University Hospitals Sussex
NHS Foundation Trust

QUALITY REPORT 2021/22

Contents

Part 1: Statement on quality from the Chief Executive of University Hospitals Sussex NHS Foundation Trust

Dr George Findlay, Chief Executive

Photo taken using social distancing precautions

What we do

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

Patients deserve to know about the quality of care they receive; we aim to ensure that this is the very best quality of care every time.

Our Quality Account is a narrative to patients, carers, professionals and the public about the quality and standard of services we provide. It is an important way to show improvements in the services we deliver to local communities and stakeholders.

The quality of our services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

UHSussex is required under the Health Act 2009 and subsequent Health & Social Care Act 2012 to produce a Quality Account. (Since 2020/21, as authorised by NHS England, NHS foundation trusts are no longer required to produce a Quality Report as part of their Annual Report or commission external auditor assurance on their quality account.)

Statement on quality from the Chief Executive

Quality is a cornerstone of UHSussex's commitment to patient care and continuous improvement. As one of our strategic themes, alongside people, patients, sustainability and systems and partnerships, focusing on quality helps us make sure every patient gets safe, high quality care, every time.

I returned to the Trust on 1st June as Chief Executive, having previously been Chief Medical Officer and one of the architects of our Patient First Improvement Programme.

Despite the pressures of the pandemic and increased demand, colleagues across the Trust have continued to prioritise quality of patient care and have seen continued success as a result.

Our True North objective for quality is to have zero harm occurring to our patients in our care and to achieve the lowest crude mortality rate within our peer group. They are challenging objectives, but they are the right objectives.

Over the last year, we have been successful in reducing low to moderate harms. We have also reduced our 52 and 104 week waits. If we are really committed to quality care, we must continue to prioritise reducing the length of time patients are waiting for their appointments.

Another year like no other

The last 12 months have continued to provide daily challenges across the Trust. While the vaccines have made Covid a lot less deadly, caring for patients with Covid, managing the associated infection prevention and control measures to keep all our patients safe and dealing with staff absence due to Covid have all challenged us in different ways.

At the same time, we have been responding to increasing demand in our emergency departments and continuing to care for patients who are medically ready for discharge.

We have leveraged our relationships with our system partners, increasingly making system-wide decisions in the interests of patient care and safety; we have opened more beds than ever before; we have redesigned patient care pathways to make the most of our available resources; and we have pulled together to always put our patients first.

Investing for excellence

In less than one year since we merged we have also developed a new clinical operating model and enhanced our leadership team with the appointment of Directors for Infection Prevention and Control (IPC) and Patient Experience.

An example of recent progress includes an improvement project led by the Patient Safety team to revise the current Datix incident reporting system. New functionality will allow us to analyse safety themes and data more effectively, create safety dashboards for robust reporting and adopt a shared learning and solution focused model of care.

Meanwhile colleagues from the Royal Alexandra Children's Hospital Emergency Department won the National Institute for Health and Care Research (NIHR) Research Support Award in recognition of the support they give to research studies and research delivery across the Trust. And the maternity team at St Richards's were named as highest performing (out of 184 units) for professional development by The Royal College of Gynaecology and scored within the top ten training units in the country.

Prioritising our people

As the prolonged pressures take their toll on our workforce, we are continually trying to find ways to increase our support, from staffing levels to regular opportunities for reflection and decompression, and enhanced menopause resources. We will soon be launching wellbeing hubs and recruiting more mental health first aiders. This is in addition to our investment in our on-site counselling provision including through our chaplaincy teams.

We still have more to do to restore services back to pre-pandemic performance, meet the current demands, and retain and recruit talented colleagues, but we anticipate making good progress this year building on the successes I've mentioned.

I am pleased to confirm that the Trust Board has reviewed the 2021/22 Quality Account and confirm that it is a true and fair reflection of our performance. We hope that this Quality Account provides you with a clear picture of what we have achieved over the past year and how we will continually build upon these foundations.

We have written the report in plain English for all interested parties, and will continue to refine all our literature to meet this ambition.

The information contained within the Quality Account is, to the best of my knowledge, accurate.

Signed: 

Date: 21st June 2022

Dr George Findlay
Chief Executive
University Hospitals Sussex NHS Foundation Trust

Part 2.1: Priorities for quality improvement

Our Trust approach to Quality Improvement

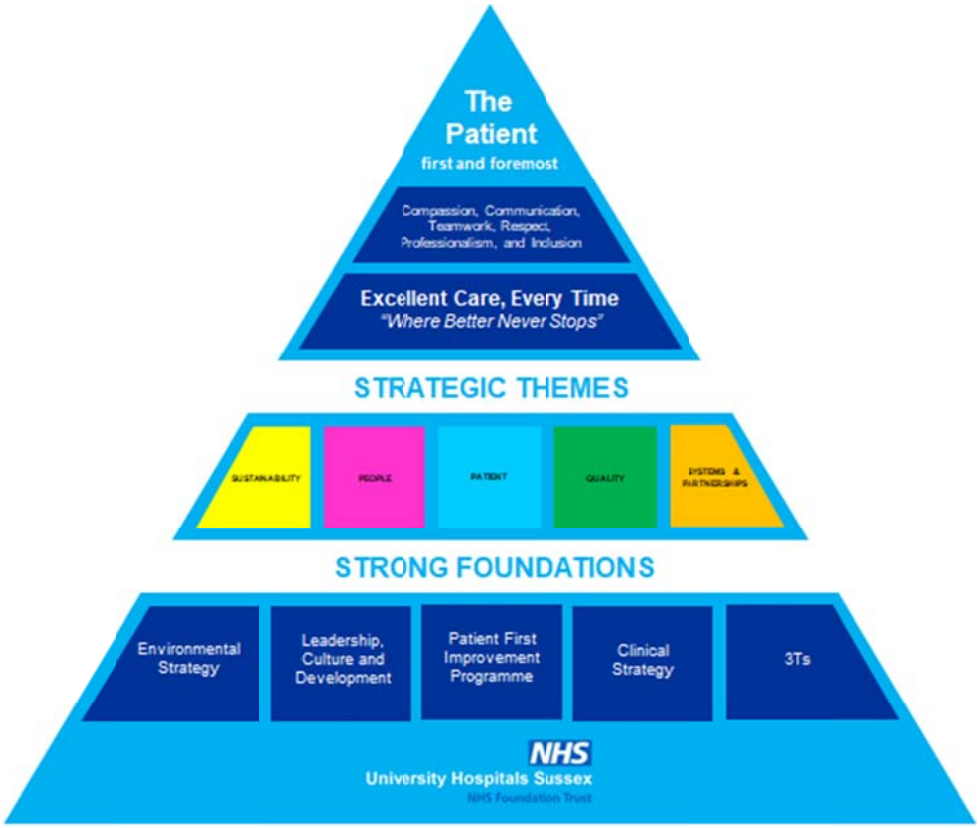
Patient First Programme

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 University Hospitals Sussex. 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: https://www.uhsussex.nhs.uk/about/patient-first/

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 heading in the right direction – we should always refer to when identifying which improvements and projects to prioritise.



Following the COVID pandemic and the creation of UHSussex, the Trust is seeking to refresh its Patient First Strategy – specifically its True North, with associated Breakthrough Objectives, Strategic Initiatives, and Corporate Projects.

We will be briefing the Executive team on the process, and then asking individual Executive Director owners to refresh their Strategic A3s. Once this has been done, the Executive Team will come together to check and challenge the refreshed Strategic A3s.

Refreshed Breakthrough Objectives and Strategic Initiatives will then be defined through reviewing the Strategic A3s, and an Executive Team workshop will take place to take any proposed Corporate Projects through the Strategic Filter.

This refreshed set of True North, Breakthrough Objectives, Strategic Initiatives and Corporate Projects will then go to Board for final sign-off over the summer.

Our True North objectives, once reframed for 2022/23, will be cascaded throughout the Trust and from Board to ward using a process referred to as 'catch ball'. This occurs with each Division and the Executive ensuring:

- Divisions understand how to contribute to achieving the organisational priorities;
- Agreement of what additional local priorities each division needs to achieve;
- Mutual agreement of these objectives, as well as the resources required to achieve them.

Clinical Strategy

The approach to developing our Clinical Strategy was confirmed in May 2021. This established that our strategy would be developed within a set of strategic boundaries, so that the configuration of key areas such as our A&E and Maternity provision would remain unchanged. It confirmed that our strategy would be built on what our patients and public have told us about the services we deliver and would be shaped through our clinical teams.

The clinical strategy has been designed to be inclusive of all specialties, with a focus on supporting specialties to achieve our True North goals through the development of Mission Statements, which set out our 3-5 year aims to improve our services. The outcomes of these will be integrated into our strategic deployment, and wider business planning as well as the overarching clinical strategy.

We are also ensuring that our strategy more fully takes into account the national Getting It Right First Time (GIRFT) recommendations and are planning to do this in a more systematic way, incorporating this into our Clinical Strategy governance arrangements.

We continue to make sure that we align our strategy with the wider plans of our Integrated Care System including our responsibilities for addressing health inequalities. We are taking all of the above into account and are setting out the next phase of our Clinical Strategy development,

which will include a roadmap of the steps we will be taking to improve our clinical services.

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 a 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 front-line 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.

Priorities for quality improvement in 2022/23

Our Quality Priorities for 2022/23 will form part of our broader ambition set out in our True North metrics. In order to develop our annual quality priorities and breakthrough objectives we analyse quality indicators and benchmarking data, and engage widely. For 2022/23, with a background of an ongoing pandemic and recent Trust merger, quality priorities are currently under consideration at divisional level to fit with University Hospitals Sussex new True North goals:

Avoiding harm
Goal: to have zero harm occurring to our patients when in our care
Target: To achieve a 10% reduction in the levels of DATIX reported harm to patients

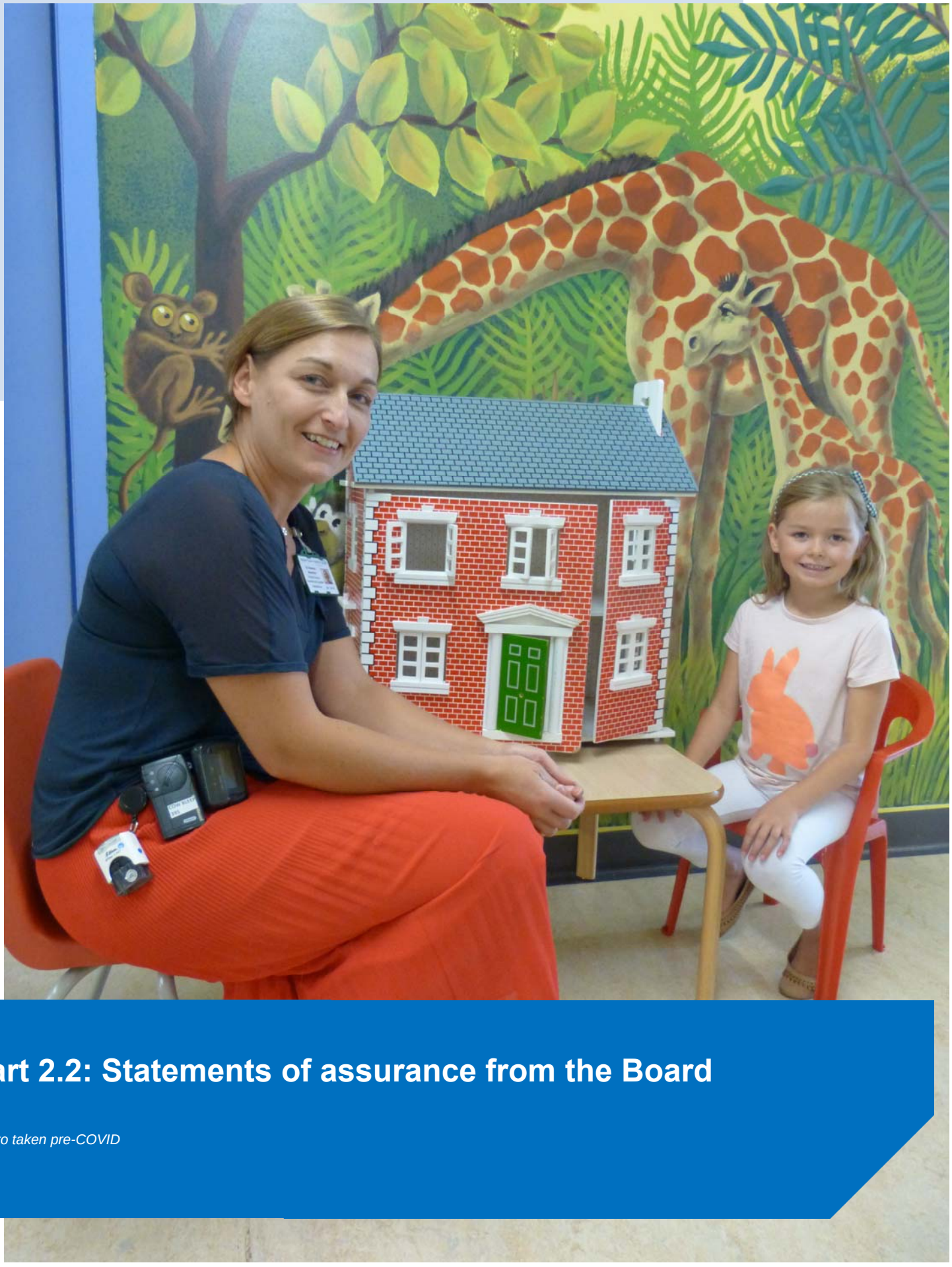
Reducing preventable mortality and improving outcomes
Goal: To achieve the lowest crude mortality within our peer group
Target: To achieve a 10% reduction in the crude mortality rate

Research and development
Goal: *To be confirmed*
Target: *To be confirmed*

Improving patient experience
Goal: To ensure that all our patients have a positive experience of the care they receive
Target: To have 95% or more of patients rating FFT surveys as Very Good or Good

Engaging our staff
Goal: To be the top acute Trust for staff engagement
Target: To be in the top quartile of acute Trusts for the National staff engagement score

The delivery of key Quality Priorities will be reported to the Trust Executive Board through regular reports and scorecards. The Trust Quality Committee will monitor the delivery of detailed quality improvement programmes set out in the Trust's strategic and annual plans. Divisional accountability for elements of our quality improvement programme is achieved through early engagement work relating to setting meaningful annual improvement priorities and local objectives and the cascade of accountabilities through our strategy deployment processes.



Part 2.2: Statements of assurance from the Board

Photo taken pre-COVID

Covid-19

Throughout 2021/22, the Covid-19 pandemic continued to exert a huge influence over the operations of our hospitals, the services we provide, and the wellbeing of our staff.

The year was characterised by three peak periods as new Covid-19 variants emerged. The Delta variant caused a summer wave of new admissions and also contributed to the onset of a more severe wave over Christmas and into the New Year period, caused by Omicron. Then a second even more transmissible Omicron variant (BA.2) caused hospital inpatient numbers to unexpectedly peak to their highest level in 2021/22 in March 2022. At this time, and for the first time since the previous winter, the number of inpatients who had tested positive for Covid-19 was more than 300 (the wave two peak in January 2021 was 450 inpatients).

It is important to recognise, however, the vaccination programme had mostly broken the link between infection and severe illness and death, and far fewer patients required critical care. Additionally, many positive cases only arose from routine testing while patients were in hospital for other reasons. These 'pop-up' infections had significant impact on hospital capacity though, as each new case necessitated strict infection control interventions, movement of patients and closure of beds.

Throughout 2021/22, our hospitals continued to operate 'Green' and 'Red' pathways for all departments and specialties, to separate patients with Covid-19 from others. This had a corresponding and adverse effect on the number of patients we were able to care for at any one time. Capacity was further reduced by the more rigorous cleaning procedures required between patients.

An additional impact, with large numbers of our staff either infected or self-isolating due to being a close contact of a person with Covid-19, it has proved difficult to fill rotas and provide agreed staffing levels. At a time when more patients are waiting than ever before for treatment (due to the pause at the beginning of the pandemic) staffing difficulties have challenged the restoration and recovery of services. Despite this, we have been successful in tackling this national issue at a local level; over the last year, the number of patients waiting more than a year for treatment has been reduced by 35%. In the last six months of 2021/22, we also reduced the number of patients at risk of waiting longer than two years for treatment by 94%, from 1,800 to fewer than 100 patients.

Caring for and treating patients during the pandemic, and the achievements we have made to reduce waiting times, have only been possible through the concerted commitment of our staff to go above and beyond - to work harder, longer and smarter to put our patients first. This has however had, and continues to take, a toll on teams and individuals. Concerns over the health and wellbeing of NHS staff are well founded. There has been no let up for our people since the onset of the pandemic more than two years ago. When

Covid-19 cases rise, our hospitals are stretched to unprecedented levels. When community incidence decreases and the outside world resumes a sense of normality, our staff go into overdrive to address and maximise the delivery of services before the next disruption occurs. Our staff are our greatest asset - we care for our staff so they can continue to provide outstanding care to our patients. Throughout the pandemic we have offered enhanced wellbeing services for our staff, many funded by our Trust charities based on a grant awarded from NHS Charities Together for recovery post-Covid. Throughout 2021/22 we have offered access to mental and emotional wellbeing webinars, courses and counselling, physical wellbeing checks, financial wellbeing advice along with access to discounts, healthy travel options and a variety of staff networks and support groups. We have also worked hard to ensure staff have appropriate rest spaces and relaxing outdoor staff-only gardens.

2021/22 has therefore been one of immense operational pressure from not only the ongoing pandemic, but also from exceptional demand for urgent care and the recovery and restoration of elective care services.

Patient Safety

The new introductory Patient Safety Incident Response Framework (PSIRF) responds to calls for a new approach to incident management, one which facilitates inquisitive examination of a wider range of patient safety incidents “in the spirit of reflection and learning” rather than as part of a “framework of accountability”. Informed by feedback and drawing on good practice from healthcare and other sectors, it supports a systematic, compassionate and proficient response to patient safety incidents; anchored in the principles of openness, fair accountability, learning and continuous improvement.

NHS England / Improvement have introduced a work plan to assist with the organisational preparation of the PSIRF implementation. This work plan sets the ‘short / medium term priorities for Patient Safety Specialists’. A number of key priorities have been set; and the merged organisation is fully compliant with all the priorities in readiness for the PSIRF launch in 2022.

The requirement for NHS organisations in England to identify one or more person as their designated Patient Safety Specialist(s) is a key part of the NHS Patient Safety Strategy. These specialists will work full time as patient safety experts, providing dynamic, senior leadership, visibility and support. In addition, they will support the development of a patient safety culture, safety systems and improvement activity. In 2021 UHSussex successfully recruited three patient safety specialists and one patient safety partner.

During the pandemic, the patient safety and human factors training moved to a virtual platform. In line with the introduction of PSIRF, Heath Education England also introduced a new patient safety training syllabus. A training needs analysis

is due completion in 2022 to fully integrate with the clinical simulation teams and develop the accredited UHSussex patient safety educational faculty.

How we learn

As part of the Trust merger and acquisition, and work with the Good Governance Institute, the terms of reference for the Trust Patient Safety Group, Triangulation Group, and management of serious incident groups were refreshed and reviewed in 2021. The overarching aim of the Triangulation group being to provide a transparent and open multi-disciplinary forum in order to both triangulate and share the learning from; Serious Incidents, complaints, inquests, clinical incidents, and safeguarding reviews. The overall objective and purpose of the monthly group is to both focus on, and ensure that, all trends, themes and human factors are identified and actioned, with a primary focus on the organisational sharing of the lessons learned. During the pandemic, the use of 'virtual meetings' has allowed the invite to be extended to all members of Trust staff.

Our Trust Divisions also use safety huddles, the Theme of The Week, Patient Story newsletters and staff meetings to help communicate changes made in response to learning.

