



West Suffolk  
NHS Foundation Trust

# Annual Quality Report



2019/20



Putting you **first**



## Contents

	<b>Page</b>
1. Chief executive's statement	4
2. Quality structure and accountabilities	6
3. Performance against priorities for 2019-20 and the priorities for improvement 2020-21	6
4. Statements of assurance from the Board	7
5. Other quality indicators	16
6. Development of the quality report	29
Annex A: Participation in clinical audit	30
Annex B: Nationally-mandated quality indicators	35
Annex C: Glossary	39

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

## 1. Chief executive's statement

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

This report is published during a year in which the National Health Service is being called upon to meet the greatest challenge in the 72 years of its existence due to the coronavirus pandemic. Our colleagues across the WSFT are daily proving their resilience and their commitment to providing excellent and compassionate care for the people of Suffolk.

In our acute and community services, frontline staff are showing their courage, skill and professionalism in safely treating every patient according to their individual need. Supporting them are cleaners and catering teams, technicians and IT colleagues, administrators and educators. Now, more than ever, we know that our greatest asset is our workforce.

Responding to the pandemic has shown the value of all the work we have done to take an alliance approach with our partners across all public services throughout Suffolk and north Essex. The close ties we have forged have enabled us to join up care where it is needed, closer to home, making the best use of all our resources and improving patient experience. More and more people are able to be cared for where they live, achieving greater independence and better quality of life for as long as possible.

Even before the coronavirus crisis, the Trust had experienced a turbulent year which caused us to examine the culture of our organisation while at the same time celebrating the commitment of our staff. A full inspection by the Care Quality Commission (CQC) resulted in our being given a rating of "requires improvement". As we had previously been rated "outstanding" this was a great disappointment and as leaders we have offered our sincere apologies.

The CQC sought action on things the Trust must do and where improvement is needed. These included some areas not fully managing infection risks, medicines management or record keeping, and staff not always feeling able to raise concerns. It is important to note that the CQC rated many of our services as good or outstanding and found that across the board patients were treated with compassion and respect.

All our employees were invited to respond to this year's NHS staff survey, which brought encouraging findings, as did the staff friends and family test, with positive comparisons regionally and nationally. At the same time it is clear we need to listen more to our colleagues, be informed by their views, offer specific support to teams and have a greater focus on leadership and continuous learning.

We are reviewing our culture and openness to make sure everyone – including our patients, our staff and our commissioners – can contribute to our improvement. We are supporting staff conversations, reviewing our HR policies and pursuing the Better Working Lives initiative. We have developed a robust improvement plan, and progress on this will be monitored by our Board and reported to the CQC. We welcome and will fully co-operate with the independent review commissioned by the Department of Health into whistleblowing concerns.

Across the year we have seen an average increase of ten per cent in attendance at the hospital, and a consequent increase in admissions. This has been alleviated by using patient pathways joining up acute and community care; and learning from the experiences of previous years, we managed our winter pressures and the opening of escalation beds more efficiently. Our annual flu vaccination campaign was well-supported by staff, which again helped us to meet the challenges of the busiest season.

The success of our recruitment and training programme in the Philippines meant we were able to meet all our nursing vacancies, and these nurses have proved a most welcome and valuable addition to our workforce.

As a global digital exemplar (internationally recognised NHS provider delivering improvements in the quality of care, through the world-class use of digital technologies and information), we have continued our work to improve working lives and our efficiency through digital solutions such as the rollout of Medic Bleep, and investment in the hardware, software and connectivity needed by our community staff.

The increase in activity brought financial challenges that were met with cost improvement programmes suggested and supported by colleagues across the Trust which put us in a good position at the end of the financial year. Nevertheless, we welcome the Department of Health decision to write off the Trust's interim loans in the wake of the pandemic.

At the acute hospital site, we have celebrated the expansion and official opening of the acute assessment unit; first anniversary of the cardiac centre; the opening of a new accommodation block; and the 25th anniversary of the day surgery unit. Through a change in legislation, we were also able to transfer Newmarket Community Hospital to the Trust from NHS Property Services. This investment represents our commitment to a future that will see our Trust expand, develop and build ever greater links with our community.

As COVID-19 levels have become more stable we are starting to think about moving to a recovery phase. This is where normally you would aim to get things back to where they were before an incident occurred. However, we want to make sure we don't lose the good work we have achieved and just go back to 'how it was before'. We think this is an opportunity to learn collectively from our experiences and try to build an improved future as a Trust and as a workplace. We will use information and suggestions gathered from staff and stakeholders to inform and feed into multiple work streams, including the refresh of our future strategy, our COVID recovery plans, quality improvement, and our focus on wellbeing. It will even influence how we work on the plans for the new hospital.



**Dr Stephen Dunn**  
Chief executive  
23 June 2020

## 2. 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. The subcommittees are:

- (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.

## 3. Performance against priorities for 2019-20 and the priorities for improvement 2020-21

The quality priorities for 2019-21 were agreed as a two-year model and described at a high level with the expectation that projects across the Trust will form **part of the coordinated programme** to support their delivery.

The quality priorities and programme has been informed by the changing shape and nature of the organisation and by asking our specialists, listening to what our partners and community tell us, and looking outwards for how we can help other organisations achieve their own goals

Patient flow	The Trust has made significant improvement to patient flow through a range of initiatives and focus on improvement; ('Red2Green' / SAFER). The challenge of winter 18/19 highlighted the importance of maintaining focus and ensuring that all recommended processes are fully embedded across the Trust.
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. One year on, we are making QI a quality priority to accelerate dissemination and adoption of improvement science knowledge, skills and application

Two of the three 2019/20 quality priorities continue into their second year:

- Human factors

- Quality improvement

The third has been recognised as meeting the requirements of 'business as usual' and thus removed from the quality priorities list.

- Patient flow

The organisation therefore agreed to include a third priority for 2020/21:

- 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.

## 4. 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 2019/20, 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 2019/20 was **£229.5m**, which represents **89.1% of the total income** generated from the provision of relevant health services by WSFT for 2019/20.

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

## Participation in clinical audits and confidential enquiries

During 2019/20 51 national clinical audits and seven national confidential enquiries covered NHS services that WSFT provides.

During 2019/20 WSFT participated in 94% 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 2019/20, 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.

The reports of 35 national clinical audits and 64 local clinical audits were reviewed by the provider in 2019/20 and WSFT intends to take the actions detailed in Annex A to improve the quality of health care provided.

## 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 2019/20 to participate in National Institute for Health Research (NIHR) Portfolio or commercially adopted research studies approved by a research ethics committee, exceeded 1,600 participants (an increase from 1,500 in 2018/19).

