previous year, and with national averages, expressed. We note the Trust's openness and honesty when stating that "an increased number of colleagues reported that they did not feel confident to speak up" and we welcome the appointment of two new Freedom to Speak Up (FTSU) Guardians, supported by FTSU champions. There are further actions planned such as: further expanding the Speak Up staff champion network, particularly focusing on underrepresented areas, and a development package for all leaders and managers, starting with the Board.

The Trust's ambitions for its new five-year Strategy, are highly relevant, simple and memorable, and all are important factors in attempting to change culture: First for patients; First for staff; and, First for the future.

Staff wellbeing has become more of a priority for the Trust, which is to be commended. New initiatives such as a bi-annual wellbeing week called 'Love Yourself' is a good start. How have staff felt about this initiative, and what matters to them most? Healthwatch Suffolk would advise the co-production of such initiatives and their further development, that could for example lead to 'Love Yourself' becoming a core value of the organisation, rather than a once every six months opportunity.

The West Suffolk Review, commissioned by NHS England on behalf of the Department for Health and Social Care, was long overdue when it was finally published in December 2021. The Board's statement is welcomed by us: "As a Trust we accept full responsibility for the failings and shortcomings which led to the review; we got it wrong and remain truly sorry to the staff and families affected." The only aspect we would ask the Trust to reconsider is in the line that refers to the independent review, in that it had "brought unwanted attention to the Trust". We feel that referring to the report as "unwanted" might have been better described as "negative".

WSFT response

Proposed update to page 25 – remove phrase as accept could be interpreted negatively.

<i>"We know the actions taken by the Board which led to the independent review have understandably caused upset and anger amongst many of our staff, patients and their families, as well as our community, and this has brought unwanted attention to the Trust. We know for the individuals most directly affected the impact on their wellbeing has been significant."</i>

The breakdown of figures concerning deaths are not generally seen elsewhere in Quality Accounts i.e. "988 were adult patients, 10 of those were people with learning disabilities and 6 had a severe mental illness, 6 were neonatal deaths, 4 were stillbirths". This section is naturally difficult to read because of the subject matter, but we feel it important for the Trust to have shared such detail, and we encourage other Trusts to do likewise.

Bereaved families are invited to give feedback on the care their relative received. We very much welcome a planned review of the Trust's mortality processes to avoid bereaved families from having to contend with multiple points of contact.

Concerns related to deaths include multiple bed moves, an inability to fast track discharge enabling those who wish to die at home to do so, reduced staffing and increased workload, and lower staffing levels at weekends and out of hours shifts. Actions and Commitments under the heading of Learning from Deaths (LfD) are welcomed, in particular a planned peer review of all LfD reviewers, to ensure that judgements are reliable. We would however propose that the Trust co-produces this approach.

We note the introduction of new complaints management processes aimed at increasing complainant involvement. In terms of complaints, we are surprised to find what we would consider to be basic health provision, such as nutrition and hydration, to be the most prevalent. We welcome the news that a Learning Disability Liaison Nurse has been appointed to ensure that referrals are handled in a timely manner and provide support to wards.

Digital care is coming increasingly to the fore, and there are good examples within this report. One patient was able to be a virtual guest at their daughter's wedding, and from a general perspective, the Trust's Patient Portal and "DrDoctor" text messaging service, has enabled patients to see their records, results, appointments and letters.

There is however nothing in this report on digital exclusion e.g. poverty and literacy, although a statement regarding quality priorities for 2022/23 states "Provide opportunities for patients, carers and families to give feedback in a variety of accessible ways". Unfortunately we found no references to the Accessible Information Standard, and work concerning it, within the report, a statutory requirement of all NHS bodies.

WSFT response

Proposed update to page 11 – I am pleased to say that the quality priority had already been updated as a result of feedback to reference the accessibility standards. This has been further developed to explicitly reference meeting the Accessible Information Standard (AIS).

