



University Hospitals Sussex
NHS Foundation Trust

Quality Accounts 2022-23

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Part 1: Statement on Quality from the Chief Executive Officer

What we do

University Hospitals Sussex NHS Foundation Trust (UHSussex) was formed on 1st April 2021. The Trust was created by a merger of University Hospitals Sussex NHS Foundation Trust and Western Sussex Hospitals NHS Foundation Trust.

UHSussex serves a population of around 1.8 million people across a catchment area covering Brighton & Hove, East Sussex and West Sussex. The Trust employs nearly 20,000 people across five main hospital sites in Sussex, and has an operating budget of more than £1 billion.

UHSussex runs seven hospitals in Chichester, Worthing, Shoreham, Haywards Heath and Brighton and Hove, as well as numerous community and satellite services. The Trust is responsible for all district general acute services for Brighton and Hove, West and Mid Sussex and parts of East Sussex. It also provides specialised and tertiary services across Sussex and parts of the South East, including neuroscience, arterial vascular surgery, neonatology, specialised paediatric, cardiac, cancer, renal, infectious diseases and HIV medicine services.

Purpose of the Quality Account

A Quality Account is a report to the public from providers of NHS healthcare services about the quality and standard of services they provide. Every acute NHS trust is required by the Government to publish a Quality Account annually. They are an important way for trusts to show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

Statement on quality from the Chief Executive

As one of the six key strategic themes of our Patient First improvement approach, quality is a central focus of everything we do at UHSussex.

Our strategic themes are the components of excellent care every time: the things we need to prioritise to keep making progress towards our True North of always putting the patient first and foremost. Our other strategic themes are the Patient, Sustainability, People, Systems and Partnerships, and Research and Innovation. They all contribute to the quality of care we provide and have played an important role in the work highlighted in this account.

During my first year as chief executive, we refreshed our Patient First approach. This was partly a response to the changed circumstances we face in the aftermath of the Covid-19 pandemic, but also reflected the decline in maturity the Patient First improvement system experienced during the restrictions of that time.

Patient First is still the way we run our hospitals – both the simple guiding principle underpinning all our work and a frontline-focused improvement methodology. But we've made a small number of important changes to it. The biggest of these are the addition of the Research and Innovation theme and some changes to the focus of the others.

Introducing a Research and Innovation theme reflects our ambition and potential as a tertiary centre. It also helps us offer colleagues more educational opportunities. And it supports the development of Patient First as a data-driven improvement method with innovation at its heart. Updating some of our strategic theme objectives will help us move further faster towards our True North goals.

In terms of quality, we always want the best possible outcomes for all our patients. What the best outcome is will vary for everyone we treat, but in general terms we want to eliminate preventable harms and have lower mortality than our peers. That's a really good baseline for guaranteeing the standards of care that support the best possible outcomes. We can measure it relatively easily too, through harm reporting and mortality rates.

Two important immediate steps towards this would be seeing fewer falls and intervening earlier when patients' conditions take a turn for the worse. Again, these are things we can track so we're monitoring progress by watching the number of falls and deteriorating patients we see. If we can reduce both of those, we'll know we're moving forwards quickly.

I'm pleased to say we made good progress on timely observations during 2022/23 and are piloting further measures that will improve performance again. However, we have unfortunately seen an increase in falls during the year. Many factors have contributed to this upward trend but we have identified a range of opportunities to reverse it over the year ahead.

The challenges we face around quality reflect the difficulties the Trust – and the wider NHS – continued to face in 2022/23, particularly in meeting the huge need for hospital care that has arisen in the aftermath of the pandemic. Winter pressures, staffing and the pay and morale issues that have led to health unions taking industrial action have also contributed to the situation.

Shortly after the year end, our regulator the Care Quality Commission took a decision to lower our rating from Outstanding to Requires Improvement on the basis of inspections it had carried out over the previous 18 months. Given that our performance has not been as good as it once was and is not where we would want it to be, I would agree with that assessment. However, the issues the

CQC highlighted were already firmly on our radar and in the seven months since their last visit we have made progress on them that is translating into performance results. For example, we ended 2022/23 with significantly fewer people waiting too long for treatment, have reduced ambulance turnaround times and performed strongly against our cancer targets.

We have also continued to invest in services and facilities to support further improvement again. We opened a £7 million purpose-built cancer care facility at Worthing Hospital, invested a similar sum in one of the most advanced laundries in the NHS at St Richard's, and welcomed a state-of-the-art new imaging system to our Royal Alexandra Children's Hospital, kindly funded by the Rockinghorse Children's Charity.

And we ended the year in the final stages of preparing the new Louisa Martindale Building for opening at the Royal Sussex County Hospital in Brighton. This fantastic new facility sees its first patients in June as services are transferred from the site's Barry Building, the oldest clinical building in the NHS. More than 100,000 patients a year will be treated across its eleven floors in purpose-designed environments that meet the latest healthcare standards and will help us deliver further improvements for patients right across Sussex.

I am pleased to confirm the Trust Board has reviewed the 2022/23 Quality Account and that it is a true and fair reflection of our performance. We hope this report gives you a clear picture of what we have achieved over the past year and how we will continue to improve in the future.

To the best of my knowledge, all information included in the Quality Account is accurate.



Dr George Findlay

Chief Executive

University Hospitals Sussex NHS Foundation Trust

Part 2: Priorities for improvement and statements of assurance from the Board

2.1 Our Approach to Quality Improvement

Patient First Programme:

Patient First is our long term approach to transforming hospital services for the better: it is a process of continuous improvement that gives frontline staff the freedom to identify opportunities for positive, sustainable change and the skills to make it happen.

The Patient First Programme drives quality improvement at UHSussex. It comprises five strategic themes: sustainability; people; patients; quality; and systems and partnerships; to enable excellent care for patients. In simple terms the main aim of our Patient First Programme is to empower and enable everyone to be passionate about delivering excellent care every time. Further information about Patient First can be found on the Trust website: [link to website](#).

True North

Our top priorities relate to the Trust's 'True North' quality and safety improvement metrics. These establish a measure of our organisational health and provide a system-wide improvement focus. True North is the compass that keeps our hospitals in the right direction – we should always refer to when identifying which improvement projects to prioritise.

As UHSussex develops, the focus will continue to be on providing high quality safe and effective care. The recent introduced Clinical Operating Model has enabled more clarity and responsibility to be reflected at the point of patient care. This will form the core of the patient safety priorities which will focus on understanding the mental health care pathway for adults and children in conjunction with our Integrated Care Board (ICB), Mental Health Trust, and community partners. Internally focus will be on mental health assessment, care training, the safeguarding and legal frameworks to care for patients. Patient and carer experience will be a key focus with an enhanced Inequalities steering group (linked to ICB partners), patient experience and complaints.

Maternity care has been a focus for several years and this but will continue to be the case in 2022/23. As the clinical team is strengthened the Trust will focus on mother / baby wellbeing and access, health inequalities and the impact these have on determining outcomes, this work will be underpinned by accurate reporting and learning from incidents and complaints. Key partners in overseeing and focusing learning continue to be Health Services Safety Investigations Body, national frameworks, our patients, and staff as well as ICB and community partners.

This agenda will be driven by two new senior appointments at the Trust, the Chief Medical Officer and the Director of Clinical Effectiveness and Outcomes supported by team in safety and quality which will enable a focus on delivery of the quality assurance framework, including completion of NICE guidance reviews, GIRFT and CQC action plans and strengthen our learning from deaths to feed into our end of life care program.

Quality Improvement Capacity and Capability: Patient First Improvement System (PFIS)

Using the aforementioned Patient First approach, the Trust has developed a bespoke approach to sustaining the culture of continuous improvement. Our Programme is based on Lean Methodology,

standardisation, system redesign, ongoing development of care pathways, and is built on a philosophy of incremental and continuous improvement by frontline staff empowered to initiate and lead positive change. PFIS helps our wards and departments to support and sustain large scale improvement projects. The PFIS system involves in-depth training for each ward or department team through attendance at a series of modules and team days. Staff learn to implement PFIS in their areas and adopt new Lean Management techniques including 'A3 problem solving', testing solutions using a 'Plan Do Study Act' (PDSA) Approach, standard work, and process observation, as well as implementing improvement huddles.

2.2 Priorities for improvement in 2023/24

Evaluation of the quality of healthcare that is delivered can be described in a number of ways, and metric scorecards and dashboards are often used by Trusts and other providers to highlight outcomes as well as flag potential areas of concern or exceptional performance.

Lord Darzi described quality as having three components; patient safety, effectiveness of care and patient experience and capturing these effectively using high quality data is important in benchmarking and evaluating our delivery of quality care as an organisation.

The components of quality which can be evaluated and which underpin the measures of improvement were described by Donabedian¹ in 2005; these comprise structure, process and outcome measures.

Donabedian's components of quality:

- Structure measures – also known as input measure these refer to the attributes of the service such as staffing levels, operating times etc.
- Process measures – reflect the processes and systems involved in the delivery of the desired outcomes such as waiting times, adherence to standards of care etc.
- Outcome measures – these indicate the impact on the patient/user as a result of the improvement project and can be used to demonstrate whether the desired outcome has been achieved. Examples include reduced length of stay, reduced mortality rates, reduced complication rates etc.
- Balancing measures – the unintended consequences of improvement work streams equally need to be evaluated; for example does reducing length of stay increase 30 day readmission rates?

Using these components together produces a suite of measurements which ideally should be applied to all quality improvement programmes as they are all interconnected; structure measures impact on process measures which in turn affect outcome measures. In addition there are often unintended consequences (positive or negative) of change programmes which need to be evaluated using balancing measures.

When considering our priorities for 2023/24 it is important for the Trust to consider how we use data and metrics effectively to provide the evidence and assurance in evaluating our services and drive us to improve quality for our patients, visitors and staff. This will allow us to focus and prioritise improvement efforts according to data which reflect safety, efficiency and experience in a more integrated way.

¹ Donabedian A (2005) Evaluating the Quality of Medical Care The Milbank Quarterly, Vol. 83, No. 4, 2005 (pp. 691–729)

This year we will have a renewed focus on revising and refining existing quality metrics to ensure they incorporate the most relevant and meaningful measures, with consistent reporting mechanisms in our governance processes, that will enable sound evaluation of the quality of our healthcare delivery.

Ensuring scorecards and dashboards are closely aligned within our Corporate Governance structures will allow us greater reflection on processes as well as outcomes at all levels within the Trust and inform our programme of continuous improvement to facilitate delivery of projects which support our staff in offering high quality care to patients and visitors.