## Seven-day services

The Trust has a well-represented 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. Quality improvement is focused on the four standards identified as priorities on the basis of their potential to positively affect patient outcomes:



- Standard 2: time to consultant review – compliance with the standard of all patients seeing a consultant within 14 hours of admission has increased to 80% with 90% seen within 17 hours. Work continues to improve this standard and developments in the delivery of front of house services, such as surgical ambulatory care, will support sustained delivery in the coming years
- We already achieve standards 5 (access to diagnostics) and 6 (access to consultant-directed interventions) and expect to maintain this compliance
- Standard 8: on-going review – 84% of patients who require a once daily consultant directed review receive such a review. Our focus for the coming year is ensuring reviews continue at the weekend if they are required.

The Trust has robust processes in place to comply with the revised reporting framework for seven-day services. In order to provide full assurance, the Trust is fully compliant with the national audit methodology as used for the spring 2018 audit. This allows for accurate comparison with previous audit results. It is expected that the audit will run bi-annually with both the framework template and detailed analysis presented to the board for assurance.

### 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 whistle blowers)

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 and the Trust strategy of 'freedom to speak up, freedom to improve'. 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. There are currently 18 trusted partners from a range of clinical and non-clinical, and senior and junior roles. 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.

- **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.
- **Trust executive open door** - executive directors are in the Time Out restaurant from 8.00am to 9.00am every Wednesday and staff are invited to drop by to talk informally to members of the executive team. This arrangement has been in place for a number of years.
- **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.
- **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.

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 the Trust and community intranets 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.

### **Goals agreed with commissioners**

A proportion of WSFT income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between WSFT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The ten national CQUIN goals for 2019/20 were:

- **Antimicrobial Resistance:** a) Lower UTI - Antibiotic prescriptions in older patients (65 & over) meeting guidance and four criteria; and b) Elective colorectal surgery - Antibiotic prophylaxis being a single dose and prescribed in accordance with guidelines.
- **Staff health and wellbeing:** staff flu vaccination uptake.
- **Preventing ill health:** inpatient tobacco & alcohol a) screening, b) advice, c) refer/treat.
- **Preventing hospital falls occurring in older patients:** three falls prevention actions.

- **Adults managed in the same day:** who have confirmed a) Pulmonary Embolus, b) Tachycardia with Atrial Fibrillation or c) Community Acquired Pneumonia.

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).

The total CQUIN funding value for 2019/20 was £2,021,443 (compared with £3,511,673 for 2018/19). Note: whereas CQUIN was worth 2.5% of the total contract (1.25% national and 1.25% local schemes) up to 2018/19: From 1 April 2019, NHS England advised the CCG schemes were all national so “1.25% with a corresponding increase in core prices, allowing more certainty around funding to invest in agreed local priorities”.

## What others say about us

WSFT is required to register with the Care Quality Commission (CQC) and its current registration status is conditional. The conditional status relates to the extension of registration in May 2020 to include a General Practice (GP) surgery and the requirement for a named individual from that practice to be named on the registration certificate.

During 2019/20, the Trust was the subject of an inspection of the following core services:

- Urgent and Emergency care
- Medical care (including older people's care)
- Surgery
- Maternity
- Outpatients
- Community health services for adults
- Community health services for children and young people
- Community health inpatient services

The CQC also undertook a 'Well-led' and a 'Use of Resources' review of the trust during the inspection process. The outcome of the inspection was to rate the trust as 'Requires Improvement' according to the matrix set out below

	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
<b>Overall trust</b>	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020

The report listed 32 breaches of legal requirements (MUST) and 45 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality (SHOULD).

In addition, the CQC issued five requirement notices to the trust and undertook enforcement action in relation to significant concerns within the maternity and midwifery service. This required the Trust to provide a report saying what action it would take to meet these requirements. This was issued through a warning notice under Section 29A of the Health and Social Care Act 2008.

The CQC also highlighted three areas of outstanding practice in the Community health services for children and young people:

- An emotional well-being care pathway developed, in conjunction with other services.
- Multi-disciplinary and multi-agency working was particularly strong.
- Physiotherapists linking with sports gyms in the locality to jointly provide gym groups for five to 11 year olds and 11 to 18 year olds with cerebral palsy.

A detailed improvement plan has been developed and its progress is overseen by an improvement programme board with membership including local commissioners. Regular updates on progress against this plan as well as specific detail around the subjects covered by the Section 29A are provided to the CQC via the trust's local CQC relationship manager and inspection lead.

## Highlights of the year

Looking back over this challenging year, there is much of which to be proud. In our comprehensive Care Quality Commission (CQC) report, the inspectors found that staff across the board: "treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions" and that they "gave patients and those close to them help, emotional support and advice when they needed it to minimise their distress."

In a national survey, the CQC also reported that our emergency department is performing better than most in the country in several areas of urgent and emergency care. The WSFT matched the highest score in England for the availability of help from members of staff while patients were waiting in the emergency department, and also the overall score for waiting times. The survey scored us highly across categories including respect and dignity for our patients, their experience with doctors and nurses, and their overall care and treatment.

We were named one of 40 CHKS Top Hospitals for 2019 in the leading data-driven awards that have been running for 18 years. CHKS is a provider of healthcare intelligence and quality improvement services and the awards recognise hospitals that are safer for patients, more effective, more efficient and have lower mortality when compared with the performance of all hospitals in England, Wales and Northern Ireland.

The Royal College of Physicians' national lung cancer audit reported that WSFT demonstrated a 40.1% one-year survival rate for this serious disease, a higher average rate than the regional and

national rates of 34.6% and 37% respectively. This report also highlighted the importance of early diagnosis if people are to survive, and we are working with all our partners to facilitate this.

Our role was also acknowledged by our commissioners, the West Suffolk Clinical Commissioning Group, in its achievement of the best cancer survival rates in the east of England. The figures from Public Health England showed that the one-year survival rate for patients in west Suffolk diagnosed with cancer is 74.9%, higher than any other CCG area in the east and above the national average of 73.3%. This survival rate has been increasing every year in west Suffolk.

The Macmillan Unit, which cares for people with cancer, has scored highly in its Macmillan Quality Environment Mark (MQEM) accreditation reassessment, maintaining an overall score of 4 (very good) and retaining its high standards. While the overall score has remained the same, some of the inspected areas have improved.

This year we have marked two significant milestones – the first anniversary of our cardiac centre; and 25 years since the opening of our day surgery unit. In one year, thousands of diagnostic tests have been run at the cardiac centre, and hundreds of cardiac patients have benefited from the procedures that can be performed on site. With its six operating theatres, the day surgery unit, which also houses the eye treatment centre, sees thousands of operations carried out every year for patients, most of whom go home on the same day.

Our state-of-the art acute assessment unit (AAU) is now fully completed and was officially opened by Jo Churchill, MP. The unit has transformed the way patients who do not need major emergency department care are observed, diagnosed and treated. We have expanded the ambulatory emergency care space and monitored bay, and assigned the unit a dedicated ambulance entrance. This allows us to provide better care while maximising our resources.