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

Sadly we found no references to health inequalities from a patient's perspective, and how the Trust is addressing such gaps and breadth of experiences.

WSFT response

Insert the following narrative under the strategy schematic on page 10

The NHS Long Term Plan says we need to do more to prevent illness and reduce inequalities in health experienced by different groups of people.

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

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

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

We are in the process of creating a new role of a Patient Equalities Officer who will work within the Patient Experience and Engagement Team with links to key stakeholders, such as our public health team. This role will focus on better understanding the equity and accessibility of the services and care we provide, utilising the equality delivery system 2 toolkit in order to guide the basis of their work. The role will include regularly engaging with staff, patients and family carers in the hospital and community in order to better understand the issues they face with inequalities, with a particular focus on marginalised communities. They will analyse existing data, within the context of the patient demographic, and work with patients and staff to address health inequalities, access and communication needs and ensure representation of our diverse community.

From a staffing perspective, the report refers to the Workforce Race Equality Standard (WRES), presenting data for 2021 and comparing to 2020, and national averages. There are however no actions, learning, and commitments for 2022/23, and this is surprising considering the presence of now three distinct staff networks: LGBT+, Disability and Black Asian & Minority Ethnic (BAME). One statistics stands out in particular, both of the Trust and nationally, namely that between 1 in 4 (Trust) and 1 in 5 (national average) of BAME staff have felt troubled by their own colleagues behaviour to them.

WSFT response

Addition of the following narrative to page 42 after the WRES data.

Actions relating to the WRES are included within the Trust's inclusion action plan. It includes actions relating to supporting the development of staff networks, mental health wellbeing, cultural awareness and representation amongst Freedom to Speak Up champions. These are setup out as part of the following objectives:

- Improve the experience and care of people who are lesbian, gay, bisexual, trans and all other sexualities and gender identities
- Ensure that the recruitment and selection processes are bias free and inclusive
- Facilitate the voices of all staff, providing forums for individuals to come together, to share ideas, raise awareness of challenges, provide support to each other
- Take action to support the mental health wellbeing of all staff
- For patients, service users, carers and staff
- Promote a culture of inclusion in the delivery of care to all patients and staff
- Tackle bullying and harassment of and by staff and support staff to respectfully and successfully challenge problem behaviours.

Elective Care has been a national and local concern throughout the pandemic. West Suffolk FT is one of twelve national "accelerator sites" aimed at tackling waiting lists. The report informs us that Waiting Well pilot has in addition aimed to offer support to patients by reducing the risk of deterioration of their mental and physical health while they are waiting for their procedure. We are thankful to the Trust for having supported us on an independent survey of patients waiting for elective care, the report for which will be available in June 2022. The results may indicate to what effect Waiting Well has helped patients waiting for surgery.

Patient visiting during Covid has been significantly impacted by the understandable need to impose safety restrictions. The establishment of a clinical helpline and a Keeping in Touch team were important provisions and we recognise that the clinical helpline won a Patient Experience National Award.

We commend the Trust for continuing to lead the way nationally around assessment of hip fractures and the fact its Stroke Team retained its top grade A ranking for the ninth year in a row. The Trust is also on target to provide the new requirements of 110 information governance assessment mandatory evidence items, with all 38 assertions met.

We are unaware of just how safe patient discharges were for the year, and we also ask that the Trust provides information on how it will address the year's slight increase in community based patient pressure ulcer serious incidents.

WSFT response

Addition of the following narrative to page 23 after the PSI table.