Having robust and comprehensive data to underpin these metrics is as important as the metric itself and investing time and resource into securing and maintaining sound data collections and systems is crucial to monitoring quality improvement. This is in line with recommendations from the Hewitt Report (2023)² which highlights the need for “enabling timely, relevant, high-quality and transparent data...essential for integration, improvement, innovation and accountability...[to] initiate real change.”

Applying Donabedian’s framework to specific deliverables, this year’s initiatives will include, developing a framework or **structure** to the presentation of quality scorecards through the application of Statistical Process Control (SPC) methodology a scientific method designed to monitor, control, and improve processes through an understanding of variation.

This utilisation of and development of an SPC tool will be deployed in the development of an number of scorecards with an **outcome** emphasis, these will include Mortality and End of Life Care and Health Inequalities dashboards

Further development will also include work on the **process** metrics in the deteriorating patient scorecard. A pilot of process measures to evidence compliance with NICE guidance is also planned for later in the year.

Our data strategy will encompass the Electronic Patient Record as well as Power BI development and allow us to articulate improvements for our data collection and interrogation through triangulation of sources, giving a richer qualitative narrative to our quantitative data.

Through 2023/24 we will also mature the integration of feedback cycles and information collation to maximise our learning from deaths, patient experience feedback and patient safety review processes.

2.3 Statements of Assurance from the Board

All NHS trusts are required in accordance with the statutory regulations to provide prescribed information in their Quality Account. This enables the Trust to inform the reader about the quality of their care and services during 2022/23 according to the national requirements. The data used in this section of the report has been gathered within the Trust from many different sources or provided to us from the Health and Social Care Information Centre (HSCIC). The information, format and presentation of the information in this part of the Quality Account is as prescribed in the National Health Service (Quality Accounts) Regulations 2010 and Amendment Regulations 2012 / 2017.

² The Hewitt Review An independent review of integrated care systems Rt Hon Patricia Hewitt Published 4 April 2023

Relevant Health Services and Income

During 2022/23 UHSussex provided and/or subcontracted 159 relevant health services. UHSussex has reviewed all the data available on the quality of care in 159 of these relevant health services. The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by UHSussex for 2022/23.

Participation in clinical audits and confidential enquiries

During 2022/23 for UHSussex, 40 national clinical audits and 4 national confidential enquiries covered relevant health services that UHSussex provides.

During that period the Trust participated in **95%** of the national clinical audits and **100%** national confidential enquiries which it was eligible to participate in.

- 38 (95% of eligible National Audits)
- 30 (75%) were undertaken across all eligible Trust Sites
- 10 (25%) had partial participation whereby not all eligible Trust sites submitted data.
- 4 (100% of eligible NECEPOD)

The national clinical audits and national confidential enquiries that UHSussex participated in, and for which data collection was completed during 2022/23, are listed below alongside the number of 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.

National clinical audits	Eligible	2022/23 Participation status	Percentage of relevant cases submitted/ or reason for non-participation
BTS Respiratory Support [Feb-Mar 2023]	Yes	Yes	100%
Falls and Fragility Fractures Audit Programme (FFFAP):	Yes	Yes	100%
Inflammatory Bowel Disease (IBD) Registry: Biological Therapies Audit	Yes	Partial	Unable to fully participate due to issues with reporting software
Lung cancer (NLCA)	Yes	Yes	100%
Major Trauma: The Trauma Audit and Research Network (TARN)	Yes	Yes	100%
Maternal Medicine Audit [2022]	Yes	Yes	100%
Muscle Invasive Bladder Cancer Audit	Yes	Yes	100%
National Acute Kidney Injury Audit	Yes	Yes	100%

National clinical audits	Eligible	2022/23 Participation status	Percentage of relevant cases submitted/ or reason for non-participation
National Adult Diabetes Audit: National Diabetes Core Audit Including, National Diabetes Audit - Integrated Specialist Services Structures Survey October 2022	Yes	Yes	100%
National Adult Diabetes Audit: National Diabetes Foot care Audit	Yes	Partial	Insufficient staff or time to complete at St Richard's site
National Adult Diabetes Audit: National Diabetes Inpatient Safety Audit	Yes	All Sites	100%
National Adult Diabetes Audit: National Pregnancy in Diabetes Audit (NPID)	Yes	All Sites	Partial -PRH- did not submit data 22/23.
National Asthma and COPD Audit Programme (NACAP): Adult Asthma	Yes	All Sites	100%
National Asthma and COPD Audit Programme (NACAP): COPD Secondary care work stream.	Yes	All Sites	100%
National Asthma and COPD Audit Programme (NACAP): Paediatric Asthma	Yes	Partial	Insufficient staff or time to complete at RSCH and PRH sites
National Audit for Care at the End of Life (NACEL)	Yes	None	Unable to commit resource to support the audit
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	None	Unable to participate
National Audit of Cardiac Rehabilitation (NACR)	Yes	Yes	100%
National Audit of Dementia Round 5 (2022)	Yes	Yes	100%

National clinical audits	Eligible	2022/23 Participation status	Percentage of relevant cases submitted/ or reason for non-participation
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) Round 3 and 4.	Yes	Partial.	RSCH/PRH have not reported on data for this audit
National Cardiac Audit Programme: Cardiac Rhythm Management (CRM)	Yes	PRH/ RSCH (eligible sites)	100%
National Cardiac Audit Programme: Congenital Heart Disease (CHD)	Yes	PRH/ RSCH (eligible sites)	100%
National Cardiac Audit Programme: Coronary angioplasty (PCI)	Yes	Yes	100%
National Cardiac Audit Programme: Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	100%
National Cardiac Audit Programme: National Adult Cardiac Surgery Audit (ACS)	Yes	PRH/ RSCH (eligible sites)	100%
National Cardiac Audit Programme: National Heart Failure Audit	Yes	Yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Partial	Insufficient staff or time to complete at SRH and WH sites
National Emergency Laparotomy Audit (NELA)	Yes	Yes	100%
National Gastrointestinal Cancer Programme: National Bowel Cancer Audit (NBOCA)	Yes	Yes	100%
National Gastrointestinal Cancer Programme: Oesophago-gastric cancer (NOGCA)	Yes	Yes	100%
National Joint Registry (NJR)	Yes	Yes	100%
National Neonatal Audit Programme (NNAP)	Yes	Yes	100%
National Ophthalmology Database	Yes	Yes	100%
National Paediatric Diabetes Audit	Yes	Yes	100%

National clinical audits	Eligible	2022/23 Participation status	Percentage of relevant cases submitted/ or reason for non-participation
National Prostate Cancer Audit (NPCA)	Yes	SRH/WH Eligible sites	100%
Paediatric Intensive Care Audit 1	Yes	Yes	100%
RCP National Audit of Inpatient Falls (NAIF) Clinical & Facilities [2022-2023]	Yes	Yes	100%
Society of Acute Medicine Benchmarking Audit (SAMBA)	Yes	Yes	100%
UK National Parkinson's Audit [2022]	Yes	Yes	100%

National confidential enquiries	Eligible	Participated	Percentage submitted
Community Acquired Pneumonia	Yes	Yes	48%
Testicular Torsion Study	Yes	Yes	80%
Crohn's Disease	Yes	Yes	28%
Transition from child to adult health services	Yes	Yes	41%

The outcomes of 46 National Audits were published throughout 2022/23. Local actions have been agreed based on the recommendations listed in the national reports. UHSussex intends to take the following actions to improve the quality of healthcare provided:

Title	Action taken or planned
NICOR Myocardial Ischaemia National Audit Project (MINAP)	<p>There is an active drive to try and recruit more staff to improve access to non-invasive cardiac investigations.</p> <p>To ensure all patients receive echocardiography during admission to hospital as per national standards; all patients taken to the catheter lab undergo an invasive assessment in left ventricular function.</p> <p>Worthing Hospital has increased its referral rate to Cardiac Rehab compared to the previous year but is lower than the rates of SRH and RSCH.</p>
National Audit of Cardiac Rehabilitation – Quality & Outcome Report 2021	<p>Plans to up skill staff to cover ensure there is better staff absence cover.</p> <p>A Business plan has been produced to improve staffing and expand service to other cardiac patients.</p>

Title	Action taken or planned
National Hip Fracture Database - FFFAP [2021]	To help patients avoid further fragility fractures, teams have implemented a 120 day follow up for NOFs Change supplier of DHS and encourage more use in A1 and 2 fractures
Epilepsy12 Round 3 Cohort 3 [2019-21]	Increase in Epilepsy specialist nurse hours and admin support in keeping with increased workload.
National Audit of Inpatient Falls	Nurse falls risk assessments are undertaken daily on at risk patients using a screening tool. However, physio and OT walking assessments are not routinely offered 7 days a week. The trust is implementing a multi-factorial risk assessment (MFRA) to reduce the likelihood of inaccurate falls risk assessment. The Trusts falls policy has been reviewed, making changes to reflect and incorporate guidelines around MRFA.
National Cardiac Audit Programme (NCAP): MINAP	We have timely cardiology review and decision making taking place on both hospital sites within the trust. RSCH Emergency Department NSTEMI admissions are admitted straight to a cardiac bed. PRH admissions are referred to cardiology for consultation and then transferred to RSCH if required. Patients for cardiac rehabilitation are automatically identified from ward handover sheets by the cardiac rehabilitation team.
National Diabetes Audit – Adults	<p>Although Diabetes-Harms cases are discussed, there are no full root-cause analyses performed on these incidents. We therefore wish to establish a trust-level Diabetes Safety Board, which could provide support to undertake root-cause analysis of diabetes-Harms.</p> <p>We have a Diabetes peri-operative pathway that is used in the Trust and we hold peri-operative diabetes meetings to try to improve the management of diabetes peri-operatively. A business case is being submitted to employ a peri-operative DiSN to improve the adherence to the pathway.</p> <p>We are also developing a diabetes scorecard to bring together numerous strands of data and information that will allow the team to monitor performance and identify issues that would benefit from directed quality improvement projects.</p>
National Emergency Laparotomy Audit (NELA)	A recurring NELA slot is timetabled at anaesthetic and general surgical Quality Safety & Patient Experience (QPE) meetings. Joint QSPE meetings with general surgeons and 'generalist' anaesthetists would allow further discussion and will be put in place. A working group is to be convened to discuss methods of input for the wider MDT, to include geriatricians, radiologists, emergency department. A quality improvement project is underway to redesign/revise the emergency laparotomy pathway and emergency department prompt cards.

