

Quality report



2020/21



Putting you **first**

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

Chief executive's statement

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

Quality is something we strive for across our trust and across the NHS. Not only the quality of the service that we offer our patients and their families, but also the quality of working life that we provide for our staff. You will read in this report about a year in the life of the WSFT that has challenged us to maintain our focus on quality, while continuing to improve, develop and innovate. As you will see, this we have achieved thanks to our dedicated and hardworking staff throughout the Trust.

To protect our whole community, we adopted new ways of working to minimise transmission of the virus, and learned the value of digital communication so that we could stay in touch with patients and colleagues we could not see face to face. From running virtual classes to support people's rehabilitation, to providing vital speech and language therapy to children, our teams across Suffolk adapted to a changed working environment and did all they could to improve the quality of life for the most vulnerable.

At the end of 2020 vaccines to combat the virus became available, and we were able to move with efficient speed to support the vaccination programme. More than 100 staff volunteered to help protect both trust colleagues and those in partner health and social care organisations. Our achievement of more than 32,000 vaccines delivered - recognised with an award from the Lord Lieutenant of Suffolk – is part of the national drive to keep our communities safe and help us to return to a more normal way of life.

Looking to the future, we have developed our integrated quality and performance report (IQPR) and highlighted the progress of our trust improvement plan. Work is under way to review our strategy and values to give us a roadmap that will take us forward. Our strategy will be launched later this year, focusing on three ambitions: First for Patients; First for Staff and First for the Future. Now, and in the months to come, we are making every effort to tackle our waiting lists, and putting in place a recovery programme that allows us to prioritise quality, safe care for those in greatest need.

Improving patient safety is a constant priority for the NHS, and as early adopters of the new national Patient Safety Incident Response Framework, we will update the way we respond to and investigate incidents. Our patient safety team is developing an incident response plan which will help us identify the most significant risks, and ensure learning is put in place.

This year we received a major boost when the West Suffolk Hospital was confirmed as one of 40 hospitals to benefit from a £3.7bn building programme. Our hospital is ageing and with the support of our committed estates team we have been dealing with ongoing structural issues, as it will be a number of years before our new hospital is built. We have our preferred site and are developing a comprehensive Future Systems programme to engage with people across Suffolk to ensure we can truly co-produce our new healthcare facility.

Health and care do not revolve solely around a hospital, so the Future Systems initiative prioritises finding the most effective ways to provide joined-up care with public service organisations in the best setting for patients and their families. Through our partnerships in the Suffolk Alliances we have learned a great deal about meeting individual needs and providing wraparound care, so that many patients can be cared for in their own homes rather than in the acute hospital.

We have continued to work in partnership on the development of public service hubs around west Suffolk, bringing together leisure facilities as well as the NHS, social care and other providers. Our community colleagues are at the forefront of this integrated working – they are a vital part of the Trust team - and we will continue to drive forward this joined-up, patient-centred approach.

Quality, safe care can only be provided by staff who feel supported at work, and with the added pressures caused by the pandemic, our colleagues deserved the best we could offer them. We

increased our focus on wellbeing, with resources and initiatives to support mental and physical health underpinned by the central message – it's OK to be not OK. Our expanded staff psychology support service has had contact with more than 10% of our workforce; and a partnership with Abbeycroft Leisure giving free access to sports and leisure facilities has met with great success.

Our managers have been learning from best practice around the UK, such as the work of Civility Saves Lives, a group raising awareness of the power of being civil in healthcare settings. Its work has demonstrated that our working lives and patient care are improved by great teamwork and the importance of feeling safe to raise a concern. Our leaders have been attending the Northumbria University and Mersey Care NHS Foundation Trust programme, "Transforming Organisational Culture - Principles and Practice of Restorative Just Culture" – another inspiring source of learning.

The culture of our organisation is a priority for the trust improvement programme, and in the wake of the 2019 Care Quality Commission report, this includes a greater focus on encouraging people to raise matters of concern. Boosting the profile of our Freedom to Speak Up Guardians has been a part of a drive to make this a more open and transparent place in which to work.

You will read in this report about the achievements of our staff in fulfilling what we and the NHS expect from them. Making sure we listen to what our colleagues have to say, and learn from them, has been more important than ever. The 'What Matters to You' staff survey received 1,400 responses and gave us clear direction to focus in five areas:

- Importance of great line managers
- Creating an empowered culture
- Building relationships and belonging
- Appreciating all our staff
- The future and recovery.

We were pleased that the annual NHS staff survey showed that many of our scores remain well above the average for organisations like ours. However, there was a reduction in most of our scores, some small, some more significant, and means we are committed to using the feedback we get from staff to learn and make improvements together.

This was a year where we witnessed retired professionals returning to work; others willingly redeployed; people undertaking extra shifts and long hours, and families separated so colleagues could continue to care for patients. Everyone, in every role went above and beyond to serve our community and it has been truly humbling to be part of our west Suffolk team.

I can confirm that to the best of my knowledge the information contained in the quality report 2020/21 is accurate and has received the full approval of the Trust Board.



Dr Stephen Dunn CBE
Chief executive
25 June 2021

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 this vision, 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 quality and risk committee and its three subcommittees, which ensure quality is delivered in a coordinated way to support safe, effective and patient-focused healthcare. During 2020/21 the subcommittees were:

- (a) **Clinical safety and effectiveness committee** – ensuring clinical procedures and practices are effective in protecting patients, visitors and staff. This is achieved through reviewing compliance with national requirements, promoting best practice and ensuring effective identification and elimination or reduction of clinical risk
- (b) **Corporate risk committee** – ensuring risk management, financial and workforce procedures are effective in promoting good business standards, protect the organisation, patients, visitors and staff, and comply with national standards and guidance
- (c) **Patient experience committee** – ensuring exemplary customer and patient experience through the implementation of the improvement strategy and Patients First initiative.

During 2020/21 the Board engaged with senior leaders to review the its subcommittee structure and assurance arrangements for quality, safety, engagement and improvement. A new structure informed by the national patient safety strategy its focus on insight, involvement and improvement was implemented in May 2021.

Quality improvement priorities for 2021/22

The WSFT Quality priorities for 2021/22 have been agreed based on the local adoption of national models of quality and safety. Whilst listed as separate, there is a degree of interconnectivity and flow between the three which is underpinned by the trust's drive to reduce silo working and enable the golden thread of quality throughout all its processes.

The previous quality priorities from 2018-20 namely: Quality Improvement, Human Factors and Staff Engagement are recognised as key tools to enable the successful achievement of these new priorities.

The three quality priorities for 2021/22 are as follows:

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

1. Supporting all colleagues to speak up safely as part of a culture focused on staff support, well-being and learning

Executive lead – Director of Workforce & Communications

The development of a culture where all staff feel confident to speak up and raise concerns at work is crucially important to us. We affirm its direct impact on a culture of safety with positive benefits for patient care, quality and staff experience and engagement. From the 2020 NHS Staff Survey results we know that further work is required to develop this culture, given that an increased number of colleagues reported that they did not feel confident to speak up.

We want to make West Suffolk a great place to work for every member of our team. A place that learns lessons, makes improvements and supports all our staff with compassion, kindness and always striving to do the right thing for patients and colleagues. Other organisations have called it the development of a 'just culture' – one that prioritises a focus on what went wrong rather than who did it, on their well-being first and foremost, and using the learning from such events as part of our approach to continual improvement.

Learning and improvement through the implementation of the Patient Safety incident response framework.

Executive leads – Chief Nurse and Medical Director

The Patient safety incident response framework (PSIRF) reflects a new systems and outcome focused approach to learning from incidents

PSIRF 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.

The WSFT have been selected to be an early adopter in the national pilot launched by NHS England.

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

Executive lead Director of Resources (Deputy Chief Executive)

As part of a planned review of the Trust's governance committee structure 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. The proposed framework is heavily influenced by the National patient safety strategy (2019) which is structured around:

Insight – Improve understanding of quality and safety drawing on multiple sources of information - what the data says (internal and external). Key enabler - effective quality and safety measures.

Involvement – give people the skills and opportunity to inform and improve services. Key enablers - effective engagement and skill sets to assess service needs and delivery improvement e.g. patient safety syllabus from Academy of Medical RCs and QI methods.

Improvement - effective improvement programmes at corporate and service level. Key enablers - structured understanding and support of QI methods.

The proposed structure has been developed with relevant specialists to address feedback, including: providing greater engagement, supporting divisional accountability and reducing silo working. The revised framework will ensure that divisions are able to 'push-up' issues (successes and challenges) in a way which allows cross-divisional sharing of solutions and learning. The structure will allow the review of national requirements, corporate priorities and divisional priorities in the context of the Trust's strategy and objectives.

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 2020/21, 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 2020/21 was **£230.8m**, which represents **74.6% of the total income** generated by WSFT for 2020/21.

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.

Table A: Sources of quality intelligence

Deliver personal care	Deliver safe care
• CQC self-assessment and CQC visits	• CQC self-assessment and CQC visits

<ul style="list-style-type: none"> • 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 • Quality walkabouts and 'back to the floor' visits by Board members and governors • Feedback from FT members and governors • 'Freedom to Speak Up' patient feedback day • Community conversations. 	<ul style="list-style-type: none"> • 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 • Quality walkabouts • 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).
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Participation in clinical audits and confidential enquiries

Communication was received from Amanda Pritchard Chief Operating Officer at NHS England & NHS Improvement to Chief executives of all NHS trusts and foundation trusts, CCG Accountable Officers, GP practices and Primary Care Networks and providers of community health services. Confirming that participation in national clinical audit and patient outcome review programmes (NCAPOP) was not mandated and should not impact on front line clinical COVID-19 care, the care of patients with COVID-19 should take priority during the pandemic. The NCAPOP platforms and web-tools remained open during 2020-21 for those Trusts that were at capacity to participate.