When harm occurs, talking to the person affected or their family / carer provides crucial context to any investigation. We continue to develop and encourage an open and honest approach to supporting patients who have been harmed (or their families) as candour and transparency are core values for the Trust. In 2021/22, UHSussex remained 100% compliant in the Health & Social Care Act – Regulation 20 – Duty of Candour.

With regard to monitoring and assurance, the implementation of the electronic incident and risk management system upgrade will also improve efficiency and effectiveness of quality and risk management processes resulting in safer patient care with improved accuracy and timeliness of reporting and provision of assurances.

Learning from incidents

The Trust Patient Safety Team is currently undertaking an improvement project regarding the Datix incident reporting system. The improvement programme has taken two years to plan, and has involved a variety of stakeholder feedback methods and engagement / training days. The revised system will enable the Trust to analyse safety themes and data more effectively, developing safety dashboards enabling robust reporting and a shared learning and solution focused model of care.

Due to the pandemic, our two-day Serious Incident (SI) Investigator training programme, accredited by

the Royal College of Physicians and sponsored by the Kent Surrey and Sussex Quality and Patient Safety Collaborative (KSS AHSN), continued as virtual 'modular training' in 2021/22. The programme was facilitated by the Trust's Head of Patient Safety and provided training on how to investigate SIs using a Human Factors approach, the Duty of Candour and involving the patient, their family and carers. The programme was extremely well received with a recommendation that all staff investigating serious incidents should attend the training in the future.

With the publication of the NHS Patient Safety Strategy 2019, a further revised training programme is planned for 2022/23 with an annual training programme under development.

Trends and themes from incidents, complaints, inquests and deaths (mortality) are also shared at the monthly Triangulation Committee, with the learning translated into the Patient Safety and Learning Newsletter, for use by the teams in safety and improvement huddles.

Learning from deaths

In accordance with national mortality guidance, the Trust has continued to run a screening and structured judgement review (SJR) process to identify and learn from deaths. The operational links between this activity and the SI, complaints and legal process have been established and are now well embedded. The thematic learning from this activity links to other key work streams and groups such as the End of Life & Mortality Board, the Deteriorating Patient Group, the Triangulation Group and divisional governance groups to ensure the learning informs strategic planning and development in key areas.

The Trust has also actively participated in the NHS England funded Learning Disabilities Mortality Review Programme (LeDeR) both at investigation level and as active members of the Sussex LeDeR Programme steering group.

In June 2018, the Government announced its intention to introduce a medical examiner system into the NHS. From April 2022, every NHS Trust has a statutory responsibility to host a medical examiner service to scrutinise all deaths.

The aim is to:

- Provide bereaved families with greater transparency and opportunities to raise concerns
- Improve the quality/accuracy of medical certification of cause of death
- Ensure referrals to coroners are appropriate
- Support local learning/improvement: patient safety / end of life care
- Improve public confidence / greater safeguards via consistent scrutiny of all non-coronial (i.e. not examined by a coroner) deaths
- Support all healthcare providers to improve care via increased learning opportunities.

UHSussex introduced phased medical examiner activity during 2020 following the recruitment of medical examiners and medical examiner's

officers as per the national model. Reviews commenced in line with gold standard practice according to national guidance from the beginning of August 2020.

Review of services

During 2021/22 the University Hospitals Sussex NHS Foundation Trust provided and/or sub-contracted 159 relevant health services.

The University Hospitals Sussex NHS Foundation Trust has reviewed all the data available to them on the quality of care in 159 of these relevant health services.

The income generated by the relevant health services reviewed in 2021/22 represents 100% of the total income generated from the provision of relevant health services by the University Hospitals Sussex NHS Foundation Trust for 2021/22.

Participation in clinical audits and confidential enquiries

National clinical audits

During 2021/22, 50 national clinical audits and five national confidential enquiries covered relevant health services that University Hospitals Sussex NHS Foundation Trust provides.

During that period, University Hospitals Sussex NHS Foundation Trust participated in 98% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that University Hospitals Sussex NHS Foundation Trust was eligible to participate in during 2021/22 are as follows (see over).

The national clinical audits and national confidential enquiries that University Hospitals Sussex NHS Foundation Trust participated in during 2021/22 are as follows (see over).

The national clinical audits and national confidential enquiries that University Hospitals Sussex NHS Foundation Trust participated in, and for which data collection was completed during 2021/22, 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.

The national led clinical audit programmes were impacted by the COVID-19 pandemic, with some audits scheduled for 2021/22 on hold / cancelled externally, whilst others had data collection suspended or limited due to the reduction of routine / elective surgery and the redeployment of

frontline staff. Therefore, the number of national clinical audits is lower than in previous years.

National clinical audits	Eligible	Participated	Percentage submitted
Case Mix Programme (Intensive Care National Audit and Research Centre)	Yes	Yes	100%
Chronic Kidney Disease Registry (UK Kidney Association)	Yes	Yes	83%
Cleft Registry & Audit Network Database (Royal College of Surgeons)	No	-	-
Elective Surgery National Proms Programme - Hips (NHS Digital)	Yes	Yes	91.7%
Elective Surgery National Proms Programme - Knees (NHS Digital)	Yes	Yes	99.7%
Pain in Children (Royal College of Emergency Medicine)	Yes	Yes	100%
Infection Prevention & Control (Royal College of Emergency Medicine)	Yes	Yes	50%
Falls and Fragility Fracture Audit Programme: Fracture Liaison Service Database (Royal College of Physicians)	No	-	-
Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls (Royal College of Physicians)	Yes	Yes	100%
Falls and Fragility Fracture Audit Programme: National Hip Fracture Database (Royal College of Physicians)	Yes	Yes	100%
Learning Disability Mortality Review Programme (NHS England)	Yes	Yes	100%
National Diabetes Core Audit (NHS Digital)	Yes	Yes	100%
National Pregnancy in Diabetes Audit (NHS Digital)	Yes	Yes	100%
National Diabetes Footcare Audit (NHS Digital)	Yes	Yes	100%
National Inpatient Diabetes Audit (NHS Digital)	Yes	Yes	100%
National Diabetes Inpatient Audit - Harms (NHS Digital)	Yes	Yes	100%
National Asthma and Chronic Obstructive Pulmonary Disease – Paediatric Asthma Secondary Care (Royal College of Physicians)	Yes	Yes	100%
National Asthma and Chronic Obstructive Pulmonary Disease – Adult Asthma Secondary Care (Royal College of Physicians)	Yes	Yes	100%
National Asthma and Chronic Obstructive Pulmonary Disease – Chronic Obstructive Pulmonary Disease Secondary Care (Royal College of Physicians)	Yes	Yes	100%
Pulmonary Rehabilitation Organisational & Clinical Audit (Royal College of Physicians)	Yes	Yes	100%
National Audit of Breast Cancer in Older Patients (Royal College of Surgeons)	Yes	Yes	100%
National Audit of Cardiac Rehabilitation (University of York)	Yes	Yes	100%
National Audit of Cardiovascular Disease Prevention (NHS Digital)	No	-	-
National Audit of Care at End of Life (NHS Benchmarking)	Yes	Yes	100%
National Audit of Dementia (Royal College of Psychiatrists)	Yes	Yes	100%
National Audit of Pulmonary Hypertension (NHS Digital)	No	-	-
National Audit of Seizures & Epilepsy in Children & Young People (Epilepsy 12) (Royal College of Paediatrics and Child Health)	Yes	WH & SRH: Yes RSCH & PRH: No	100% -

National clinical audits	Eligible	Participated	Percentage submitted
National Cardiac Arrest Audit (Intensive Care National Audit and Research Centre)	Yes	Yes	100%
National Audit of Cardiac Rhythm Management (National Institute for Cardiovascular Outcomes Research)	Yes	Yes	100%
Myocardial Ischaemia National Audit Project (National Institute for Cardiovascular Outcomes Research)	Yes	Yes	100%
National Cardiac Surgery Audit (National Institute for Cardiovascular Outcomes Research)	Yes	Yes	100%
National Audit of Percutaneous Coronary Interventions (National Institute for Cardiovascular Outcomes Research)	Yes	Yes	100%
National Heart Failure Audit (National Institute for Cardiovascular Outcomes Research)	Yes	Yes	100%
National Congenital Heart Disease Audit (National Institute for Cardiovascular Outcomes Research)	Yes	Yes	100%
National Child Mortality Database (University of Bristol)	No	-	-
National Clinical Audit of Psychosis (Royal College of Psychiatrists)	No	-	-
National Comparative Audit of Blood Transfusion – Patient Blood Management & NICE Guidelines (NHS Blood and Transplant)	Yes	Yes	100%
National Early Inflammatory Arthritis Audit (British Society for Rheumatology)	Yes	WH & SRH: No RSCH & PRH: Yes	- 100%
National Emergency Laparotomy Audit (Royal College of Anaesthetists)	Yes	Yes	100%
National Oesophago-gastric Cancer Audit (NHS Digital)	Yes	Yes	100%
National Bowel Cancer Audit (NHS Digital)	Yes	Yes	100%
National Joint Registry (Healthcare Quality Improvement Partnership)	Yes	Yes	100%
National Lung Cancer Audit (Royal College of Physicians)	Yes	Yes	100%
National Maternity & Perinatal Audit (Royal College of Obstetricians and Gynaecologists)	Yes	Yes	100%
National Neonatal Audit Programme (Royal College of Paediatrics and Child Health)	Yes	Yes	100%
National Paediatric Diabetes Audit (Royal College of Paediatrics and Child Health)	Yes	Yes	100%
National Prostate Cancer Audit (Royal College of Surgeons)	Yes	Yes	100%
National Vascular Registry (Royal College of Surgeons)	Yes	Yes	100%
Neurosurgical National Audit Programme (The Society of British Neurological Surgeons)	Yes	Yes	100%
Out of Hospital Cardiac Arrest Outcomes Registry (The University of Warwick)	No	-	-
Paediatric Intensive Care Audit (Paediatric Intensive Care Audit Network (PICANet))	No	-	-
Prescribing for Depression in Adult Mental Health Services (Royal College of Psychiatrists)	No	-	-
Prescribing for Substance Misuse: Alcohol Detoxification (Royal College of Psychiatrists)	No	-	-

National clinical audits	Eligible	Participated	Percentage submitted
National Outpatient Management of Pulmonary Embolism (British Thoracic Society)	Yes	WH: Yes RSCH & PRH: No	50% -
Sentinel Stroke National Audit Programme (King's College London)	Yes	Yes	100%
Serious Hazards of Transfusion: : UK National haemovigilance scheme (Serious Hazards of Transfusion (SHOT))	Yes	Yes	100%
Society for Acute Medicine Benchmarking Audit (Society for Acute Medicine)	Yes	Yes	100%
Transurethral Resection & Single Instillation Mitomycin C Evaluation in Bladder Cancer Treatment (British Urology Researchers in Surgical Training)	Yes	No	0%
Trauma Audit & Research Network (The Trauma Audit & Research Network (TARN)/University of Manchester)	Yes	Yes	100%
UK Cystic Fibrosis Registry (Cystic Fibrosis Trust)	Yes	Yes	100%
Management of the Lower Ureter in Nephroureterectomy Audit (The British Association of Urological Surgeons)	Yes	No	-

National Confidential Enquiries	Eligible	Participated	Percentage submitted
Maternal Mortality Surveillance & Confidential Enquiry (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK))	Yes	Yes	100%
Perinatal Mortality Surveillance & Confidential Enquiry (MBRRACE-UK)	Yes	Yes	100%
Care of Patients Presenting to Hospital After an Epileptic Seizure (National Confidential Enquiry into Patient Outcome and Death (NCEPOD))	Yes	Yes	100%
Transition from Child to Adult Health Services (NCEPOD)	Yes	Yes	100%
Crohn's Disease Study (NCEPOD)	Yes	Yes	100%

The reports of 38 national clinical audits were reviewed by the provider in 2021/22 and University Hospitals Sussex NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Title	Action taken or planned
Falls and Fragility Fracture Audit Programme: National Inpatient Falls Audit (Royal College of Physicians)	Key areas of concern were identified in relation to post fall care, protocols are being reviewed to produce aligned Trust wide protocols; a working group is in place to improve fall to radiology times; also working to achieve goal of delivering analgesia within 30 minutes of fall. Progress and performance are monitored at the Trust Harm Free Care Group.
Audit of Management of Major Haemorrhage (NHS Blood and Transplant)	Majority of national recommendations already met, but blood component wastage levels to be minimised and monitored regularly.
National Hip Fracture Database (Royal College of Physicians)	Prompt orthogeriatric review was better than the national average, but prompt mobilisation required additional investigation and actions to improve. Continued

Title	Action taken or planned
	governance of all key performance indicators and performance is planned via the Orthogeriatric Steering Group with regular meetings being re-instated post COVID.
Case Mix Programme (Intensive Care National Audit & Research Centre)	A higher than expected number of unit-acquired blood infections were identified, the unit is undertaking a trial of chlorhexidine impregnated dressings for central venous lines and changing to bare below the elbows personal protective equipment.
Non-invasive Ventilation (NIV) Audit (British Thoracic Society)	Arterial blood gases (ABG) were being taken in a timely manner, but improvement needed in the time to starting NIV within 60 minutes of ABG. Further education and training of medical and nursing staff being undertaken.
National Paediatric Diabetes Workforce Spotlight Audit (Royal College of Paediatrics and Child Health)	Identified the need to improve the transition of care from paediatric to adult services. Plans to attend conferences and networking for models that could be adopted and to review the current standards of care with the adult diabetes team. Introducing group transition sessions and a 'pre-transition' period of two years where clinics are run in the adult diabetes centre with a member of the adult MDT to familiarise with change in clinic location and getting to know a member of the young adults' team.
Learning disabilities mortality review programme (LeDeR) (NHS England)	The teams aim to complete a Structured Judgement Review for every instance where a patient with a learning disability dies, to support the learning from reviews. Recommendations from reviews are followed through. A Learning Disability Strategy Group has been established (with membership including colleagues from the Sussex Community Trust, Sussex Partnership Trust, and commissioners) which will drive the development of a trust strategy. A key focus of current work is supporting education, training in the correct application of the Mental Capacity Act. Ensuring trust wide implementation of communication toolkits, learning from examples of good practice on some wards and areas.
UK Cystic Fibrosis Registry (Cystic Fibrosis Trust)	Data is captured and submitted annually. Audit data has reassuringly shown our cohort of paediatric patients have the highest levels lung function compared to national average, however the data is clear that we are administering some of the highest percentage of intravenous antibiotics than national average. We are reassured that our patient cohort has some of the highest health outcome measures than national average but we as a team are examining the possible need to address impact on quality of life of high intensity treatment. Also reassuringly our levels of cystic fibrosis specific microbiology is at national average levels – indicative of no specific cross infection issues in our clinics and no cause to change infection prevention measures. Body mass index (BMI) for our cohort is lower than average, possibly contributed by outliers - but we have developed a traffic light system that is expressed on clinical documents to remind clinicians to focus on specific patients that have 'amber' or 'red' BMI (i.e. weight issues or underweight).
Perioperative Quality Improvement Programme (PQIP) (Royal College of Anaesthetists)	We have secured administrative support to help with identifying eligible patients for increased participation.
National Neonatal Audit Programme (NNAP) (Royal College of Paediatrics and Child Health)	We have essentially hit targets for the separate audit points – all audit points at or above national average. As we have not shown any obvious problems from the latest report, we do not have any new projects but are completing previously declared objectives: 1) Continuing local work to improve temperature on admission. 2) Neonatal Network protocol developed alongside a research study to improve delayed cord clamping. 3) Continued use of new bronchopulmonary dysplasia protocol and monitoring with Vermont Oxford Database.

Title	Action taken or planned
National Early Inflammatory Arthritis Audit (NEIAA) (British Society for Rheumatology (BSR))	1) We have administrative support to help with the introduction of the NEIAA data in addition to the work of the two consultants working for the early inflammatory arthritis (EIA) clinics. 2) We have procured an ultra-scan machine in our EIA clinic to shorten diagnostic times. 3) Improved triage of the urgent referrals to EIA clinics. 4) We review the email messages from BSR/NEIA national team regarding the follow up data that need to be introduced at three months and one year follow up visits, for the patients eligible to take part (at the moment 78 patients. 5) Within the pre-pandemic period EIA patients seen within three weeks from referral received - we were an outlier with 17% in the last year period we have improved: PRH 41% are seen in EIA clinic within three weeks from referral received and in RSCH 66%.
Sentinel Stroke National Audit Programme (SSNAP) (King's College London)	Ongoing work to improve service, particularly around time to admission to the stroke unit which has been a major issue since COVID. Working on 7/7 availability of Speech and Language Therapists. Optimising pathways of care to reduce time to treatment for thrombolysis and thrombectomy.
National Audit for Care at the End of Life (NACEL) (NHS Benchmarking Network)	No quality issues but staffing levels in bottom 10% of the country for palliative care - business case and risk register updated as a result.

Local clinical audits

The reports of 129 local clinical audits were reviewed by the provider in 2021/22 and University Hospitals Sussex NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Reports of local clinical audits are disseminated to the Trust's Clinical Divisions for their actions. Main points of action for a sample of local clinical audits reported in 2021/22 are shown below.