A change in legislation allowed the ownership of Newmarket Community Hospital to be transferred to the WSFT from NHS Property Services this year. The Trust provides a number of community services at the hospital, including an inpatient unit, X-Ray, outpatients department and community health team; and other providers including a GP surgery are based there. This helps us to offer joined-up, targeted care to the local population as a health provider in west Suffolk, and better manage the treatment pathway for patients between acute and community services.

The NHS workforce is, of course, our most valuable asset and we are committed to doing everything we can to support our staff wherever they work across Suffolk, to ensure they can provide care safely and efficiently, develop their skills, and know how much they are appreciated.

That is why we chose to offer every WSFT employee the chance to complete the annual NHS staff survey. We were pleased that the percentage of people responding increased by four per cent to 52%, which is also above the national average of 48%. There were many positive indicators for us, with a staff engagement score equal to the best in the country; and the morale and safety culture scores close to the highest national scores. Eight of the 11 themes in the survey had an improved score, three of those showing significant improvement, three were unchanged, and our community staff expressed the highest level of satisfaction across the Trust, a tribute to their leaders.

We have also acknowledged that 48 per cent of our colleagues chose not to respond, some reported worse experiences and significant challenges. We are using the findings alongside those of our CQC report to see what we can learn to bring lasting improvements throughout the Trust.

Our staff gave us a vote of confidence in the NHS Staff Friends and Family Test, with 92% of staff surveyed saying they would recommend the WSFT as a place to receive treatment, the seventh highest percentage in England. In addition, 79% said they would recommend it as a place to work, which is the tenth highest percentage in the country. These are both well above the national averages of 81% and 66% respectively.

As part of our commitment to staff welfare, we opened three new accommodation blocks at the Bury St Edmunds site. This £12.7 million scheme replaced the 40-year-old hospital residences with modern, five-storey buildings, providing 160 en-suite bedrooms complete with communal kitchen and living areas, including accessible facilities.

This year we made significant strides in managing the many nursing vacancies we had across the hospital, which was putting added pressure on staff to maintain quality, safe patient care. Our recruitment and subsequent in-house training programme for nurses from the Philippines has seen more than a hundred of these committed nurses joining our ward staff, meaning we are effectively fully staffed for nursing.

Our vacancy rate was also addressed by the launch of our imaginative, responsive #BeKnown recruitment campaign, which is a long-term project to attract people to apply to us in any professional capacity and ensure the work of the Trust is fully supported.

Our training and education team has been recognised in two national award schemes this year. Once again we achieved the highest score in the east of England for doctors' overall training satisfaction in acute trusts. The doctors at our Trust surveyed in the General Medical Council's (GMC) national training survey 2019 rated their overall satisfaction at 82%, a three per cent increase on last year.

A longstanding partnership between WSFT and West Suffolk College has seen us shortlisted for health and science apprenticeship provider of the year category in the FE Week (further education publication) and Association of Employment and Learning Providers (AELP) annual apprenticeship conference awards 2020. We were nominated by the college for our role in the joint training of senior healthcare support worker apprentices working at the hospital.

Our Putting You First citations and Shining Lights peer-nominated annual staff awards ensure that we can acknowledge those who go above and beyond even that which is demanded of everyone in the NHS. The efforts and achievements of these people are as always an inspiration to everyone at the Trust, and we appreciate those who take the time to put their colleagues forward.

Six staff who had been recognised in Shining Lights were nominated by us to attend a tea party for NHS staff at No 10 Downing Street, attended by the Prime Minister. We were also delighted that the retirement of our long-serving HR director and now Trust ambassador, Jan Bloomfield, was marked by her being given the lifetime achievement award at the Healthcare People Management Association excellence in healthcare human resource management awards.

Our overall CQC report highlighted the work we do to ensure we have an inclusive culture at the WSFT, with LGBTQ, BAME and disability fora all working to help us support every staff member and tackle discrimination at source.

## Data quality

WSFT submitted records during 2019/20 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	<b>99.8%</b>	99.6%	99.5%
Outpatient care	<b>99.9%</b>	99.9%	99.7%
Accident and emergency care	<b>98.9%</b>	98.3%	97.8%

*(The above figures cover April 2019 to March 2020 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
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Admitted patient care	<b>99.9%</b>	99.9%	99.8%
Outpatient care	<b>99.9%</b>	99.7%	99.8%
Accident and emergency care	<b>99.9%</b>	99.4%	98.2%

*(The above figures cover April 2019 to March 2020 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. 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 clinicians involved in the recording of that data
- Continue to increase awareness of the importance of accurate data recording throughout WSFT
- 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 external audit during the reporting period 2019/20. 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	4.5%
Secondary diagnosis	5.2%
Primary procedure	2.7%
Secondary procedure	3.1%

The audit sample was 200 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.

## 5. 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

	2019/20 Target	2019/20 Actual	2018/19 Actual	2017/18 Actual	2016/17 Actual	2015/16 Actual
C. difficile - Hospital onset health care associated <sup>1</sup>	20	25	12 (2)	19 (7)	23 (5)	22 (10)
18-week maximum wait from point of referral to treatment (patients on an incomplete pathway) <sup>2</sup>	92%	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 <sup>3</sup>	95%	-	90.7%	89.33%	86.89%	94.26%
62-day urgent GP referral-to-treatment wait for first treatment - all cancers	85%	79.5%	84.6%	86.68%	85.92%	88.05%
62-day wait for first treatment from NHS cancer screening service referral	90%	92.6%	92.4%	94.90%	97.85%	95.68%
31-day wait for second or subsequent treatment - surgery	94%	99.6%	99.5%	100%	100%	100%
31-day wait for second or subsequent treatment - anti-cancer drug treatments	98%	100%	99.8%	100%	100%	99.87%
31-day diagnosis-to-treatment wait for first treatment - all cancers	96%	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%	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%	89.2%	82.2%	96.66%	88.54%	98.28%
Maximum six-week wait for diagnostic procedures	99%	93.3%	97.3%	99.92%	96.40%	91.68%

<sup>1</sup> 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

<sup>2</sup> 2016/17 and April 2017 data is based on estimated performance

<sup>3</sup> 2016/17 data covers a 50-week period as excludes two weeks in May 2016 when e-Care was implemented.

During 2019/20 we continued to work through plans to recover sustainable cancer performance. Prior to the response to the COVID-19 emergency we were on track to deliver in accordance with the integrated care system (ICS) cancer alliance plans. To achieve this, we have worked with NHSI's intensive support team (IST) to review our systems and processes for the management of cancer pathways and working with the clinical teams had delivered pathway changes across the first phase of tumour sites (colorectal, lung and prostate). In the early stages of the COVID pandemic in response to advice and guidance from the Royal Colleges all non-emergency endoscopy activity ceased and capacity in radiology was significantly reduced. While we continued to run services to treat patients



diagnosed with cancer we have built up a significant backlog of patients on cancer pathways awaiting diagnostics to determine their care pathway.