During 2020-21 50 national clinical audits and 6 national confidential enquiries covered NHS services that WSFT provides.

During 2020/21 WSFT participated in 98% 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 2020/21, 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 2020/21 to participate in National Institute for Health Research (NIHR) Portfolio or commercially adopted research studies approved by a research ethics committee, exceeded 2,720 participants (an increase from 1,748 in 2019/20).

Seven-day services

The Trust has an established seven-day services group leading the service development and improvement plan. The Trust already operates a full seven-day service for both the emergency department (ED) and inpatients across a wide range of clinical areas in order to manage weekend admissions. Although development have been paused during the COVID-19 response future quality improvement is focused on:

- Standard 2: time to consultant review
- We already achieve standards 5 (access to diagnostics) and 6 (access to consultant-directed interventions)
- Standard 8: ongoing review – 95% of patients who require a once daily consultant directed review receive such a review.

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. New '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 with concerns about patient safety, bullying and harassment and/or inclusion issues. These services supplement and support the role of Freedom to Speak Up Guardian. They are collectively promoted within the organisation as 'Staff Supporters' and as part of our health and wellbeing offer. The policy also clearly 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.
- **Trusted partners** - these are volunteer members of staff who provide confidential, independent advice and a listening ear for issues such as bullying and harassment, and equality and diversity. The role has existed in the Trust for some years as a resource to support those who feel bullied or harassed. In 2018 the role was extended to include staff who have lived experience of one or more of the characteristics protected by the Equality Act 2010 and who are willing to support others who have similar experience or by sharing knowledge and information. We are exploring opportunities to develop this role into that of Freedom to Speak Up Champion.
- **Tea and empathy** - on-call emotional support for anyone having a really bad day is provided by volunteer members of staff (clinical and non-clinical). Any member of staff can access the service by calling the switchboard.
- **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 landing 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

For 2020/21 the eight national CQUINs will be:

- **Antimicrobial Resistance:** UTI in patients aged 16 & over - Antibiotic prescriptions meeting guidance, criteria including documented diagnosis symptoms, urine sample sent to microbiology plus any catheter use.
- **Preventing ill health:** cirrhosis and fibrosis tests for alcohol dependent patients.
- **Staff health and wellbeing:** staff flu vaccination uptake.
- **Patient Safety:**
 - Recording of NEWS2 score, escalation and response time for unplanned critical care admissions
 - Advance screening and treatment of iron deficiency anaemia in patients listed for major elective blood loss surgery.
- **Best Practice Pathways:**
 - Treatment of community acquired pneumonia in line with British Thoracic Society care bundle (chest x-ray timings, severity documented plus antibiotics criteria)
 - Rapid rule out protocol: time between first and second Troponin tests, for ED patients with suspected acute myocardial infarction, excluding segment elevation myocardial infarction (STEMI)
 - Adherence to evidence-based interventions rules (category 2 procedures only carried out if the patient meets set clinical criteria).

CQUIN has been suspended during the COVID-19 response.

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

In the most recent assessment report (published 30 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 improvement plan was put into place following the 2019 inspection and WSFT works in partnership with the West Suffolk CCG to provide an assurance framework to oversee its delivery. During 2020/21, this has been managed via the improvement programme board which has enabled oversight of action completion and a move to a 'business as usual' for the identified areas of improvement.

In April the CQC visited several local maternity units including WSH. The visit reflected the ongoing local scrutiny of the maternity improvement plan and noted the continued efforts to deliver improvements. High level feedback was shared on the day and any further actions will be added to the Trust's maternity improvement plan. At the time of reporting we await receipt of the formal inspection report.

Awards and accolades

In the past year, nothing has given greater pride than the achievements of our staff in both hospital and community healthcare settings in facing up to the challenges of the pandemic. It is fitting that this section should start with the efforts across the organisation to support our colleagues in every element of their working lives.

We have ensured our teams have the equipment they need to protect themselves, and introduced stringent processes to minimise transmission of the virus. Staff have been able to access free hot drinks, hot food at night and free car parking. As part of our well-being programme, we expanded our staff psychology support service to offer one to one support as well as briefings for all through Wellbeing Wednesday sessions, looking in depth at issues affecting many people. A partnership with Abbeycroft Leisure has given our employees free access to online and in-person sports facilities close to their homes, and has seen about 1,500 members of staff signing up. In February the communications team organised "Love Yourself", a week of online well-being events from Pilates to cooking. All of these sessions were recorded so they could be watched at any time by our busy colleagues and there have been over 1,000 viewings.

Our My WiSH Charity is celebrating its 25th anniversary this year, and the dedicated team has worked tirelessly throughout the pandemic. From welfare packs for staff who need them, to calm spaces where people can take a break, they have provided practical help and support. In recent years, the charity has raised over one million pounds annually to improve patient care and support our staff. Having helped fund major projects such as the development of Rainbow Ward and the cardiac centre, My WiSH Charity has been an incredible part of our trust. Recently they have funded a registered play specialist who helps our youngest patients feel safe and reassured when they come into hospital.

Our WSFT workforce is a diverse one, and we strive to reflect this with a number of networks that help us meet the individual needs of all those who work for us. Our LGBT+ and disability networks were joined this year by a Black and Minority Ethnic network – we look forward to learning from these colleagues in the future.

We have been joined this year by Natalie Bailey in the newly-created role of head of mental health. An experienced registered mental health nurse, Natalie will be working across the WSFT in both our hospitals and community services, and with partners and services. She is helping us to ensure that the mental health of our patients is considered along with their physical needs.

At our community hospital in Newmarket we have provided extra beds to help provide flexibility in the fight against Covid-19. We recruited new staff, including the first registered nursing associate at the

trust – a pioneering NHS role which contributes to the core work of nursing, supporting registered nurses to focus on more complex clinical care. The introduction of a portering team at the hospital has also improved the care we can offer patients and is proving a welcome support to staff.

At the West Suffolk, patients with Covid-19 or other infectious conditions can now be treated in specialist facilities at the new major assessment area within our emergency department. The 10-bed facility, made possible by a £2.7m Government grant, has separate treatment rooms designed to allow for isolation of patients while they are assessed.

While the My WiSH Charity provided free reusable cups to every staff member as a thank you, and also to cut down on waste, we installed more LED lighting to save money and resources.

This year has seen demands made on our IT and digital teams as never before. As well as providing equipment and processes to enable staff to work from home, the IT team has supported clinical teams to use every digital platform available to keep in touch with patients. For example, our community cardiac rehabilitation team, unable to run their exercise classes, supported patients on Zoom. Weekly virtual all-staff briefings have allowed us to keep people informed and address concerns they may have.

This year has seen the transition of all our community colleagues on to the WSFT IT network, a project that has seen significant investment both financially and in terms of time and expertise. Providing new digital equipment and smartphones and bringing these teams in line with their hospital-based colleagues has improved the working lives of staff across the Trust.

The West Suffolk community view in e-Care, our electronic patient record system, also known as the health information exchange, is now being widely used, most recently having been rolled out through our maternity services, and is a valuable tool in integrated working. Digital tools have helped us care for our patients and their families during the pandemic, when we have been forced to restrict visits from loved ones. We set up a Keeping in Touch and clinical helpline service to provide information and reassurance and keep patients in contact with their loved ones and also introduced a free entertainment and media system that patients could use from a smartphone or tablet.

Despite the pandemic, a number of our services have achieved national recognition. Our stroke team retained its top grade A ranking for the ninth year in a row. Researchers at King's College London review data from hospitals across the country as part of the Sentinel Stroke National Audit Programme, assessing stroke care against 41 key indicators.

For the tenth successive year, the radiology department has been accredited with the Quality Standard in Imaging (QSI) by the United Kingdom Accreditation Service (UKAS). Another dedicated team received recognition for its work gathering and sharing data from our orthopaedic services. The award of National Joint Registry (NJR) Quality Data Provider for 2019/2020 demonstrates the high standards being met.

The community cardiac rehabilitation team met all seven key performance indicators to achieve accreditation from the British Association for Cardiovascular Prevention and Rehabilitation. This uses data from the National Audit of Cardiac Rehabilitation to quality assure services in the UK. The Royal College of Physicians Joint Advisory Group on endoscopy has awarded its highly-sought after professional accreditation to our endoscopy services, which use high-tech cameras to film inside the body to help with diagnosis and treatment. Finally, our catering team received two accolades – the Health Business Awards Hospital Catering Award; and recognition of the high quality of its food in a national report on catering in the NHS led by former Great British Bake Off judge Prue Leith.

We have recently begun a five-year 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. After a challenging few years for colleagues in our pathology labs, we were pleased to welcome back to the Trust more than 100 pathology services staff, bringing the service in-house.

Our Trust continues to work in our wider community and with other system partners. With Glemsford Surgery, we have embarked on a special project to improve patient care, and have officially joined as integrated partners in healthcare. From the buildings to the staff, we will support the surgery and work together to create a new, innovative, strong and sustainable healthcare service in Glemsford and the west of Suffolk.