Title	Action taken or planned
Inpatient Diabetic Foot Examination	Poor documentation and examination of feet during the admission of diabetic patients were identified. These have been addressed by redesigning the Acute Admission Record to include a foot examination section to be completed for all diabetic patients; raising awareness of the importance and potential severity of diabetes mellitus foot by providing further training on proper examination, documentation and early management. In addition a reviewed Practice Diabetic Foot Assessment/Referral Tool has been shared with the Community, A&E and Emergency Floor.
Quality Improvement Project to Improve Assessment of New Sick Potentially Septic Patients on the Emergency Floor	It was identified that patients admitted via A&E were processed more efficiently than direct admissions to the Emergency Floor, consequently causing unnecessary delays in investigations, being seen and treatment, especially important in patients who may be septic. A sticker/stamp has been designed to be used in the medical notes as a prompt for any new admission direct from the community. An additional safety alert page is being piloted for any patient scoring NEWS>5 (National Early Warning Score – a system used to determine the severity of illness or potential for decline) or an increase of 2 in patients chronically scoring NEWS 5 on the Emergency Floor, with plans to extend this across all wards, alongside doctor, nurse and HCA training.
Audit on Post Take E-Trauma Documentation Compliance	Whilst E-Trauma (A cloud-based clinical coordination platform) allowed easy access to clinical data, the majority of patients' discussions did not record the

Title	Action taken or planned
	responsible consultant. All new doctors joining the team are receiving teaching on the use of E-Trauma and the required documentation. At re-audit an improvement in documentation of decisions and a significant improvement in the documentation of senior consultant making decision was seen.
Unnecessary Follow-up for Stable Distal Radius Fractures in COVID Pandemic?	The audit found too many stable distal radius fractures were being followed-up in the fracture clinic. Feedback of results to the clinical director, manager, hand surgeons and virtual fracture clinic may lead to a change in practice, thus meeting the British Orthopaedic Association guidance issued for the management of patients with urgent orthopaedic conditions and trauma during the coronavirus pandemic.
Cardiac Arrest & Emergency Trolleys – Is Equipment Available When You Really Need It?	Cardiac Arrest & Emergency Trolleys on wards were found not to be compliant with the Resuscitation Policy. To improve recognition of equipment that may be missing or defective a picture book of the equipment and how the trolley should look is to be introduced and will be highlighted as a 'Theme of the Week' at multi-disciplinary team safety huddles, alongside the importance of daily trolley checks.
Trial Without Catheter (TWOC) at Home: Adapting Outpatient Services in the COVID-19 Era	Most patients were found to have had a successful TWOC with minimal time spent in hospital, although TWOC at Home worked better for some than others. In addition to reducing patient contacts during COVID, there is the potential to increase capacity in TWOC clinics with less direct patient contact. The protocol is being designed and implemented to clearly identify the most appropriate patients for TWOC at Home vs a supervised TWOC.
Audit assessing if urine microscopy, culture and susceptibility (MC/S) are sent in instances of urinary tract infection (UTI) requiring admission	In a snapshot audit of UTI presentations to a specified ward in July 2021, 55% of patients did not have a urine MC/S sent as part of their management. As a result a poster was designed and produced and education was provided to the team. A re-audit 2 weeks later showed an improvement with 20% of admitted patients with UTIs not receiving a urine MC/S.
Day Case Surgery cancellations at Princess Royal Hospital post-COVID	To improve day case surgery cancellations: Surgical team actions: 1) When listing patients to include anaesthetic time in length of operation. 2) To ensure the patient is fit for day case surgery. 3) To make use of the Anaesthetic Review Clinic when appropriate. Hospital team actions: 1) To optimise staffing levels: one unwell person can halt a list. 2) To limit the number of patients booked onto a list and avoid overbooking. 3) Timing for start of list to avoid preventable delays.
Hepatitis A vaccination	Audit identified an improvement in testing rates over the past decade, alert added to the electronic patient record to prompt Hepatitis A vaccination.
Retrospective audit - timing of first dose antibiotic administration from decision to treat in babies	This audit found improvements are required to ensure that time of decision to treat is clearly documented, time of administration of antibiotic doses is clearly documented, and reasons for delays in antibiotic administration are clearly documented. Further actions are required to investigate improvement strategies.
Examine the quality of lumbar puncture (LP) teaching for trainees rotating through the neurology ward	The results showed that the vast majority of doctors felt both theoretical and simulation sessions on LP teaching would have been valuable prior to attempting LPs. Following this feedback, both theoretical and simulation LP teaching sessions were made available to new juniors on the neurology ward at PRH: • A booklet with information regarding theory of LPs and practical information regarding sample processing and documentation was made available to new trainees starting in August 2021. • This intervention was re-audited at the end of rotation 1, academic year 2021-2022. New trainees were surveyed following completion of their neurology rotation to gain feedback as to the usefulness of the intervention provided.
Current practice in Paediatric	Audit recommended standardising the care of clinically suspected scaphoid

Title	Action taken or planned
scaphoid fracture	fractures and a new pathway has been developed. Plan to re-audit after six months.
Achilles tendon rupture management	Audit recommended virtual Fracture Clinic themed teaching in A&E. In addition the guidelines were re-worded to remove ambiguity. Plan is to re-audit.
Low Clearance Audit 2021	Changes in anaemia management in low clearance (patients with chronic kidney disease requiring treatment) highlighted the amount of clinical staff admin time that has been required to maintain the service. The majority of the time taken is by referrals to district nurses for Aranesp (a prescription medication) administration. Plan to investigate the automating of referral forms for district nurses. Continue to refer to low clearance early, patients with eGFR < 20. As a result of the audit an Away-Day was held to review the patient education programme. Instructions in how to make a patient inactivate who is discharged to GP from our care has been circulated to all consultants.
PRH Theatre on-day Cancellations in Urology Audit 2020/21	Audit identified 153 cancellations recorded over a one year period. Proposed that pre-operation clinic appointment 10-14 days before operation rather than 7-10 days. Middle grade doctors to review one week prior to a prepared operation to trigger action if needed. Supply patients, carers and next-of-kin with information to ensure appropriate medication management pre-operatively.
Vascular Ward Round Documentation Audit	This was a closed cycle audit consisting of retrospective analysis of ward round documentation following the implementation of a ward round proforma as well as interventions to raise awareness of audit standards, including: discussing with junior doctors on the morning board rounds, posters displayed in the office, reminders put on notes trolley & made readily available in the trolley. A re-audit of outcomes one week following these interventions showed an overall improvement in ward round documentation of 14%.

Research

The number of patients receiving relevant health services provided or sub-contracted by University Hospitals Sussex NHS Foundation Trust in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was 4632.

National and local context

Research and innovation are vital for driving improvements in clinical care. 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, the 2021 Care Quality Commission strategy places a new emphasis on creating a culture where research and innovation can flourish. Coming out of the COVID-19 pandemic, the National Institute for Healthcare Research (NIHR) has reframed its vision for "Best Research for Best Health" building on the extraordinary NHS research effort during the pandemic and aligning with the integrated, data-enabled vision for care set out in the NHS long-term plan.

The new Trust has accordingly established a 'True North' for Research and Innovation (R&I) which places it at the heart of what we do. This sets out a vision for UHSussex as a place where all the patients we care for have the opportunity to participate in high quality clinical research which has the potential to impact on the care they receive. This will be achieved by broadening engagement in research across our organisation, 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.

Research performance

R&I activity at the Trust over the past year has focused both on sustained delivery of our contribution to the COVID-19 research effort and restarting our wider portfolio of research as the pandemic has waned.

Across the organisation we have participated in 26 COVID-19 treatment and prevention studies, far more than any other acute Trust in the region, and enrolled a total of 6076 participants during the time period of the Covid-19 pandemic. These figures include 494 patients participating in the RECOVERY Trial alone. This is the leading platform trial that took place across the NHS and our work contributed to the licencing of all the specific COVID-19 treatments used in the NHS today. 500 UHS staff participated in the largest study of NHS staff exposure to COVID 19 (the SIREN study) which has informed national policy on vaccination and infection prevention. We have also been the lead site in the region for delivery of COVID-19 vaccine trials recruiting 348 participants to the ENSEMBLE trial of the Janssen COVID-19 vaccine which underpinned licencing of this agent and 199 to the COV-BOOST study that informed the government's policy on the UK roll out of booster vaccines.

Since the national restart of non-COVID research in 2021 Trust has recruited 3691 patients into 217 non-Covid-19 studies across disease areas including, but not exclusively, Cancer; Cardiovascular Disease; Dermatology; Diabetes; Gastroenterology; Infectious Disease; Haematology; Herpetology; HIV & Sexual Health; Neurology; Ophthalmology; and Children's' Medicine.

Historically UHSussex has excelled in certain key areas of R&I and a focus of our restart efforts aligned with our vision for wider research participation has been broadening the scope of the research we do. We have started to build our portfolio in both paediatric and adult emergency medicine, where we are the leading site nationally for "PRONTO", a major NIHR trial of treatment in SEPSIS. Alongside this we have been evaluating other point of care tests that aim to improve and speed up diagnosis for patients attending the emergency department. Our cardiologists have continued to run world leading research studies including several "first in human" device implants and pioneering research in mitral and tricuspid valves, which has benefited many patients that have had no other suitable alternative.

Building for the future

Achieving our vision for R&I requires us to unleash the potential for all UHSussex staff to contribute to research that is embedded in their clinical practice. Supporting research careers will ensure we grow research that is relevant to our patients, is led from UHSussex and will help develop the next generation of research leaders. We have long supported research opportunities for staff in collaboration with academic partners and achieved successes including research fellowships from NIHR, and our innovative clinical academic research programme for Nurses, Midwives and Allied Health Professionals (NMAPS). This year we have established two strategic initiatives that will transform the opportunities we provide. Through an award of £710,000 from Health Education England we will fund research fellowships for NMAPS from across the Sussex Health and Care Partnership over the next 24 months. In a completely new initiative funded jointly by KSS deanery, UHSussex and the BSMS we have launched a scheme for junior doctors in training at the Trust to undertake 2-3 year research fellowships towards MD or PhD degrees. These opportunities will help make UHSussex a place where people who want to make clinical research part of their careers will seek to come and stay. They will facilitate closer working with academic partners and grow the quantity, breadth and quality of the research we deliver.

Goals agreed with commissioners: use of the CQUIN payment framework

Associated Commissioning for Quality and Innovation (CQUIN) payments were suspended during 2021/22 in line with the NHS England financial framework instruction to do so as part of the NHS response to COVID-19 (although payment was received within overarching block payments equivalent to CQUIN income).

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Statements from the Care Quality Commission (CQC)

University Hospitals Sussex NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "registered without conditions".

The Trust's overall CQC ratings are 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-ever acute Trust to be rated 'Outstanding' for the safety of its services.

The Care Quality Commission has taken enforcement action against University Hospitals Sussex NHS Foundation Trust during 2021/22. The Trust's Maternity services across each of the Trust's four main sites of Royal Sussex County, Princess Royal, St Richard's and Worthing Hospitals 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 awaits the outcomes from the CQC's most

recent inspection in April 2022.

University Hospitals Sussex NHS Foundation Trust 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.

Data Quality

NHS Number and General Medical Practice Code Validity

University Hospitals Sussex NHS Foundation Trust submitted records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data (to end March 2022):

- which included the patient's valid NHS number was:

99.87% (WH & SRH) & 99.75% (RSCH & PRH) for admitted patient care;

99.96% (WH & SRH) & 99.95% (RSCH & PRH) for outpatient care; and

99.27% (WH & SRH) & 98.56% (RSCH & PRH) for accident and emergency care.

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

100% (WH & SRH) & 99.90% (RSCH & PRH) for admitted patient care;

100% (WH & SRH) & 99.92% (RSCH & PRH) for outpatient care; and

99.99% (WH & SRH) & 96.60% (RSCH & PRH) 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. The Trust's 2021 annual submission of its DSPT was made earlier than the June 2021 deadline, in March 2021, due to the merger of the two key legacy organisations (Western Sussex Hospitals and Brighton & Sussex University Hospitals). The Trust is pleased to confirm that all standards were met.

The 2021/22 DSPT is being currently worked on for submission in June 2022 – the standards are expected to be met again.

Clinical coding error rate

University Hospitals Sussex NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period 2021/22 by the Audit Commission.

Statement on relevance of Data Quality and your actions to improve your Data Quality

University Hospitals Sussex NHS Foundation Trust will be taking the following actions to improve data quality:

1. Approved auditors carried out a DSPT Clinical Coding audit in which 'Expectations [were] Met' in primary diagnosis and 'Expectations [were] Exceeded' in primary and secondary procedure and secondary diagnosis across WH & SRH.
2. Clinical Coding processes were changed to allow the majority of Clinical Coders to work from home from the full electronic Medical Record at the start of first national lockdown across WH & SRH. Case notes were collected from the wards and sent to urgent scanning. The remote coders worked with no loss of clinical information to compromise their accuracy. A small onsite team were retained to code maternity, neonates, two week rule and patients with upcoming outpatient appointments. Due to the use of paper record process across RSCH & PRH, the impact of coders working off site on depth-of-coding has been more significant. However, mitigations were introduced, and as the pandemic has progressed the coders have returned to working on site. Depth of coding is monitored internally using a depth of coding and mortality dashboard tool introduced in early 2022.
3. Individual Coder Audits and Quality Assurance checks of the coded data are carried out on a monthly basis by an NHS Digital Approved Clinical Coding Auditor. All findings are fed back to the individual Coders and more widely to the Clinical Coding Team.
4. Mandatory three yearly Clinical Coding Standards Refresher Courses have been maintained by the use of remote and in-house NHS Digital Approved Clinical Coding Trainers.
5. A Mortality Working Group has been set up by the Chief Medical Officer to investigate changes in depth of coding following the merging of the data from RSCH & PRH and WH & SRH (please note comments on coding in point 2).
6. The Trust's Data Quality Team cleanse data using an in-house data quality application on a daily basis.
7. Frequent reports are sent internally to the Trust's Commissioners via our data quality application, following a set of defined parameter reports.
8. The Trust follows a process for the rapid identification of duplicate registrations and validation of new patient registrations.
9. Provision of training for all Trust staff is ongoing.

Identifying, Reporting, Investigating and Learning from Deaths in Care

Concern about patient safety and scrutiny of mortality rates has intensified with investigations into NHS hospital failures that have taken place over the last few years. There is an increased drive for NHS Trust boards to be assured that deaths are reviewed and appropriate changes made to ensure patients are safe.

Deaths in 2021/22

During 2021/22 3,655 of University Hospitals Sussex NHS Foundation Trust patients (*adult and paediatric)* died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

Deaths in 2021/22

	Deaths Apr-Jun 2021	Deaths Jul-Sep 2021	Deaths Oct-Dec 2021	Deaths Jan-Mar 2022	**Total deaths by category 2021/22**
Adults (inpatient)	704	816	965	892	**3,377**
Adults (A&E)	51	66	78	73	**268**
Adults (maternal inpatient)	0	0	0	0	**0**
Paediatrics (inpatient)	2	2	2	2	**8**
Paediatrics (A&E)	0	1	0	1	**2**
Total deaths by quarter 2021/22	**757**	**885**	**1,045**	**968**	**3,655**

Data source: UHSussex

Other deaths in 2021/22

	Deaths Apr-Jun 2021	Deaths Jul-Sep 2021	Deaths Oct-Dec 2021	Deaths Jan-Mar 2022	**Total deaths 2021/22**
Neonatal	6	3	2	7	18
Stillbirths	4	5	6	8	23

Data source: UHSussex

Mortality Reviews

Adult and paediatric deaths

By 5th April 2022, 339 case record reviews and 102 investigations have been carried out in relation to 421 of the deaths included in the 'Deaths in 2021/22' tables above.

In 20 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:
166 in the first quarter;
117 in the second quarter;
100 in the third quarter;
38 in the fourth quarter.

Stillbirths and neonatal deaths

By 5th April 2022, 22 case record reviews and two investigations have been carried out in relation to 22 of the deaths included in the item above.

In two 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:
Five in the first quarter;
Seven in the second quarter;
Six in the third quarter;
Four in the fourth quarter.

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

Adult and paediatric deaths

35 representing 0.96% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of:
One representing 0.13% for the first quarter;
Two representing 0.23% for the second quarter;
Eight representing 0.01% for the third quarter;
24 representing 2.48% for the fourth quarter;

The above numbers may change pending the completion of on-going investigations for cases across all four quarters. Should the outcome of investigations judge the deaths 'to be more likely than not to have been due to problems in care provided to the patient' we will provide details in our 2022/23 report.

These numbers have been collated through a process of undertaking two reviews for each case which are then presented and discussed at the Trust's Learning from Deaths Panel where a judgement is made, which is led by the Medical Director. In addition, cases may have also proceeded through a serious incident investigation process including a root cause analysis.

Stillbirths and neonatal deaths

Three representing 7.32% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of:
One representing 10% for the first quarter;
Two representing 25% for the second quarter;
Zero representing 0% for the third quarter;
Zero representing 0% for the fourth quarter

The above numbers may change pending the completion of on-going investigations for cases across all four quarters. The outcome of any outstanding investigations will be provided in our 2022/23 report.

These numbers have been collated through a process of formal structured review; the national Perinatal Mortality Review Tool is completed in each case by a multi-disciplinary team comprising obstetricians, midwives, neonatal nurses, neonatologists and the bereavement midwife as well as an external member. In cases where the death is being investigated externally by Healthcare Safety Investigation Branch (HSIB) the findings of their report are also considered.

Learning from case record reviews and investigations

Adult and paediatric deaths

Following the completion of case reviews over the past year a number of learning themes have been identified, namely:

- Late recognition of end of life leading to lost opportunities for palliative intervention at an earlier stage.
- Occasions where ceilings of care with treatment escalation not recorded or communicated.
- The early identification of deterioration and escalation of patients.
- Patient pathways at the weekend and out of hours.
- Mortality associated with fractured neck of femur.

Stillbirths and neonatal deaths

- Accurate fluid balance monitoring, recording and escalation during labour.
- Gaps in national and local guidance associated with caring for women who have gained excessive weight, or symptomatic of gestational diabetes in the presence of a normal glucose tolerance test.
- Risk assessment of reduced fetal movements and escalation of ultrasound concerns.
- Estimation and plotting of fetal weight on a growth chart following ultrasound scan.

Actions following our learning

Adult and paediatric deaths

- Merged end of life and mortality groups to form one overarching improvement forum which includes all sites of the Trust.
- Successful business case to extend palliative care services.
- Task and finish group for implementation of treatment escalation plans, includes follow up audits and targeted educational sessions.
- Ongoing review of patient handover processes at weekends and out of hours.
- Structured judgement reviews for all deaths following fractured neck of femur.
- Multi-divisional working group established to review pathway and outcome for fractured neck of femur patients.
- Merged deteriorating patient group now includes all sites of the Trust in one forum.
- Implementation of blood gas results into main results systems for specific markers that inform the identification of deteriorating patients on electronic patient tracking system.

- Further recruitment of Medical Examiners and Medical Examiner Officers to cover the scrutiny of deaths on all sites of the Trust.

Stillbirths and neonatal deaths

- Quality Improvement Project for redesign of observations charts to be included as one completed bundle to support adequate monitoring of maternal observations and to aid escalation.
- Formalise a pathway for advice and referral to the diabetes team for excessive weight and concerning symptoms in the presence of a normal glucose tolerance test.
- A review of the provision of obstetric review for post-scan plans to ensure the appropriate health professional reviews them.
- To share importance of plotting estimated weights from ultrasound scans.

The impact of our actions

Adult and paediatric deaths

- Multiple forums informed by learning from deaths recommendations where progress against improvement plans is reviewed.
- Palliative care consultants appointed at all hospital sites.
- Seven-day palliative care nursing cover across sites.
- End of life comfort observations recorded on electronic patient system.
- Increasing evidence of treatment escalation plans within patient records.
- Increased learning from deaths opportunities via independent medical examiner reviews of inpatient deaths.

Stillbirths and neonatal deaths

- Maternal observation bundle created to include fluid balance alongside other required observations, includes a 'how to' guide on how to measure fluid balance alongside escalation criteria. This has ensured all observations are viewable in one area.
- Pathway designed with the diabetic team in lieu of national guidance to highlight women with excessive weight gain and abnormal symptoms, in the presence of a normal glucose tolerance test - includes a specialist review to determine if additional monitoring is required.
- Implementation of Birmingham Symptom Obstetric Triage system saw a redesign of the reduced fetal movement pathway to include a holistic overview of pregnancy risks.
- Multi-professional forum to understand concerns associated with ultrasound scan reviews and findings.
- Process to ensure obstetric triage of scans to determine correct healthcare professional review - includes the plotting of scan results on the customised charts.

An update on deaths in 2020/21

Adult and paediatric deaths

65 case record reviews and 91 investigations completed after 7th April 2021 which related to deaths which took place before the start of the reporting period.

Zero representing 0% of the patient deaths before the reporting period, are judged to be more likely

than not to have been due to problems in the care provided to the patient.

These numbers have been collated through a process of undertaking two reviews for each case which are then presented and discussed at the Trust's Learning from Deaths Panel where a judgement is made, which is led by the Medical Director. In addition, cases may have also proceeded through a serious incident investigation process including a root cause analysis.

Adult and paediatric deaths 2020/21 – a revised estimate

145 representing 3.79% of the patient deaths during 2020-21 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Stillbirths and neonatal deaths

Three case record reviews and zero investigations completed after 7th April 2021 which related to deaths which took place before the start of the reporting period.

Zero representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been collated through a process of formal structured review; the national Perinatal Mortality Review Tool is completed in each case by a multi-disciplinary team comprising obstetricians, midwives, neonatal nurses, neonatologists and the bereavement midwife as well as an external member. In cases where the death is being investigated externally by HSIB the findings of their report are also considered.

Stillbirths and neonatal deaths 2020/21 – a revised estimate

Zero representing 0% of the patient deaths during 2020-21 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Implementing seven day services

During 2021/22 the Covid-19 pandemic has impeded the work of the seven-day services project as resources have been diverted to deal with operational pressures and the restoration and recovery process.

Ways in which staff can speak up

The Trust has a Freedom to Speak Up Policy and a Dignity at Work policy which outline the various routes available to staff to raise a concern regarding quality of care, patient safety or bullying and harassment. They also detail the processes involved in addressing the concerns, including

communication with the member of staff who has raised the concerns.