All of these patients were clinically reviewed, triaged and have been carefully monitored. We are now opening up services to address the backlog based on clinical prioritisation. The order in which we treat patients will also be determined by the clinical prioritisation, rather than waiting time until we have addressed the backlog and returned to a normal service delivery model.

The context of our waiting list position is a significant reduction in referrals from primary care as well as cessation of normal surveillance programmes such as breast screening. Therefore, as these activities return to normal levels we expect to see an increase in patients presenting late in their pathway adding further pressure to an already stretched service.

In terms of referral to treatment (RTT) we completed detailed capacity and demand analysis at a specialty level using the national intensive support team (IST) model. We had clearly articulated our capacity gaps and in conjunction with the CCG were developing detailed plans to recover performance to agreed levels. But these plans recognised that we would be unable to achieve the national 92% access standard within 2019/20.

In order to prepare to treat the anticipated demand for COVID-19 all non-urgent and non-cancer activity which required patients to attend the hospital was cancelled. We rapidly enabled clinicians to undertake telephone and video consultation with patients where clinically appropriate. All patients who were cancelled by the Trust or cancelled themselves as a result of the COVID pandemic were appropriately coded and held on waiting lists with open pathways (the time to access their required treatment still being counted).

The number of routine referrals has significantly reduced as a result of the pandemic and those referrals that were received have been accepted and held by the Trust. As a result of the changes, fewer referrals and long-standing referrals, the profile of the waiting list has changed significantly with an increase in patients experiencing long waits (over 18-weeks and over 52-weeks) but an overall reduction in the size of the waiting list. This exacerbates the deterioration in reported performance.

As activities return to normal we anticipate seeing a surge in unmet demand.

The requirements of social distancing, enhanced infection control and personal protective equipment (PPE) will have a negative impact on the capacity of all services. This will lead to a reduction in the number of cases treated within our existing capacity. In response to this we are working through our COVID recovery plans with the CCG and the regional team to consider the following options to mitigate this risk:

- Continuing use of the independent sector
- Use of our stand-alone day surgery unit as an elective inpatient facility
- Capital bids for additional theatre and inpatient ward capacity
- Consideration of the workforce implications for extended hours.

## Incident reporting and learning

WSFT has continued to build upon and further strengthen the arrangements for managing serious incidents (SIs). The board takes the lead on this process and all SIs have an executive sign off. The Board receives a monthly summary of all newly reported SIs and, on a quarterly basis an update on the outcome of each case as well as more thematic learning and actions arising.

The total number of SIRIs reported during 2019-20 was xx (42\* in 2018-19). These were reported in the following categories. There were no **never events** reported in this period.

	2019/20
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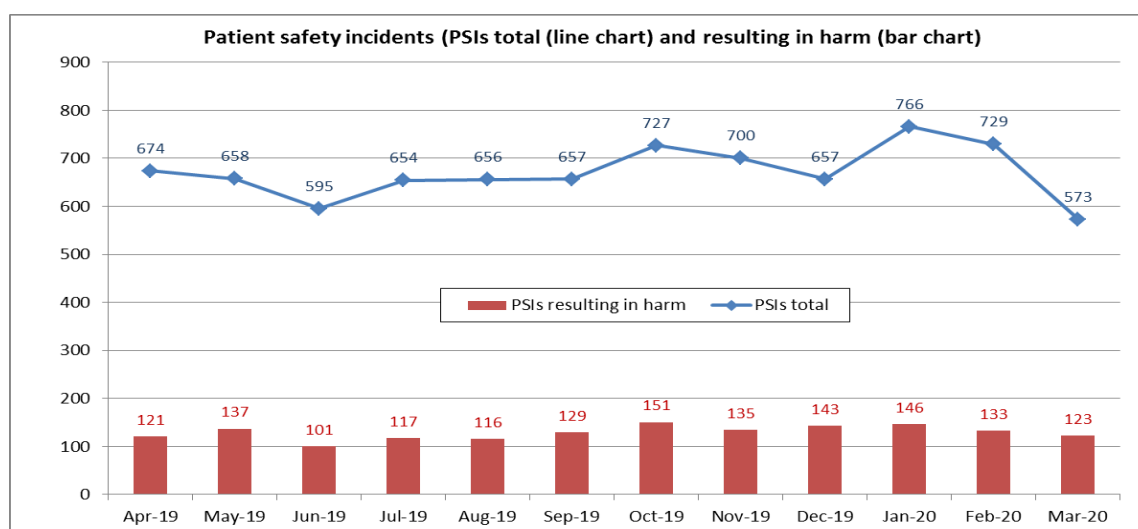
Slips/trips/falls	14
Maternity/Obstetric/Neonatal incident	11
Sub-optimal care of the deteriorating patient	8
Pressure ulcer	6
Diagnostic incident including delay	4
HCAI/Infection control	3
Treatment delay	3
Confidential information leak/information governance breach	3
Other	3
	55

By reviewing the SI cases and their respective investigations, key learning can be identified and actions put into place. Examples from 2019/20 included:

- Monitor compliance with lying and standing blood pressure as part of perfect ward audit and report results to Matron's performance meeting and Trust Falls group.
- Replacement plan for all lab equipment to be identified that is nearing its end of lifecycle and for a replacement plan to be in place for all new equipment purchased so that real time budget setting can take place.
- Inclusion of VTE and importance of completion / seeking guidance for complex patients for junior doctor teaching
- Standard Operating Procedure to clarify timeline of actions in which to protect vulnerable contacts in the event of Measles presentation.

### 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 'green' incidents is seen as a key driver for identification and management of risks to prevent more serious harm incidents.



Source: Datix

The Trust is required to upload all PSIs to the national reporting and learning system (NRLS). This is used to benchmark our performance against other NHS providers. Further data is provided in Annex B of this report.

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. Note March's figure fell as a consequence of reduced admissions at the beginning of the COVID-19 pandemic

### **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.

The compliance with achieving verbal DOC is monitored through the clinical governance team and reported on a monthly basis to the board. The written element of DOC is monitored and captured within the incident record.

### **Learning from deaths**

During 2019/20, 1,056 WSFT patients died (of which one was a neonatal death, 10 were stillbirths, seven were people with learning disabilities and 13 had a severe mental illness). This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 257 in the first quarter (of which none were neonatal deaths, four were stillbirths, three were a person with learning disabilities and one had a severe mental illness)
- 222 in the second quarter (of which none were neonatal deaths, none were stillbirths, two was a person with learning disabilities and two had a severe mental illness)
- 275 in the third quarter (of which one was a neonatal death, four were stillbirths, none was a person with learning disabilities and four had a severe mental illness)
- 302 in the fourth quarter (of which none was a neonatal death, two were stillbirths, two was a person with learning disabilities and six had a severe mental illness)

As of 30 June 2020, 386 case record reviews and 53 investigations have been carried out in relation to these 386 deaths. In 53 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:

- 115 case record reviews (12 investigations) in the first quarter
- 128 case record reviews (22 investigations) in the second quarter
- 71 case record reviews (6 investigations) in the third quarter
- 72 case record reviews (13 investigations) in the fourth quarter.