Partnerships such as this will prove more important as we develop our Future Systems programme, to deliver not only a new hospital, but sustainable and integrated healthcare for our community. As part of our plan to develop a new healthcare facility, we have purchased Hardwick Manor and have begun the process of planning and co-production. In the meantime, our estates team continue to work incredibly hard to make sure our current hospital remains fit for purpose until we can move into the healthcare facility.

Data quality

WSFT submitted records during 2020/21 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%	99.5%
Outpatient care	99.9%	99.9%	99.7%
Accident and emergency care	99.1%	99.0%	98.3%

(The above figures cover April 2020 to March 2021 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	Midlands and East (East)	National
Admitted patient care	99.9%	99.7%	99.8%
Outpatient care	100%	99.9%	99.7%
Accident and emergency care	100%	99.5%	99.1%

(The above figures cover April 2020 to March 2021 inclusive – taken from NHS Digital)

WSFT's **information governance assessment** report overall score for 2019/20 was 44/44 assertions met. All 118 mandatory evidence items were provided. The assessment for 2020/21 will not be submitted until June 2021 but we are on target to provide the new requirements of 110 mandatory evidence items, with all 42 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).

WSFT was not subject to the payment by results (PbR) clinical coding audit by the Audit Commission during the reporting period 2020/2021. 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	2.7%
Secondary diagnosis	4.5%
Primary procedure	2.5%
Secondary procedure	6.9%

The audit sample was 225 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 2020/21 priorities

The quality priorities for 2020-21 were agreed as the second year of a two-year model and described at a high level with the expectation that projects across the Trust would form part of a coordinated programme to support their delivery.

Staff engagement	This prioritisation reflects the developments already set out within the Trust's CQC improvement plan and wider work that has been identified to support our staff.
Human factors	Research, case studies and national guidance illustrate how implementing the consideration of human factors in healthcare can reduce harm and improve both patient and staff safety, providing invaluable insights for all concerned with clinical quality.
Quality improvement	In 2018 WSFT co-designed a QI framework with staff, to implement a structured approach to the use of QI methods to drive continuous improvement in quality and outcomes throughout the Trust. Two years on, we are making QI a quality priority to accelerate dissemination and adoption of improvement science knowledge, skills and application

During the pandemic the essence of these priorities remained in place and supported the trust's response to the challenges of working in a different model of care. The formal quarterly reporting against the measures within each priority were however suspended whilst business as usual was focussed on patients and staff working in a safe and effective way to address the challenges of COVID-19 and therefore this summary is, of necessity, brief.

In 2021/22 the new quality priorities [\[see Section X\]](#) agreed by the Trust Board will be introduced, communicated to the organisation and be subject to regular ongoing monitoring, according to the required framework setting out:

Why a priority

What are we trying to achieve?

Measurement

Staff engagement

Following a "what matters to you" all staff survey (1,380 responses) and a 'better working lives' medical staff survey (250 responses) and a subsequent series of over 50 workshops to work through the findings, five key themes were identified and these will act as key drivers for the developing staff and organisational development strategy in future years.

What Matters to You: five key themes

The importance of great line managers

'We saw and heard lots of examples of great line managers and how they have kept their staff informed and supported through COVID. The positive impact that a good manager can have on staff and the value they bring is really clear. We want to help every line manager to be great.

Our commitment to you is to invest in development for new and existing managers so that this is the experience for every one of you. You have lots of ideas on how we could do this including development ideas and mentoring schemes etc.

Creating an empowered culture

'You have told us that it can feel like there is a 'top down' culture in the organisation currently, where subject matter experts feel unable to influence what we do. This is not how we want the organisation to feel.

Our commitment to you is to change our behaviours as a leadership team – and to encourage others to do the same. We want the organisation to be one where our staff are working together to maximise new opportunities and to develop solutions to problems. And where we as an exec team are supporting and empowering you to do this.

Building relationships

What Matters to You has shown that we need to do much more to bring acute and community together so that we create a single organisation and culture. There are still clear divides between these two parts of WSFT.

Our commitment to you is to introduce a dedicated programme of work to bridge this gap, bringing staff together to start to build relationships and ensuring that leaders are much more visible to community staff. This is one we cannot do alone however – we need your help in order to succeed.

Appreciating all of our staff

You told us that we need to do more to make you feel appreciated, particularly for staff that are not working on the front line, who often feel that their contribution is not understood or recognised. You told us how much you appreciated the extra things we did to look after you during COVID. Things such as the well-being service, free tea and coffee and on-site parking for acute staff. However not everyone was aware that they could access these things – and some staff felt that they were excluded from these. We also need to do more to help our colleagues that are and have been shielding at home.

Our commitment to you is to take the time to understand how all of us contribute to patient care and ensure that we recognise and appreciate the things that all teams achieve. Through the ongoing engagement work we will ensure that all parts of the trust are included. We want to hear your stories.

We also commit to continuing with as many of the additional well-being extras as possible. We won't be able to keep everything for very practical reasons! Car parking is an example of this. We have already agreed that the well-being service will become business as usual and invested in additional posts to support this. We also commit to making sure there is equity across the organisation in how people can access these, particularly for community and shielding staff.

The future and recovery

You have told us that you are fearful of recovery and how we will be able to return to old levels of activity when we have social distancing and PPE to factor in. And you have told us you are tired. You have also told us that you would like to keep home working (for those that are able to do so).

Our commitment is to work with you to understand how we will collectively reintroduce services. You will have the ideas on how this could work and we will listen to these. We also commit to making sure that home working becomes part of our culture where it is possible for staff. This includes ensuring that you have what you need to work effectively from home and helping managers to understand how to support their teams to work in this way.

Human factors

The human factor faculty continued to provide training opportunities in 2020/21 and the principles of human factor and ergonomics have supported the different ways of working during a pandemic.

Training has included:

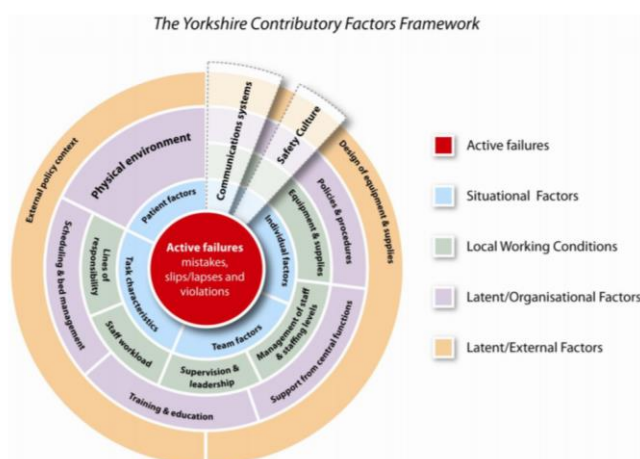
- Leadership training for senior leaders
- Clinical leader advanced training in psychological safety and leadership styles
- Multidisciplinary training workshops (delivered remotely to adhere to social distancing safeguards)

Wider cultural human factors based work programmes have included: the "Civility saves lives" <https://www.civilitysaveslives.com> which has been presented at forums and meetings including a

surgical session attended by anaesthetists, surgeons and theatre staff to examine the wider aspects of civility, psychological safety and its effect on improved patient outcomes.

An adapted version of the human factors tool; the 'Yorkshire contributory factors framework' (YCFF) is being used in the trust's incident investigation and learning from deaths pathways:

- Care of the Elderly clinical specialty are beginning to incorporate the YCFF into the self-reflection and learning from deaths
- The trust's 'patient safety review' template for investigating clinical incidents includes an YCFF based appendix. This is part of the wider roll out of the new Patient safety incident response framework (see section on 2021/22 priorities)



<https://www.improvementacademy.org/tools-and-resources/the-yorkshire-contributory-factors-framework.html>

The central human factor faculty members have been working with clinical teams in key projects including:

- Using simulation to support the procurement and design of the new drug trolleys
- The 'Scanning for safety' project

This latter project involved a Survey-monkey (online survey) of all nursing & pharmacist staff involved in medication administration regarding the human factor challenges in administering drugs. The high take up of this survey will help the development of the 'closed loop' medication system being designed and introduced.

Throughout all of the above the human factor team have been using the model of Insight, Involvement and Improvement as per the National patient safety strategy (see section on 2021/22 priorities) and continue to strive to develop links with our local colleagues in other organisations.

Quality Improvement (QI)

In 2018 WSFT co-designed a QI framework with staff, to implement a structured approach to the use of QI methods to drive continuous improvement in quality and outcomes throughout the Trust. Over 2020/21 we developed and drove QI as a quality priority to accelerate dissemination and adoption of improvement science knowledge, skills and application. Key measures used to monitor this were:

- Number of staff trained in foundations of QI
- Number of staff trained as QI coaches
- Number of people registered on LifeQI (a web-based platform for the management of QI projects)
- Number of projects registered
- Number of improvement ideas submitted to QI
- Number of improvement ideas which have been successfully implemented

- Sample of projects from LifeQI, describing their topic, location, the domains of quality they cover and their measured improvements

Progress in 2020/21 is as follows

There has been development and increased usage of the Life QI platform across the Trust QI projects with a gradual increase in the number of active users and ongoing projects per month over time. The team have supported 22 improvement ideas implemented into QI projects from June 2020-March 2021 with an additional 27 projects being developed to run over 2021/22.