The Trust's Freedom to Speak Up (FTSU) Guardians continue to promote their role by attending training events, meetings, visiting workplaces and attending forums and drop in events. The Trust's FTSU Guardians are available to give support and advice to staff, if they are worried about something they think may affect the quality or safety of patient care or is a risk to the Trust. The guardians provide advice on how to raise concerns effectively and guidance on how the Raising Concerns Policy and process works.

The Guardians work alongside Trust leadership teams to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

Annual report on rota gaps and plans for improvement

A report from the Guardian of Safe Working Hours – WH & SRH:

In 2020/21, medical workforce pressures causing rota gaps were greatest in medical specialties and emergency medicine with a high reliance on bank and agency staff for on call rotas. Recruitment to consultant posts in the Department of Medicine for the Elderly (DOME) at Worthing and St Richard's Hospitals remained an ongoing challenge with advertised posts remaining un-appointed. The reliance on locum consultants in DOME impacts on the intensity of workload for the department and quality of training experience for junior doctors. The Trust is supporting a number of doctors through the 'Certificate of Eligibility for Specialist Registration' process with the aim that they will be able to apply for these posts in the future to form part of a long term solution.

A greater proportion of vacancies in 2021/22 were across specialties on the St Richard's site (54%); of all vacancies cross site, 50% were full time (FT) and 50% less than full time (LTFT). There has been a recognised increase in doctors requesting to work LTFT, which may reflect the current clinical pressures faced by NHS employees, increasing burn out within the medical workforce and also changes to working practices which propose to improve access to flexible working for trainees by expanding the scope of eligibility for LTFT training.

Recruiting locum / internal bank staff to cover vacant shifts through sickness or rota gaps has remained an ongoing challenge. The rota co-ordination team has responded to this challenge daily, communicating effectively to doctors to advertise vacant shifts and escalate rates of pay in line with agreed standard operating procedures. St Richard's has been historically more difficult to recruit to for both short and long term gaps, due to geographical constraints, with a high number of junior doctors based in the Brighton / Hove localities.

As a longer term solution, the medicine division worked with a number of recruitment consultancies / agencies to supplement local recruitment with ten

Trust Grade Senior House Officer level doctors who commenced immediate employment with the Trust before March 2022. There has been a national expansion of Foundation grade doctors, from which the Trust will benefit in August 2022, and a redistribution of training posts resulting in three medicine Specialty Trainee (ST3) grade doctor posts currently awaiting funding approval. Clinical Fellow posts (medicine) have been advertised to commence August 2022 which offer a 100% on call commitment to offer greater rota resilience (previously this was a 50% on call commitment). A Clinical Fellow lead has also been appointed to enhance the quality of their clinical experience. A survey has been conducted to invite feedback on what could improve the working conditions and training environment for outgoing Clinical Fellows and to make future posts more attractive. Vacancies in paediatrics, obstetrics and gynaecology middle grade medical staffing continue to be managed by using Resident On-Call Consultant posts to strengthen the rota.

The Trust offers a comprehensive and well utilised well-being programme. There is an active and enthusiastic junior doctors forum which aims to highlight and resolve issues relating to working practices. The Trust has made a considerable financial investment in dedicated sleep facilities at the Worthing site and upgraded rest facilities at both sites to improve working conditions for doctors and improve regional reputation, trainee experience and bolster future recruitment.

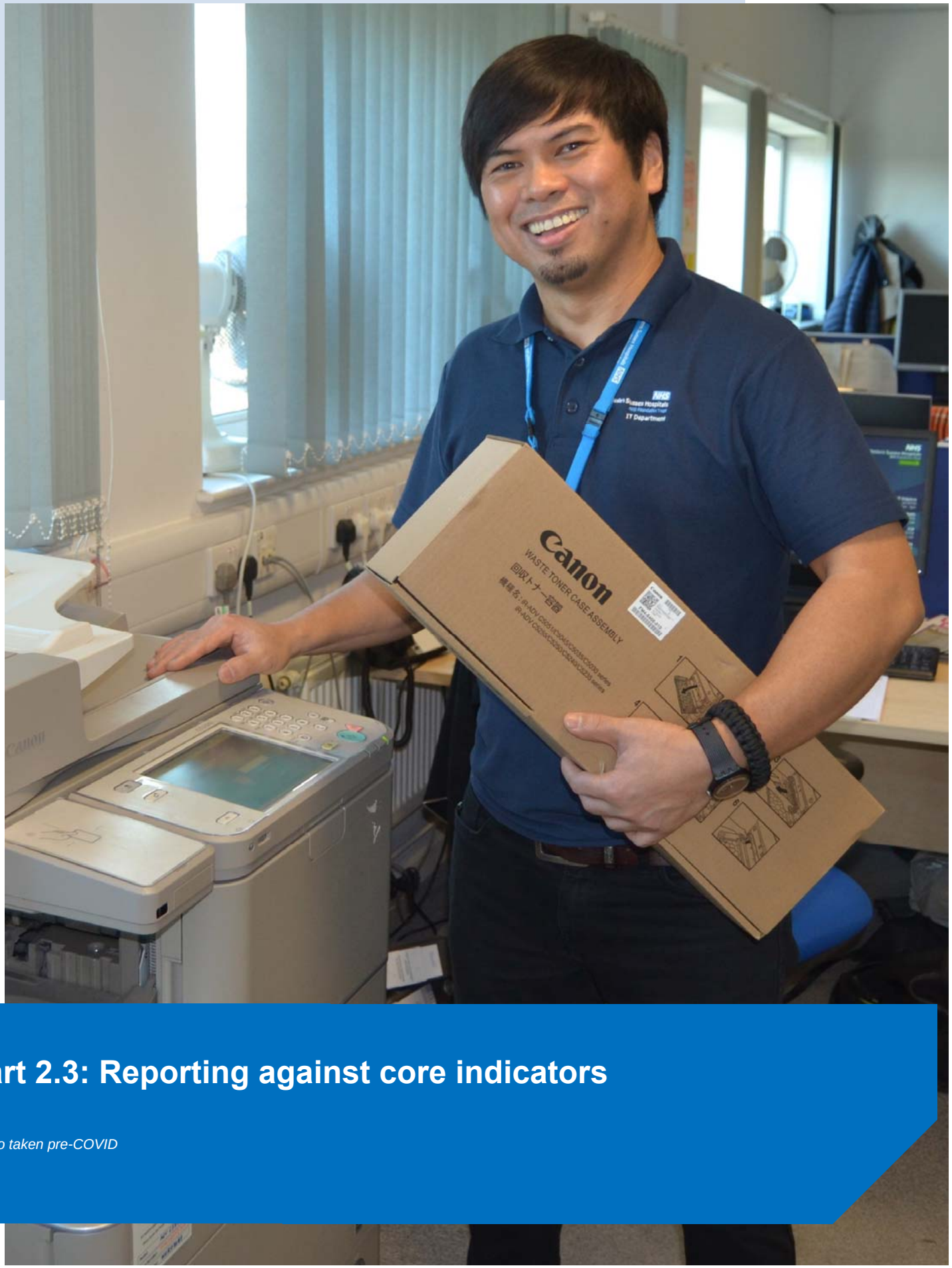
A report from the Guardian of Safe Working Hours – RSCH & PRH:

Will be released later in 2022 following the cessation of COVID-19 operational pressures.

Maternity Improvement overview

The UHSussex maternity service reviews national report findings and recommendations such as the Ockenden Reports, Morecambe Bay Report and Maternity Survey. These reviews involve the multidisciplinary team, users of our services and independent representatives such as the Local Maternity and Neonatal System (LMNS). Gap analyses are completed and plans developed to demonstrate what actions are required to meet the recommendations, who is responsible for each action and when it is expected to be completed. Action plans are reviewed on a regular basis through the service governance meetings with external validation of evidence via the LMNS - progress is presented to the Trust Board at regular intervals.

In the near future, actions from the recent CQC inspection and Maternity Safety Support Programme will be combined with other action plans to develop a Maternity Improvement Plan. This will reduce duplication and provide clarity for the team of the requirements and actions needed to meet recommendations. Governance of this plan will be via the Quality Committee and Trust Board and through the LMNS and ICS.



Part 2.3: Reporting against core indicators

Photo taken pre-COVID

Performance against the 2021/22 core set of indicators

Since 2012/13, NHS Foundation Trusts have been required to report performance against a core set of indicators using data made available by NHS Digital. The following core quality indicators are relevant to University Hospitals Sussex NHS Foundation Trust and relate to the Trust priority areas. A full description of each core indicator is available in the glossary section of this report.

The tables in this section show our performance for these core indicators, by domain, over the last three reporting periods and, where the data source allows, a comparison with the national average and the highest and lowest performing trusts. The majority of core indicators are reported by financial year, e.g. from 1st April 2021 to 31st March 2022, however some indicators report on a calendar year or partial year basis. Where indicators report 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 2022).

2021/22 data has been provided at trust-level (UHSussex) as required for Quality Accounts; to allow for historical trend analysis we have provided both current data and two years of historical data at site level for our four main hospital sites: St Richard's Hospital, Worthing Hospital, Princess Royal Hospital and the Royal Sussex County Hospital. Where site level data is not available for a given metric we have provided legacy organisation data for the former Western Sussex Hospitals NHS Foundation Trust and Brighton & Sussex University Hospitals NHS Foundation Trust.

During the pandemic some areas of data collection have lapsed due to operational pressures. A review of data collection is underway in conjunction with the development of the UHSussex quality scorecard and prompt restoration of these data flows is anticipated.

Summary Hospital-level Mortality Indicator (SHMI)

The University Hospitals Sussex NHS Foundation Trust considers that this data is as described for the following reasons: Mortality rates over the past 12 months have been around the national average, and within the expected range. SHMI has however shown a rising trend over 2021/22 due to shallower depths of coding across RSCH & PRH which we are working to address.

The University Hospitals Sussex NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Introduction of a task and finish Mortality Review Group to investigate and address reasons for rising SHMI.
- Maintaining monthly reporting of mortality statistics to Divisions and the Board;
- Continuing to focus on the implementation of care pathways in key mortality areas;

- Strengthening arrangements for identifying and treating patients who deteriorate suddenly.

Indicator: **Domain:**	**Summary Hospital-level Mortality Indicator** **Preventing people from dying prematurely**		
	2021/22	2020/21	2019/20
UHSussex Trust	**1.03[2]** **As expected**	*Not applicable*	*Not applicable*
National average	1.00[2] As expected	1.00 As expected	1.00 As expected
Best performing trust	0.78[2] Lower than expected	0.69 Lower than expected	0.69 Lower than expected
Worst performing trust	1.16[2] Higher than expected	1.20 Higher than expected	1.19 Higher than expected
Worthing Hospital	1.051[2] As expected	1.02 As expected	1.04 As expected
St Richard's Hospital	1.007[2] As expected	1.01 As expected	0.99 As expected
Royal Sussex County Hospital	1.197[1] As expected	1.09 As expected	1.06 As expected
Princess Royal Hospital	1.62[1] As expected	1.01 As expected	0.91 As expected
[1] Data to end Dec 2021 ; [2] Data to end Jan 2022 *Data source: NHS Digital*			

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

The University Hospitals Sussex NHS Foundation Trust considers that this data is as described for the following reasons: the Trust has a well-established Palliative Care Team working to a reinvigorated End of Life Care Strategy.

The University Hospitals Sussex NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Maintaining monthly reporting of mortality statistics to Divisions and the Board.
- We are working with our Clinical Coding Team to ensure all palliative care activity is accurately captured.

Indicator: **Domain:**	**Percentage of patient deaths with palliative care coded at either diagnosis or specialty level** **Enhancing quality of life for people with long-term conditions**		
	2021/22	2020/21	2019/20
UHSussex Trust	**45%[1]** **As expected**	*Not applicable*	*Not applicable*
National average	39%[1] As expected	38% As expected	37% As expected
Best performing trust	64%[2] Higher than expected	63% Higher than expected	58% Higher than expected
Worst performing trust	39%[2] Lower than expected	8% Lower than expected	9% Lower than expected
Western Sussex Hospitals (legacy Trust)	*Not applicable*	45% *N.B. The 2020/21 individual legacy Trust rates have been merged by NHS Digital.*	35% As expected
Brighton & Sussex University Hospitals (legacy Trust)	*Not applicable*		40% As expected
[1] Data to end Dec 2021 ; [2] Data to end Oct 2021 *Data source: NHS Digital*			

Patient Reported Outcome Measures (PROMs)

The University Hospitals Sussex NHS Foundation Trust considers that this data is as described for the following reasons: This data, which is based on quality of life measures, shows that our treatments are effective in improving the health of our patients.

The University Hospitals Sussex NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Ensuring regular feedback of PROMs data to clinical teams;
- Working with commissioners to ensure that treatments are offered to those groups of patients most likely to benefit from the particular treatment.

Please note that note that ‘groin hernia’ and ‘varicose vein’ data has not been reported through the PROMs publication since September 2017.

Indicator: Domain:	Patient Reported Outcome Measures EQ 5D Index (case mix adjusted health gain) – Hip replacement surgery (primary) Helping people to recover from episodes of ill health or following injury		
	2021/22	2020/21	2019/20
UHSussex Trust	**Data not yet available**	*Not applicable*	*Not applicable*
National average	Data not yet available	0.472	0.459
Best performing trust	Data not yet available	0.574	0.539
Worst performing trust	Data not yet available	0.393	0.352
Western Sussex Hospitals (legacy Trust)	*Not applicable*	0.452	0.454
Brighton & Sussex University Hospitals (legacy Trust)	*Not applicable*	Not available	0.451
Data source: NHS Digital. Please note that 2021/22 provisional data is not due to be released by NHS Digital until August 2022.			

Indicator: Domain:	Patient Reported Outcome Measures EQ 5D Index (case mix adjusted health gain) – Knee replacement surgery (primary) Helping people to recover from episodes of ill health or following injury		
	2021/22	2020/21	2019/20
UHSussex Trust	**Data not yet available**	*Not applicable*	*Not applicable*
National average	Data not yet available	0.335	0.315
Best performing trust	Data not yet available	0.403	0.419
Worst performing trust	Data not yet available	0.181	0.215
Western Sussex Hospitals (legacy Trust)	*Not applicable*	0.31	0.33
Brighton & Sussex University Hospitals (legacy Trust)	*Not applicable*	Not available	0.314
Data source: NHS Digital. Please note that 2021/22 provisional data is not due to be released by NHS Digital until August 2022.			

Readmissions

The University Hospitals Sussex NHS Foundation Trust considers that this data is as described for the following reasons: While the Trust works hard to plan discharges appropriately, in some instances readmissions still occur.

The University Hospitals Sussex HHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Continuing to work closely with system partners to identify patients at risk of readmission and putting in place services to prevent them requiring further immediate hospital care;

- We will identify those cases where readmissions could have been prevented by organising care differently and make the appropriate changes to reduce the number of readmissions.

Indicator: **Domain:**	**Patients readmitted to a hospital within 30 days of being discharged: Patients aged 0 to 15 years** ***Local Trust indicator***		
	2021/22	2020/21	2019/20
UHSussex Trust	**Data not yet available**	*Not applicable*	*Not applicable*
National average	Data not yet available	11.90%	12.50%
Best performing trust	Data not yet available	2.80%	2.10%
Worst performing trust	Data not yet available	64.40%	56.80%
Western Sussex Hospitals (legacy Trust)	14.59%	14.30%	14.40%
Brighton & Sussex University Hospitals (legacy Trust)	8.37%[1]	9.30%	10.10%
Data source: NHS Digital. Please note that 2021/22 data has not yet been released by NHS Digital: local data has therefore been provided for the legacy trust sites. Note: [1] Data to end February 2022. Note 2: Quality Account regulations refer to 28-day readmissions however the national data provided by NHS Digital is for 30-day readmissions; we have reported 30-day readmissions data in our 2021/22 Quality Account to present national data and allow for validated comparison.			

Indicator: **Domain:**	**Patients readmitted to a hospital within 30 days of being discharged: Patients aged 16 years or over** ***Local Trust indicator***		
	2021/22	2020/21	2019/20
UHSussex Trust	**Data not yet available**	*Not applicable*	*Not applicable*
National average	Data not yet available	15.90%	14.70%
Best performing trust	Data not yet available	1.10%	1.90%
Worst performing trust	Data not yet available	50%	37.50%
Western Sussex Hospitals (legacy Trust)	14.7%	13.10%	13%
Brighton & Sussex University Hospitals (legacy Trust)	14.3%[1]	13.30%	13%
Data source: NHS Digital. Please note that 2021/22 data has not yet been released by NHS Digital: local data has therefore been provided for the legacy trust sites. Note: [1] Data to end February 2022. Note 2: Quality Account regulations refer to 28-day readmissions however the national data provided by NHS Digital is for 30-day readmissions; we have reported 30-day readmissions data in our 2021/22 Quality Account to present national data and allow for validated comparison.			

Responsiveness to the personal needs of patients

The University Hospitals Sussex NHS Foundation Trust considers that this data is as described for the following reasons: The Trust monitors the responsiveness to the personal needs of patients through a number of mechanisms including a full programme of peer reviews involving key stakeholders (including patients with learning disabilities), regular FFT surveys and local detailed surveys. The Trust's responsiveness to the personal needs of patients in line with its peers as compared through national survey programmes assessing compassionate care and responsiveness of care.

The University Hospitals Sussex NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Using results from real time patient experience tracking to constantly identify areas for improvement;
- Identifying areas for further improvement from our peer review programme.

Indicator: **Domain:**	**Responsiveness to the personal needs of patients** **Ensuring people have a positive experience of care**		
	2021/22	2020/21	2019/20
UHSussex Trust	**Data not yet available**	*Not applicable*	*Not applicable*
National average	Data not yet available	74.50%	67.10%
Best performing trust	Data not yet available	85.40%	84.20%
Worst performing trust	Data not yet available	67.30%	59.50%
Western Sussex Hospitals (legacy Trust)	*Not applicable*	75.40%	66.30%
Brighton & Sussex University Hospitals (legacy Trust)	*Not applicable*	74.70%	68.20%
Data source: NHS Digital. Please note that 2021/22 data is not due to be released by NHS Digital until August 2022.			

Staff who would recommend the Trust to their family or friends

The University Hospitals Sussex NHS Foundation Trust considers that this data is as described for the following reasons: The pandemic is presumed to have had an impact on the proportion of staff who are positive about the overall quality of the services and care offered by the Trust and would be happy to recommend the Trust as a place to work/receive treatment to their family or friends.

The University Hospitals Sussex NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Delivering the Patient First Improvement System (PFIS) that trains and engages all staff to make continuous improvements to our services.
- Use regular feedback opportunities to capture staff views about how we can improve.
- Review of NHS Staff Survey results and plan for targeted interventions to improve staff engagement.

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**		
	2021	2020	2019
UHSussex Trust	**64.9%**	*Not applicable*	*Not applicable*
National average	66.90%	73.4%	70.50%
Best performing trust	89.50%	92.0%	87.40%
Worst performing trust	43.60%	50.0%	39.70%
Western Sussex Hospitals (legacy Trust)	*Not applicable*	84.0%	82.2%
Brighton & Sussex University Hospitals (legacy Trust)	*Not applicable*	68.4%	66.1%
Data source: NHS Staff Survey Coordination Centre			

Patients who would recommend the Trust to their family or friends

The University Hospitals Sussex NHS Foundation Trust considers that this data is as described for the following reasons: We aim to give every patient the opportunity to take the Friends & Family Test, either at discharge or within 48 hours of discharge. Recommendation rates are in line with peers and results are monitored on a monthly basis.

The University Hospitals Sussex NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its

services, by:

- We continue to focus on improving response rates to ensure we gather feedback from sufficient people to know that information is reliable, particularly in our A&E departments.
- We will work to address themes arising from the survey, such as long waits, to improve patient experience.