Nine deaths, representing 0.85% of the patient deaths during the reporting period, was 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:

- Three [1.17%] for the first quarter
- Three [1.35%] for the second quarter
- One [0.36%] for the third quarter
- Two [0.66%] for the fourth quarter.

No case record reviews and no investigations were completed after 31/03/2019 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 MBRRACE-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 have highlighted the following themes:

- Many examples of excellent communication with family and relatives by junior doctors, when explaining care and treatment
- Regular comment upon the excellent care provided by the palliative care team
- Delayed recognition that a patient is reaching the end of their life, such that active treatment continues when, with the benefit of hindsight, it was likely to be futile and could impact on the patient's quality of life in their last few days
- Movements between wards to support patient flow but do not support the patient and family experience in the lasts days / hours of life.

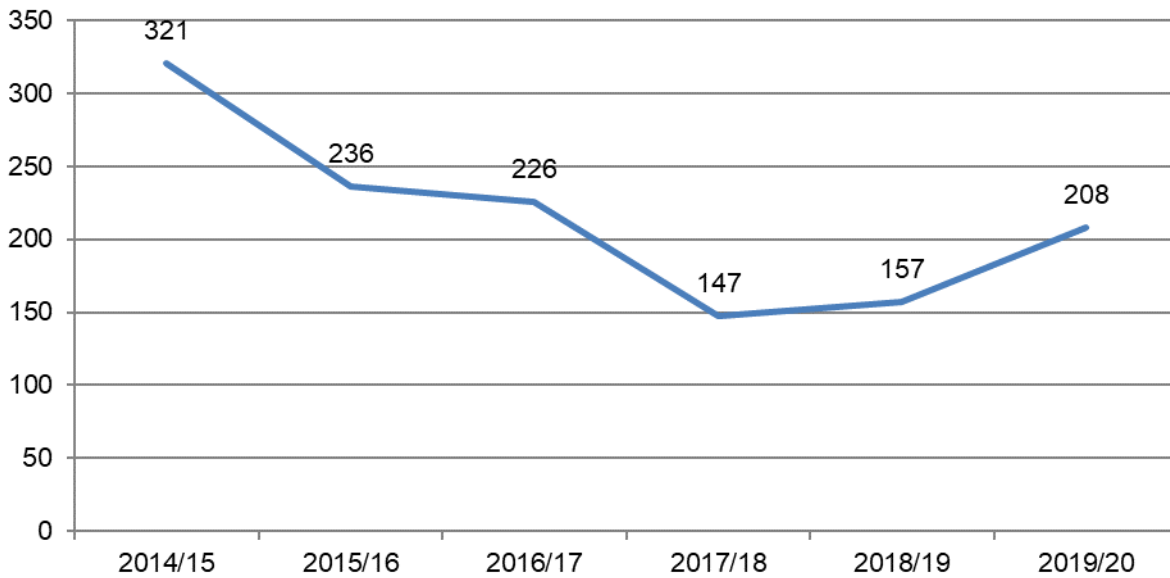
## Complaints management

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 208 formal complaints during 2019/20 The Board monitors complaints and learning on a monthly basis as part of the quality reporting arrangements.

### Number of formal complaints received

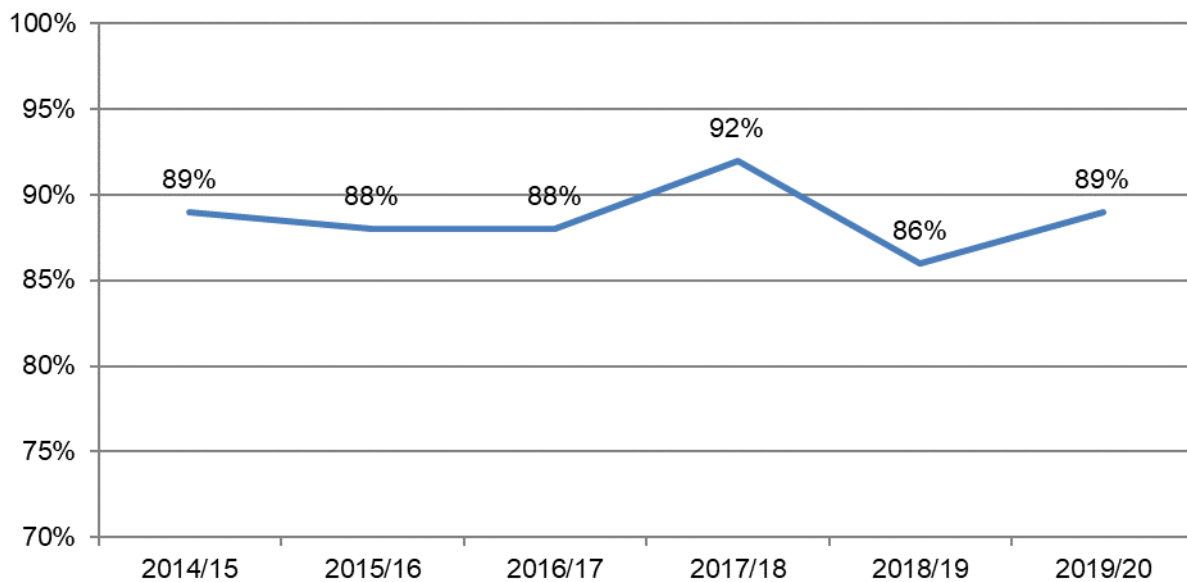


Source: Datix

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 2019/20 the Trust successfully resolved 184 complaints at first stage, with 24 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 2019/20, one complaint was referred to the PHSO, compared to four during 2018/19.

In 2019/20, the PHSO completed its review of five complaints:

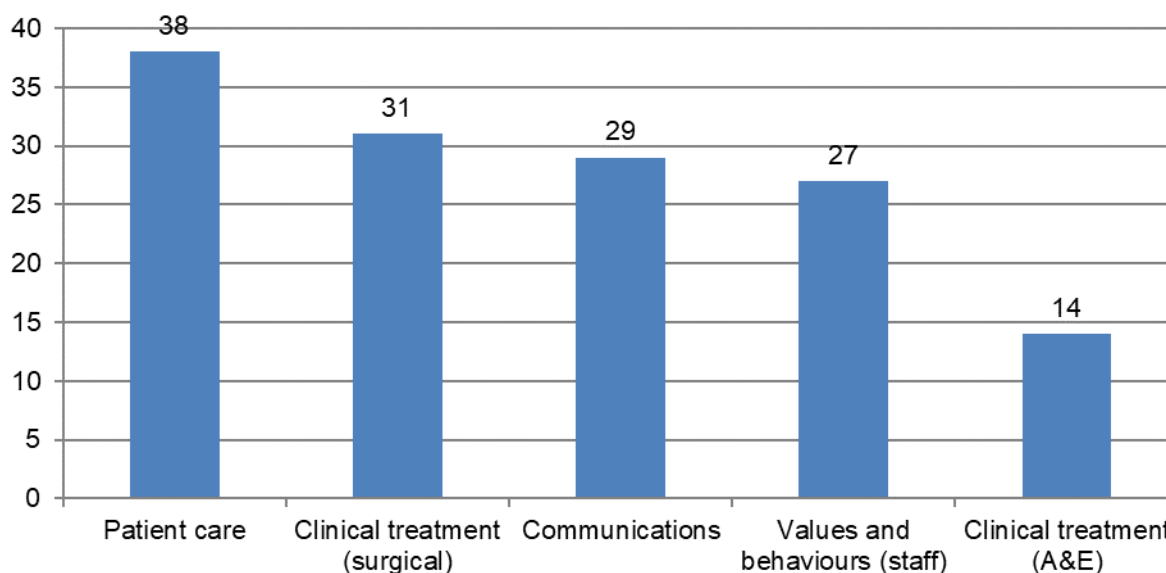
- Two were partially upheld
- One was closed with no further action
- Two were not upheld

Recommendations made included:

- Write to complainant and apologise for complaint handling
- Write and acknowledge failings in patient care
- Produce action plans for reassurance about lessons learned

This decrease of complaints accepted for investigation by the PHSO in 2019/20 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, with patient care still being the top category for concern. Clinical treatment in surgery increased from 19 complaints in 2018/19 to 31 in 2019/20, as well as communications also deteriorating. Values and behaviours made up a higher percentage of complaints over 2019/20, and clinical treatment in the emergency department remained at 14 despite increased attendances.

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:

- Improvements made to the process around administration of expressed breast milk
- Information regarding cremation form process and contact details added to bereavement booklet
- Patient information leaflet developed to explain process in place to support patients with unresolved delirium who are ready for discharge from hospital.
- Reviewed training levels on eCare prior to agency staff starting their ward shifts.
- New appointment system installed to log and monitor appointments for wheelchair services.

- Ward has changed their ward round process so that the daily check regarding the status of patients and their Heparin injections are carried out

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 510 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.

### Inpatient survey 2019

Inpatient services scored significantly better than most Trusts on three questions:

- How would you rate the hospital food?
- Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?
- Did you feel well looked after by the non-clinical staff e.g. cleaners, porters, catering staff?

In comparison to our own results in 2018, performance was significantly better than previously for patients' feeling well looked after by non-clinical staff.

Overall experience of care was as follows. Full details can be found on the CQC website.

Question	Respondents	2019 Score	2019 Band	2018 Score	Change from 2018
68. Overall... I had a very good experience	565	8.4		8.2	

Section	2019 Score	Band
1. The accident and emergency department	8.5	
2. Waiting list or planned admission	8.8	
3. Waiting to get to a bed on a ward	7.4	
4. The hospital and ward	8.1	
5. Doctors	8.7	
6. Nurses	8.1	
7. Your care and treatment	8.2	
8. Operations and procedures	8.6	Better
9. Leaving hospital	7.1	
10. Feedback on care and research participation	1.3	
11. Respect and dignity	9.3	
12. Overall experience	8.4	

## Maternity survey 2019

Maternity services were categorised as 'worse' than most Trusts on two questions:

- Did you get enough information from either a midwife or doctor to help you decide where to have your baby?
- In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?

In comparison to our own results in 2018, performance was significantly worse on the following question:

- During your pregnancy, did you have a telephone number for a member of the midwifery team that you could contact?

We performed 'about the same' compared with other trusts for labour and birth, staff during labour and birth and care in hospital after the birth. Full details can be found on the CQC website.

## National staff survey 2019

The WSFT has moved to a full census of staff and has seen an increase in the response rate of 3.4%. The Trust has also seen an increase in staff engagement to 7.5 which is the best national score for acute trusts.

There have been significant improvements in those who experienced physical violence and reported the incident has increased from 49% to 71%; as well as those who don't work any additional paid hours per week for the organisation, over and above contracted hours, which has increased from 58% to 68%; satisfied with opportunities for flexible working patterns, which has increased from 52% to 60%; and last experience of harassment/bullying/abuse reported has increased from 37% to 45%.

There are areas which have deteriorated, such as in the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public has increased from 3% to 5.6%. There has also been a reduction in staff feeling that there



are frequent opportunities for them to show initiative in their role has reduced from 77% to 75.6%, and the team I work in has a set of shared objectives has reduced from 77% to 75.7%.

## 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.

		<b>WSFT 2019</b>	Average (median) for acute trusts	WSFT 2018
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	<b>25%</b>	28%	27%
	BME	<b>28%</b>	30%	21%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	<b>22%</b>	26%	23%
	BME	<b>22%</b>	29%	34%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	<b>90%</b>	87%	90%
	BME	<b>85%</b>	74%	79%
In the last 12 months have you personally experienced discrimination at work from any of the following – Manager/team leader or other colleagues?	White	<b>6%</b>	6%	7%
	BME	12%	14%	11%

## 6. 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 2019/20 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.

Preparation of our quality report has been very challenging during the pandemic and the requirement was removed from the requirement for our annual report and accounts. The global Covid pandemic limited the extent to which views of West Suffolk CCG, Suffolk Health Scrutiny Committee, Healthwatch Suffolk and our governors could be gathered in a timely way to include in the report.