An example of just one of the projects undertaken is the *Use of Antipsychotics in ICU*. This was awarded third place at the Regional Medical Trainee conference, with an opportunity to present at the National Conference along with coming 1st at the Regional Intensive Care Meeting.

AIM & RESULTS OF USE OF ANTIPSYCHOTICS PROJECT

The aim of the project was: For all ITU patients receiving antipsychotic drugs at the point of discharge to have either their antipsychotic treatment stopped, or a clear plan in place for cessation. This followed a review which had identified that 50% of patients had continued antipsychotic medication after discharge, without a documented cessation plan.

Using QI and through small tests of change (known as PDSA cycles), the percentage of patients discharged on continued antipsychotic drugs/without a cessation plan reduced to 36%. The team also measured the time interval (in days) between a patient discharged from ITU with a newly started antipsychotic without a plan to stop/wean. The average prior to any QI interventions was 8-days, however after the small tests of change were introduced, the average increased to 27 days.

The Team have carried out 116 project coaching sessions since June 2020 = (100 hours) to help teams/departments to discuss initial project concepts including: starting projects, development of projects & relevant support and resources, interpreting data, overcoming barriers to success of projects, tracking & monitoring of project, link ups with other QI projects and writing up completed projects & next steps and adaption, adoption opportunities across trust.

During 2020/21 QI was re-branded to raise awareness across the with the Trust and the wider Alliance to increase awareness of the QI teams support along with increase in both the number of projects, and the number of users utilising the trust Life QI system, this included: regular Greensheet articles, junior doctor engagement presentations & curriculum and a promotional roadshow across key departments

The team have developed a process to consider the alignment of QI with audit, patient safety, learning from deaths, human factors, PMO, Operational improvement, Public Health across the acute trust has being undertaken.

West Suffolk Alliance & the Institute for Healthcare Improvement (IHI)

In addition to the QI work within the Trust the team have been working with the West Suffolk Alliance Partners to support the use of QI methodology with the help of the Institute of Health Improvement. A foundation visit took place in October 2020 which consisted of large-scale QI focussed Annual conference attended by 55 key senior leads across the Alliance Partners. Followed by 25 1-2-1 IHI facilitated meetings with each key stakeholder organisation / department to determine the areas of focus and population needs for the Alliance. This highlighted four populations areas of focus: Homelessness, Social Isolation of +65 years, Obesity and Mental Health with the focus agreed to be “reducing rough sleeping in West Suffolk” following on from the success of the national “everyone in” project carried out over the Covid period. The QI team continued to work alongside the IHI and West Suffolk Alliance partners in 2021/21 to develop the WSA Homelessness Project which included three half day workshops to upskill key stakeholders and development of the project with a view that this project would be run over 2021/22.

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

	2020/21 Target	2020/21 Actual	2019/20 Actual	2018/19 Actual	2017/18 Actual	2016/17 Actual	2015/16 Actual
<i>C. difficile</i> - Hospital onset health care associated ¹	20	27	25	12 (2)	19 (7)	23 (5)	22 (10)
18-week maximum wait from point of referral to treatment (patients on an incomplete pathway) ²	92%	57.2%	81.6%	88.8%	86.42%	92.55%	96.25%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge ³	95%	-	-	90.7%	89.33%	86.89%	94.26%
62-day urgent GP referral-to-treatment wait for first treatment - all cancers	85%	75.0%	79.5%	84.6%	86.68%	85.92%	88.05%
62-day wait for first treatment from NHS cancer screening service referral	90%	94.2%	92.6%	92.4%	94.90%	97.85%	95.68%
31-day wait for second or subsequent treatment - surgery	94%	100%	99.6%	99.5%	100%	100%	100%
31-day wait for second or subsequent treatment - anti-cancer drug treatments	98%	100%	100%	99.8%	100%	100%	99.87%
31-day diagnosis-to-treatment wait for first treatment - all cancers	96%	100%	99.6%	99.8%	99.94%	99.92%	100%
Two-week wait from referral to date first seen comprising all urgent referrals (cancer suspected)	93%	71.5%	92.0%	90.7%	94.62%	94.78%	98.46%
Two-week wait from referral to date first seen comprising all urgent referrals for symptomatic breast patients (cancer not initially suspected)	93%	94.3%	89.2%	82.2%	96.66%	88.54%	98.28%
Maximum six-week wait for diagnostic procedures	99%	49.8%	93.3%	97.3%	99.92%	96.40%	91.68%

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 2016/17 and April 2017 data is based on estimated performance

³ 2016/17 data covers a 50-week period as excludes two weeks in May 2016 when e-Care was implemented. WSFT is piloting a new emergency department reporting standards and therefore has not reported performance against this standard since 2018/19.

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 the ninth year in a row. Researchers at King's College London review data from hospitals across the country as part of the Sentinel Stroke National Audit Programme, assessing stroke care against 41 key indicators.

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

Incident reporting and learning

WSFT was picked as an early adopter of the new national patient safety incident response framework (PSIRF) alongside other local trusts in the 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](#).

During 2020/21 WSFT therefore managed learning from incidents under two different models; Apr20-Jan21 under the previous serious incident framework (SIF) and Feb21-Mar21 under PSIRF.

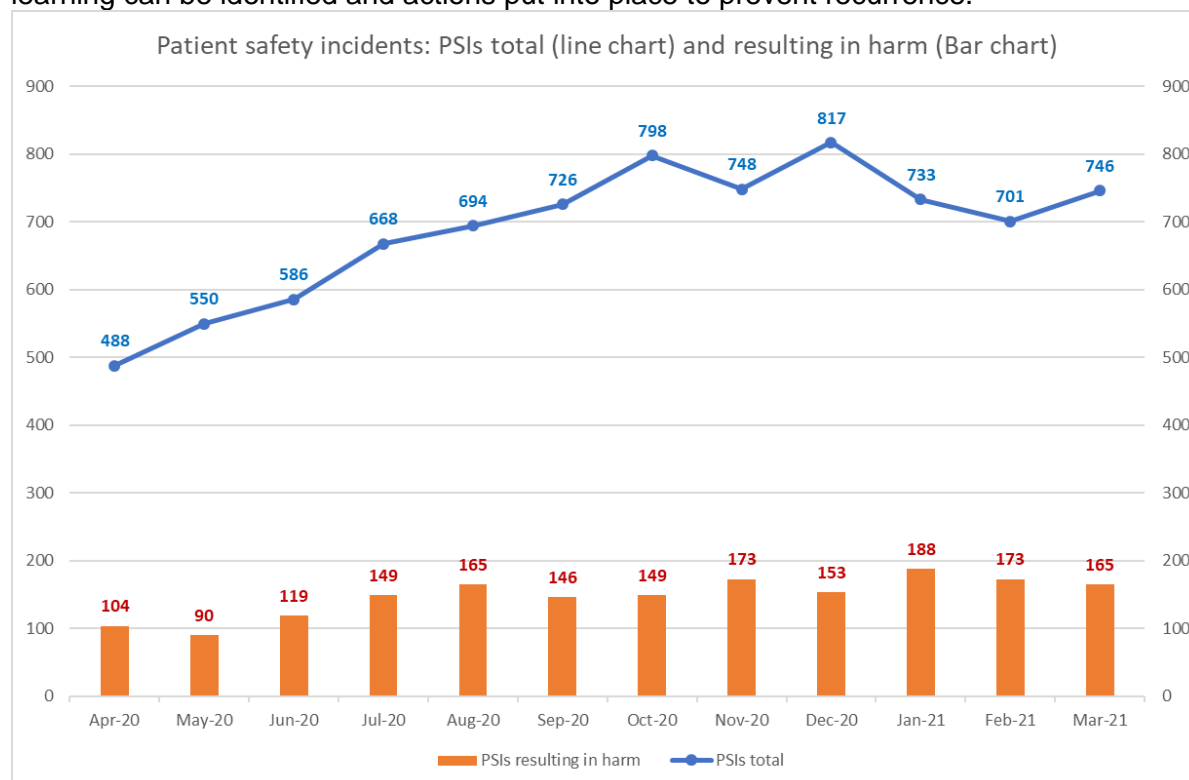
The board takes the lead on this process and receives a monthly summary of all newly reported serious incidents (SIs in Apr20-Jan21) and patient safety incidents investigations (PSIIs in Feb21-Mar21). In addition, on a quarterly basis the board receives an update on the outcome of investigations as well as more thematic learning and actions arising.

The total number of SIs/PSIIs reported during 2020-21 was 49 (55 in 2019-20). These were reported in the following categories. There were three **never events** reported in this period.

	2020/21
Never Event	3
Slips/trips/falls	7
Maternity/Obstetric/Neonatal incident (reported to HSIB)	7
Care of the deteriorating patient	4
Discharge/ transfer incident	2
Pressure ulcer	4
Diagnostic / Treatment incident including delay	6
HCAI/Infection control	10
Confidential information leak/information governance breach	1
Other	5
	49

Patient safety incident (PSI) reporting

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.



Source: Datix

Note Total PSIs reported was lower in the earlier months of the year as a consequence of reduced inpatient admissions at the beginning of the COVID-19 pandemic.

The Trust is required to upload all PSIs to the national reporting and learning system (NRLS). This is used to identify national themes and trends and emerging risks and supports the national patient safety alerts system. Data submitted also enables benchmarking of reporting rates against other NHS providers.