Title	Action taken or planned
National Paediatric Diabetes Audit (NPDA)	<p>We discuss our Patient Recorded Experience Measures results in our MDT business meetings and take on board family comments and the wishes of family and young people in improving the service as per their needs. We recently sought input from our families on how they viewed our way of incentivising pump therapy, and we then revisited our practice on this basis making it more young-person-friendly. In addition, our families expressed a wish for a more comprehensive transition process and we are therefore now planning to organise opportunities to meet with our young people and families to discuss their wishes and improve our transition service. This is being implemented with the addition of a new consultant and more Clinical Nurse Specialist (CNS) staff to re-shape our transition service.</p> <p>Training for school staff is developed, organised and delivered by our CNS staff.</p>
British Thoracic Society National Audit of Non-Invasive Ventilation (NIV)	<p>Significant improvements have been achieved since NIV teaching/ competency has been delivered by and appointed NIV critical care nurse. Teaching and a proforma were implemented in 2020 so we will look to the next audit cycle to see whether there are improvements in domains for uptitrating NIV/ABG monitoring.</p> <p>Critical care outreach 24/7 has significantly improved rate of patients on acute NIV being assessed within 2 hours of initiation which should improve outcomes/mortality.</p> <p>We have plans for NIV in-reach to allow sub-speciality NIV input for all patients on NIV.</p>
National Audit of Care at the End of Life (NACEL)	<p>RSCH/PRH has developed an 'Individualised Care Plan for a Dying Person' with associated training. This can be found on the RSCH/PRH 'microguide'. It is monitored via the RSCH/PRH End Of Life Care Steering Group (EOLCSG).</p> <p>The EOLCSG will work with Medical Examiners, Chaplaincy and Bereavement Office and develop a business case to support Bereavement Services at RSCH/PRH. This is to enable the service to provide the best support to people important to the dying person through their bereavement, with the aim of better meeting people's needs and preferences.</p> <p>To support staff in gaining competence and confidence in communicating effectively and sensitively with the dying person and people important to them, the Trust uses nationally recognised Sage & Thyme Communication Tool in its communication workshop. Clinical Fellows will work with BSMS post graduate centre on the Second Conversation initiative.</p>

During 2022/23 there were 262 local audits, including service evaluations, undertaken across UHSussex. Audits were undertaken across all the Trust Divisions, overseen by the Clinical Outcomes and Effectiveness Team.

There is a need to ensure realistic timeframes to allow for the completion of audit actions/embedding new systems or processes in practice. Review of assurance that actions have been completed is therefore undertaken with a time lag. The following table summarises actions taken in response to local audits that have been completed and reported on throughout the year:

Speciality	Project Title	Actions to improve the quality of care
Anaesthetics	End of Life Care on the ICU	<ul style="list-style-type: none"> • Introduction of symptoms observation chart which can be activated once EOLC initiated. • MDT form developed. • Introduction of an end-of-life care bundle to act as a prompt of different aspects of care to help formulate an individualised care plan
Cancer	PSMA SPECT-CT for prostate cancer patients	<ul style="list-style-type: none"> • Repeat PSA level within 2 weeks of performing 99mTc PSMA SPECT-CT. • Inform stakeholders of current cycle results.
Cardiology	Left distal transradial access [2018-2022]	<ul style="list-style-type: none"> • Use of ultrasound to assist with getting arterial access for LDTRA
Diabetes	Therapeutic inertia in the management of Type 2 diabetes in older adult inpatients	<ul style="list-style-type: none"> • Education within departments and at Grand Round presentation. • Production of a quick guide poster for diabetes management in older adults.
Emergency Medicine	Head Injury QIP	<ul style="list-style-type: none"> • Include CT head and Facial bones. • Develop a head injury pro forma for ENP uses
Emergency Medicine.	Return to school and sport advice following paediatric head injury	<ul style="list-style-type: none"> • Design advice leaflet for Return to School and Sport following head injury. • Update existing proforma to include checkbox for return to school/sport advice given. • Teaching presentation to doctors, disseminate information to lead paediatric nurses
ENT	Post tonsillectomy bleeding rates	<ul style="list-style-type: none"> • Ensure more detailed discharge summary with clearer post-operative instructions. • New electronic operation note form written and saved in the ENT folder for use within the team.
ENT	Effectiveness, perceptions and environmental benefits of remote consultation for adults referred with recurrent tonsillitis	<ul style="list-style-type: none"> • Telephone consultation for adult patients considered for tonsillectomy. • Virtual appointments are more convenient to patients in terms of cost and time, reduce environmental harm and are associated with high patient and provider satisfaction.
General Surgery	Accuracy of discharge summaries for general surgical patients [28 Feb-13 Mar 2022]	<ul style="list-style-type: none"> • Surgical discharge summary presentation to junior doctors during surgical departmental induction - this presentation is now used by the department for use during each junior surgical induction.

Speciality	Project Title	Actions to improve the quality of care
Ophthalmology	Hearing aid verification audit	<ul style="list-style-type: none"> • Print out of traffic light protocol kept at GP line desk. • Increase in PCC slots by running Nurse led/con Optom led PCC clinic. Two nurses training currently. One Con Optom appointed in the department
Ophthalmology	Management of acute angle closure glaucoma in eye casualty	<ul style="list-style-type: none"> • Acute angle-closure glaucoma emergency kit (drops + Diamox) • Standardised proforma for recording treatment & timing • Recording diagnosis on symphony
Paediatric	Osteoarticular Infection: Paediatric Audit and Update	<ul style="list-style-type: none"> • Education regarding sampling errors and correct bottles in paediatrics • Standardised order set: FBC, U&E, CRP, ESR, Blood cultures • Embed an MDT approach to ensure appropriate management of these infections. • Development of a pre-protocolled or standardised GA MRI plan for most common MSK infections – reducing radiology workload and time to arrange
Paediatric	Supracondylar Fractures of the Humerus in Children	<ul style="list-style-type: none"> • Encourage use of Supracondylar Fracture Assessment Proforma pre-operatively AND post-operatively to ensure thorough NV monitoring
Radiology/ Imaging	Timing of Ventilation/Perfusion or Perfusion only imaging and CXR in the Investigation of Acute Pulmonary Embolus	<ul style="list-style-type: none"> • Obtain a CXR just prior to the patient attending their appointment for a V/Q or Q scan. • Increase awareness during vetting, booking, and reporting
Radiology/ Treatment.	Administered Activity & Effective Dose Audit (Adults and Paediatric)	Staff recording all paediatric weights on CRIS for exams, and double-checking height and weight data entry for Cardiac patients to improve data quality.

Speciality	Project Title	Actions to improve the quality of care
Renal Medicine	An audit into cardiovascular risk factors in chronic kidney disease patients in the Sussex Kidney Unit	<ul style="list-style-type: none"> Increased blood pressure checks are needed to ensure patients are meeting NICE targets <140 mmHg. We recommend at least 3x BP assessments per year along with ACRs assessments. More ubiquitous use of ACEI and statins or more stringent recording of why patients are not on ACEI or statins which have been shown to reduce cardiovascular risk. At least yearly checks of BMI and smoking status and recording of lifestyle intervention discussions. Posters in all outpatient clinic rooms to help spread awareness of need to record the patient's blood pressure

Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by UHSussex in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee was 4612.

Research and Innovation

Following merger in 2021, UHSussex has embarked on a new and ambitious programme of research development, focussed on a new True North, with a view to leveraging opportunities of our large coastal teaching hospital together with its partners.

The Trust True North Aim is: All patients and staff have the opportunity, and equality of access to high-quality Research & Innovation which is relevant to them.

Research and innovation are key to the success of a teaching hospital it drives continuous quality improvement in healthcare and helps to attract and retain a high calibre workforce. UHSussex has a new Research and Innovation True North ambition putting research at the heart of the Patient First vision, the Trust's long-term approach to transforming hospital services for the better. The Trust focuses its continuous improvement work through strategic themes as the components to deliver 'excellent care every time'. In October 2022 we established a sixth strategic theme, one for research and innovation, reflecting our ambition and potential as a tertiary centre.

We have set out a vision for UHSussex as a place where all patients and staff can participate in high-quality research and innovation which is relevant to them, and where we work with partners across Sussex to ensure the whole population benefits from health and care research and innovation. We will achieve this by broadening engagement in research across our organisation and throughout our workforce, and through research partnerships with the Sussex Health and Care Partnership Integrated Care System, Brighton and Sussex Medical School (BSMS) and our other academic partners.

This year the research and innovation breakthrough objective has had a broad focus on enabling people to take part in research: to increase the number of active research studies; increase the

number of patients recruited to research studies; increase the number of research active staff. The Trust will refine the strategic objectives alongside the development of its Research and Innovation Strategy, which is due to be published in September 2023.

Research as a driver for improving the quality of care and patient experience - National and local context

UHSussex is one of the largest teaching university hospitals in England and prides itself on its programme of engagement with wider local system partners, including social care, on health improvement research projects.

Research and innovation drive continuous quality improvement in healthcare and patients benefit immensely from associated breakthroughs in prevention, diagnosis, treatment, improved outcomes, and recovery. The link between research activity at hospitals and good clinical outcomes for patients is well established and research active hospitals are more rewarding places to work. For these reasons, NHS England's "Maximising the benefits of research: Guidance for integrated care systems", published early in 2023, places a new emphasis on identifying local research priorities and increasing the quality and quantity of local research to address these needs, whilst ensuring that research findings are used to drive improvement in the quality of care for patients. The Sussex Health and Care Integrated Care System's "Improving Lives Together: Our ambition for a healthier future in Sussex" (December 2022) strategy supports our board aims to work in local partnerships, grow, retain, and support our workforce (through provision of research opportunities, training and development), and improve our use of digital tools and data.

Research delivery

Over 2022/23 we have worked hard to restore our research activity to pre-pandemic levels. A total of 4,612 patients were recruited into 182 studies running across all clinical specialities. 1,410 of these patients participated in interventional clinical trials of new medications, devices or procedures.

The Trust's research continues to excel across cancer, cardiovascular disease, infectious diseases, HIV and sexual health, and Women and Children's medicine. Following developmental work with other specialities including respiratory, gastroenterology and surgery, opportunities to grow patient participation in trials will widen in the coming years.

In February 2023, the Brighton and Sussex Clinical Trials Unit (BSCTU) was awarded full accreditation by the UK Clinical Research Collaboration, boosting opportunities for research collaboration and delivery in the region. The unit is a joint venture between the Trust and BSMS and plays an important role in running clinical trials and other well-designed studies which are initiated by researchers, including our own staff, who have been awarded competitive grant funding from the NIHR and other funders. Current NIHR awards being managed by BSCTU include:

- Palliative Long-term Abdominal Drains Versus Repeated Drainage in Untreatable Ascites Due to Advanced Cirrhosis: A Randomised Controlled Trial (REDUCe 2 Study) led by Professor Verma, Consultant Hepatologist and Professor of Medicine.
- Impact of duration of antibiotic therapy on effectiveness, safety and selection of antibiotic resistance in adult women with urinary tract infections (UTI): a randomised controlled trial, led by Professor Llewelyn, Consultant Infectious Diseases

- High Flow humidified oxygen as an early intervention in children with Acute Severe Asthma: a feasibility study led by Professor Seddon, Consultant Respiratory Paediatrician.
- The Trust has also received significant grants in 2022/23 to run nationally recruiting research projects trialling new methods for treating in atrial fibrillation, led by Dr Silberbauer, Consultant Cardiologist.