Indicator: **Domain:**	**Percentage of Patients who would recommend the trust to their family or friends: Inpatients** **Ensuring people have a positive experience of care**		
	2021/22	2020/21	2019/20
UHSussex Trust	**95.0%**	*Not applicable*	*Not applicable*
National average	*Data not yet available*	*Not available*	95.63%
Best performing trust	*Data not yet available*	*Not available*	100.00%
Worst performing trust	*Data not yet available*	*Not available*	76.03%
Worthing Hospital	98.0%	97.5%	97.1%
St Richard's Hospital	98.0%	92.0%	97.5%
Royal Sussex County Hospital	91.3%	93.1%	*Not available*
Princess Royal Hospital	93.3%	92.8%	*Not available*
Data source: NHS Digital/NHS England. Please note that 2019/20 comprised data to February 2020 only as NHS England / Improvement temporarily suspended FFT data submission by all settings due to the COVID-19 pandemic. For the same reason 2020/21 comprised January to March 2021 data only.			

Indicator: **Domain:**	**Percentage of Patients who would recommend the trust to their family or friends: Patients discharged from A&E** **Ensuring people have a positive experience of care**		
	2021/22	2020/21	2019/20
UHSussex Trust	**78.8%**	*Not applicable*	*Not applicable*
National average	*Data not yet available*	*Not available*	85.09%
Best performing trust	*Data not yet available*	*Not available*	98.49%
Worst performing trust	*Data not yet available*	*Not available*	53.33%
Worthing Hospital	77.6%	89.9%	94.2%
St Richard's Hospital	77.9%	89.4%	91.0%
Royal Sussex County Hospital	78.3%	88.2%	*Not available*
Princess Royal Hospital	82.9%	91.4%	*Not available*
Data source: NHS Digital/NHS England. Please note that 2019/20 comprised data to February 2020 only as NHS England / Improvement temporarily suspended FFT data submission by all settings due to the COVID-19 pandemic. For the same reason 2020/21 comprised January to March 2021 data only.			

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

The University Hospitals Sussex NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has focused on effective VTE risk assessment and made good progress on embedding it into normal practice with a sustained increase in the proportion of patients screened.

The University Hospitals Sussex NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Deliver improvements to VTE assessment and prescribing.
- Monthly reviews of any new hospital associated VTE to identify themes from root cause analysis.
- Ensure that learning identified from root cause informs divisional improvement plans.
- Continued work of the reformed Thrombosis Committee to work through clinical pathways to ensure compliance with NICE guidelines and to provide oversight of improvement plans.

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**		
	2021/22	2020/21	2019/20
UHSussex Trust	***Data not yet available***	*Not applicable*	*Not applicable*
National average	*Data not yet available*	*Data not available*	*Data not available*
Best performing trust	*Data not yet available*	*Data not available*	*Data not available*
Worst performing trust	*Data not yet available*	*Data not available*	*Data not available*
Western Sussex Hospitals (legacy Trust)	*96.7%*	97.1%	96.5%[1]
Brighton & Sussex University Hospitals (legacy Trust)	*Data not available*	*Data not available*	91.2%[1]
Data source: NHS England - The VTE data collection and publication was suspended from January 2020 to release capacity in providers and commissioners to manage the COVID-19 pandemic: from 2020/21 onwards local data has therefore been provided for the legacy trust sites. Note: [1] Data to end December 2019.			

Rate of *C.difficile* infection

The University Hospitals Sussex NHS Foundation Trust considers that this data is as described for the following reasons: A relentless and constant focus is required to minimise the level of *C.difficile* infection. Particular challenges include the need for appropriate antibiotic usage in a frail and ill patient population and balancing this with the risk of causing *C.difficile* disease.

The University Hospitals Sussex NHS Foundation Trust intends to take the following actions to

improve this rate, and so the quality of its services, by:

- Focus on adherence to our antibiotic prescribing policies.
- Heightened environmental cleaning.
- Targeted review of the patient pathway for these patients.

Indicator: **Domain:**	**The rate per 100,000 bed days of trust apportioned cases of *C. difficile* 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**		
	2021/22	2020/21	2019/20
UHSussex Trust	**Data not yet available**	*Not applicable*	*Not applicable*
National average Best performing trust Worst performing trust	Data not yet available Data not yet available Data not yet available	17.7 0 80.6	15.5 0 64.6
Western Sussex Hospitals (legacy Trust)	11.4*(provisional)* Count of Trust apportioned cases: *48 (provisional)*	9.5 Count of Trust apportioned cases: 25	7.2 Count of Trust apportioned cases: 24
Brighton & Sussex University Hospitals (legacy Trust)	*25.1 (provisional)* Count of Trust apportioned cases: *77 (provisional)*	19.2 Count of Trust apportioned cases: 45	18.1 Count of Trust apportioned cases: 56
Data source: 2019/20 & 2020/21 UK Health Security Agency. Please note that 2021/22 data is not due to be released by the UK Health Security Agency until September 2022: local data has therefore been provided for the legacy trust sites.			

Patient Safety Incidents

The University Hospitals Sussex NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has a systematic approach to the management and investigation of events and we analyse these on an aggregated basis to ensure that safety lessons are learned and shared widely, leading to improvements in the quality and safety of care we provide.

The University Hospitals Sussex NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services, by:

- Continuing to promote the reporting of patient safety incidents across the organisation in order to learn and improve.
- Themes, trends and learning from incidents will continue to be discussed and analysed through a variety of forums including divisional clinical governance sessions, Triangulation Group, Trust Brief newsletter, Huddle Headlines, Theme of The Week, Patient Story newsletter and the divisional governance reviews. Quarterly learning events are hosted by the Trust, inviting regional providers and commissioners to share learning from safety and mortality reviews.
- Review of incident reporting systems to promote ease of use and feedback.

Indicator: **Domain:**	**Patient safety incidents: Rate of patient safety incidents (per 1,000 bed days)** **Treating and caring for people in a safe environment and protecting them from avoidable harm**		
	April 2020 to March 2021	October 2019 to March 2020	April 2019 to September 2019
UHSussex Trust	**43.9**	*Not applicable*	*Not applicable*
National average	53.4 acute non-specialist trusts	50.2 acute non-specialist trusts	49.8 acute non-specialist trusts
Best performing trust	27.2 acute non-specialist trusts	15.7 acute non-specialist trusts	26.3 acute non-specialist trusts
Worst performing trust	118.7 acute non-specialist trusts	110.2 acute non-specialist trusts	103.8 acute non-specialist trusts
Western Sussex Hospitals (legacy Trust)	35.8 Count of incidents: 9,588	27.6 Count of incidents: 4,709	30.6 Count of incidents: 5,029
Brighton & Sussex University Hospitals (legacy Trust)	53.3 Count of incidents: 12,513	44.0 Count of incidents: 6,895	45.0 Count of incidents: 6,848
Data source: 2019/20 & 2020/21 NHS England. Please note that it is not known when 2021/22 data will be released by NHS England: local data has therefore been provided. N.B. national data reporting periods changed from six monthly to annually from April 2020 and therefore a mix of reporting periods are displayed in the table.			

Indicator: **Domain:**	**Patient safety incidents: Rate of patient safety incidents (resulting in severe harm or death)** **Treating and caring for people in a safe environment and protecting them from avoidable harm**		
	April 2020 to March 2021	October 2019 to March 2020	April 2019 to September 2019
UHSussex Trust	**0.57**	*Not applicable*	*Not applicable*
National average	0.5 acute non-specialist trusts	0.16 acute non-specialist trusts	01.6 acute non-specialist trusts
Best performing trust	0.07 acute non-specialist trusts	0.00 acute non-specialist trusts	0.00 acute non-specialist trusts
Worst performing trust	2.17 acute non-specialist trusts	0.52 acute non-specialist trusts	0.67 acute non-specialist trusts
Western Sussex Hospitals (legacy Trust)	0.12 Count of incidents: 33	0.09 Count of incidents: 15	0.04 Count of incidents: 6
Brighton & Sussex University Hospitals (legacy Trust)	0.88 Count of incidents: 206	0.09 Count of incidents: 14	0.05 Count of incidents: 8
Data source: 2019/20 & 2020/21 NHS England. Please note that it is not known when 2021/22 data will be released by NHS England: local data has therefore been provided for the legacy trust sites. N.B. national data reporting periods changed from six monthly to annually from April 2020 and therefore a mix of reporting periods are displayed in the table.			

Part 3.1: Review of quality performance

Emergent quality priorities in 2021/22

Early on in 2021/22 it became apparent that the direction of our annual quality improvement priorities would need to be refocused toward issues associated with the ongoing Covid-19 pandemic. Two important programmes were added to our quality improvement work in 2021/22 and focused their attention to clinical harm reviews surrounding waiting lists and investigating outbreaks of Covid-19 in our hospitals.

Clinical Harm Reviews

During the year the number of patients experiencing long waits for treatment increased markedly due to the impact of the pandemic. This affects a wide range of patients including those requiring elective surgery, specialist services such as cardiac, vascular and neurosurgery, cancer services and those attending the emergency departments. Concerns arose that the patients experiencing long waits across this range of services could be coming to harm and in response a process for clinical harm reviews was developed and introduced in line with national guidance. Clinical Harms were identified across domains for disease progression, reduction in choice of treatment, need for radical treatment, psychological harm, loss of function and lifestyle changes.

The work was led by the Medical Director and included the provision of a monthly dashboard describing the number of elective surgical patients waiting greater than 52 and 104 weeks. For the specialist services the Trust followed regional network guidance on the harm review process and in addition to patients waiting longer than 104 weeks addressed the more urgent patients in the P2 category (waiting list prioritisation of less than one month) waiting longer than two months. In cancer services, Cancer Alliance guidance stipulated reviews for patients experiencing waits in excess of 104 days.

The work on clinical harm reviews has taken place alongside work to address restoration and recovery and has focused on causes of longer waits and the resultant learning. Where harm is identified for longer waiting elective patients it is often due to complex factors that include patient choice. Organisational causes are frequently due to constraints on theatre capacity. For specialist services the clinical harm review process has prompted the reprioritisation of individual patients and enhanced collaboration between the units within the networks.

In cancer services the commonest area for harm is in the colorectal pathway. Harms are most often identified as disease progression or psychological harm, and waits usually exceed 104 days due to constraints on theatre capacity.

Clinical harm has also been evaluated for patients experiencing trolley waits exceeding 12 hours in the emergency departments as these have increased in volume. This has prompted a better understanding of the demographic of this group of patients and their outcomes.

Work on clinical harm reviews continues and links to the national work on the 'My Planned Care' Platform provides patients with information on waiting times and targeted advice on optimising health for those experiencing longer waits.

Covid-19 Outbreak Investigations

COVID-19 has presented the biggest health challenge across the globe in living memory. The pandemic posed a logistical challenge to keep our patients and staff safe whilst maintaining essential care for patients. COVID-19 came in ill-defined 'waves'. The first is generally accepted as that occurring between March and June 2020, the second October through to February 2021, the third was in summer 2021 and the 4th wave ran from December 2021 to March 2022. The 4th wave in December 2021 was due to the Omicron variant which caused cases to soar nationally. In February and March of 2022 Omicron variant BA.2 emerged and numbers grew further causing significant pressures across all trust sites.

Despite increasing admissions and ongoing transmission with nosocomial outbreaks, Omicron was for most, though not all, a milder disease and did not result in many ITU admissions.

There were a total of 106 nosocomial outbreaks after October 2021 across the Trust. Of these, 48 outbreaks were at the Royal Sussex County and Princess Royal hospitals, of which 33 were from January 2022 onwards; there were 58 outbreaks at Worthing and St Richard's hospitals, with 52 from January 2022 onwards. Numbers peaked in March 2022 with Omicron BA.2.

Each outbreak required the same finite and thorough investigation to understand and seek out learning opportunities to minimise risk to patients, staff and visitors. Outbreak Control teams were operationalised on the respective hospital sites, led by the infection control lead. All outbreaks, and even any clusters of cases not fitting the outbreak definition, were reviewed daily at a multi-disciplinary meeting including our stakeholder partners from the CCG. The meetings discussed patient and staff welfare, case numbers, testing regimes, cleanliness of environment and clinical equipment, adequate personal protective equipment and any training / support required within each area. Each outbreak control meeting was minuted with actions followed up on a daily basis. All the Trust's nosocomial COVID-19 data was uploaded to the NHS Online Outbreak platform.

None of the above work and workload could ever have been planned for - it was unprecedented. Our Trust always seeks out outstanding opportunities and whilst this was an extremely challenging time for all staff, we had a unified front. We made and enhanced relationships, we laughed and agonised together and even spent Christmas day at a Bronze Command meeting with a great big smile - this is what makes us UHSussex.

Avoiding harm

True North goal: To have zero harm occurring to patients when in our care.

The Trust is committed to providing safe, high quality services. We aim to provide safe, harm-free care for all patients. Whilst we recognise that this is a challenging goal, we are committed to reviewing all harms to ensure that we learn and continuously improve care.

In-hospital patient falls, pressure ulcers and other complications are examples of harm which are sadly commonplace across hospitals in the UK. Despite the extraordinary hard work of healthcare professionals it is recognised that there are patients who suffer new harm which is acquired during their time in hospital. This has a significant impact on patients, families, carers, staff and the wider organisation.

In 2021/22 we used Datix (an electronic, web based reporting incident reporting system used by many NHS organisations) to continue to monitor harm caused during inpatient stay across the Trust.

The True North aim (three to five year goal) for the Trust is to reduce levels of Datix reported harm to patients by 10% (from baseline of 2019/20: pre-Covid-19), with a 12-18 month Breakthrough Objective to reduce low and moderate harms by 5% (from baseline of 2019/20: pre-Covid-19).

Nationally, it is recognised that during the global Covid-19 pandemic, the epidemiology of harm has changed significantly. Lockdown, frailty and deconditioning (both physical and psychological), reduced access to face to face services and the effect of increased waiting times for elective care have all augmented the risk to our most vulnerable patient groups. As experienced across the NHS, the effect of the ongoing pandemic has resulted in extreme difficulties in quality improvement progress to reduce harm to patients in our care. Unfortunately immense operational pressures due to the ongoing pandemic, coupled with exceptional demand for urgent care and the wider needs of managing the pandemic meant that the 10% harm reduction goal was suspended to address critical harm issues which required priority action.

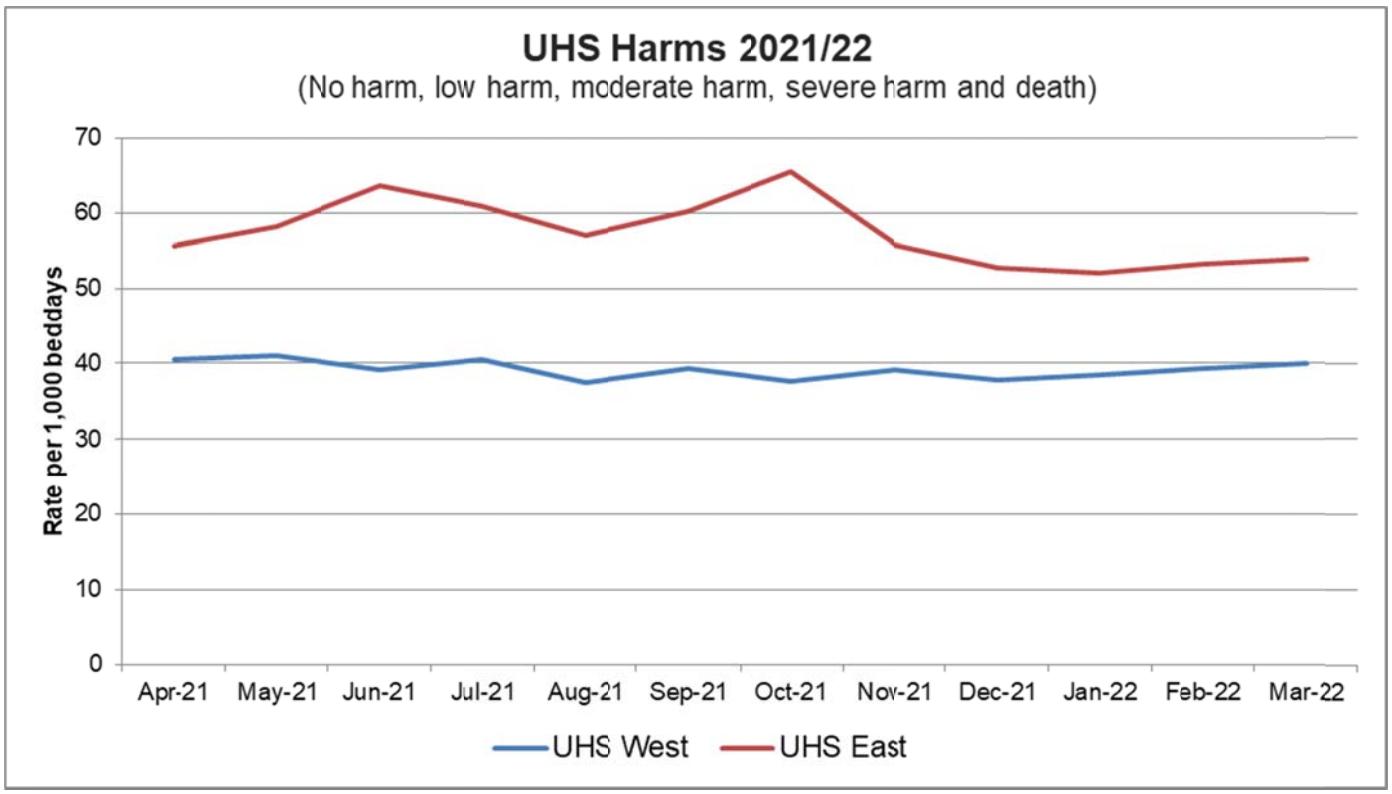
We have begun the implementation of a new electronic risk management and reporting system and a Trust training needs analysis linked to the launch of the new NHS England Patient Safety Training Syllabus. The implementation of these new practises will:

1. Review the safety culture of the newly merged organisation, including the professional training and development of the mandatory NHSE Trust Patient Safety Specialists; Human factors and Ergonomics, a Systems Engineering Initiative for Patient Safety (SEIPS) and clinical simulation. This training and systems focus will form the

foundation for the launch of the national NHSE/I patient safety training syllabus (2021-22).

2. Ensure the successful implementation and embedding of all modules within the RL DATIX IQ risk management system with a specific focus on the Trust 'True North' quality objective (with regard to reduction of all avoidable harm as a measurable outcome), and the management and reporting of the Trust Risk Register.

This positive position with regard to quality improvement sets us up well in aiming to achieve our target next year.



Data source: UHSussex

Falls reduction programme

Over 2021/22 we worked to ensure that learning and incremental change in falls management continued across divisions.

Trust target:	**A reduction in falls-related harms in order to support the Trust Harm Breakthrough Objective**
By when:	**Ongoing**
Outcome:	**Ongoing**
Progress:	***Continuing in 2022/23***

Falls are one of the most challenging harms to address with a complexity of factors contributing to an individual patient's risk of falling. This challenge has been impacted in a number of ways by the Covid-19 pandemic.

Our patients are coming to hospital increasingly frail and unwell due to late presentation, accessibility of GP services, fear of entering healthcare environments and also the deconditioning impact of society lockdown. Associated with this is an increasing number of patients developing delirium either directly due to Covid-19 or the late access to treatment for the underlying factors for delirium, in particular, infection.