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

Duty of candour (DOC)

The DOC is a direct response to recommendation 181 of the Francis Inquiry report into Mid-Staffordshire NHS Foundation Trust. DOC is required for all safety incidents which have resulted in moderate, severe harm or death and prolonged psychological harm. In November 2014, DOC was legislated and required NHS organisations to:

- a) Have a face-to-face discussion with the patient or relevant person following a safety incident resulting in moderate harm or above
- b) Provide written communication following the face-to-face discussion with the patient, to include:
 - An account of the known facts about the incident
 - Details of any enquiries to be undertaken
 - The results of any enquiries into the incident
 - An apology.

The aim of this regulation is to ensure health service bodies are open and transparent when an incident happens.

WSFT's incident system (Datix) is used to record patient safety incidents and automatically notifies key members of staff when an incident of moderate harm or above is reported. These incidents are reviewed by senior nursing and medical staff to confirm the grading and to ensure DOC is achieved. Compliance with achieving timely DOC is monitored and reported on a monthly basis to the board.

Perfect Ward app

WSFT uses the Perfect Ward app for local ward/department inspections. This use of digital technology allows quick, easy and more effective scoring of questions, capture of photographs and free-text comments straight into the app, meaning information is quick to record and up-to-date. Information is stored in the app rather than on the phone used, so it is always secure. Capturing the information directly with phones or tablets means there is no longer a need to write up and send reports afterwards, saving valuable time. As soon as an inspection is complete, everyone with the app can be alerted and see the results. With automated reporting, it is also much easier to compare performance and track improvements at ward level.

Matrons, ward managers, service managers, general managers, pharmacy, executive directors and the infection prevention team all have access to the Perfect Ward app, and are using it to complete all ward audits at the WSH and Community Hospitals and it is being rolled out to the community teams including community paediatrics.

Learning from deaths

During 2020/21, 1,074 WSFT patients died (of which 2 was a neonatal death, 9 were stillbirths, 10 were people with learning disabilities and 9 had a severe mental illness). This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 254 in the first quarter (of which 1 was a neonatal death, 0 were stillbirths, 3 were people with learning disabilities and 4 had a severe mental illness)
- 188 in the second quarter (of which 0 was a neonatal death, 1 were stillbirths, 4 were people with learning disabilities and 1 had a severe mental illness)
- 286 in the third quarter (of which 0 was a neonatal death, 3 were stillbirths, 0 were people with learning disabilities and 4 had a severe mental illness)
- 346 in the fourth quarter (of which 1 was a neonatal death, 5 were stillbirths, 3 were people with learning disabilities and 0 had a severe mental illness)

As of 20 May 2021, 244 case record reviews and 14 investigations have been carried out in relation to these 1,074 deaths. In 14 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:

- 99 case record reviews (1 investigations) in the first quarter
- 40 case record reviews (4 investigations) in the second quarter
- 44 case record reviews (5 investigations) in the third quarter
- 61 case record reviews (4 investigations) in the fourth quarter.

Two deaths, representing 0.19% 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:

- None [0%] for the first quarter
- Two [1.1%] for the second quarter
- None [0%] for the third quarter

- None [0%] for the fourth quarter.

No case record reviews and no investigations were completed after 31/03/2020 which related to deaths which took place before the start of the reporting period.

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 (Rhapsody). Neonatal deaths and stillbirths are collated via the MBRACE-UK perinatal mortality surveillance system. Deaths of patients with a learning disability are recorded on Rhapsody 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.

A case record review is undertaken using the Royal College of Physicians' structured judgement review (SJR) method. The objective of the SJR method is to look for strengths and weaknesses in the caring process, 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. Bereaved families are invited to give feedback on the care their relative received. In a small number of cases a further investigation is warranted and this is undertaken via the Trust's incident reporting pathway.

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

Learning from reviews of adult deaths:

- 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
- Good trust wide use of the last days rounding tool
- 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

Learning from reviews of stillbirths:

- Communication in PPE (personal protective equipment) early in the pandemic was identified as a challenge during emergency situations
- Need to ensure pre-existing and new onset risk factors are identified and that they determine the correct care pathways and lead carer
- The importance of sensitive communication during very difficult conversations with parents must be shared
- Reflections and feedback provided by parents following the death of their baby provides invaluable insight and serves to drive improvements in care.
- Every effort should be made to personalise the care for vulnerable women, and maintain continuity throughout the pregnancy
- The importance of facilitating a debrief for the multidisciplinary team following incidents with poor outcomes has been recognised
- There must be a strong focus on the quality of fetal monitoring during labour

Actions which WSFT has taken in 2020/21:

- Implementation of the new Medical Examiner service

- Appointment of a LfD Caseload Manager in February; this new post will enable the development of an LfD 'learning into action' project programme for 2021/22
- Development of an information leaflet for staff and GPs on the signs and symptoms of rare serious complications of pregnancy and childbirth, and lunchtime trustwide learning
- Collaborative work during 'Dying matters' week with presentation of whole trust data and themes presented as a poster during two events for staff.
- Communication with next of kin following a death has been strengthened with a new communication pathway. This new pathway ensures collaborative working between Clinicians, LfD, bereavement services and the patient experience team and has been welcomed by families especially during times where in person visiting has been restricted
- Publication of the first three quarterly newsletters. The LfD team have received positive feedback from medical, nursing and allied health professional teams for these newsletters which have addressed the following themes:
 - What matters to families?
 - What is a "good death"?
 - Complex care
- Increasing smoke free pregnancies – Smoking cessation midwife appointed and smoke free pregnancy pathway implemented. A significant positive impact has been evident, we are on track to meet the NHS England target of reducing smoking at time of delivery below 6%
- Missed appointments – a new robust method to monitor missed appointments has been established and standardised across all community teams
- The importance of Anti D administration following the confirmation of intrauterine loss was identified. The national bereavement care pathway has been implemented across all our services to improve and standardise care for women suffering a loss at any gestation.
- A Preterm birth clinic has been established, offering early intervention and specialist care to those at risk of a preterm birth
- Face to face consultant reviews for women with high risk pregnancies and labours had been implemented, to improve senior oversight and drive improvements in care planning.
- A robust process has been established to ensure that women with pre-existing and new onset risk factors are on the correct pathways from booking.
- A clinic has been established with a strong focus on supporting vulnerable women, joining up the social, emotional and clinical care
- Literature is now displayed in birthing rooms to raise awareness and advise parents and staff of close observation of babies shortly after birth.

The Trust records and reviews deaths of patients with a learning disability and patients with a severe mental illness. Close working between the LfD team and the trust clinical leads for these subjects has been enhanced in 2020/21. Feedback from these reviews to enhance wider learning are included as scheduled agenda items in the LfD group meetings. 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 death of a woman during or immediately following delivery) and there is close working between the LfD team and maternity services. Feedback from external HSIB reviews to enhance wider learning are included in the LfD group meetings. 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. The LfD group supported the initiative of maternity care champions throughout the trust.

Actions which WSFT proposes to take, in consequence of what has been learnt during 2020/21:

Initial subjects highlighted for inclusion in the LfD 'learning into action' project programme:

- Aspiration pneumonia – reviews are complete and initial themes are identified. Work continues to share the themes and to produce a streamlined trustwide antibiotic guideline, and adoption of a microbiology app.

- Stranded patients – work is being undertaken to identify all the patients affected and to work with the discharge planning group to 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

Priorities for 2021/22 include

- Continuation of the quarterly newsletters and incorporating the use of vignettes to share learning in an anonymised (patient and staff) format. The next planned edition will address unconscious bias.
- Increase staff awareness of the LfD process through:
 - speciality governance leads, with LfD attendance at all governance meetings where invited
 - Clinical directors invited to LfD group meeting
 - Collaborative working with palliative care team, bereavement services, the patient experience team and the patient information team
- Provide data for all ward areas to present at local governance forums
- Recruitment and training of medical / nursing / trainee reviewers
- Collaborative working to progress quality improvement projects
- Institution of reporting pathways to support the identification of cases for inclusion in the trust's local Patient Safety and Incident Response plan

Further priorities for 2022 and beyond include the development of a LfD 'learning' platform on the intranet

An assessment of the impact of the actions identified in 2019/20 which were taken during the reporting period 2020/21:

Extend attendance at meeting to the wider clinical teams - The LfD group meetings have been well attended and expanded beyond the already representative clinical director membership. Attendance from some clinical teams in 2020/21 will be widened in 2021/22.

Collaboration with external partners - Collaboration with the ambulance service continues to evolve with the LfD team providing monthly data of patients who have died within 24 hours of admission via the ambulance service. The ambulance trust patient safety team have been invited to present findings and learning at the learning from deaths group meeting biannually.