The tissue viability team have been using the various investigation pathways for pressure ulcers included within the Trust's patient safety incident response plan. This has enabled them to identify the main areas for improvement which will be monitored via the pressure ulcer and complex wound group. These include:

- Maximising patient compliance with care plans and pressure relieving equipment use. This will be supported by the use of the non-compliance pathway tool which is already in place to support staff. This tool takes staff through the options available to maximise patient compliance. Updates are being made so that it can be used more effectively. This involves looking at how the technology is used to support staff in their documentation and education for staff who use the tool. Consistent mental capacity assessment and documentation is integral to support this work

- Ensuring that any circulatory component is always considered for lower limb pressure ulcers. This involves ensuring that staff have the necessary equipment, training and competence to assess lower limb circulation. Effective identification of a circulatory component will ensure patients receive the appropriate referrals and treatment
- Involvement of therapists for patients with complex repositioning issues. This will ensure that appropriate expertise is available to support equipment choice and its use
- Introducing a palliative care wound pathway. The team recognises that if a patient is approaching the end of their life, the planned care for a pressure ulcer should change as healing will no longer be a realistic expectation and comfort must become the focus. The aim of the pathway will be to empower the staff delivering care to make the appropriate decisions in a timely way.

Finally, there is a worrying statistic in a table of national quality indicators, which is not highlighted or referred to in the commentary, to reflect concern or immediate actions. This target is the “two-week wait from referral to date first seen comprising all urgent referrals for symptomatic breast patients (cancer not initially suspected)”, with the national target being 93% for 2021-22, and the Trust’s actual performance being 35.2% for the year. This may have been another Covid impact, such as the suspension of the annual National Audit of Dementia (NAD) study. That said, the former would benefit from an explanation and/or context, and the latter is important because of the vulnerability of dementia patients in an Acute hospital setting.

WSFT response

Addition of the following narrative to page 30 after the national targets table.

We recognise the underperformance in a number of areas and it has been the subject of scrutiny at Board, assurance committee and governance groups.

In terms of two-week wait from referral to date first seen for symptomatic breast patient’s referral numbers have returned to pre-pandemic levels but show considerable variation month to month which is difficult to plan for. In addition, during the waves of Covid we have experienced staff sickness absences which have led to a reduction in capacity. A full recovery action plan is in place including the purchasing of additional equipment to increase capacity for people referred on the symptomatic breast pathway (cancer not initially suspected). Progress is monitored internally and externally.

Suspension of the annual National Audit of Dementia (NAD) study

The decision to suspend the audit was taken nationally. This will be clarified in Annex A of the report (participation in clinical audit).



Andy Yacoub
Healthwatch Suffolk
Chief Executive



Wendy Herber
Healthwatch Suffolk
Independent Chair

Annex D: Statement of directors' responsibilities in respect of the quality report

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 report.

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 2021 to June 2022
 - papers relating to quality reported to the Board over the period April 2021 to June 2022
 - feedback from commissioners dated 10 June 2022
 - feedback from Suffolk Health Scrutiny Committee dated 23 May 2022
 - feedback from Healthwatch Suffolk dated 15 June 2022
 - feedback from governors dated 24 June 2022
 - the Trust's Annual complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the 2020 national patient survey
 - the 2021 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 Chinn
Chair
28 June 2022



Craig Black
Chief executive
28 June 2022

Annex E: Glossary

Acute Kidney Injury (AKI)

Acute Kidney Injury (AKI) has now replaced the term acute renal failure and a universal definition and staging system has been proposed to allow earlier detection and management of AKI.

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, NHS Suffolk, to reward excellence by linking a proportion of the Trust's income to the achievement of local quality improvement goals.

DEXA (DXA) scan

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

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

Dr Foster Intelligence

Dr Foster Intelligence provides comparative information on health and social care services.

EPARS

The purpose of the EPARS (Escalation Plan and Resuscitation Status) form is to ensure that patients admitted to the Trust (with the exception of day case patients), all have an escalation and treatment plan in place. This ensures that all healthcare professionals are aware of patient's treatment and degree of escalation and de-escalation when coming into contact with the patient.