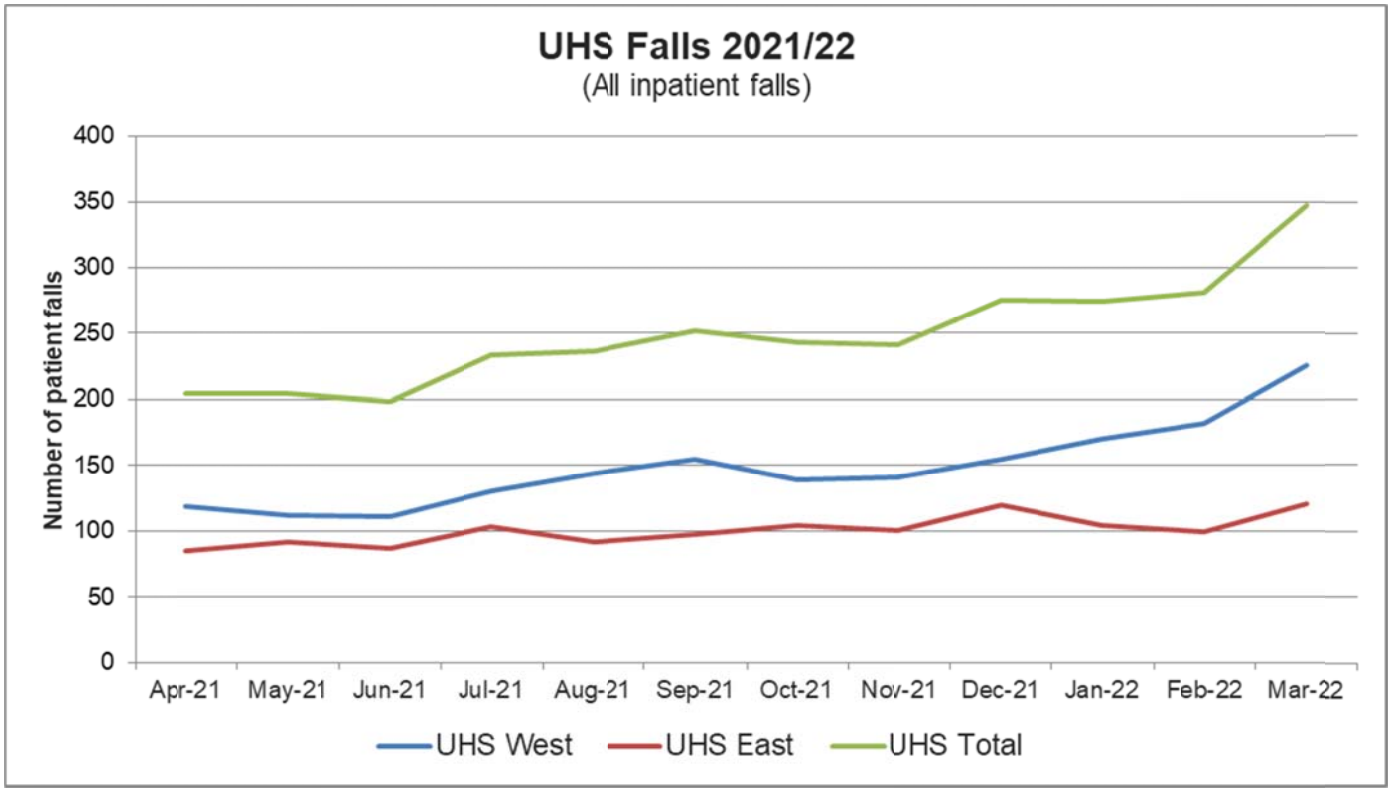
During 2021/22 the important work of reviewing and aligning the Trust falls policy and prevention interventions from our legacy organisations has commenced led via a new Trust-wide Harm Free Care Group. Teams have continued to work to implement the successful principles that we know can help to reduce falls in hospital.

Three core interventions have been shown to have a positive impact: Hot debriefs (also known as SWARM), After Action Reviews (AARs) involving multidisciplinary review of the patient post fall, and 'Baywatch', a requirement to keep bays where patients are known to be at risk of falling manned at all times. These principles are the bedrock of our falls prevention continuous improvement work and are applicable across all specialisms.

The approach to Baywatch has continued to require adaptation due to the pandemic with stringent infection control precautions, use of PPE and social distancing (maintenance of isolation). The government guidelines for visiting restrictions and reduction in volunteers, along with severe staffing shortages experienced through periods of 2021/22 has also impacted teams' abilities to maintain close observation of patients.

Despite these challenges teams have worked hard to try to drive further incremental change using our PFIS methodology. A refresh of the PFIS programme commenced during the final quarter of 2021/22 and will provide the important framework for further improvement work in 2022/23. Our

methodology ensures a bespoke approach to the challenge, enabling solutions to vary depending on the particular patient group and ward environment.



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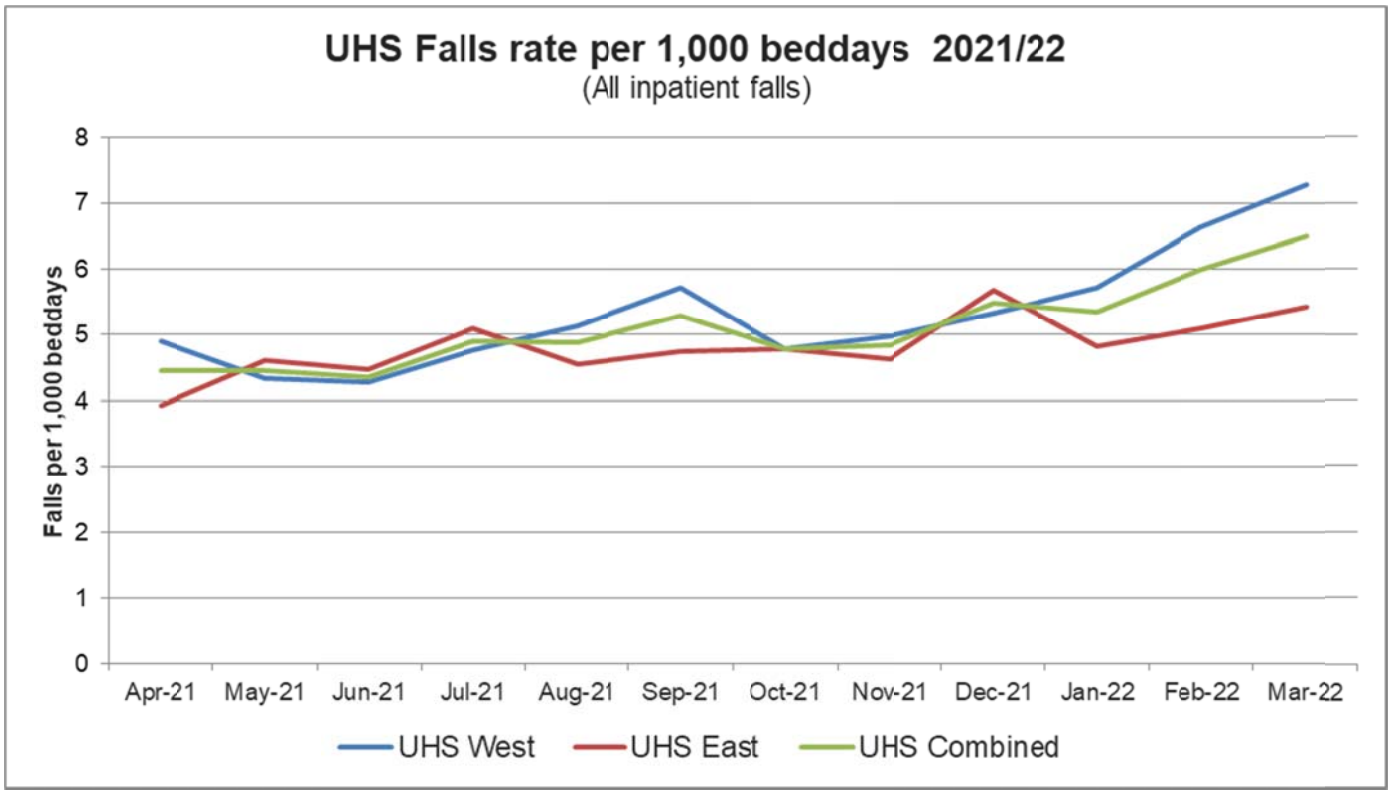


Data source: UHSussex

Improvements achieved:

- New Trust-wide Harm Free Care Group working to develop Trust policy and protocols and ensure learning from falls is shared across divisions and sites.
- Harm Free Care Nurse role in place across sites to support clinical learning and education.
- Falls Champions programme commenced – we are appointing a member of staff on each ward to lead the education and cascade of information support best practice in falls prevention.
- The Covid-19 pandemic led to an adaption of the intended improvement plans to focus on delivering Baywatch whilst maintaining Covid-19 precautions.
- Maintenance of falls education across our induction programmes.

Further improvements identified:

- Implement new Trust-wide falls risk assessment tool via Patientrack, ensuring a multi-disciplinary approach is used.
- Continue to develop the Falls Champions programme.
- Review of our ward environments (in particular our bathrooms) using the Dementia-Friendly Hospitals Charter.
- Revitalise our deconditioning prevention work and include deconditioning awareness training across our mandatory training programmes.
- A focus on the care of patients presenting with delirium.
- Improve compliance with post-falls care standards (as monitored via the National Audit of Inpatient Falls, NAIF)

Elimination of severe pressure damage

During 2021/22, we worked to deliver a reduction in category 2 and above ulcers to support the Trust overall harm breakthrough objective.

Trust target:	**A reduction in category 2+ pressure ulcers in order to support the Trust Harm Breakthrough Objective**
By when:	**Ongoing**
Outcome:	**Ongoing**
Progress:	***Continuing in 2022/23***

Pressure damage is one of the highest causes of patient harm across the Trust. It can cause physical harm, pain and can lead to poor patient outcomes; in severe cases, pressure damage can cause long-term debilitation resulting in a life changing impact on the patient.

We have seen a significant rise in the number of patients arriving at out hospitals in 2021/22 with existing skin damage: this is likely due to the impact of the Covid-19 pandemic both on individuals' wellbeing and also difficulty in accessing support from community services. The increase in presenting comorbidities and

underlying skin damage has led to an increase in the number of hospital-associated pressure ulcers and deterioration of 'present on admission' ulcers.

Over 2021/22 we worked with wards that had high numbers of patients developing pressure ulcers to ensure they had the support they required to implement remedial actions using PFIS and safety huddles.

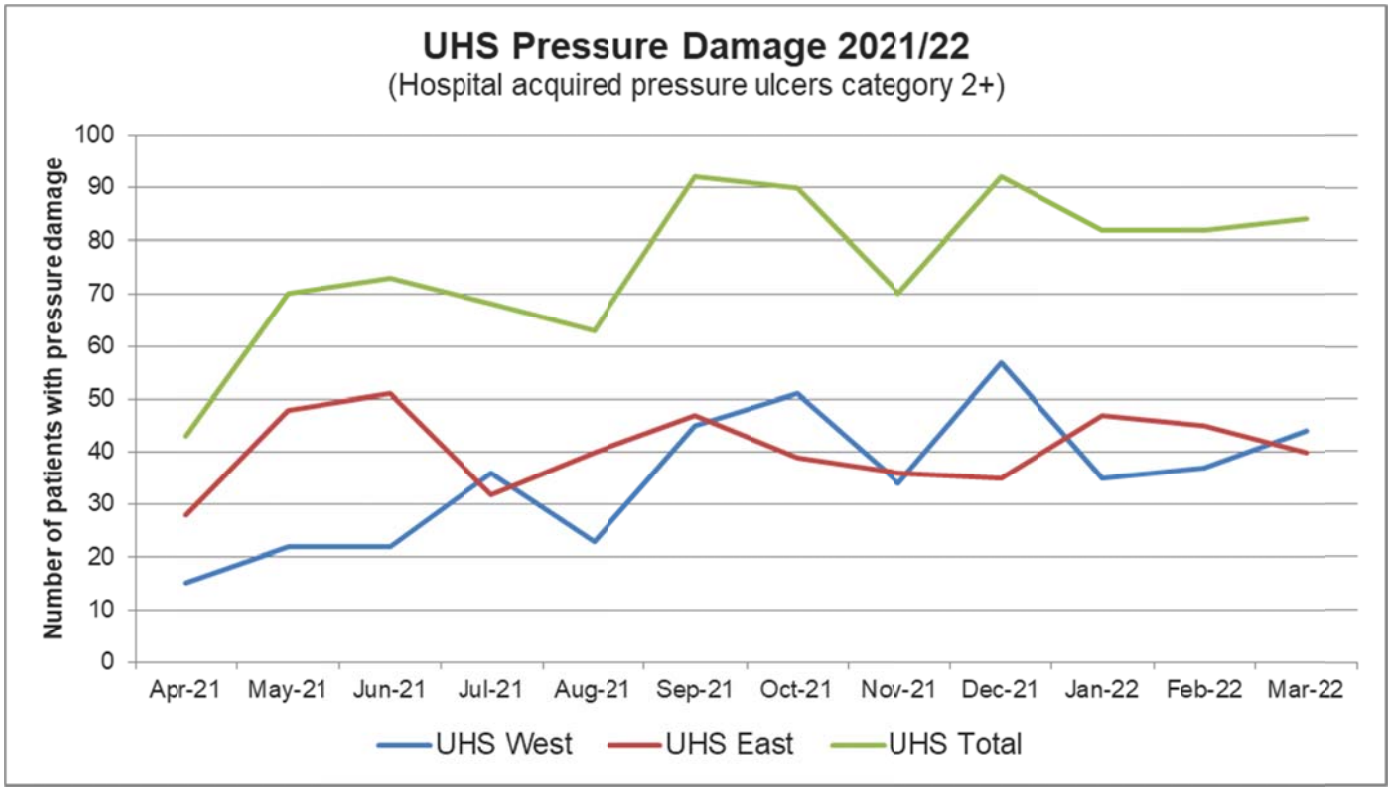
In a similar way to falls, any new patient who develops a category 2 (or above) ulcer is reviewed in order to identify interventions to prevent deterioration and learning opportunities for the ward team.

The Tissue Viability Nurses have worked closely with other specialist teams, such as Critical Care, in order to understand and address the challenge of device-related pressure ulcers. This has been impacted by the need to care for patients with Covid-19 in a prone position and often using special transparent hoods to delivery oxygen therapy ('Continuous Positive Airway Pressure' hoods).

During 2021/22 work started on reviewing the legacy organisation policies and protocols in order to develop new Trust-wide guidelines. This work is being delivered by the new Trust Harm Free Care Group, a forum where learning from our reviews is also cascaded across divisions and sites. Emerging review themes include moisture-related skin damage and heel deep tissue injuries, particularly in those patients undergoing surgery following fractured neck of femur.

Whilst we continue to have an ambition to eliminate category 3 and above pressure ulcers, we know that there is much to do in order to fully understand the opportunities for improvement presented by the current system challenges.

In 2022/23 we will work with teams where there are the highest numbers of hospital-associated pressure ulcers. Using PFIS methodology we will deliver improvements in fundamental care standards which we know will lead to a reduction in pressure ulcers.



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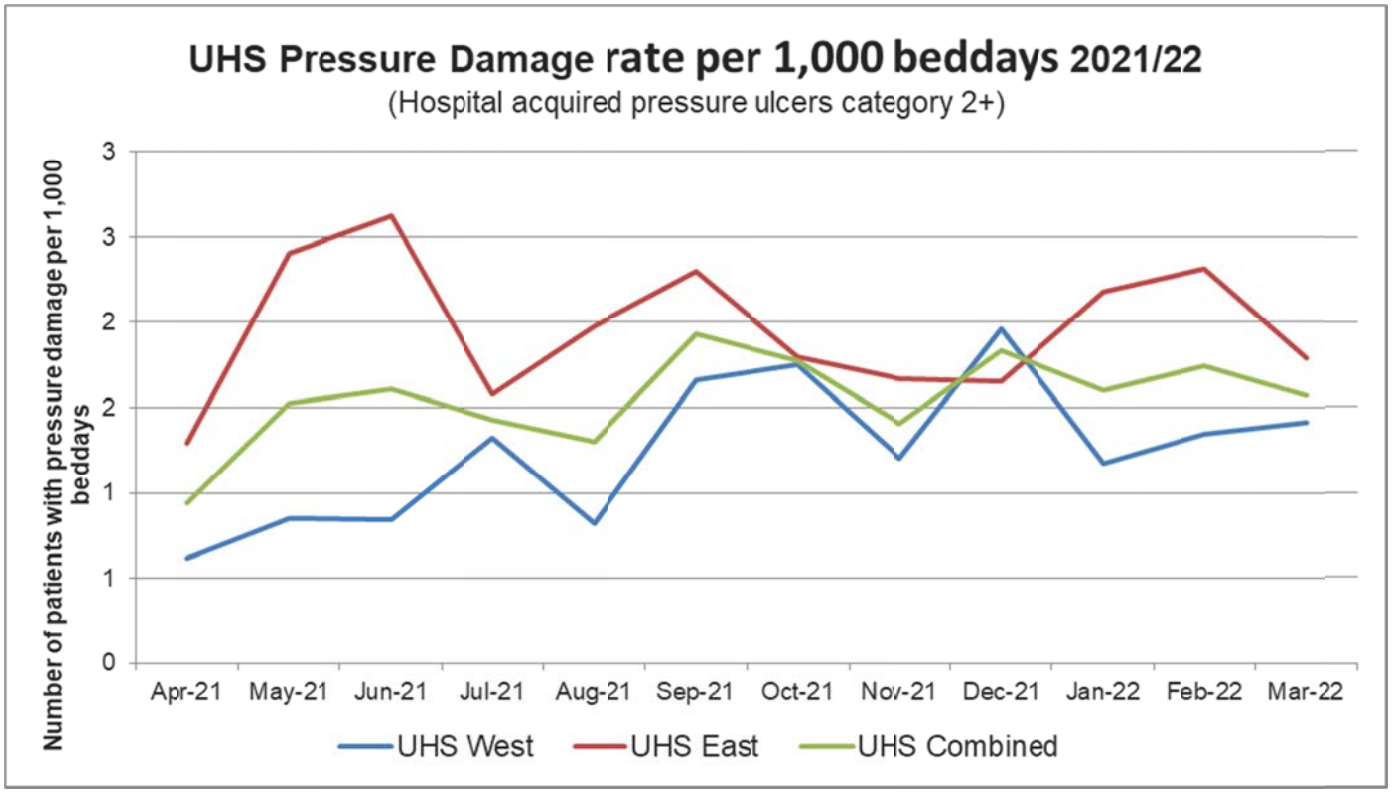


Data source: UHSussex

Improvements achieved:

- New Trust Harm Free Care Group working to review current protocols and ensure learning from incidents is cascaded across the organisation.
- Successfully implementation of proactive measures to protect Covid-19 patients from device-related pressure ulcers.
- Delivery of pressure ulcer education on all nursing and HCA induction programmes across sites.
- Continued work with partner colleagues to improve the transitions for care of our patients - regular collaborative review meetings Sussex Community NHS Foundation Trust in place across our sites.

Further improvements identified:

- Complete the work to align protocols for both pressure ulcer prevention and moisture-associated skin damage across the Trust.
- Implement a Trust-wide approach to risk assessment using the Patientrack system.
- Improve the consistency of pressure ulcer prevention in the fractured neck of femur pathway.
- Deliver a ‘moisture awareness’ campaign and associated continence care improvements to reduce moisture-related pressure ulcers.
- Participate in the national programme for improvements in system-wide pressure ulcer surveillance.