## 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	%
Assessing Cognitive Impairment in Older People (Care in Emergency Departments)	Royal College of Emergency Medicine	Yes	Yes	100%
Cystectomy	British Association of Urological Surgeons	No	N/A	-
Female Stress Urinary	British Association of Urological Surgeons	Yes	Yes	Ongoing <sup>1</sup>
Incontinence Audit	British Association of Urological Surgeons	Yes	Yes	Ongoing <sup>1</sup>
Nephrectomy Audit	British Association of Urological Surgeons	Yes	Yes	Ongoing <sup>1</sup>
Percutaneous Nephrolithotomy (PCNL)	British Association of Urological Surgeons	Yes	Yes	Ongoing <sup>1</sup>
Radical Prostatectomy Audit	British Association of Urological Surgeons	No	N/A	-
Care of Children (Care in Emergency Departments)	Royal College of Emergency Medicine	Yes	Yes	100%
Intensive Care National Audit and Research Centre (ICNARC)	Intensive Care National Audit and Research Centre (ICNARC)	Yes	Yes	Ongoing <sup>1</sup>
Long-term ventilation in children, young people and young adults	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	No	N/A	-
Elective Surgery (National PROMS Programme)	NHS Digital	Yes	Yes	Ongoing <sup>1</sup>
Endocrine and Thyroid National Audit	British Association of Endocrine and Thyroid Surgeons	Yes	Yes	Ongoing <sup>1</sup>
Fracture Liaison Service Database	Royal College of Physicians	Yes	Yes	Ongoing <sup>1</sup>
National Audit of Inpatient Falls	Royal College of Physicians	Yes	Yes	Ongoing <sup>1</sup>
National Hip Fracture Database	Royal College of Physicians	Yes	Yes	Ongoing <sup>1</sup>
Inflammatory Bowel Disease (IBD) Audit	IBD Registry	Yes	No	0% <sup>2</sup>
Trauma Audit & Research Network (TARN)	The Trauma Audit and Research Network (TARN)	Yes	Yes	Ongoing <sup>1</sup>
Mandatory Surveillance of HCAI	Public Health England	Yes	Yes	Ongoing <sup>1</sup>
Mental Health (Care in Emergency Departments)	Royal College of Emergency Medicine	Yes	Yes	100%
Mental Health Care Pathway - CYP Urgent & Emergency Mental Health Care and Intensive C i S	National Collaborating Centre for Mental Health (NCCMH)	No	N/A	-
Paediatric Asthma Secondary Care	Royal College of Physicians	Yes	Yes	Ongoing <sup>1</sup>
Adult Asthma Secondary Care	Royal College of Physicians	Yes	Yes	Ongoing <sup>1</sup>
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 <sup>1</sup>
National Audit of Breast Cancer in Older People (NABCOP)	Clinical Effectiveness Unit - Royal College of Surgeons	Yes	Yes	Ongoing <sup>1</sup>
National Audit of Cardiac Rehabilitation (NACR)	University of York	Yes	Yes	Ongoing <sup>1</sup>

National clinical audit	Host organisation	Eligible	Participated	%
National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network	Yes	Yes	100%
National Audit of Dementia - Prescription of psychotropic medication spotlight audit	Royal College of Physicians	No	N/A	-
National Audit of Pulmonary Hypertension (NAPH)	NHS Digital	No	N/A	-
National Audit of Seizure management in Hospitals (NASH)	University of Liverpool	Yes	Yes	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Royal College of Paediatrics and Child Health	Yes	Yes	Ongoing <sup>1</sup>
National Bariatric Surgery Registry (NBSR)	British Obesity and Metabolic Surgery Society (BOMSS)	No	N/A	-
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK	Yes	Yes	Ongoing <sup>1</sup>
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 <sup>1</sup>
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 <sup>1</sup>
National Congenital Heart Disease (CHD)	Barts Health NHS Trust	No	N/A	-
Early Intervention Psychosis (EIP) Audit 2019/2020	Royal College of Psychiatrists	No	N/A	-
National Diabetes Foot Care Audit	NHS Digital	Yes	Yes	Ongoing <sup>1</sup>
National Diabetes Inpatient Audit (NaDIA)	NHS Digital	Yes	Yes	100%
National Diabetes Inpatient Audit (NaDIA) Harms	NHS Digital	Yes	Yes	Ongoing <sup>1</sup>
National Core Diabetes Audit	NHS Digital	Yes	Yes	Ongoing <sup>1</sup>
National Pregnancy in Diabetes Audit	NHS Digital	Yes	Yes	Ongoing <sup>1</sup>
National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology	Yes	Yes	Ongoing <sup>1</sup>
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	Yes	Yes	Ongoing <sup>1</sup>
National Bowel Cancer Audit (NBOCA)	NHS Digital	Yes	Yes	Ongoing <sup>1</sup>
National Oesophago-gastric Cancer (NOGCA)	NHS Digital	Yes	Yes	Ongoing <sup>1</sup>
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership (HQIP)	Yes	Yes	Ongoing <sup>1</sup>
National Lung Cancer Audit (NLCA)	Royal College of Physicians	Yes	Yes	Ongoing <sup>1</sup>
National Maternity and Perinatal Audit (NMPA)	Royal College of Obstetricians and Gynaecologists	Yes	Yes	Ongoing <sup>1</sup>
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health	Yes	Yes	Ongoing <sup>1</sup>
National Ophthalmology Audit (NOD)	Royal College of Ophthalmologists	Yes	Yes	Ongoing <sup>1</sup>

National clinical audit	Host organisation	Eligible	Participated	%
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	Yes	Yes	Ongoing <sup>1</sup>
National Prostate Cancer Audit	Royal College of Surgeons	Yes	Yes	Ongoing <sup>1</sup>
National Smoking Cessation Audit 2019	British Thoracic Society	Yes	No	0% <sup>3</sup>
National Vascular Registry	Royal College of Surgeons	Yes	Yes	Ongoing <sup>1</sup>
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	-
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Public Health England (PHE)	Yes	Yes	Ongoing <sup>1</sup>
Sentinel Stroke National Audit programme (SSNAP)	King's College London	Yes	Yes	Ongoing <sup>1</sup>
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Serious Hazards of Transfusion (SHOT)	Yes	Yes	Ongoing <sup>1</sup>
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Society for Acute Medicine	Yes	No	0% <sup>4</sup>
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Public Health England	Yes	Yes	Ongoing <sup>1</sup>
UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	No	N/A	-
UK Parkinson's Audit	Parkinson's UK	Yes	Yes	100%

1 Data collection is ongoing therefore the percentage of cases submitted against registered cases required in 2019/20 is currently unavailable

2 Inflammatory Bowel Disease (IBD) team awaiting administrative support to participate in the IBD Audit

3 WSFT are participating in the Alcohol and Tobacco CQUIN, which records screening and advice

4 Society for Acute Medicine's Benchmarking Audit (SAMBA) has been running since 2012, previously as a non-mandatory audit. WSFT currently does not participate but this status will be reviewed as part of the annual clinical audit programme plan

**Table B: Clinical outcome review programmes participation**

Clinical outcome review programme	Host organisation	Eligible	Participated	%
Perinatal Mortality Surveillance	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing <sup>1</sup>
Perinatal morbidity and mortality confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing <sup>1</sup>
Maternal Mortality surveillance and mortality confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing <sup>1</sup>
Maternal morbidity confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Yes	Yes	Ongoing <sup>1</sup>
Dysphagia in Parkinson's Disease	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Yes	60%
In-hospital management of out-of-hospital cardiac arrest	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Yes	43%
Physical Health in Mental Health Hospitals	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Yes	Ongoing <sup>1</sup>

Clinical outcome review programme	Host organisation	Eligible	Participated	%
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 Data collection is ongoing therefore the percentage of cases submitted against registered cases required in 2019/20 is currently unavailable