Medical examiners - Service embedded and well received in the Trust, all deaths scrutinised. Mandated and special focus deaths referred to LFD for case review

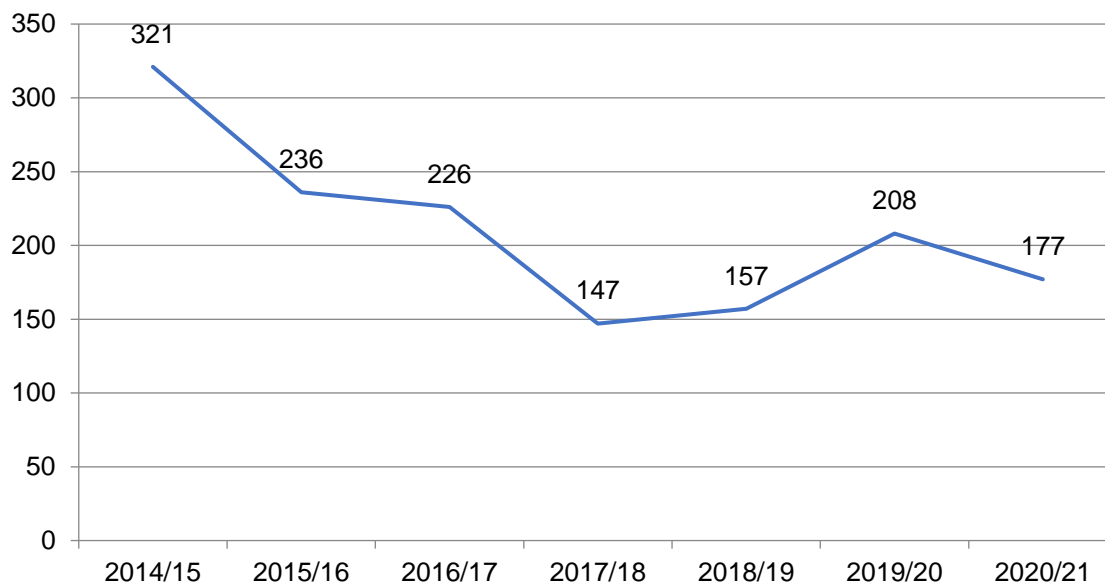
Complaints management

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 learning takes place, issues are addressed and trends identified. Examples of learning are detailed below. Themes and lessons learned are also reviewed by the patient and carer experience group and patient experience committee.

WSFT received 177 formal complaints during 2020/21. The Board monitors complaints and learning on a monthly basis as part of the quality reporting arrangements.

Number of formal complaints received

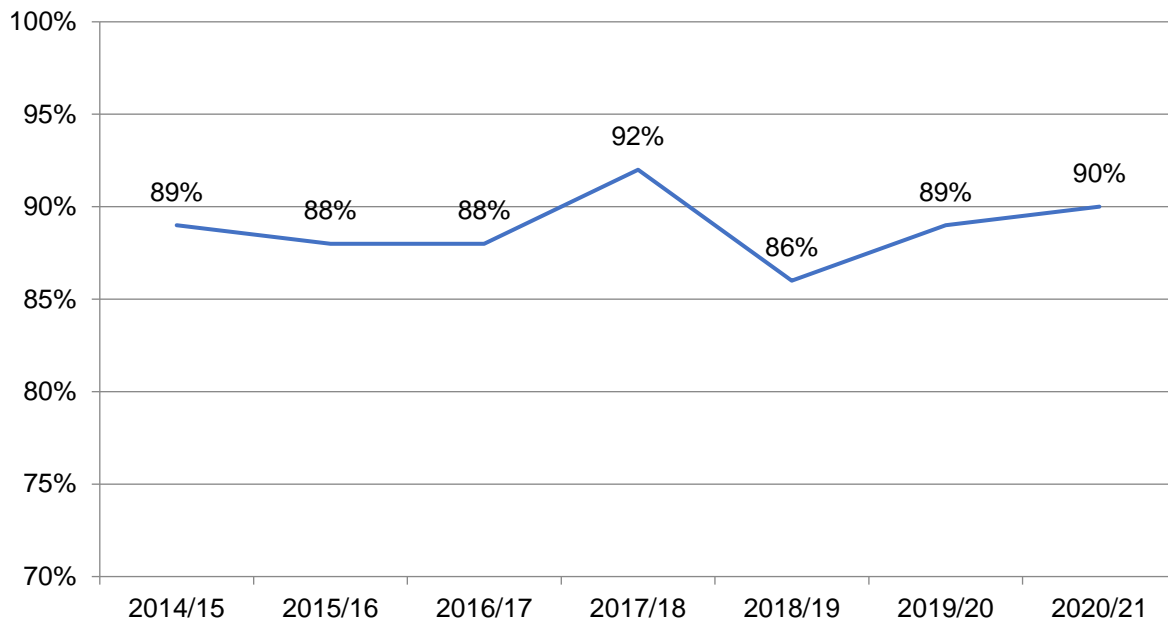


Source: Datix

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

In 2020/21 the Trust successfully resolved 159 complaints at first stage, with 18 investigations escalating to second stage throughout the year.

Complaints closed at first stage



Source: Datix

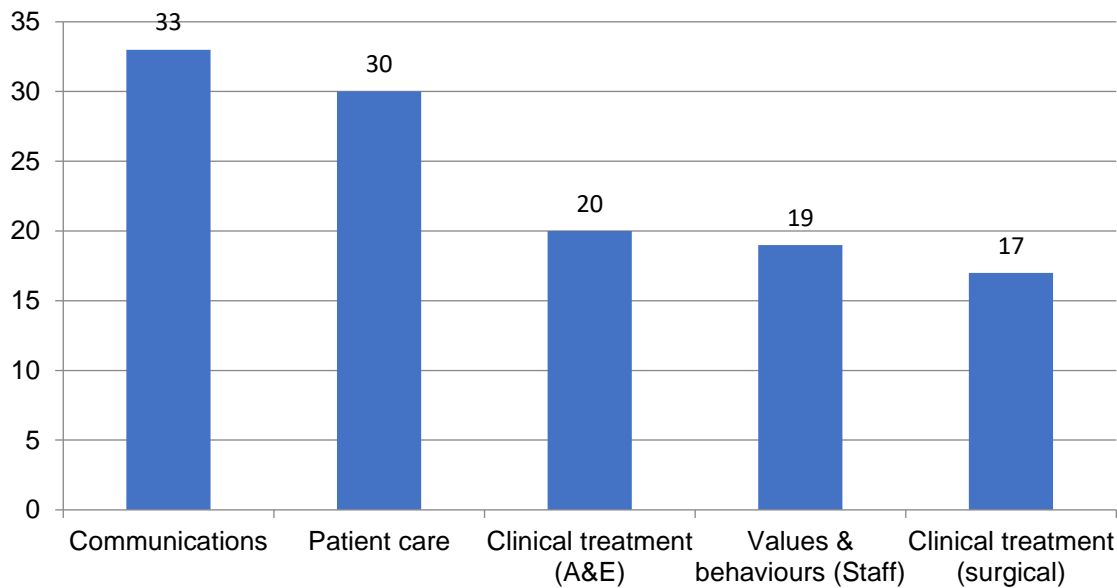
Complainants who are dissatisfied with the Trust's response can refer their concerns directly to the PHSO for an independent review. During 2020/21, 4 complaints were referred to the PHSO, compared to one during 2019/20.

In 2020/21, the PHSO completed its review of one complaint:

- One was closed with no further action

This decrease of complaints accepted for investigation by the PHSO in 2020/21 demonstrates quality investigation processes at local level.

Top five primary categories of complaints



Source: Datix

The numbers identified in the chart above list only primary concerns; many complaints have multiple categories. The top five categories remain the same as the previous financial year; however, communications is now the top category for concern increasing from 29 complaints in 2019/20 to 33 in 2020/21. Clinical treatment in surgery decreased from 31 complaints in 2019/20 to 17 in 2020/21. Clinical treatment in A&E has increased from 14 complaints in 2019/20 to 20 in 2020/21. The number of complaints relating to Values and behaviours has also decreased in 2020/21.

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:

- Updated information on the use of skin anaesthetic creams has been disseminated to paediatric ward staff.
- Additional staff recruited to improve communications between ward staff and relatives.
- Lateral flow tests being used during triage in emergency department for a rapid assessment of where best to place patients and reduce risk of transmission of Covid-19.
- Procedure implemented for all urgent blood samples to be placed in red rack for processing.
- Additional portable device to maintain blood samples at 37 degrees has been purchased.
- Learning disability staff champions appointed on ward to ensure that referrals are appropriately made to learning disability liaison nurse.
- Refresher training on mouth care and personal hygiene given to ward staff.
- Conversations with patient's next of kin added to discharge planning checklist.
- Staff training regarding the importance of identifying patient who require a diabetes review.
- Diabetes team operating hours under review regarding providing a 7 day service.
- Discharge planning checklist in development on electronic record system.
- Patient leaflet for recovery from emergency caesarean to be agreed and implemented.
- Post-natal care plan implemented on ward to ensure mothers who have undergone epidural are reviewed on at least a four hourly basis.

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 461 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. At the time of writing no WSFT survey reports have been issued relating to 2020/21.

National staff survey 2020

The WSFT performs a full census of staff and has seen a decrease in the response rate of 6.1%, though still remain above average. The Trust has seen a decrease in staff engagement which is now at 7.2, though this is still above the average national score for acute and acute and community trusts.

There have been no significant changes in the scores from the previous year, and in the majority of themes the Trust's scores either average or above.

The trust has seen a reduction in the staff being happy with the standard of treatment provided by the organisation if friend or family needed treatment from 86.3% to 82.6% but the Trust is still above the average of 74.3%; there has been a reduction in recommending the organisation as a place to work from 76.7% to 73.8%, but again, the trust is above the average of 66.9%.