Reducing preventable mortality and improving outcomes

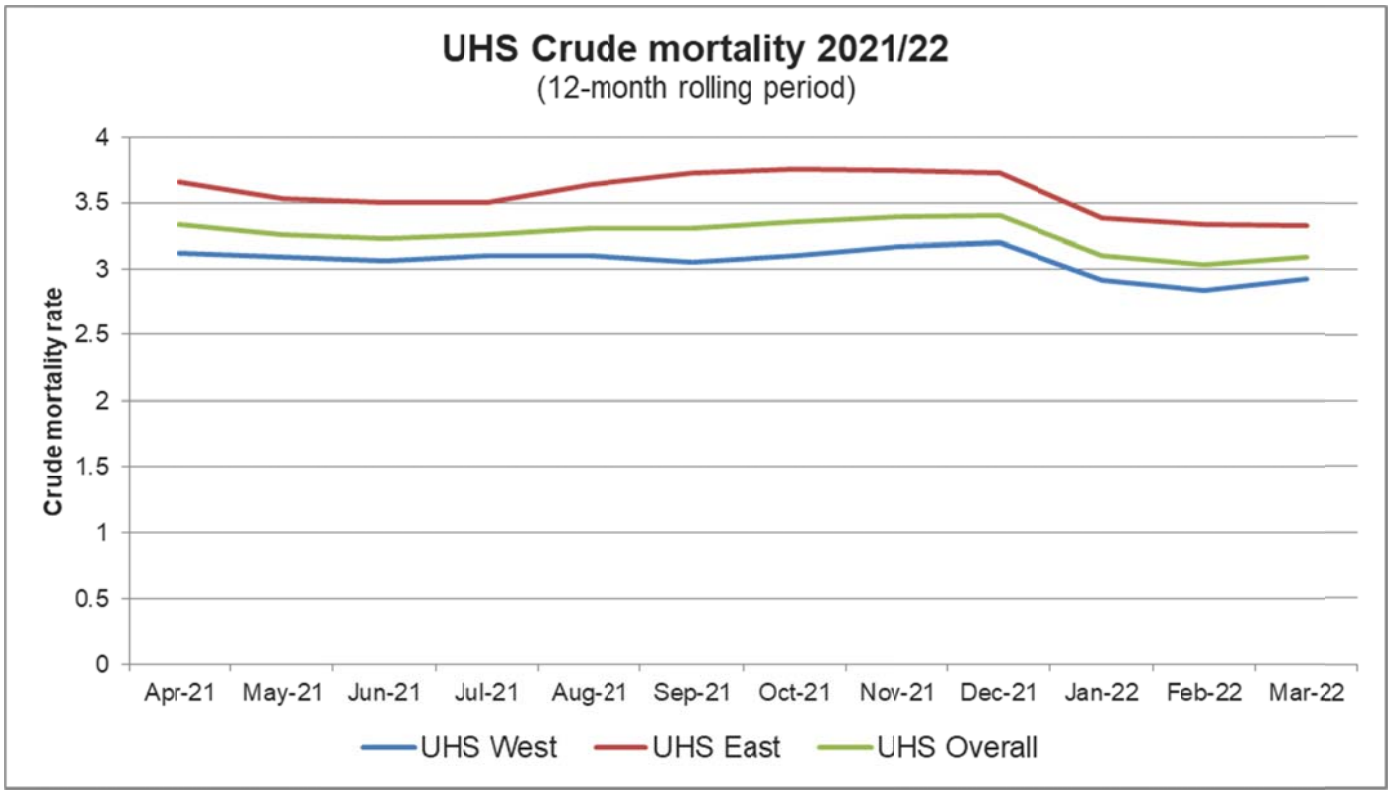
True North goal: To achieve the lowest crude mortality within our peer group.

About half of all deaths in the UK take place in hospital. The overwhelming majority of these deaths are unavoidable. The person dying has received the best possible treatment to try to save his or her life, or it has been agreed that further attempts at cure would not be in the patient's best interest and the person receives palliative treatment.

We know, however, that in all healthcare systems things can and do go wrong. Healthcare is very complex and sometimes things that could be done for a patient are omitted or else errors are made which cause patients harm. Sometimes this means that patients die who might not have, had things been done differently. This is what is meant by 'avoidable mortality'. More commonly, if things go wrong with care, patients fail to achieve the optimal level of recovery or improvement. Focussing on avoidable harm improves patient outcomes and safety, and saves lives.

In 2021/22 the Trust began using crude mortality as the True North metric to monitor improvements in mortality, having previously used the Hospital Standardised Mortality Ratio (HSMR). This change to crude mortality rates overcame challenges in interpreting variation in HSMR which resulted from factors such as clinical coding. The use of crude mortality is expected to provide greater insight and a strengthened focus on reducing avoidable deaths.

Following the decision to focus on crude mortality rates we entered an unprecedented period of volatile crude mortality rates with both an exceptionally high rate during the first wave of the Covid-19 pandemic at the beginning of 2021 and subsequent low rates that followed. Covid-19 deaths and the impact of other untreated conditions have added complexity. 2021/22 has therefore been unrepresentative and work has had to focus on the exceptional demand for urgent care, managing long waiting patients and the needs of the pandemic.



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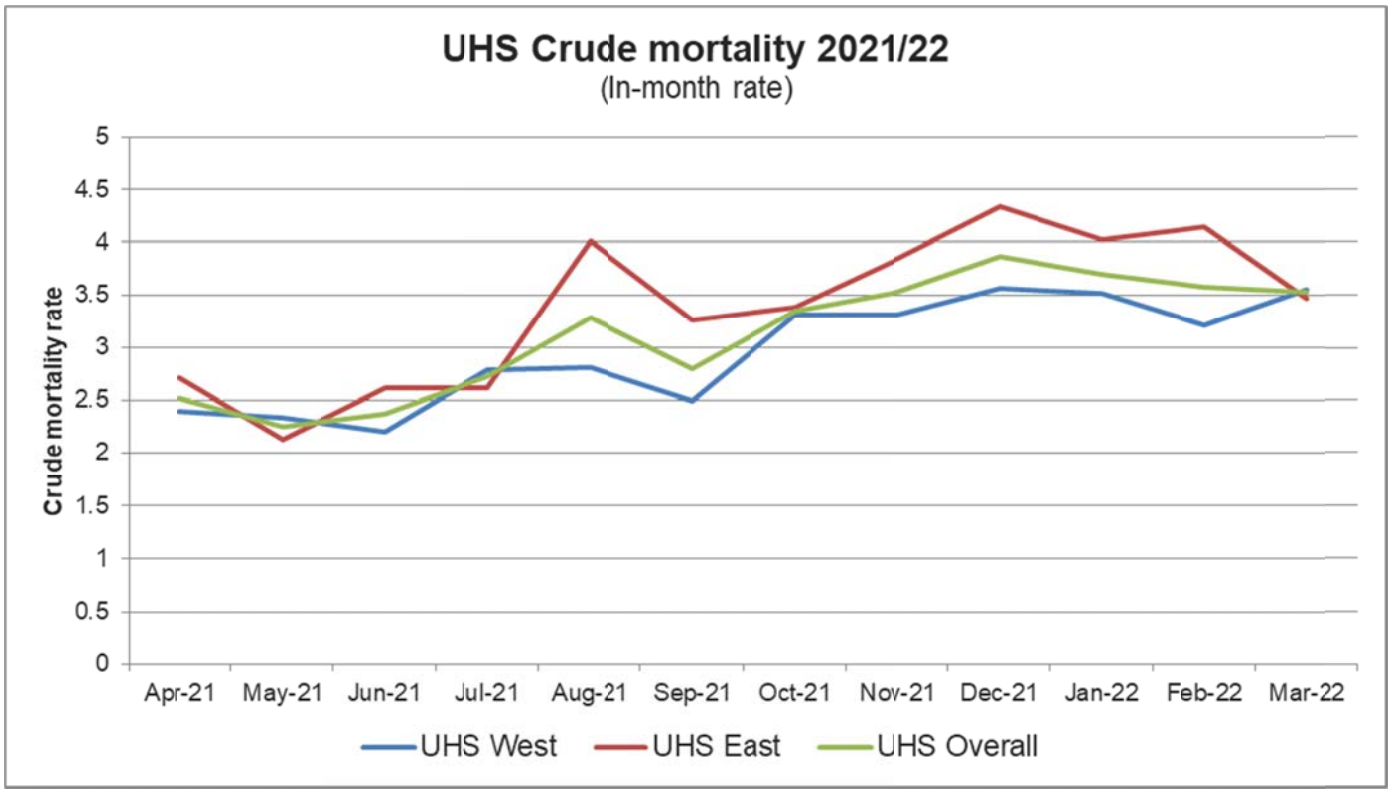

Data source: UHSussex

Reducing preventable mortality

Implementation of improvement work to ensure a reduction in the five top contributing causes of mortality rates.

Trust target:	**A reduction in the five top contributing causes of mortality rates**
By when:	**Ongoing**
Outcome:	**Ongoing**
Progress:	***Programme stood down due to Covid-19 pandemic***

Reducing avoidable mortality and improving clinical outcomes are key clinical priorities for the Trust and a major focus of the Patient First programme.

Following on from our 'reducing preventable mortality and improving outcomes' quality improvement programmes from 2020/21, this trust-wide initiative and Breakthrough Objective was designed to support delivery of our True North objectives by directing improvement work toward the top five conditions contributing to preventable deaths: septicaemia, congestive cardiac failure (non-hypertensive), acute cerebrovascular disease, chronic obstructive pulmonary disease and bronchiectasis, and pneumonia.

Immense operational pressures due to the ongoing Covid-19 pandemic, coupled with exceptional demand for urgent care, lengthy waits for elective care and the wider needs of managing the pandemic meant that this improvement programme was stood down to release clinicians to focus on critical patient care, which required priority action.

Improving patient experience

True North goal: To ensure that all our patients have a positive experience of the care they receive.

The Trust is committed to the delivery of patient centred care for all patients. Patients can expect to experience exceptional care which meets both their physical and emotional needs. Improving patient experience is at the heart of the Trust's vision and values, and is a central aspect of our Patient First Programme.

The experience that a person has of their care, treatment and support is one of the three dimensions of quality, alongside clinical effectiveness and safety. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care.

The key metric used to measure achievement, against the ambition of all patients having an excellent experience of care, is the Friends and Family Test (FFT). As such the Trust's True North ambition is that 95% or more of patients rate their experience of care as 'good' or 'very good'.

In addition to FFT data, understanding the experiences of patients using our services provides a broader range of measures and insights, including complaints and Patient Advice & Liaison Service (PALS) data, plaudits, social media and national surveys. This intelligence has shaped the Trust's improvement in 2021/22.

Patient-reported experience measures showed a decline in patient experience through 2021/22, in particular in early 2022: FFT satisfaction levels decreased whilst the numbers of concerns and complaints increased - key themes included waiting for surgery and appointments, satisfaction with A&E (including waiting whilst in attendance) and communication about delays in treatment. The current satisfaction levels and themes of concern faced by the Trust are consistent with the challenging position experienced across the wider NHS and social care system.

The Trust's priorities for improving patient experience will be described in a new Patient Experience Strategy in 2022/23. Our new strategy will shape the delivery of improvements in customer service through engagement with patients and communities, thus enabling a stronger voice for those least heard. We will take a preventative approach to patient experience and ensure that patient experience is embedded within the Trust's new clinical structures. The Trust's Patient First Improvement System will be integral to identifying, developing and delivering improvements in patient experience.

Friends and Family Test recommend rates			
	2021/22	2020/21	2019/20
A&E	**UHSussex: 78.7%** Worthing: 77.6% St Richard's: 77.9% Royal Sussex County: 78.3% Princess Royal: 82.9%	Worthing: 89.9% St Richard's: 89.4% Royal Sussex County: 88.2% Princess Royal: 91.4%	Worthing: 94.2% St Richard's: 91.0% Royal Sussex County: *N/Av* Princess Royal: *N/Av*
Maternity delivery	**UHSussex: 94.5%** Worthing: 94.1% St Richard's: 94.2% Royal Sussex County: *N/Av* Princess Royal: *N/Av*	Worthing: 100% St Richard's: 92.2% Royal Sussex County: *N/Av* Princess Royal: *N/Av*	Worthing: 96.7% St Richard's: 95.5% Royal Sussex County: *N/Av* Princess Royal: *N/Av*
Inpatients	**UHSussex: 95.0%** Worthing: 98.0% St Richard's: 98.0% Royal Sussex County: 91.3% Princess Royal: 93.3%	Worthing: 97.5% St Richard's: 92.0% Royal Sussex County: 93.1% Princess Royal: 92.8%	Worthing: 97.1% St Richard's: 97.5% Royal Sussex County: *N/Av* Princess Royal: *N/Av*
Outpatients	**UHSussex: 95.6%** Worthing: 98.4% St Richard's: 97.6% Royal Sussex County: *N/Av* Princess Royal: *N/Av*	Worthing: 98.7% St Richard's: 95.7% Royal Sussex County: *N/Av* Princess Royal: *N/Av*	Worthing: 97.3% St Richard's: 97.4% Royal Sussex County: *N/Av* Princess Royal: *N/Av*
Data source: NHS Digital/NHS England. Please note that 2019/20 comprised data to February 2020 only as NHS England / Improvement temporarily suspended FFT data submission by all settings due to the COVID-19 pandemic. For the same reason 2020/21 comprised January to March 2021 data only. N/Av = not available.			

Improving patient experience of 'waiting'

Improve the experience for our patients waiting for care, in particular for those patients waiting in our emergency departments.

Trust target: **A reduction in the number of negative FFT patient feedback reports citing 'waiting' in A&E as a concern**

By when: **March 2023**

Outcome: **Ongoing**

Progress: ***Continuing in 2022/23***

We want all our patients to have an excellent experience of care, and FFT data tells us that approximately 90% of our patients report their care as being 'good' or 'very good', against a Trust target of 95%. However, patient reported satisfaction is lower in A&E than in other areas.

The most prevalent theme in patient feedback from FFT relates to 'waiting'. The percentage of negative comments relating to 'waiting' increased from 33% in March 2021 to 51% in October 2021 – as such, the Trust has worked hard over the past six months to understand and improve the patient

experience of waiting, in particular in our emergency departments.

Working together with a multi-disciplinary focus, staff from our Patient Experience, Communications and Patient First Improvement Teams have completed walk-throughs of the patient journey in all of the Trust's emergency departments. Information gathered from the walk-throughs was combined with FFT feedback and priorities for improvement were identified. As a result of our work to understand the patient experience, improvements have been made to signage and communication, the physical environment of our emergency departments, availability of food and drinks and also to patient information. For example, staff from across the Trust have been volunteering their time in A&E at busy times to support with the provision of refreshments and other non-clinical support for patients waiting in our emergency departments.

We know we have further improvements to make, and despite the positive actions we have taken during the year, patient reported satisfaction with our A&E departments reduced during the last quarter of 2021/22. The most commonly reported theme related to 'waiting' concerns waiting times in A&E; the Trust has invested in additional leadership capacity for unplanned care which will drive further improvements in waiting performance within our emergency departments through 2022/23.

Improvements achieved:

- Improved signage to support a better wayfinding experience for our patients.
- Improved messaging for patients, including digital screens providing critical information for waiting patients.
- Improved physical environments in A&E to reduce queuing and congestion at key pressure points, particularly at our Worthing and Princess Royal hospitals.
- Volunteers supporting A&E at busy times, including assisting with the rigorous Covid-19 swabbing process and with provision of refreshments for waiting patients.

Further improvements identified:

- Improvements in the efficiency of patient flow at each stage of the A&E journey, including between triage and treatment.
- Improved access to food and drink overnight for patients.

Engaging our staff

True North goal: To be the top acute Trust for staff engagement.

Improving staff engagement is the strategic objective for the 'People' domain of Patient First, and our long-term objective is to achieve a staff engagement score that places the Trust as the top acute trust in the country. In the medium term, we want to increase the number of staff who would recommend the Trust as a place to work. We know that organisations with high levels of staff engagement, where staff are strongly committed to their work and involved in decision making, deliver better quality care: This compliments the Patient First Strategy.

All programmes of work within the Workforce and Organisational Development Directorate are developed in a way that promotes and is aligned to the 'People' True North goal, and embeds equality, diversity and inclusion.

The national NHS Staff Survey is a way of assessing the quality of staff experience and is a mechanism to inform local improvements in staff experience and wellbeing, which ultimately lead to improved patient care.

In 2020 our legacy organisations received overall staff engagement scores of 7.2 out for 10 for Western Sussex Hospitals (ranking the trust in the top 17% acute and acute community trusts in England and Wales) and 6.8 out of 10 for Brighton & Sussex University Hospitals. The national average score was 7.0. The combined score for UHSussex is estimated to have been 7.01.

Overall staff engagement reduced to 6.6 in the 2021 NHS Staff Survey, ranking the Trust 104 out of 126 acute and acute & community trusts. We were 0.8 below the best trust score (Northumbria NHS Trust) of 7.4, which has decreased from 7.6 in 2020. The national average score for acute trusts was 6.8. It is evident from the national data that the average scores have reduced significantly across the nine key questions which comprise the engagement score and the Trust position reflects this national picture.

Staff engagement programme

At University Hospitals Sussex NHS Foundation Trust 'Our People' determine the experience of the workplace and when they are highly engaged in their work they think and behave positively, are emotionally resourceful and have better health. This ultimately leads to delivering better outcomes for patients, increases staff productivity and satisfaction and compliments the Trust's Patient First strategy.

Trust target: An increase in the number of staff who would recommend the organisation as a place to work

By when: March 2023

Outcome: Ongoing

Progress: *Continuing in 2022/23*

Our 'breakthrough objective' is an 18 month programme which focuses on detailed actions at divisional level to address issues identified by staff. We use the question asked in the staff survey 'I would recommend my organisation as a place to work' as a measure for improvement. The aim is that by focusing on areas within each division with 'neutral' or 'negative' responses to this question (based on the 2021 staff survey results) we will yield an increase in positive responses in the next iteration of the staff survey - thereby in turn contributing to improving the Trust's True North goal.

Divisions identified key departments to work with and a series of listening events were held with staff to understand the specific issues impacting on their experiences at work. Action plans were developed to address issues and concerns, and work is ongoing to complete these to fruition with key stakeholders.

Examples include: To enhance staff satisfaction, Level 9A, a surgical ward at the Royal Sussex County, commenced an improvement plan in December 2021. Actions were developed and assigned with monthly progress updates provided by the Divisional Lead Nurse, Continuous Improvement Project Manager and senior members from the nursing teams. Changes driven by the plan include splitting the ward in to two and filling a number of nursing staff vacancies. The project contributed a significant decrease in the neutral / negative score of 21% in the latest NHS Staff Survey. Similar work was also undertaken with the Acute Respiratory Unit, decreasing neutral / negative score by 19% from 2020.

The Facilities and Estates Team across RSCH & PRH saw a sharp increase in neutral / negative scores from 17% in 2020 to 34% in the 2021 Staff Survey. Listening Events occurred in late 2021 and strategic counter measures are now in place, including training and development for staff, improved communication methods and procurement of new equipment. We hope to see the benefit of this ongoing work in the 2022 and 2023 NHS Staff Surveys.

Using Patient First methodology, the Radiology admin and clerical staff group across WH & SRH evidenced a decrease in neutral / negative scores of 29% from the 2020 NHS Staff Survey. The significant increase in staff recommending the Trust as a place to work has been achieved through improved communication.

'I would recommend my organisation as a place to work' is a question within the annual NHS Staff Survey and the Trust has improved in recent years there has been a significant reduction in 2021 at 54%. To enable historical comparisons a combined score of both legacy organisations (Western Sussex Hospitals and Brighton & Sussex University Hospitals) for 2020 has been provided: 67%. The national average for the NHS Staff Survey has reduced in 2021 to 58% from 67% in 2020. Again, this demonstrates that our position has reflected the national trend which was anticipated given the challenges faced in the NHS over recent years.

There have been some changes to the staff survey for 2021, including the questions asked as well the themes by which findings are classified. The survey findings were previously grouped in to ten themes, which have now been replaced with findings aligned to the seven national NHS People Promises:

1. We are compassionate and inclusive
2. We are recognised and rewarded
3. We have a voice that counts
4. We are safe and healthy
5. We are always learning
6. We work flexibly
7. We are a team

Staff engagement and morale remain as key measures.

2021 Staff Survey Theme Results Overview:

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.1	5.6	6.5	5.7	5.0	5.3	6.5	6.6	5.5
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	8,050	8,023	7,970	8,006	7,564	7,959	8,025	8,057	8,058

Data source: 2021 NHS Staff Survey results – NHS Staff Survey Co-ordination Centre

Staff health, safety and wellbeing

The health, safety and wellbeing of staff have been a key component to overall staff engagement for a number of years.