Over the last 12 months we have also continued with our innovative clinical academic research programme for Nurses, Midwives and Allied Health Professionals, which aims to grow research careers across professions. An additional scheme has enabled the allocation of protected research time to 18 junior doctors, supporting them to participate in NIHR training programmes such as the Associate Principal Investigator Scheme. Six Medical Doctoral Fellowships, funded by the Health Education England Kent, Surrey & Sussex, University Hospitals Sussex and BSMS were also awarded to our staff: clinicians have started projects in haematology, oncology, HIV, diabetes and surgery.

Building for the future – launch of the Brighton and Sussex Health Research Partnership

As a Trust we are proud of the research and innovation activity that happens in our organisation – but we recognise that we can do more. As part of establishing a new True North for Research and Innovation a strategy and delivery plan is required to ensure that we realise our ambitions. The new strategy, due to be launched in September 2023, will set out the vision, aims and objectives for Research and Innovation in the Trust over the next five years.

The new strategy is being developed considering national guidance and local drivers and is being shaped by staff, patient and public perspectives. The strategy is also being developed in collaboration with our partners, working primarily through the Brighton and Sussex Health Research Partnership NHS Sussex (the Integrated Care Board for Sussex), other regional NHS providers and academic partners.

The strategy will improve the research and innovation opportunities available to patients and staff in a stepwise and equitable fashion across the Trust, based on national guidance and local drivers over the next five years. We will look to develop a set of specific deliverables, including: widening the range of specialties involved in research; delivering a comprehensive communication strategy; developing staff training opportunities in research to support to staff across all levels and roles, including expanding our clinical academic career development programme; increasing locally led research which has a direct impact on the quality of care our patients receive; supporting patient and public involvement and engagement in our research; and developing our Clinical Research Facility at The Royal Sussex County Hospital. With our partners we will also enhance the core infrastructure required to support the development and efficient delivery of research such as the Clinical Trials Unit and Joint Clinical Research Office.

Goals agreed with Commissioners: Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

A range of CQUIN programmes were agreed between UHSussex and our principal commissioners. The associated income formed part of the overall funding arrangements for 2022/23 and reflected a commitment to deliver the Trust CQUIN programmes wherever possible. In conjunction with commissioner colleagues, regular reporting and monitoring was established together with appropriate governance and clinical leadership.

Further details of the agreed goals for 2022/23 and for the following 12-month period are available electronically at [NHS England » 2022/23 CQUIN](#).

Statements from the Care Quality Commission (CQC)

UHSussex is required to register with the Care Quality Commission and its current registration status is “registered without conditions”.

In 2022/23 the Trust’s overall CQC rating was based on the last comprehensive inspection that was undertaken in 2019/20, for the legacy Western Sussex Hospitals NHS Foundation Trust. The outcome from this inspection was that the Trust was rated ‘Outstanding’ across all dimensions, this was the first non-specialist acute Trust in the country to be rated ‘Outstanding’ in all the key inspection areas assessed, as well as the first[1][1]ever acute Trust to be rated ‘Outstanding’ for the safety of its services.

In 2022/23 the Care Quality Commission has taken enforcement action against UHSussex during 2021/22. The Trust’s Maternity services across each of the Trust’s four main sites of Royal Sussex County Hospital (RSCH), Princess Royal Hospital (PRH), St Richard’s Hospital (SRH) and Worthing Hospitals (WH) and General Surgery services at the Royal Sussex County Hospital were subject to an unannounced inspection in September 2021. This inspection resulted in both a warning notice being issued and inadequate rating for these services. The rating for the Trust overall was unchanged.

Since receipt of the Warning Notice the Trust has been working to address the issues identified and make substantial improvements to these services as part of its continuous improvement approach Patient First. These issues included compliance with Trust standards for training, appraisal and safe clinical practice. In addition, the Trust continues to address the workforce issues set out in the Warning Notice, particularly in relation to theatre staff and midwifery where the Trust is also working with its partners to implement the recommendations included in the first Ockenden Report. The Trust was extremely disappointed to receive the Warning Notices and has taken urgent action to address the issues identified by the CQC and is pleased that the more recent inspection of maternity services noted the significant improvements made and the progress in addressing the issues identified by the CQC. In relation to General Surgery the CQC has recently confirmed that it no longer requires additional reporting.

In 2022 the CQC also inspected the Emergency Department at RSCH and reduced its rating to Requires Improvement. Many of the issues identified in the report related to the estate and its impact on the quality and safety of services. The Trust had already begun planning for a substantial upgrade and expansion of the Emergency Department over the next few years at a cost of £48m that will address all of the current estate issues.

In addition, in 2022/23 the CQC inspected Upper Gastrointestinal Surgery services at RSCH and as a result required the Trust to suspend elements of that service. The Trust is working with the ICB and partners in the Cancer Alliance to develop and implement a new service model that will enable patients to receive a high quality service and address the concerns of the CQC

In October 2022 the Trust was inspected against the CQC well-Led framework. The Trust received a draft report in January 2023 and provided comments on its factual accuracy. The CQC published its report in April 2023 and the Trust’s response to this report will be covered in the Quality accounts for 2023/24.

UHSussex has not participated in any special reviews or investigations by the CQC during the reporting period. However, the Trust has engaged with a number of CQC desktop reviews where the CQC sought to understand our services and provide insights for any improvement.

We also continue to monitor performance against CQC standards through internal reporting through the Trust's governance systems and processes. Patient experience, concerns and complaints are monitored by the Trust's Patient Advice & Liaison Service and Patient Experience teams, patient safety incident data is recorded, monitored and actioned using electronic incident and reporting systems. Thematic reviews are completed following the reporting and investigation of any serious incident.

NHS Number and General Medical Practice Code Validity

UHSussex submitted records during 2022/23 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data (April 2022 – March 2023):

Which included the patient's valid NHS number was:

99.8% for admitted patient care:

99.9% for outpatient care and

98.5% for accident and emergency care

Which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;

99.9% for outpatient care; and

99.8% for accident and emergency care

Data Security and Protection Toolkit Attainment Levels

Each year the Trust completes and submits the Data Security and Protection Toolkit (DSPT) to demonstrate its compliance against the National Data Guardian's National Data Security Standards. NHS Digital had set a deadline of 30 June 2022 for submission and the Trust is pleased to confirm that all standards were met. The 2023 DSPT is currently being worked on, for submission in June 2023.

Clinical Coding Error Rate

UHSussex was not subject to an Audit Commission Payment by Results clinical coding audit during 2022-23.

Data Quality and Actions to Improve Data Quality

UHSussex will be taking the following actions to improve data quality

- Continue to log DQ related incidents on DATIX and encourage all departments to log these incidents. Monitor these cases and provide training and support to areas that would benefit from this most.

- Demographic Batch Service (DBS) processes are run as normal twice a day. This is supplemented by a new monthly DBS tracing of 'Dates of Death' and 'Name Aliases of new-borns' for the entire PAS Index (2.5 million records). from the NHS Spine
- Actively promote and push for all staff to utilize the available resources (DQ Information Pack) as well as the two e-modules (Patient Identification and Data Quality Awareness).

Learning from Deaths

Deaths in 2022/23

During 2022/23, 4203 of UHSussex adult patients died; 63 of those deaths were people with learning disabilities and/or had a severe mental illness.

There were 30 neonatal deaths/stillbirths.

The total number of deaths at UHSussex during 2022/23 was 4233.

This comprised the following number of deaths which occurred in each quarter of that reporting period.

- In the first quarter there were 1043 deaths: 1038 were adult deaths; 14 were people with learning disabilities and/or had a severe mental illness) 5 were neonatal deaths/stillbirths.
- In the second quarter there were 982 deaths: 975 were adult deaths of which 12 were people with learning disabilities and/or had a severe mental illness); 7 were neonatal deaths/stillbirths,
- In the third quarter there were 1107 deaths: 1095 adult deaths of which 24 were people with learning disabilities and/or had a severe mental illness); 12 neonatal deaths/stillbirths
- In the fourth quarter there were 1101 deaths: 1095 adult deaths of which 15 were people with learning disabilities and/or had a severe mental illness); 6 were neonatal deaths/stillbirths

Mortality Reviews

By 31 March 2023, 333 case record reviews and 4 investigations have been carried out in relation to adult deaths including patients with learning disabilities and/or a severe mental illness.

In 4 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:

- 72 in the first quarter; (2 cases subjected to both a case record review and an investigation)
- 73 in the second quarter; (1 cases subjected to both a case record review and an investigation)
- 94 in the third quarter; (1 cases subjected to both a case record review and an investigation)
- 94 in the fourth quarter, (0 cases subjected to both a case record review and an investigation)

Patient deaths judged to be more likely than not to have been due to problems in the care provided to the patient

42 cases were judged to be more likely than not to have been due to problems in the care provided to the patient. This represents 1% of all adult patient deaths during the reporting period. These

numbers have been provided using the mortality review and serious incident investigation framework.

Learning from case record reviews and investigations

Case record reviews provide a rich source of opportunities to learn from deaths. All case reviews are shared with divisions to discuss and identify opportunities for learning and improvement.

Case reviews that identified the quality of care as “poor” or “very poor” identified the following learning themes; delays in instigating prescribed medicines (i.e., syringe driver) leading to uncontrolled symptoms, delays in recognising a patient was nearing the end of their natural life; absence of community end of life care planning; inadequate ceilings of care discussions.

Where the overall care was evaluated as ‘adequate’ the following learning points were identified. These included the regular theme of early recognition of frailty and the early involvement of the palliative care team, along with the requirement for clear Treatment Escalation Plans (TEP) and ensuring DNAR (Do Not Attempt Resuscitation) agreement is in place. Concerns were identified that despite being a merged organisation there is no access to health records generated on different sides of the Trust. Ensuring that the TEP is regularly updated in the context of deterioration in the patient’s condition was also highlighted.

Where care was evaluated as ‘good’, the themes that emerge are early identification of the need for palliative care input. Similarly, early collaboration between ITU and palliative care affording better symptom control. The preparation of the patient and their family for a rapid deterioration was also highlighted as were the good MDT discussions leading to appropriate and person-centred decision making.