### Table C: Action from national clinical audit reports

National clinical audit	Summary of actions taken
National Asthma and COPD Audit Programme (NACAP): Outcomes of patients included in 2017 COPD clinical audit	Action to appoint an inpatient COPD team to reduce the risk of readmission and conduct annual reviews.
National Audit of Dementia (NAD): Assessment of Delirium in Hospital for People with Dementia Spotlight Audit 2017/18	Actions to: <ul style="list-style-type: none"> <li>• Provide more accessible cognitive screening and assessment for doctors</li> <li>• Set up a daily dementia and delirium report based on diagnosis entries</li> <li>• Set up a monthly report identifying AMTS and 4AT scoring</li> <li>• Provide dementia and delirium training to relevant staff</li> </ul>
National Audit of Dementia (NAD) Care in General Hospitals 2018-19 Round 4 Audit Report	Actions to: <ul style="list-style-type: none"> <li>• Improve eCare alerting for junior doctors to complete dementia and delirium assessment with direct link to tool</li> <li>• Provide easy access to complete 4AT form in tasks</li> <li>• Include how to complete dementia and delirium screening in junior doctor training sessions</li> <li>• Collate data from monthly snapshot surveys to compare with daily reports to demonstrate discrepancies and highlight the need to record diagnosis</li> </ul>
National Comparative Audit of Blood Transfusion 2018 Survey of Group O D Negative Red Cell Use	Actions to: <ul style="list-style-type: none"> <li>• Maintain ongoing audit of O D negative use and present to Hospital Transfusion Team annually</li> <li>• Continue to monitor major haemorrhage activations to identify if delay in sample receipt impacts on use of O D negative</li> <li>• Update Trust policy &amp; SOP to reflect female &gt;50 with no immune anti-D should receive O D positive blood</li> <li>• Review &amp; reduce stock levels of O D negative blood to avoid inappropriate use &amp; implement procedure for ordering mixed expiry date stock</li> </ul>
National COPD Audit Programme: Clinical Audit of COPD Exacerbations Admitted to Acute Hospitals 2017 / Secondary Care Clinical Audit 2017 Working Together	Action to appoint an inpatient COPD team.
National COPD Audit Programme: Resources and Organisation of Care in Hospitals 2017	Action to appoint an inpatient COPD team.
NCEPOD Mental Healthcare in Young People and Young Adults	Action to work with commissioners to implement a system wide tool for assessing and managing risk across the local clinical network and making sure mental health is included in statutory and mandatory training for all staff.

National clinical audit	Summary of actions taken
National Lung Cancer Audit (NLCA) Report 2017	Actions to: <ul style="list-style-type: none"> <li>• Record FEV1 and FEV1% in the clinic letter for all patients</li> <li>• Review lower-than-expected surgical resection rates for NSCLC at annual meeting with representative from surgical centre</li> <li>• Review job plan of core MDT members to reflect need for dedicated time to attend weekly MDT meeting</li> </ul>
Pain in Children RCEM 2017-18 Audit	Action to amend paediatric safety checklist on eCare to ensure re-evaluation of pain after analgesia.
Procedural Sedation in Adults RCEM 2017-18 Audit	Action to incorporate discharge leaflets into e-Care so that they can be printed and dispensed to patients.
Sentinel Stroke National Audit Programme (SSNAP) Sixth Annual Report	Actions to: <ul style="list-style-type: none"> <li>• Reviewing provision and referral to CT scanning overnight</li> <li>• Review thrombolysis rates</li> <li>• Review overnight nursing assessments e.g. swallow</li> <li>• Trust working on improving nutrition and continence assessment rates</li> </ul>

Local audit report summary actions are detailed on the WSFT website:

<https://www.wsh.nhs.uk/Corporate-information/Information-we-publish/Annual-reports.aspx>

## 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)

	Jul 16 – Jun 17	Jul 17 – Jun 18	Jul 18 – Jun 19	Jul 19 – Jun 20
WSFT (control limits)	89.29 (92.48 to 89.05)	87.89 (107.71 to 92.69)	0.9183 (1.0802 to 0.8834)	0.9266 (1.0804 to 0.9239)
Banding <sup>a b</sup>	2	3	As expected	As expected
National average	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
WSFT	32.54%	31.1%	41.0%	45%	46%
National average	29.56%	35.9%	33.6%	36%	36%

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	0.403*
Comparison	Not an outlier	Not an outlier	Not an outlier	Not yet available
National average	0.445	0.468	0.46	Not yet available
Knee replacement surgery (primary) EQ-5D adjusted health gain				
WSFT	0.338	0.427	0.327	0.269*
Comparison	Not an outlier	Positive outlier	Not an outlier	Not yet available
National average	0.324	0.338	0.34	Not yet available

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

### (c) 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.

**(d) 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.

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

If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	2017	2018	2019
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.

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

	2016/17	2017/18	2018/19	Q3 2019/20*



WSFT	86.62%	92.12%	94.94%	94.39
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 only.

**(g) 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
WSFT	16.4	17.3	13.4	8.6	16.9
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.

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

**Patient safety incidents (total)**

	WSFT number and rate/1000 bed days	Median (all acute non-specialist trusts) Rate/1000 bed days	Comparison to peer group
Apr 2016 – Sept 2016	2,517 (36.2 / 1000 bed days)	40.02 / 1000 bed days	Middle 50% of trusts
Oct 2016 – Mar 2017	2,617 (36.39 / 1000 bed days)	40.14 / 1000 bed days	Middle 50% of trusts
Apr 2017 – Sept 2017	2,541 (35.78 / 1000 bed days)	42.84 / 1000 bed days	Middle 50% of trusts
Oct 2017 – Mar 2018	2,877 (39.53 / 1000 bed days)	42.55 / 1000 bed days	Middle 50% of trusts
Apr 2018 – Sept 2018	2,642 (39.3 / 1000 bed days)	44.52 / 1000 bed days	Middle 50% of trusts
Oct 2018 – Mar 2019	3,624*	Not yet published	Not yet published

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

In October 2017 the Trust took on responsibility for the delivery of community services, this has contributed to an increase in the number of reported patient safety incidents.

**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 2016 – Sept 2016	12 (0.5%)	0.4%	Above peer group average
Oct 2016 – Mar 2017	20 (0.7%)	0.4%	Above peer group average
Apr 2017 – Sept 2017	13 (0.5%)	0.35%	Above peer group average
Oct 2017 – Mar 2018	16 (0.5%)	0.3%	Above peer group

2018			average
Apr 2018 – Sept 2018	15 (0.6%)	0.34%	Above peer group average
Oct 2018 – Mar 2019	15 (0.4%)*	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: 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.

<b>EPRO</b>	EPRO is a web-based clinical information management system which supports deployment of discharge summaries while also managing patient records and providing reporting capabilities.
<b>HSMR</b>	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.
<b>MEWS</b>	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.
<b>NHSI</b>	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.  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.
<b>MRSA</b>	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.
<b>NCEPOD</b>	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.
<b>Never event</b>	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.
<b>NRLS</b>	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.
<b>PROMs</b>	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.
<b>Quality Walkabouts</b>	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 is important to implement all five together for cumulative benefits and it works particularly well when used 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.