There has been a slight increase in staff who are unlikely to look for a job in the next 12 months from 16.2% to 16.3% which is better than the average of 18.7% as well as in staff not feeling pressure from managers to come to work when not feeling well enough from 19.9% to 21.2%, which is better than the average of 26.3%.

When errors, near misses or incidents are reported, the staff feeling that the Trust takes action, has reduced from 78.5% to 70.3% and has gone below the average of 72.7%. There has also been a reduction in staff feeling secure raising concerns about unsafe clinical practice from 74.8% to 69.1%, and being confident that the Trust would address concerns reducing from 56.6% to 54.8% moving to below average of 59.1%.

Workforce Race Equality Standard (WRES)

The scores presented below are the unweighted 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.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

Indicator	Ethnic group	WSFT 2020	Average (median) for acute trusts	WSFT 2019
	White	25%	25%	25%

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	30%	28%	28%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	24%	24%	22%
	BME	28%	29%	22%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	88%	88%	90%
	BME	76%	73%	85%
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%	6%	6%
	BME	13%	17%	12%

Development of the quality report

WSFT has continued its commitment to listening to the views of our service users and Trust members in developing the priorities set out in the quality report and its format and content.

During 2018/19 we have built on our understanding of the views of Trust members' and users' quality priorities through FT membership engagement events. The results of this feedback are reflected in the format and content of this quality report.

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	%
Fractured Neck of Femur (Care in Emergency Departments)	Royal College of Emergency Medicine	Yes	Yes	Ongoing ¹
Pain in Children (Care in Emergency Departments)	Royal College of Emergency Medicine	Yes	Yes	Ongoing ¹
Infection Control (Care in Emergency Departments)	Royal College of Emergency Medicine	Yes	Yes	Ongoing ¹
Cystectomy	British Association of Urological Surgeons	No	N/A	-
British Spine Registry	British Spine Registry	No	N/A	-
Female Stress Urinary Incontinence Audit	British Association of Urological Surgeons	Yes	Yes	Ongoing ¹
Renal Colic Audit	British Association of Urological Surgeons	Yes	Yes	Ongoing ¹
Percutaneous Nephrolithotomy (PCNL)	British Association of Urological Surgeons	Yes	Yes	Ongoing ¹
Radical Prostatectomy Audit	British Association of Urological Surgeons	No	N/A	-
Intensive Care National Audit and Research Centre (ICNARC)	Intensive Care National Audit and Research Centre (ICNARC)	Yes	Yes	Ongoing ¹
Elective Surgery (National PROMs Programme)	NHS Digital	Yes	Yes	Ongoing ¹
Endocrine and Thyroid National Audit	British Association of Endocrine and Thyroid Surgeons	Yes	Yes	Ongoing ¹
Fracture Liaison Service Database	Royal College of Physicians	Yes	Yes	Ongoing ¹
National Audit of Inpatient Falls	Royal College of Physicians	Yes	Yes	Ongoing ¹
National Hip Fracture Database	Royal College of Physicians	Yes	Yes	Ongoing ¹
Inflammatory Bowel Disease (IBD) Audit	IBD Registry	Yes	Yes	Ongoing ¹
Trauma Audit & Research Network (TARN)	The Trauma Audit and Research Network (TARN)	Yes	Yes	Ongoing ¹
Mandatory Surveillance of HCAI	Public Health England	Yes	Yes	Ongoing ¹
Paediatric Asthma Secondary Care	Royal College of Physicians	Yes	Yes	Ongoing ¹
Adult Asthma Secondary Care	Royal College of Physicians	Yes	Yes	Ongoing ¹
Pulmonary rehabilitation-organisational and clinical audit	Royal College of Physicians	No	N/A	-
Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	Royal College of Physicians	Yes	Yes	Ongoing ¹
National Audit of Breast Cancer in Older People (NABCOP)	Clinical Effectiveness Unit - Royal College of Surgeons	Yes	Yes	Ongoing ¹
National Audit of Cardiac Rehabilitation (NACR)	University of York	Yes	Yes	Ongoing ¹
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	University of Warwick	No	N/A	-
National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network	Yes	Yes	Suspended ²
National Audit of Pulmonary Hypertension (NAPH)	NHS Digital	No	N/A	-
National Gastro-intestinal Cancer Programme	NHS Digital	Yes	Yes	Ongoing ¹

National clinical audit	Host organisation	Eligible	Participated	%
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	-
UK Renal Registry	UK Renal Registry	No	N/A	-
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK	Yes	Yes	Ongoing ¹
National Comparative Audit of Blood Transfusion Programme	NH Digital	Yes	Yes	Ongoing ¹
National Audit of Cardiac Rhythm Management (CRM)	Barts Health NHS Trust	No	N/A	-
Myocardial Ischaemia National Audit Project (MINAP)	Barts Health NHS Trust	Yes	Yes	Ongoing ¹
National Adult Cardiac Surgery Audit	Barts Health NHS Trust	No	N/A	-
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Barts Health NHS Trust	No	N/A	-
National Heart Failure Audit	Barts Health NHS Trust	Yes	Yes	Ongoing ¹
National Congenital Heart Disease (CHD)	Barts Health NHS Trust	No	N/A	-
Monitoring of patients prescribed lithium	Royal College of Psychiatrists	No	N/A	-
Prescribing Clozapine	Royal College of Psychiatrists	No	N/A	-
Use of depot/LAI antipsychotics for relapse prevention	Royal College of Psychiatrists	No	N/A	-
Assessment of side effects of depot and LAI antipsychotic medication	Royal College of Psychiatrists	No	N/A	-
Antipsychotic prescribing in people with a learning disability	Royal College of Psychiatrists	No	N/A	-
Prescribing for depression in adult mental health services	Royal College of Psychiatrists	No	N/A	-
National Diabetes Foot Care Audit	NHS Digital	Yes	Yes	Ongoing ¹
National Diabetes Inpatient Audit (NaDIA)	NHS Digital	Yes	Yes	Ongoing ¹
National Diabetes Inpatient Audit (NaDIA) Harms	NHS Digital	Yes	Yes	Ongoing ¹
National Core Diabetes Audit	NHS Digital	Yes	Yes	Ongoing ¹
National Pregnancy in Diabetes Audit	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 Bowel Cancer Audit (NBOCA)	NHS Digital	Yes	Yes	Ongoing ¹
National Oesophago-gastric Cancer (NOGCA)	NHS Digital	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 and Perinatal Audit (NMPA)	Royal College of Obstetricians and Gynaecologists	Yes	Yes	Ongoing ¹

National clinical audit	Host organisation	Eligible	Participated	%
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health	Yes	Yes	Ongoing ¹
National Ophthalmology Audit (NOD)	Royal College of Ophthalmologists	Yes	Yes	Ongoing ¹
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	Yes	Yes	Ongoing ¹
National Prostate Cancer Audit	Royal College of Surgeons	Yes	Yes	Ongoing ¹
Cleft Registry and Audit Network (CRANE)	Royal College of Surgeons	No	N/A	-
National Vascular Registry	Royal College of Surgeons	Yes	Yes	Ongoing ¹
Neurosurgical National Audit Programme	Society of British Neurological Surgeons	No	N/A	-
Paediatric Intensive Care Audit Network (PICANet)	University of Leeds and University of Leicester	No	N/A	-
Perioperative Quality Improvement Programme (PQIP)	Royal College of Anaesthetists	No	N/A	-
Surgical Site Infection Surveillance Service	Public Health England (PHE)	Yes	Yes	Ongoing ¹
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Public Health England (PHE)	Yes	Yes	Ongoing ¹
Sentinel Stroke National Audit programme (SSNAP)	King's College London	Yes	Yes	Ongoing ¹
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Serious Hazards of Transfusion (SHOT)	Yes	Yes	Ongoing ¹
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Society for Acute Medicine	Yes	No	0% ³
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Public Health England (PHE)	Yes	Yes	Ongoing ¹
UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	No	N/A	-
UK Parkinson's Audit	Parkinson's UK	Yes	Yes	Suspended ²

1 The listed National Audits run a continuous data collection cycle therefore the percentage of cases submitted against registered cases required in 2020-21 is currently unavailable.

2 As a result of the COVID-19 pandemic collection cycle was temporarily suspended by the Host Organisation. The data collection cycle is scheduled for 2021-22.

3 As a result of the COVID-19 pandemic WSFT did not participate in 2020-21, registration for the 2021-22 audit cycle has been completed in and WSFT will aim to ensure participation is achieved by June 2021.

Table B: Clinical outcome review programmes participation

Clinical outcome review programme	Host organisation	Eligible	Participated	%
Epilepsy	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Yes	Ongoing ¹
Physical Health in Mental Health Hospitals	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Yes	Ongoing ¹
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
Suicide by children and young people in England (CYP)	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	-
The Assessment of Risk and Safety in Mental Health Services	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - University of Manchester	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	-

¹ The listed national confidential enquiries run a continuous data collection cycle therefore the percentage of cases submitted against registered cases required in 2020-21 is currently unavailable.