Case reviews that evaluated care as ‘excellent’ highlighted the early involvement and recognition of the need for palliative care input and family involvement in decision making with the promotion of patient choice and excellent communication between staff, patient and their next of kin.

Patient deaths judged to be more likely than not to have been due to problems in care during the previous reporting period

A standardised scoring system is used to determine whether a death, that has had a case review, is judged to be more likely than not to have been due to problems in care. The process enables the Trust to identify areas of care that we can learn from and whether poor care contributed to a death.

There were no cases that identified a death could have been avoided. All patients that died during the reporting period would have died despite the care provided. Where poor care was identified, this was reported back to the clinical teams following a case review to enable the team to consider how learning could be implemented.

Action following our learning

Pilot of systematic approach to ReSPECT for discharges was undertaken on a WH Ward last year. Currently ReSPECT forms are completed for appropriate patients by the Palliative Care Team or under their supervision. We are currently awaiting electronic process development before any wider rollout of this.

Seven-day palliative care services are now available at SRH/WH sites with a further business case in progress to extend seven-day service for RSCH/PRH sites.

Palliative care team is working with the Sussex integrated care board (ICB) to progress electronic ReSPECT form that can be shared across patient pathways.

Palliative care team is working with the ICB to progress end of life care hub (ECHO) across all of Sussex.

Palliative care team membership of the ICB led end of life care group in developing an end of life strategy for Sussex.

Deteriorating patient CQUIN is in progress to improve data collection for escalation and clinical response times of deteriorating patients for focussed improvement opportunities – this is a mortality improvement breakthrough objective for UHSussex.

The impact of our actions

Using the outputs of case reviews, mortality panels and wider engagement, a Learning from Deaths Strategy is currently being developed. The strategy aims to ensure clear processes are implemented to support aligning all UHSussex hospitals are identifying and utilising all opportunities to learn and improve the care we provide to our patient at the end of their natural life.

Wider improvements to the Mortality and Learning from Deaths Programmes

The recruitment of a UHSussex learning from deaths manager has provided the Trust with a dedicated lead for implementing changes across the Mortality & Learning from Deaths service to ensure learning is identified and implemented.

Additional recruitment of administrative and allocated project management resource for learning from deaths support is currently in progress.

The development of a UHSussex wide electronic recording and reporting system for mortality reviews and the associated learning from deaths processes.

Recruitment of two Lead Medical Examiner Officers commenced in December 2022.

Recruitment of 6 WTE Medical Examiner Officers commenced in December 2022.

There has been a significant reduction of unnecessary referrals made to the WSCC coroner since the introduction of the Medical Examiner service in late 2020. There was a significant reduction in 2021 (n=194) and 2022 (n=202) of cases referred to the coroner that did not require and further action, in 2019 the number was 493, whilst in 2020 459 referrals required no further action.

Previously all deaths that involved falls and operations were referred to the coroner. This impacted on the time it took for a doctor to make the referral and created a delay in the MCCD being available for the family to register their loved ones death.

Capacity and plans to support a consistent and sustainable mortality review processes across all sites of UHSussex

The activity of the mortality reviewers undertaking SJRs experienced significant constraints throughout the reporting period. This was due to high vacancy rates in the Clinical Outcomes and Effectiveness Team and reduced Mortality reviewers. Following episodes of business continuity, SJR activity had reduced causing a backlog of case review referrals. A recovery plan remains ongoing to assist in managing the case review backlog across all of UHSussex.

Implementing the Priority Clinical Standards for 7 Day Services

This programme of work is still suspended following the COVID-19 pandemic; consequently, it was not carried out by NHS England during 2022/23. From 2019 the reporting of 7 Day Services was moved to a Board Assurance framework with Acute Trusts being required to use a self-assessment template to report on their performance twice yearly.

Annual report on rota gaps and plans for improvement: A report from the Guardian of Safer Working Hours

This year's report is presented from Worthing Hospital, St Richard's Hospital and Southlands Hospital. In future Quality Accounts it will be presented as a single report for all UHSussex sites.

Report from Guardian of Safer Working Hours for Worthing Hospital, St Richard's Hospital and Southlands Hospital

In 2022/23, medical workforce pressures and resultant rota gaps were greatest in Medical specialties, Emergency medicine and Paediatrics with a high reliance on bank and agency staff for on call rotas. There has been an increase in doctors applying to work LTFT and adopt flexible working patterns. Meeting the challenge of our changing workforce will involve innovative rostering, centralisation of expertise, reflexive local training for rota teams and pan-Trust harmonisation of rota systems. Clinical Fellow posts retain appeal for local trainees seeking a break from a training programme offering educational, leadership or research experience combined with a clinical commitment. These posts have been vital to deliver adequate staffing levels and safe care. Locally employed doctors (LEDs) across divisions provide substantive back fill to bolster rota lines across the organisation. There has been an increase in recruitment of International medical graduates (IMGs) without NHS experience, this cohort of doctors may benefit from additional training, mentoring and support.

Exception reporting data (additional hours worked, missed breaks or educational opportunities) highlight 'hot - spots' of organisational risk and can also help direct support and resources. Overall at Worthing/SRH there were 1021 hours and rest exceptions in 22/23. 67.1% Medical specialties, 19.1% General surgery and 4.7% DOME. 65% were remunerated as payment and 29% as TOIL. 23 Immediate safety concerns were agreed and actioned. A full position on exception reporting hot spots, rota compliance and rota vacancies can be found within GoSWH quarterly reports.

The UHSussex wide junior doctor bank/ locum rate card was introduced in Q3 on October 5th 2022. The introduction of the rate card resulted for the majority in reduced or 'capped' rates of pay for extra contractual work. Divisions rely on 'backfill' from bank / agency staff to deliver safe staffing. The immediate impact of the rate card was a significant increase in unfilled shifts and a requirement for trainees to absorb additional workload due to 'deplete' on call teams. This impact was reflected by record numbers of exception reports and immediate safety concerns in 22/23 Q3 across medical specialties. Trainees have expressed concern that understaffing, as a direct consequence of the rate card reduces their ability to deliver safe care for patients.

A large number of junior doctors participated in industrial action in March and April 2023. While foremost a pay dispute, trainees describe intense clinical pressures and fear of 'burn out' as contributory to their decision(s) to strike. Trainees have identified perceived areas where the Trust could deliver more to improve working conditions; consistently delivering the contractual period of six weeks' notice for rota provision, improved access to breaks and rest facilities, 'fixing' rota gaps and timely responses to annual/ study leave requests. These will be taken forward as key areas for improvement.

WH/SRH have an active junior doctors forum which aims to highlight and resolve issues relating to working practices, distribute Guardian fines and seek engagement from senior management. There continues to be a widely utilised well-being programme including weekly discussion groups and activities which are well attended by doctors in training.

2.3 Reporting Against Core Indicators

Since 2012/13 NHS Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital. These core indicators align closely with the NHS Outcomes Framework (NHSOF).

The majority of core indicators are reported by financial year, e.g. from 1st April 2022 to 31st March 2023, however some indicators report on a calendar year or partial year basis. Where indicators are reported on a non-financial year time period this is stated in the data table. It is important to note that some national data sets report in significant arrears and therefore not all data presented are available to the end of the current reporting period (31st March 2023).

Report for the Royal Sussex County Hospital and Princess Royal Hospital

As was noted by the CQC in their recent report there was no substantively appointed Guardian of Safe Working Hours (GoSWH) for the Royal Sussex County Hospital and Princess Royal Hospital from April 2022. From April 2023, the GoSWH for Worthing Hospital and St Richard's Hospital will now act as the Guardian for the whole Trust. During this time exception reporting will be supported in the same way across the whole Trust as the Medical Workforce Team were successful at the end of quarter 4 in appointing two rota compliance officers

During Q4 2022-23, the agreed interim arrangements were that the Guardian for Worthing Hospital and St Richard's Hospital reviewed exception reports that were submitted as immediate safety concerns. Exception reports were processed for TOIL or payment, in the usual way, despite the absence of a formal Guardian in post. The backlogs of exception reports to the end of March 2023 has been processed and were sent for payment in April 2023 pay run.

In quarter 4, 146 exception reports were submitted for the Royal Sussex County hospital and Princess Royal Hospital, a slight reduction on quarter 3 when there were 157 reports. The themes raised in quarter 4 included workload and ward staffing levels, with late finish as a stated reason for 92% of the overall exception reports submitted.

Five immediate safety concerns were submitted in Q4 these were reviewed by the GoSWH for Worthing Hospital and St Richard's Hospital, with follow up actions undertaken. The Worthing and St Richard's Guardian for Safer Working Hours has contacted individual trainees regarding the details of the exception, and agreed suitable actions to mitigate.

Summary Hospital-Level Mortality Indicator

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at Trust level across the NHS in England. The SHMI is the ratio between the actual number of patients who died following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The SHMI gives an indication for each non-specialist acute NHS trust in England on whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

Indicator Domain	Summary Hospital-level Mortality Indicator Preventing people from dying prematurely				
UHSussex 2022-23	National average 2022-23	Best performing Trust 2022-23	Worst performing Trust 2022-23	UHSussex 2021-22	UHSussex 2020-21
111.59 As expected	103.36 As expected	74.68 Lower than expected	125.45 Higher than expected	105.77 As expected	97.68 As expected
Data Source	Hospital Episode Statistics (HES) and HES-ONS Linked Mortality Dataset https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi/current/shmi-data				

Table based on latest available data (January 2022 - December 2022)

UHSussex considers that this data is as described for the following reason: that it is taken from a well-established national source.

UHSussex has taken the following actions to improve this score by routinely monitoring mortality rates at the Trust Mortality Review Group (TMRG). This monitoring includes looking at mortality rates by specialty, diagnosis and procedure. A systematic approach is adopted whenever an early warning of a problem is detected. This work is supported by our coding department to ensure any clinical and non-clinical concerns are identified.

Palliative care indicators are included below to assist in the interpretation of SHMI by providing a summary of the varying levels of palliative care coding across non-specialist acute providers.

Indicator Domain	Percentage of patient admissions with palliative care coded at either diagnosis or specialty level Preventing people from dying prematurely				
UHSussex 2022-23	National average 2022-23	Best performing Trust 2022-23	Worst performing Trust 2022-23	UHSussex 2021-22	UHSussex 2020-21
2.8%	1.9%	3.8%	0.7%	2.3%	2.4%
Data Source	Hospital Episode Statistics (HES) and HES-ONS Linked Mortality Dataset				

Table based on latest available data (January 2022 - December 2022)

UHSussex considers that this data is as described for the following reason: that it is taken from a well-established national source.