EPRO	EPRO is a web-based clinical information management system which supports deployment of discharge summaries while also managing patient records and providing reporting capabilities.
HSMR	Hospital standardised mortality ratio (HSMR) is calculated as a ratio of the actual number of deaths to the expected number of deaths among patients in acute care hospitals. An HSMR equal to 100 suggests that there is no difference between the hospital's mortality rate and the overall average rate; greater than 100 suggests that the local mortality rate is higher than the overall average; and less than 100 suggests that the local mortality rate is lower than the overall average.
MEWS	Modified early warning score (MEWS) is a simple physiological scoring system suitable for use at the bedside that allows the identification of patients at risk of deterioration.
NHSI	<p>NHS Improvement (NHSI) is the sector regulator for health services in England. NHSI's job is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit.</p> <p>NHSI exercises a range of powers granted by Parliament which includes setting and enforcing a framework of rules for providers and commissioners, implemented in part through licences issued to NHS-funded providers.</p>
MRSA	MRSA (<i>Methicillin Resistant Staphylococcus Aureus</i>) is an antibiotic-resistant form of a common bacterium called <i>Staphylococcus aureus</i> . <i>Staphylococcus aureus</i> is found growing harmlessly on the skin in the nose in around one in three people in the UK.
NCEPOD	National confidential enquiry into patient outcome and death (NCEPOD). NCEPOD promotes improvements in healthcare. They publish reports derived from a vast array of information about the practical management of patients.
Never event	Never events are a sub-set of SIRIs and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'.
NRLS	The national reporting and learning system is a national database of confidentially-reported patient safety incidents from healthcare staff across England and Wales. Clinicians and safety experts analyse these reports to identify common risks to patients and opportunities to improve patient safety.
PROMs	Patient Reported Outcome Measures (PROMs) measure quality from the patient perspective. Initially covering four clinical procedures, PROMs calculate the health gain after surgical treatment using pre- and post-operative surveys.
Quality Walkabouts	A programme of weekly visits to wards and departments by Board members and governors. These provide an opportunity to talk to

staff about quality and test arrangements to deliver WSFT's quality priorities.

RCA

A root cause analysis (RCA) is a structured investigation of an incident to ensure effective learning to prevent a similar event happening.

Red2Green

Sometimes patients spend days in hospital that do not directly contribute towards their discharge, we believe that by working better together we can reduce the number of these 'red days' in favour of value-adding 'green days'.

SAFER

The SAFER patient flow bundle blends five elements of best practice. It's important to implement all five together for cumulative benefits and it works particularly well when you use it with the 'Red2Green days' approach. The five elements of the SAFER patient flow bundle are:

S – Senior review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F – Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – 'stranded patients') with a clear 'home first' mindset.

Safety Thermometer

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harm and harm-free care. As well as recording pressure ulcers, falls, catheters with urinary tract infections (UTIs) and VTEs, additional local information can be recorded and analysed.

Sepsis

In sepsis, the body's immune system goes into overdrive, setting off a series of reactions including widespread inflammation, swelling and blood clotting. This can lead to a significant decrease in blood pressure, which can mean the blood supply to vital organs such as the brain, heart and kidneys is reduced.

If not treated quickly, sepsis can eventually lead to multiple organ failure and death.

'**Sepsis Six**' is a set of six tasks including oxygen, cultures, antibiotics, fluids, lactate measurement and urine output monitoring - to be instituted within one hour by non-specialist practitioners at the front line.

SHMI

Summary hospital-level mortality indicator (SHMI) is the ratio between the actual number of patients who die following treatment at an acute care hospital and the number that would be expected

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

SIRI

Serious incidents requiring investigation (SIRIs) in healthcare are rare, but when they do occur, everyone must make sure that there are systematic measures in place to respond to them. These measures must protect patients and ensure that robust investigations are carried out, which result in organisations learning from serious incidents to minimise the risk of the incident happening again. When an incident occurs it must be reported to all relevant bodies.

VTE

Venous thromboembolism, or blood clots, are a complication of immobility and surgery.