Table C: National clinical audit and clinical outcome review programmes reports

National clinical audit
NACAP Adult Asthma Clinical Audit Report 2019/20
ICNARC Annual Quality Report 2018/19 for adult critical care
Myocardial Ischaemia National Audit Project (MINAP) 2020 Report
National Cardiac Audit Programme (NCAP) National Heart Failure Audit (NHFA) 2020 report (2018/19 data)
National Paediatric Diabetes audit (NPDA) Report 2018-19 Care processes and outcomes
National Hip Fracture Database 2021 Jan-Dec 2019 data)
National Joint Registry 17th Annual Report 2020
National Neonatal Audit Programme 2020 Annual report on 2019 data
National Prostate Cancer Audit Annual Report 2020 (1 April 2019 to 31 March 2019)
National Audit of Care at the End of Life Second round of the audit (2019/20)
NCEPOD Time Matters
Maternal, Newborn and Infant programme: Saving Lives, Improving Mothers' Care 2020 report
Maternal, Newborn and Infant programme: stillbirths and neonatal deaths in twin pregnancies

National clinical audit
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal surveillance report 2018
Perinatal Mortality Review Tool – Second Annual Report
Maternal, Newborn and Infant Programme: Learning from SARS-CoV-2-related and associated maternal deaths UK
National Maternity and Perinatal Audit – Maternity Care for Women with Multiple Births and Their Babies
Epilepsy 12 combined organisational and clinical audits: Report for England and Wales Round 3 Cohort 1 (2018-19)
Sixth Patient Report of the National Emergency Laparotomy Audit December 2018 to November 2019
NCEPOD Balancing the Pressures
National Lung Cancer Audit annual report (for the audit period 2018)
National Audit of Inpatient Falls (NAIF) Audit Report 2020
National Diabetes Audit, 2018- 19 Report 1: Care Processes and Treatment Targets England and Wales Full Report
National Diabetes Inpatient Audit England, 2019 England Full report
National Diabetes Inpatient Audit Harms, 2019 England Annual report
National Vascular Registry 2020 annual report
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) COPD Clinical Audi 2018-19
National Audit of Breast Cancer in Older Patients Part of the National Clinical Audit and Patient Outcomes Programme 2020 Annual Report
National Bowel Cancer Audit Annual Report 2020

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
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)
Banding ^{a b}	2	3	As expected	As expected	As expected
National average	100	100	100	100	100
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
WSFT	32.54%	31.1%	41.0%	45%	46%	46%
National average	29.56%	35.9%	33.6%	36%	36%	37%

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*
Hip replacement surgery (primary) EQ-5D adjusted health gain				
WSFT	0.441	0.479	0.448	0.435
Comparison	Not an outlier	Not an outlier	Not an outlier	Not an outlier
National average	0.445	0.468	0.46	0.468
Knee replacement surgery (primary) EQ-5D adjusted health gain				
WSFT	0.338	0.427	0.327	0.218
Comparison	Not an outlier	Positive outlier	Not an outlier	Not an outlier
National average	0.324	0.338	0.34	0.342

*2019-20 is provisional data. All previous years are final

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

		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
WSFT	Aged 0 to 15	11.1	12.8	12.9	12.5	13.0	Not yet available
National average		11.4	11.5	11.6	11.9	12.5	
WSFT	Aged 16 or over	12.5	12.5	12.2	12.1	12.7	Not yet available
National average		13.0	13.4	13.6	14.1	14.6	

(2020 update) There is an ongoing review by NHS Digital of emergency readmission indicators across Compendium and the framework publications (NHS OF & CCG OIS), many of which until last year, had not been published since 2014. Phase one of this review was completed in early 2019 and involved the publication of two indicators: CCG Outcomes Indicator Set indicator 3.2 and NHS Outcomes Framework indicator 3b – Emergency readmissions within 30 days of discharge from hospital. This was followed by a subsequent publication in May 2019 of the Compendium emergency readmission indicators.

(b) Responsiveness to the personal needs of its patients

	2016	2017	2018	2019
WSFT	72.9	69.7	68.6	67.4
National average	69.6	68.1	68.6	67.2
Highest NHS trust	86.2	85.2	85.0	85.0
Lowest NHS trust	58.9	60.0	60.5	58.9

Source: NHS Digital

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 four 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
WSFT (agree + strongly agree)	85.3	82.9	86.2
England: acute trusts (agree + strongly agree)	70.8	71.3	70.5
Benchmark group best result (agree + strongly agree)	85.3	87.3	87.4
Benchmark group worst result (agree + strongly agree)	46.7	39.8	39.7

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	16.9	Not yet available
National average	14.9	13.2	13.7	12.2	13.6	

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 2018 – Sept 2018	2,642 (39.3 / 1000 bed days)	44.52 / 1000 bed days	Middle 50% of trusts
Oct 2018 – Mar 2019	3,307 (49.11 / 1000 bed days)	44.70 / 1000 bed days	Middle 50% of trusts
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 – Sept 2020	3,763*	Not yet published	Not yet published
Oct 2020 – Mar 2021	4,559*	Not yet published	Not yet published

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

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 2018 – Sept 2018	15 (0.6%)	0.3%	Above peer group average
Oct 2018 – Mar 2019	10 (0.3%)	0.3%	Same as peer group average
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 – Sept 2020	16 (0.4%)*	Not yet published	Not yet published
Oct 2020 – Mar 2021	25 (0.6%)*	Not yet published	Not yet published

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

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 management, 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 already high standard of care for our patients.

The Governors are keen to harness the power of our local community and use the Trust's position in west of Suffolk health and care system to promote and integrate services for the local population.

A good working relationship exists between the governors and board which encourages the constructive contribution of the governors. During 2018/19 we have strengthened our work through:

- **Engagement with members and public:**
 - Regular contact with patients and their supporters
 - Capturing feedback at the patient and visitor cafes in West Suffolk Hospital and Newmarket Hospital, sharing this with hospital management and receiving feedback on action taken
 - 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 hospital
 - Providing support for planning and delivery of external public meetings and events, including annual members meeting and medicine for members.
- **Review of care and services provided:**
 - Taking part in 'Quality Walkabouts' enables Governors to talk to staff (and patients) about implementation of changes and what actions have or have not been followed up.
 - Taking part in 'Environmental Reviews' enables Governors to view the hospital and community facilities from a viewpoint of patients and visitors, such as matters of cleanliness, ease of access, direction boards and information panels/notices.
 - Taking part in 'Area Observations' enables Governors to observe the environment, general atmosphere, staff interactions and anything else they feel is enhancing or adversely affecting patient experience. This information is fed back to the manager and an action plan monitored through the patient and carer experience group.
- **Working with the board:**
 - Regular attendance at Trust Board meetings, where we are encouraged to ask questions and report back to all Governors on outcomes of these discussions
 - Attending Board meetings has also educated Governors on key clinical areas and developments
 - Working with the non-executive directors (NEDs) a two way exchange of intelligence gathered and areas for improvement
 - Regular workshops focused on key developments within the operational plan
 - Completed on schedule the appraisals of all NEDs
 - Holding the board to account through the NEDs by requesting assurance on areas of concern; such as pathology services as well as quality, operational and financial performance
 - During 2018-19 appointed one new NED.
- **Development of knowledge and skills:**
 - Agreed a training and develop programme, including an externally facilitated session
 - Attended training events, both internal and external to support learning and development
 - Held informal meetings of Governors, arranged by the Lead Governor, to ensure effective working relationships and preparations for meetings.

We recognise the contribution made by the staff and volunteers and would like to thank them for their dedication and hard work which makes the West Suffolk Hospital and our community services very special for our patients, the public and staff.

The governors recognise the importance of the evolving West Suffolk Alliance in the delivery of health and care services in the west of Suffolk. The governors recognise the importance of developing their relationship with patients and staff that utilise and serve these services outside the West Suffolk Hospital.

West Suffolk Clinical Commissioning Group



West Suffolk Clinical Commissioning Group

West Suffolk Foundation Trust

The West Suffolk Clinical Commissioning Group (CCG) confirms that the West Suffolk Foundation Trust have consulted and invited comment regarding the Annual Quality Account for 2020/21. This has been submitted as a draft within the agreed timeframe and the CCG are satisfied that the draft Quality Account provides appropriate assurance of the service.

The CCG has reviewed the draft Quality Account and, to the best of our knowledge, consider that the data is accurate. The information contained within the draft Quality Account is reflective of both the challenges and achievements within the organisation over the previous 12-month period. It is recognised that the COVID-19 pandemic has created additional, unprecedented challenges this year, which has made the report more difficult to compile.

The CCG looks 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 West Suffolk Foundation Trust to provide a high-quality service. The CCG endorses the publication of this account.

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

Lisa Nobes
Director of Nursing and Clinical Quality
West Suffolk Clinical Commissioning Group

13th July 2021

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 2020/21. This should in no way be taken as a negative response. The Committee acknowledges the significant additional pressures faced by NHS providers in 2020/21 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 Suffolk

Thank you for inviting Healthwatch Suffolk to comment on WSFT's annual quality accounts for 2020-21. I'm afraid we are not in a position to commit to providing WSFT with such feedback this year. This is our response to all such requests this year. We will endeavour to start to offer such observations and statements again from 2022 onwards.

Andy Yacoub
CEO
Healthwatch Suffolk CIC

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 has 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 report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2020 to June 2021
 - papers relating to quality reported to the Board over the period April 2020 to June 2021
 - feedback from commissioners dated 13 July 2021
 - feedback from governors dated 17 June 2021
 - the Trust's Annual complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the 2019 national patient survey
 - the 2020 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



Sheila Childerhouse

Chair

25 June 2021



Dr Stephen Dunn CBE

Chief executive

25 June 2021

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.

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.