UHSussex has taken the following actions to improve this score, and so the quality of its services by regularly monitoring mortality data at the Trust Mortality Review Group. Where concerns are identified task and finish groups have been established with the aim of taking a deeper dive into the data and identifying any possible concerns.

Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves for the following procedures:

- Hip replacement surgery;
- Knee replacement surgery.

Indicator Domain	Patient Reported Outcome Measures EQ 5D Index (casemix adjusted health gain) Helping people to recover from episodes of ill health or following injury					
Type of Surgery	UHSussex 2020-21	National average 2020-21	Best performing Trust 2020-21	Worst performing Trust 2020-21	UHSussex 2019-20	UHSussex 2018-19
Hip replacement	0.437	0.453	0.524	0.411	0.464	0.439
Knee replacement	0.314	0.334	0.359	0.264	0.314	0.317
Data Source	https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms					

The most recently published adjusted health gain figures available are finalised data covering the period 2020/21.

Above are the adjusted average health gain figures for the EQ5D outcome measures.

Latest available data (2020/21, published Feb 2021)

UHSussex considers that this data is as described for the following reason: it has been taken from a national data set and the Trust's participation rate is high improving the reliability of the data.

Patients readmitted to a hospital

The percentage of patients aged:

- 0 to 17; and
- 18 or over

readmitted to a hospital which forms part of the trust within 30 days of being discharged from a hospital which forms part of the trust during the reporting period.

Indicator	Crude Readmission Rate for patients readmitted to a hospital within 30 days of being discharged					
Domain	Helping people to recover from episodes of ill health or following injury					
Age Group	UHSussex 2022-23	National average 2022-23	Best performing Trust 2022-23	Worst performing Trust 2022-23	UHSussex 2021-22	UHSussex 2020-21
Patients aged 0 to 17 years	9.72%	10.04%	0.00%	18.13%	9.70%	8.28%
Patients aged >18 years	7.44%	7.96%	0.00%	19.18%	13.49%	8.58%
Data Source	Activity and Readmission Data produced using Healthcare Evaluation Database					

Table based on latest available data (January 2022 – December 2022)

UHSussex considers that this data is as described for the following reasons: it is taken from a national provider.

Responsiveness to the personal needs of patients

The Trust's responsiveness to the personal needs of its patients during the reporting period is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals.

Indicator	Responsiveness to the personal needs of patients				
Domain	Ensuring people have a positive experience of care				
UHSussex 2021	National average 2021	Best performing Trust 2021	Worst performing Trust 2021	UHSussex 2020	UHSussex 2019
75.4%	74.5%	85.4%	67.3%	-	-
Data Source	NHS Digital 4.2 Responsiveness to inpatients' personal needs - NHS Digital				

Table based on latest available data (March 2022)

UHSussex considers that this data is as described for the following reasons: it is produced by the Picker Institute in accordance with strict criteria.

UHSussex has taken the following actions to improve this percentage, and so the quality of its services, by developing an action plan that addresses the issues raised in the National Patient Survey which will focus on improvements in food and drinks rounds, privacy and dignity, discharge planning and information for patients.

Staff who would recommend the trust to their family or friends

The percentage of 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 family or friends.

Indicator Domain	Percentage of staff who would recommend the Trust as a provider of care to their family or friends Ensuring people have a positive experience of care				
UHSussex 2022-23	National average 2022-23	Best performing Trust 2022-23	Worst performing Trust 2022-23	UHSussex 2021-22	UHSussex 2020-21
68.4%	73.4%	92.0%	50.0%	66.1%	67.7%
Data Source	NHS NHS Staff Survey Results – NHS Staff Survey Results				

Table based on latest available data (2022)

UHSussex considers that this data is as described for the following reasons: it is produced by the Picker Institute in accordance with strict criteria.

UHSussex is continuing to focus on staff engagement as part of the Leadership, Culture & Workforce programme with the overall aim of improving staff engagement across the Trust.

Patients who would recommend the trust to their family or friends

Patients who use inpatient areas are asked a single question about whether they would recommend the NHS service they have received to friends and family who need similar treatment.

Indicator Domain	Percentage of patients who would recommend the Trust as a provider of care to their family or friends Ensuring people have a positive experience of care				
UHSussex 2022-23	National average 2022-23	Best performing Trust 2022-23	Worst performing Trust 2022-23	UHSussex 2021-22	UHSussex 2020-21
88.3%	94.1%	99.62	83.7%	93.8%	93.3%
Data Source	NHS England				

Table based on latest available data (February 2022 to January 2023)

UHSussex considers that this data is as described for the following reason that the data is captured by an external company.

UHSussex has taken the following actions to improve this percentage, and so the quality of its services, by using data received from the FFT survey and other patient experience data to drive improvement.

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

This indicator looks at the percentage of patients who were admitted to hospital and who were risk assessed for VTE during the reporting period.

Indicator Domain	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism Treating and caring for people in a safe environment and protecting them from avoidable harm				
UHSussex 2022-23	National average 2022-23	Best performing Trust 2022-23	Worst performing Trust 2022-23	UHSussex 2021-22	UHSussex 2020-21
*	*	*	*	91.2%	92.6%
Data Source	NHS Digital NHS England » Venous thromboembolism (VTE) risk assessment 2019/20				

* The VTE data collection and publication continues to be suspended. It was initially halted in order to release capacity in providers and commissioners to manage the COVID-19 pandemic

Rate of *C.difficile* infection

The rate per 100,000 bed days of cases of *C. difficile* infection reported within the trust amongst patients aged 2 or over during the reporting period.

Indicator Domain	The rate per 100,000 bed days of trust apportioned cases of <i>C. difficile</i> infection that have occurred within the Trust amongst patients aged 2 or over Treating and caring for people in a safe environment and protecting them from avoidable harm				
UHSussex 2022-23	National average 2022-23	Best performing Trust 2022-23	Worst performing Trust 2022-23	UHSussex 2021-22	UHSussex 2020-21
18.96	25.55	0.00	176.33	16.42	18.52
Data Source	https://www.gov.uk/government/statistics/c-difficile-infection-monthly-data-by-prior-trust-exposure				

Table based on latest available data February 2022 to January 2023

UHSussex considers that this data is as described for the following reasons: every case is scrutinised using a Root Cause Analysis (RCA) process to determine whether the case was linked with a lapse in the quality of care provided to patients.

UHSussex has taken the following actions to improve this rate, and so the quality of its services, by systematically undertaking RCA reviews into every case.

Patient safety incidents and the percentage that resulted in severe harm or death

The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. .

- i) rate of incidents reported per 1000 bed days
- ii) rate of incidents that resulted in severe harm or death per 1000 bed days
- iii) number of incidents resulting in severe harm or death
- iv) % of severe harm or death over number of reported incidents.

Indicator Domain	Patient safety incidents and the percentage that resulted in severe harm or death Treating and caring for people in a safe environment and protecting them from avoidable harm					
	UHSussex 2020- 21	National average 2020- 21	Highest 2020- 21	Lowest 2020- 21	WSHT & BSUH* 2019-20	WSHT & BSUH* 2018-19
I	43.6	54.9	205.5	23.7	49.2	45.0
li	0.25	0.22	0.85	0.02	0.04	0.05
iii	151	58	216	3	43	52
Iv	0.58%	0.40%	0.85%	0.03%	0.09%	0.12%
Data Source	NHS Improvement https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-data/					

* Figures reported are based on combining NRLS data for the two legacy organisations Western Sussex Hospital Trust and Brighton and Sussex University Hospitals Trust

The table based on latest available data April 2020 to March 2021. NHS England is now publishing this data and the national patient safety incident reports (NaPSIR) once a year rather than every six months. The next publication is due in September 2023.

UHSussex considers that this data is as described for the following reasons: the data is derived from the National Reporting and Learning System for patient safety incidents and a panel of consultants reviews this data weekly in order to ensure every incident is correctly graded in accordance with guidance issued by the National Patient Safety Agency.

Part 3: Other Information relevant to the quality of care.

3.1 Other Quality Information

The following section contains an update on progress on the implementation of the Patient First's priority projects highlighted in section 2.1 of last year's Quality Accounts.

Patient safety

Avoiding Harm

Targets set for 2022/23	Outcome
Target: To achieve a 5%* reduction in the levels of Datix reported harms	Not Achieved

* In last year's Quality Accounts a target of a 10% reduction in the levels of Datix reported harm was set, subsequently this target has been revised to 5%.

The patient safety priority last year set the ambitious goal of 'zero harm occurring to our patients when in our care', with a breakthrough target to reduce the number of all harms categorised as 'low', 'moderate' 'severe' or 'catastrophic' by 5%.

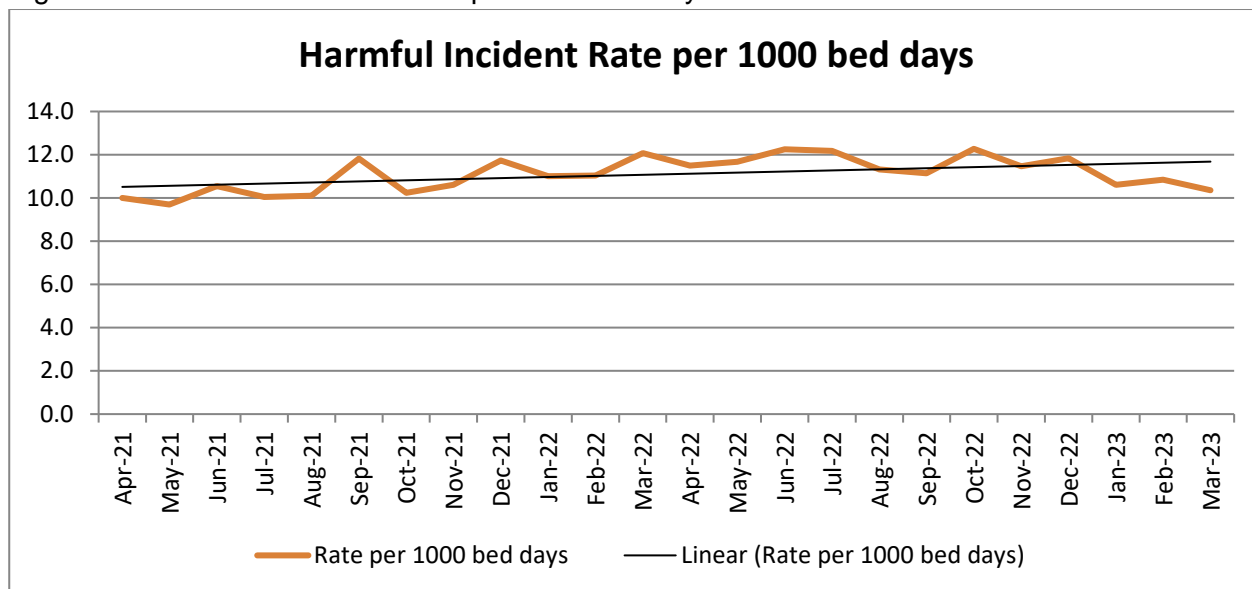
In order to achieve this target the focus of the past 12 months activity has been the breakthrough objective of achieving a 30% reduction in the rate of inpatient falls which are one of the most frequently reported harmful incidents.

The reduction in the rate of falls is an ongoing initiative which has not yet met its target. The table below highlights that at the start of April 2023 the rate of harmful incidents had increased by 6.3% compared to the previous year rising from 10.8 incidents per 1000 bed days to 11.4.

	Year	
	21/22	22/23
Number of Low, Moderate, Severe and Catastrophic Incidents Reported	7,180	8,471
Rate per 1000 bed days	10.8	11.4

Figure 1 highlights the monthly rate of harmful incidents reported; the linear trend indicates that the rate has been rising over the past two years.

Figure 1: Rate of Harmful incidents per 1000 bed days



Clinical Effectiveness

Reducing preventable mortality and improving outcomes

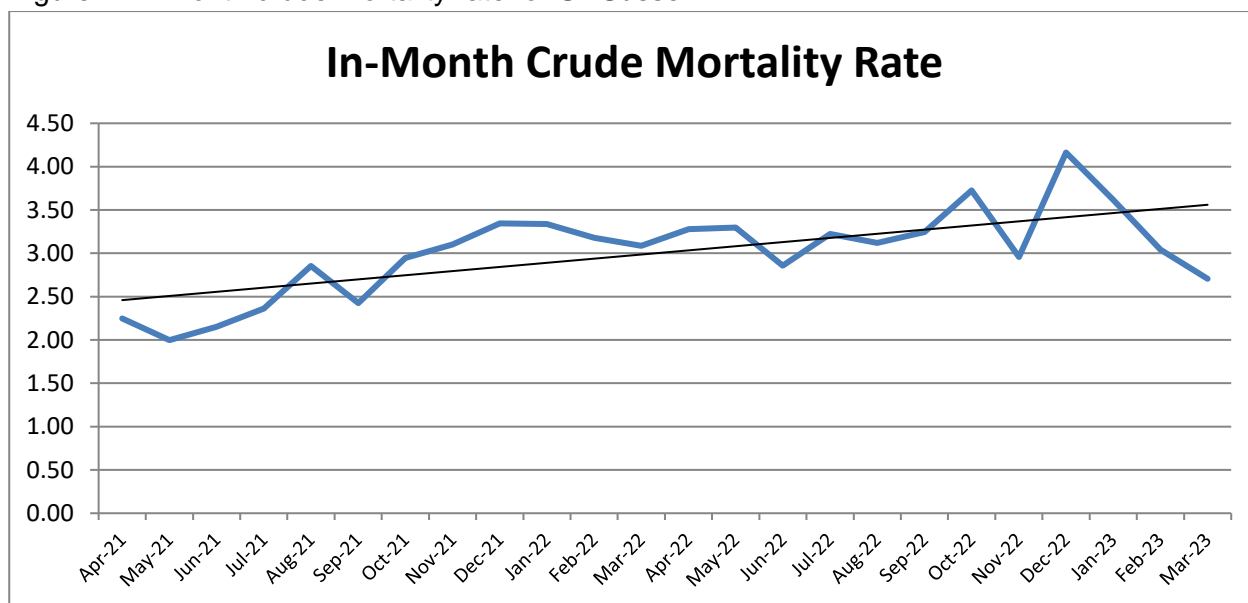
Targets set for 2022/23	Outcome
Target: To achieve a 10% reduction in mortality	Not Achieved

Last year's Patient First programme set a goal of achieving the lowest crude mortality rate within our peer group (Trusts in the South East) with the goal of reducing crude mortality by 10%.

The most recent data for our peer group (January 2022 to December 23) indicates that the Trust currently has the 8th highest crude mortality rate in the group of nine Trusts.

Figure 2 illustrates that crude mortality has been rising over the past two years. Consequently the target of a 10% reduction in mortality has been missed as the rate has increased by 20% from 2.73% to 3.26%.

Figure 2: In month crude mortality rate for UHSussex



Crude mortality rates, although helpful indicators of the number of deaths occurring each month, do not take account of case mix (i.e. how sick patients are) so it is not possible to compare the quality of care between hospitals using this measure alone. Hospitals with high crude mortality rates may be seeing patients who are sicker and require more complicated treatment than those with lower mortality rates, not that the quality of care provided is worse. Other mortality measures are also available including the Hospital Standardised Mortality Ratio and the Summary Hospital Mortality Indicator which are standardised to a national population and adjusted for risk.

Patient Experience

Ensuring all our patients have a positive experience of the care they receive

Targets set for 2022/23	Outcome
Target: To have 95% or more of inpatients rating the Friends and Family Test (FFT) survey as good or very good	Not Achieved

The Patient First initiative goal for patient experience was to ensure that all our patients have a positive experience of the care they receive. A target was set of having 95% or more of our inpatients who respond to the Friends and Family Test rating their care as good or very good.

A new system for FFT was commissioned and commenced in July 2022. This was a continuation of the same provider for RSCH, PRH and Southlands Hospital but a new provider for WH and SRH which were utilising a paper based system. Furthermore, due to the implementation of a new PAS, inpatient and outpatient data for WH and SRH were not available for July to November.

During 2022-23 over 105,000 inpatient responses were captured with the Trust averaging 88.3% for positive responses with a with a 22.5% response rate.

Across all trust responses the dominant reason for providing a positive response was the quality of the staff and care, with the dominant reason for a negative response relating to waiting times, followed by staff attitude, communication and clinical care.

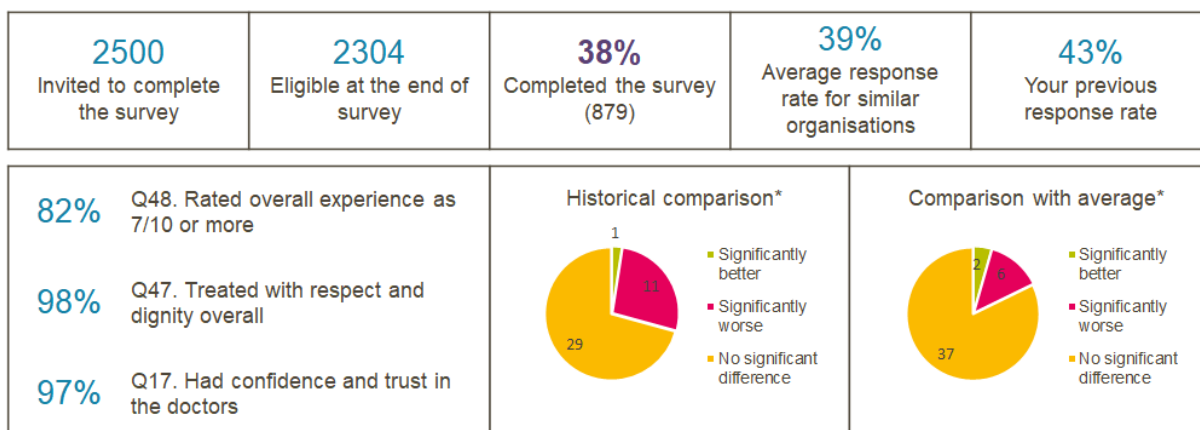
Feedback from patients included:

The staff at the ward welcomed me warmly. The nurse that was in charge of my case was very calm knowledgeable and professional and also caring and very considerate of my feelings. It was a warming and excellent experience. I couldn't have wished for more. Thank you NHS. When it works it is the best!

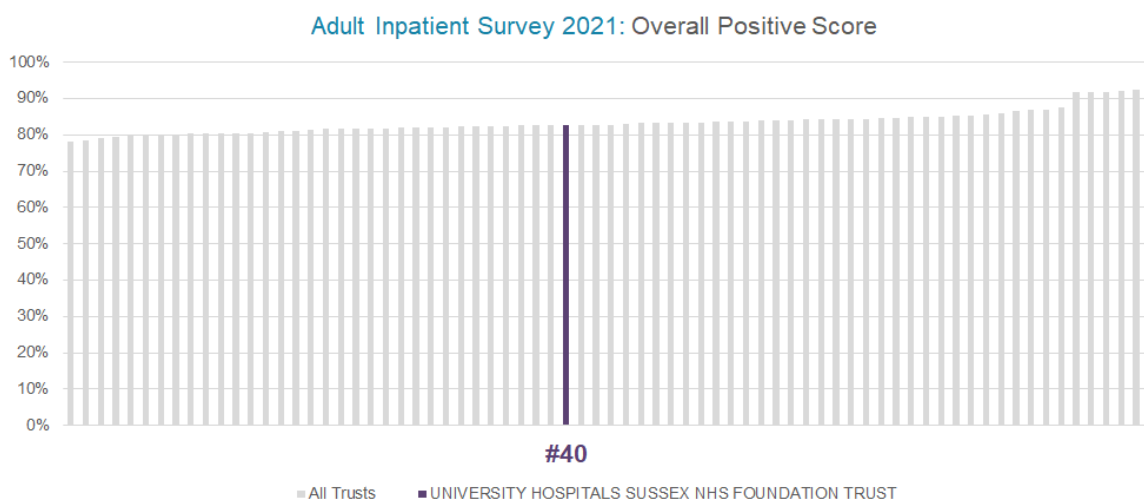
In 2022 the trust also received the outcomes of the adult inpatient survey for the previous year. The Adult Inpatient Survey runs every year and all eligible organisations in England are required to conduct the survey.

A total of 62 questions were asked in the 2021 survey, of these 45 can be positively scored, with 41 of these which can be historically compared.

There were 879 respondents (38%) to the survey and the average response rate nationally was 39%. The summary of the findings are shown below:



The overall positive score for UHSussex is around the national median, with the overall position of the trust compared to the other NHS trusts in England is shown below:



The Friends and Family Test is reported in a number of other settings, these include the Emergency Department where the return of positive FFT's was 80.5% against a national average of 76.9%.

Feedback from patients – examples:

'The service from the nurses and Drs was fantastic, friendly, thorough and not rushed. The waiting room was extremely busy and hot with not much space to sit or stand and seemed under staffed. It was quite distressing being in such close contact with so many poorly children with no space to move away and keep our distance.'

All the nurses and doctors were doing their best however they were clearly understaffed and needed more help in order to see people quicker and put them in suitable rooms Plus there weren't enough rooms for everyone I had to be very sick in the waiting room - not anyone's fault just the place needs more rooms but this isn't due to anyone in the hospital | But I am aware they were trying their very best.

Positive patient feedback from the emergency departments closely correlates with performance against the four hour wait standard. Favourability increased in January (for UHSussex and nationally) which related to public reaction to industrial action by nurses.

Positivity levels vary by site, with highest annual percentages of patients rating their experience as good or very good at Southlands Hospital and PRH and the lowest at SRH, Worthing and RSCH. The numbers of negative responses at the RSCH increased considerably around the time of the Strep A outbreak when demand for paediatric emergency care increased substantially and waiting times increased as a result.

In maternity the overall percentage of patients who responded positively to the three FFT questions was 94%, the national average in 2022 for the three questions ranged from 90 to 94%. As such, the trust's performance was in line or better than the national average.

Examples of patient feedback were as follows:

The staff were fantastic, polite, genuine and hugely informative. I felt well Informed at every stage of my birthing experience of who was going to be involved and what was going to happen. We were always told and introduced to staff who were taken over shifts. And anything we weren't sure about was quickly supported. Thank you for a perfect birth experience.

The positive FFT feedback reflects the outcomes of a very positive maternity patient survey for 2022, which is a survey that runs every year and all eligible organisations in England are required to conduct the survey.

The 2022 maternity survey involved 121 NHS trusts in England. All NHS trusts providing maternity services that had at least 300 live births were eligible to take part in the survey. Women aged 16 years or over who had a live birth between 1st and 28th February 2022 (and January if a trust did not have a minimum of 300 eligible births in February) were invited to take part in the survey. Fieldwork took place between April and August 2022.

The response rate for UHSussex was 49.7% with the overall results placing the trust in the top 10 nationally.

The trust's results were much better than most trusts for 1 question, were better than most trusts for 3 questions and somewhat better than most trusts for 4 questions.

Questions in which UHSussex performed better than most

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
B3. Were you offered a choice about where to have your baby?	272	4.5	Better	4.1	

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
C14. Did the staff treating and examining you introduce themselves?	317	9.4	Somewhat better	9.3	
C16. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	322	8.0		8.5	
C17. If you raised a concern during labour and birth, did you feel that it was taken seriously?	199	8.7	Much better	7.9	
C18. During labour and birth, were you able to get a member of staff to help you when you needed it?	312	9.0	Somewhat better	9.1	
C19. Thinking about your care during labour and birth, were you spoken to in a way you could understand?	322	9.5	Somewhat better	9.4	
C20. Thinking about your care during labour and birth, were you involved in decisions about your care?	314	9.0	Better	8.9	
C21. Thinking about your care during labour and birth, were you treated with respect and dignity?	323	9.5	Better	9.5	

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
F12. Were you given information about any changes you might experience to your mental health after having your baby?	300	7.3		7.7	
F13. Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?	273	8.7	Somewhat better	8.1	

In outpatients 94.5% of patients were positive with the care they received; this is higher than the national average of 93%.

The most prevalent reason for giving a positive review was the quality of the staff and the efficiency of the appointment. Whilst the most prevalent reasons for giving a negative review were waiting times and communication about and type of appointment.

Patient feedback about outpatient services included:

Lovely staff, plenty of communication, clean and suitable environment, nothing too much trouble. Nursing staff, anaesthetist and staff and consultant all absolutely professional 5, I was going to write to PALS to tell them.*

Staff Engagement

To be the top acute Trust for staff engagement

Targets set for 2022/23	Outcome
Target: To be in the top half of acute Trusts for the national staff engagement score in the 2023 survey*	Not Achieved

* In last year's Quality Accounts a target of being in the top quartile of acute Trusts for staff engagement was set, subsequently this has been revised to being in the top half of all Trusts.

The staff engagement priority in last year Quality Account set a medium term aim of being the top Trust for staff engagement. The ambitious target for the 2022 staff survey was to be in the top quartile of Trusts for staff engagement.

The outcome of the 2022 staff survey was published in March 2023. The results highlighted that the Trust was ranked 119th out of 137 Acute and Acute & Community with a staff engagement score of 6.63 against a national average of 7.2. To have met the original target of being in the top quartile a score in excess of 7.62 would have been required.

Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

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By email

26 06 2023

Dear Leanne,

University Hospital Sussex (UH Sussex) Quality Account 2022/2023

Thank you for giving NHS Sussex the opportunity to comment on the UH Sussex Quality Account for 2022/23. We appreciate the on-going collaborative working with UH Sussex clinicians during 2022/23, notably at the monthly Quality Review Meetings.

We would like to thank the Trust for the ongoing positive work to further drive forward quality improvement through their Patient First Programme and True North priorities, through its focus on continuous learning and quality improvement.

The Trust has achieved a number of successes in 2022/2023, most notably:

- Good progress made on timely observations, with further work to develop deteriorating patient metrics.
- Investment in new equipment and estates including the opening of the new Louisa Martindale building at the Royal Sussex County Hospital site.
- Inclusion of Research and Innovation as part of the True North ambition and Patient First vision, driving quality healthcare with system partners.
- Maternity services are noted to have made significant improvements following previous Care Quality Commission inspections, including an increase in patient satisfaction levels.
- A new Friends and Family Test system implemented across some sites aligning with other sites, enabling easier analysis. Increase in patient satisfaction reported in Emergency Departments particularly since January 2023.
- Recent introduction of the new Clinical Operating Model forming part of core patient safety priorities with a focus on the mental health pathway for adults and children in partnership with system colleagues.
- Completion of many national clinical audits, and confidential enquiries including information on local actions either taken or planned.

NHS Sussex acknowledges that 2022/2023 has been a challenging year for the Trust with an increase in demand following the pandemic, in addition to winter pressures, and workforce challenges.

UH Sussex has had several Care Quality Commission inspections over the last 18 months that included Maternity across the four main sites and Emergency Department, Neurology and Upper Gastroenterology at Royal Sussex County Hospital. In addition to an inspection against the CQC Well Led framework in October 2022, resulting in change in the Trusts overall rating. NHS Sussex recognises that the Trust continues to work with system partners to address the issues identified.

The quality account outlines the priorities and approach to include:

- Use of Donabedian's framework to ensure robustness of outcome measures.
- Improvement in data collection systems including using data and metrics effectively for evidence, to drive quality improvements, particularly in Mortality, End of Life Care, the Deteriorating Patient scorecard and through Health Inequality dashboards.

NHS Sussex supports these priorities and will continue to seek assurance regarding progress throughout the year through our established assurance processes.

My colleagues and I look forward to the continued collaborative working with University Hospitals Sussex NHS Foundation Trust and wider system partners.

Yours sincerely



Allison Cannon

Chief Nursing Officer

On behalf of NHS Sussex

Annex 2: Statement of Directors' responsibilities for the Quality Account

The Directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011, to prepare Quality Accounts for each financial year.

Annex 3 – Assurance Report on Quality

Independent Auditors' Limited Assurance Report to The Directors Of University Hospitals Sussex
NNS Foundation Trust on the Annual Quality Account

External auditor assurance has been suspended since the Covid-19 pandemic.

Glossary of terms and acronyms

Care Bundle A set of interventions that, when used together, significantly improve patient outcomes.

Care Quality Commission (CQC) An independent regulator responsible for monitoring and performance measuring all health and social care services in England.

Clinical Audit The process by which clinical staff measure how well the Trust performs against agreed standards. Action plans for improvement are often based on the findings of an audit.

Clinical Pathways The standardisation of care practices to reduce variability and improve outcomes for patients.

Clostridium Difficile (C.Diff) A form of bacteria that is present naturally in the gut of around 2/3s of children and 3% of adults. On their own they are harmless, but under the presence of some antibiotics they will multiply and produce toxins (poisons) which cause illness such as diarrhoea and fever. At this point, a person is said to be infected with C. difficile.

Commissioning for Quality and Innovation (CQUIN) The CQUIN framework supports improvements in the quality of services and the creation of new, improved patterns of care.

Datix A web-based clinical incident reporting and risk management software for healthcare and social care organisations.

Friends and Family Test (FFT) The FFT is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Governance The systems and processes by which health bodies lead, direct and control their functions in order to achieve organisational objectives and by which they relate to their partners and wider community.

Information Governance (IG) Information Governance allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.

IG Toolkit The Information Governance Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information, Governance policies and standards. It also allows members of the public to view information of participating organisations.

IRIS The Trusts e-learning site

Major Trauma Centre (MTC) A network of 22 new centres throughout the UK, specialising in treating patients who suffer from major trauma.

Microguide The local medical guidance app for clinicians

Mortality Review A process in which the circumstances surrounding the care of a patient who died during hospitalisation are systematically examined to establish whether the clinical care the patient received was appropriate, provide assurance on the quality of care and identify learning, plans for improvement and pathway redesign where required.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) NCEPOD assists in maintaining and improving standards of healthcare for adults and children by reviewing the management of patients and by undertaking confidential surveys and research.

National Early Warning Score (NEWS) NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes. NEWS2 is the updated version of this tool.

National Institute for Health and Clinical Excellence (NICE) The National Institute for Health and Clinical Excellence provides independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.

National Reporting and Learning System (NRLS) The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Clinicians and safety experts help analyse these reports to identify common risks and opportunities to improve patient safety.

PatientTrack The software used by the Trust as an electronic observation solution to replace the paper process of recording vital signs (e.g. temperature, heart rate), calculating the Early Warning Score (EWS) and automatically alerting for a clinical response when required.

ReSPECT A Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) is a process that creates a summary of personalised recommendations for an individual who does not have capacity to make, or express choices when accessing clinical care in an emergency. It aims to respect both patient preferences and clinical judgement. Emergencies may include death or cardiac arrest, but are not limited to those events. The agreed realistic clinical recommendations that are recorded on the ReSPECT form include a recommendation on whether or not, CPR should be attempted if the person's heart and breathing stop.

Root Cause Analysis (RCA) RCA is a process designed for use in investigating and categorising the root causes of events. When incidents happen, it is important that lessons are learned across the NHS to prevent the same incident occurring elsewhere. RCA investigation is a well-recognised way of doing this.

Serious Incidents (SIs) Something out of the ordinary or unexpected. It is an incident – or a series of incidents – that, if left unattended, may pose a risk to service users or the health and safety of staff, visitors and others.

Structured Judgement Mortality Review The SJR methodology has been validated and used in practice within a large NHS region. It is based upon the principle that trained clinicians use explicit statements to comment on the quality of healthcare in a way that allows a judgement to be made that is reproducible.