We have continued to strengthen our health and wellbeing programme with a wide variety of interventions to support the emotional and physical health of staff. This has included a series of wellbeing workshops being held across the organisation utilising art therapy, establishing defined staff rest areas, rolling out health checks to staff with risk factors associated with Covid-19, extending our psychological support and mental health first aid training and reintroducing Schwartz Rounds. We have been very fortunate to have continued to receive charity funds that have directly enabled some of these provisions.

Frontline clinical services particularly affected during the pandemic have received tailored in-reach psychological support. This has been supplemented by our Chaplaincy Services who have also been actively supporting the pastoral care of our staff.

We have continued to undertake and review risk assessments for staff, volunteers, bank and agency workers with higher risk factors if exposed to Covid-19. This has been a dynamic process and enabled us to manage the safe deployment of staff at all times.

The Workforce Hub has provided an unrelenting service monitoring staff absence and assessing the impact of rota gaps on staff capacity and skills. The Hub has managed the safe and rapid deployment of staff and also continued to manage Covid-19 staff testing, including advice on changing testing and isolation requirements.

We have reviewed our staff appraisal service as we return to business as usual and restore services. The strengthened staff welfare component introduced during the pandemic has been retained to ensure that staff wellbeing continues to be a priority for leaders. In response to staff feedback the traditional aspects of role performance and feedback plus development plans have been reintroduced to our appraisals.

Throughout 2021/22, the Trust Board, through its sub-committees, has been kept informed and updated on the health, safety and wellbeing of staff. This is a strategic risk for the Trust and how it is managed and mitigated is regularly reviewed through the Board Assurance Framework.

For 2022-23 we intend to focus our health and wellbeing programme on five key themes which are leading wellbeing, prevention and self-care, intervention, support, data and metrics. Suggested activities for the forthcoming year include integrating and reshaping our in-house psychological support services; introducing wellbeing hubs across all sites; promoting financial advice and support for our staff; promoting healthy lifestyles for our staff; beginning to tackle health inequalities for our staff.

Part 3.2: Other information

Photo taken pre-COVID

Local quality indicators

Patient safety indicators													
	2021/22	2021/22				2020/21				2019/20			
	UHSussex	SRH	WH	RSCH	PRH	SRH	WH	RSCH	PRH	SRH	WH	RSCH	PRH
NEVER events	**3**	1	0	0	2	1	2	*N/Av*	*N/Av*	1	0	*N/Av*	*N/Av*
Total serious incidents (SI)	**87**	17	23	33	11	20	25	*N/Av*	*N/Av*	14	15	*N/Av*	*N/Av*
Reducing medication error harm: Medication incidents	**2,444**	400	500	1,171	325	*N/Av*	*N/Av*	*N/Av*	*N/Av*	336	370	*N/Av*	*N/Av*
Number of hospital attributable MRSA cases	**1**	0	0	0	0	0	0	*N/Av*	*N/Av*	0	0	*N/Av*	*N/Av*
Number of hospital attributable C.diff cases	**125**	26	22	57	10	19	20	*N/Av*	*N/Av*	17	17	*N/Av*	*N/Av*
Number of hospital attributable MSSA bacteraemia cases	**65**	8	17	27	9	16	10	*N/Av*	*N/Av*	6	13	*N/Av*	*N/Av*
Number of hospital attributable E.coli cases	**100**	14	23	63		27	23	*N/Av*	*N/Av*	24	36	*N/Av*	*N/Av*
Laboratory confirmed COVID-19 cases - Community acquired	**2,816**	731	667	1029	449	649	725	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*
Laboratory confirmed COVID-19 cases - Indeterminate	**335**	61	63	141	73	59	50	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*
Laboratory confirmed COVID-19 cases - Probable hospital acquired	**205**	40	36	95	38	41	48	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*
Laboratory confirmed COVID-19 cases - Definite hospital acquired	**302**	42	38	161	67	48	36	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*
SSIs (Inpatient & readmission): Total hip replacement	**N/Av**	1.1%[1]	0%[1]	*N/Av*	*N/Av*	0.5%	4.8%	*N/Av*	*N/Av*	0.7%[3]	*N/Av*	*N/Av*	*N/Av*
SSIs (Inpatient & readmission): Total knee replacement	**N/Av**	0.8%[1]	0%[1]	*N/Av*	*N/Av*	0.3%	0.0%	*N/Av*	*N/Av*	0.9%[3]	*N/Av*	*N/Av*	*N/Av*
SSIs (Inpatient & readmission): Large bowel surgery	**N/Av**	3.2%[1]	4.9%[1]	*N/Av*	*N/Av*	8.6%	12.7%	*N/Av*	*N/Av*	6.9%	8.1%	*N/Av*	*N/Av*
SSIs (Inpatient & readmission): Breast surgery	**N/Av**	0.4%[1]	0.5%[1]	*N/Av*	*N/Av*	1.1%	0.0%	*N/Av*	*N/Av*	0.8%	0.6%	*N/Av*	*N/Av*
Maternity care: Serious incidents	**22[2]**	5[2]	6[2]	8[2]	3[2]	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*	*N/Av*

[1] Data to end Dec 2021 ; [2] Data to end Jan 2022 ; N/Av not available ; [3] Data to end Dec2019 ; SRH St Richard's Hospital ; WH Worthing Hospital ; RSCH Royal Sussex County Hospital ; PRH Princess Royal Hospital. Note: The UHSussex total is not calculated by the sum of the sites represented in the table - all Trust sites are included in the total whereas only the four major sites are represented individually here.

Clinical effectiveness indicators													
	2021/22	2021/22				2020/21				2019/20			
	UHSussex	SRH	WH	RSCH	PRH	SRH	WH	RSCH	PRH	SRH	WH	RSCH	PRH
Trust crude mortality rate (non-elective)	**3.1%**	2.63%	3.22%	3.36%	2.91%	3.36%	3.33%	4.41%	5.21%	2.60%	3.18%	3.85%	4.40%
Crude mortality rate (non-elective): 12 month rolling	**3.1%**	2.62%	3.19%	4.25%	3.25%	3.28%	3.27%	4.25%	4.97%	2.60%	3.19%	3.81%	4.34%
Trust Hospital Standardised Mortality Ratio (HSMR) (rolling 12M)	**90.9[3]**	90.9[3]	91.0[3]	104.0[2]	86.3[2]	87.4	88.3	97.5	78.4	100.4	103.8	94.0	89.8
Summary Hospital-level Mortality Indicator (SHMI) (rolling 12M)	**1.03[2]**	1.007[2]	1.051[2]	1.197[1]	1.162[1]	1.011	1.019	1.091	1.010	0.985	1.043	1.063	0.914
Learning from deaths: % of Applicable Deaths reviewed by ME	**92.5%**	99.3%		94.7%	56.7%	*N/Av*	*N/Av*	11.70%	1.30%	*N/Av*	*N/Av*	*N/Av*	*N/Av*
Covid19: deaths	**308**	69	78	114	44	190	195	273	156	12		13	8
Sentinel Stroke National Audit Programme: SSNAP Rating	***Not applicable***	C	C	C	C	B	B	B	*N/Av*	B	A	A	*N/Av*

[1] Data to end Dec 2021 ; [2] Data to end Jan 2022 ; [3] Data to end Feb 2022 ; N/Av not available ; SRH St Richard's Hospital ; WH Worthing Hospital ; RSCH Royal Sussex County Hospital ; PRH Princess Royal Hospital. Note: The UHSussex total is not calculated by the sum of the sites represented in the table - all Trust sites are included in the total whereas only the four major sites are represented individually here.

Patient effectiveness indicators													
	2021/22	2021/22				2020/21				2019/20			
	UHSussex	SRH	WH	RSCH	PRH	SRH	WH	RSCH	PRH	SRH	WH	RSCH	PRH
Friends and Family Recommend %: Inpatient	**95.0%**	98.0%	98.0%	91.3%	93.3%	92.0%[1]	97.5%[1]	93.1%[2]	92.8%[2]	97.5%[3]	97.1%[3]	91.58%	95.29%
Friends and Family Recommend %: A&E	**78.7%**	77.9%	77.6%	78.3%	82.9%	89.4%[1]	89.9%[1]	88.2%[2]	91.4%[2]	91.0%[3]	94.2%[3]	63.41%	79.70%
Friends and Family Recommend %: Maternity	**94.5%**	94.2%	94.1%	*N/Av*	*N/Av*	92.2%[1]	100%[1]	*N/Av*	*N/Av*	95.5%[3]	96.7%[3]	*N/Av*	*N/Av*
Friends and Family Recommend %: Outpatient	**95.6%**	97.6%	98.4%	*N/Av*	*N/Av*	95.7%[1]	98.7%[1]	*N/Av*	*N/Av*	97.4%[3]	97.3%[3]	*N/Av*	*N/Av*
Number of Formal complaints	**1,763**	213	299	909	186	164	209	611	107	215	319	567	140
Parliamentary and Health Service Ombudsman referrals	**4**	0	1	1	2	2	3	4	0	5	4	7	3

[1] Data Dec 2020-Mar2021 ; [2] Data Jan2021-Mar2021 ; [3] Data to end Feb 2020 ; N/Av not available ; SRH St Richard's Hospital ; WH Worthing Hospital ; RSCH Royal Sussex County Hospital ; PRH Princess Royal Hospital. Note: The UHSussex total is not calculated by the sum of the sites represented in the table - all Trust sites are included in the total whereas only the four major sites are represented individually here.

Note: During the pandemic some areas of data collection have lapsed due to operational pressures. A review of data collection is underway in conjunction with the development of the UHSussex quality scorecard and prompt restoration of these data flows is anticipated.

System Oversight Framework indicators

University Hospitals Sussex NHS Foundation Trust aims to meet all national targets and priorities. All Foundation Trusts report performance to NHS Improvement (NHSI) against a limited set of national measures of access and outcome to facilitate assessment of their governance. As part of this Quality Account, we are required to report on the following national indictors:

Performance against the NHS Improvement System Oversight Framework					
	2021/22	National average 2021/22	NHS Improvement threshold 2021/22	2020/21	2019/20
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	**58%**	66%	92%	56%	75%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	**74%**	77%	95%	89%	85%
All cancers: 62-day wait for first treatment from: Urgent GP referral for suspected cancer	**61%**	69%	85%	73%	70%
All cancers: 62-day wait for first treatment from: NHS cancer screening service referral	**70%**	68%	90%	60%	78%
C.difficile: variance from plan	*Already reported under section 2.3: Reporting against core indicators*				
Summary Hospital-level Mortality Indicator	*Already reported under section 2.3: Reporting against core indicators*				
Maximum 6-week wait for diagnostic procedures	**27%**	25%	<1.0%	45%	12%
VTE risk assessment	*Already reported under section 2.3: Reporting against core indicators*				

Annex 1 – Statements from our stakeholders

<Placeholder: Commissioner/s Statement>

<Placeholder: Health and Adult Social Care Select Committee Statements>

<Placeholder: Healthwatch Statements>

Annex 2 – Statement of Directors' responsibilities for the quality account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality account.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the content of the Quality Account meets the requirements set out in the NHS foundation trust annual reporting manual 2021/22 and supporting guidance Quality Accounts requirements 2021/22
- the content of the Quality Account is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period 01/04/21 to the 21/06/22
    - papers relating to quality reported to the board over the period 01/04/21 to the 21/06/22
    - feedback from commissioners dated: *not applicable*
    - feedback from governors: *not applicable*
    - feedback from local Healthwatch organisations: *not applicable*
    - feedback from Overview and Scrutiny Committee dated: *not applicable*
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009: *not yet published*
    - the 2020 national patient survey October 2021
    - the 2021 national staff survey 30/03/22
    - the Head of Internal Audit's annual opinion of the trust's control environment dated 15/06/22
    - CQC inspection report dated 22/10/2019
- the Quality Account presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Account has been prepared in accordance with NHS Improvement's annual

reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the board Date: 21st June 2022.

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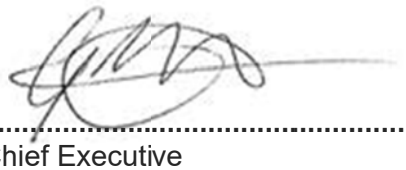
Chairman

Date: 21st June 2022



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Chief Executive

Date: 21st June 2022

Glossary of terms and acronyms

A3

A3 is a structured problem solving and continuous improvement approach, first employed at Toyota and typically used by lean manufacturing practitioners. It provides a simple and strict approach systematically leading towards problem solving over structured approaches.

After Action Review (AAR)

A multi-disciplinary team discussion regarding the circumstances leading up to and the management of, a patient fall. These reviews develop insights in to patient safety and help identify patterns for priority organisational investigation.

Audit Commission

Please note the Audit Commission closed 31st March 2015, however reference is made to it in a mandated statement. From 2014 responsibility for coding and costing assurance transferred to Monitor and then NHS Improvement. From 2016/17 this programme applied new methodology and there is no longer a standalone 'costing audit' with errors rates.

Brighton & Sussex University Hospitals NHS Trust (BSUH)

Legacy trust; main sites Royal Sussex County and Princess Royal hospitals.

Care Quality Commission (CQC)

The independent regulator of all health and social care services in England.

Clinical audit

The process by which clinical staff measure how well we perform certain tests and treatments against agreed standards. Plans for improvement are developed if required by the findings of an audit.

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 by linking a proportion of providers' income to the achievement of agreed quality improvement goals.

COVID-19

An infectious viral disease caused by a newly discovered coronavirus. COVID-19 caused a global pandemic which started in 2020 and continued through 2021 and 2022.

Crude mortality rate

The number of deaths in hospital as a percentage of the total number of patients discharged. We use the crude non-elective mortality rate as an immediate indicator of progress or to identify areas of concern and to sense check that improvements are real and not the result of changes in coding or recording.

Datix incident reporting system

An electronic, web based reporting incident reporting system used by many NHS organisations including University Hospitals Sussex.

Deconditioning

Frail older people in hospital are more at risk of losing muscle strength and mobility from prolonged hospital stays and therefore are at an increased risk of falls, confusion and demotivation.

Duty of Candour

Overview of CQC Regulation 20: Duty of candour

The aim of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. Providers must promote a culture that encourages candour, openness and honesty at all levels. This should be an integral part of a culture of safety that supports organisational and personal learning. There should also be a commitment to being open and transparent at board level, or its equivalent such as a governing body.

Friends and Family Test (FFT)

A feedback tool which offers patients of NHS-funded services the opportunity to provide feedback about the care and treatment they have received. Patients are asked how likely they are to recommend the service they have used and provide further detail about their experience. NHS organisations monitor the number of patients who complete a survey by looking at FFT response rates.

Hospital acquired / Healthcare associated infections

Healthcare associated infections (HCAI) are infections resulting from clinical care or treatment in hospital, as an inpatient or outpatient.

Healthcare Safety Investigation Branch (HSIB)

HSIB offers an independent service for England, guiding and supporting NHS organisations on investigations, and also conducting safety investigations.

Health Education England (HEE)

The NHS organisation working to plan, recruit, educate and train the healthcare workforce in the NHS.

Hospital Standardised Mortality Ratio (HSMR)

A risk adjusted mortality tool produced by Dr Foster Intelligence reviewing in-hospital deaths from 56 diagnosis groups (medical conditions) with the highest mortality. A rate greater than 100 suggests a higher than average standardised mortality rate and a rate less than 100 a better than average mortality rate.

Human Factors

An established scientific discipline used by many safety critical industries especially the aviation industry. It aims to optimise human performance through better understanding of individual behaviour and staff interactions with each other and their environments; improving patient safety and clinical excellence.

Integrated Care System (ICS)

NHSI describe that from Sustainability and Transformation Partnerships (STPs) a partnership will evolve to form an integrated care system, a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

LeDeR Programme

The Learning Disabilities Mortality Review (LeDeR) Programme is a world-first. It is the first national programme of its kind aimed at making improvements to the lives of people with learning disabilities. Reviews are being carried out with a view to improve the standard and quality of care for people with learning disabilities. People with learning disabilities, their families and carers have been central to developing and delivering the programme.

Local quality indicators

The local quality indicators were drawn from the UHSussex Quality Scorecard which is reviewed by the Trust Board each month. They related to the three domains of quality: patient safety, clinical effectiveness, and patient experience. Quality indicators reported to the Trust Board were selected to provide a comprehensive picture of clinical quality.

MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK)

MBRRACE-UK includes a national programme of work investigating maternal deaths, stillbirths and infant deaths. MMRRACE reporting criteria are different to those used in the “Identifying, Reporting, Investigating and Learning from Deaths in Care” section of this report; numbers herein are specific to inpatient deaths.

Morecambe Bay Report

Secretary of State for Health commissioned independent investigation of serious incidents in the maternity department at Furness General Hospital: ‘The Report of the Morecambe Bay Investigation’ (March 2015).

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 Enquiries

These are similar to clinical audits but use in depth reviews of what occurred to highlight areas of less than good standard clinical practice, in order to develop new recommendations for the better care of patients. Most confidential enquiries relate to the investigation of deaths and whether or not better clinical care could have prevented a death. They are confidential because patient cases remain anonymous to protect confidentiality; reports of findings and learning are shared across the NHS to bring about system-wide improvement.

National Inpatient Survey

A CQC commissioned annual inpatient survey which is part of a national programme aimed at improving patients' experiences while in hospital. It includes measures that relate strongly to the care and compassion shown by individual staff and the organisation as a whole.

Neonatal death

The death of a baby born after 22 weeks gestation (completed weeks of pregnancy) who died between 0 and 27 days of age; we report inpatient neonatal deaths only in this report.

NHS Foundation Trust

Foundation trusts are a form 'public benefit corporation' – healthcare organisations that exist solely for the benefit of their patients but which operate in a similar way to a commercial business. They are subject to less central government control and are free to set their own strategy for improving and developing services in line with local priorities and needs, as well as to borrow money and invest surplus income in new services, equipment and innovations.

NHS England (NHSE) & NHS Improvement (NHSI)

NHS England and NHS Improvement started working together as a single organisation from April 2019; they hold providers to account and help the NHS to meet its short-term challenges and secure its future.

NHS Outcomes Framework

A set of indicators developed by the Department of Health to monitor the health outcomes of adults and children in England. The framework provides an overview of how the NHS is performing.

Ockenden Reports

NHS Improvement commissioned independent review of new-born, infant and maternal ham: 'Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust' (December 2020) and 'Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust' (March 2022).

Patient Advice & Liaison Service (PALS)

PALS exists to provide confidential information, advice or reassurance to patients, their relatives and carers. The service can help to resolve smaller issues and problems with current care that can be addressed immediately. PALS is a national NHS initiative with every NHS hospital trust having their service.

Patient First Improvement System (PFIS)

PFIS is the Lean management programme designed by the Trust to develop our people's ability to solve problems and improve performance. Further information can be found here: https://www.uhsussex.nhs.uk/about/patient-first/

Patient Safety Incident Response Framework (PSIRF)

An NHS E/I initiative being introduced from spring 2022 to further improve patient safety: https://www.england.nhs.uk/patient-safety/incident-response-framework/

Patient Story newsletter

A monthly newsletter discussing learning from a serious patient incident, covering; background, lessons learned, policy, recommendations and improvement plan. These newsletters are shared with all Trust staff to ensure that important learning is disseminated throughout the Trust.

Patientrack

Our electronic advanced observation and assessment system that gives our nurses and doctors early warning if a sick patient's condition is deteriorating; this helps early and effective intervention to get things back on course.

Patient Reported Outcome Measures (PROMs) (core indicator)
PROMs provide a patient perspective (via before and after patient questionnaires) on the outcomes or quality of care following certain surgical procedures in the NHS.

PRH
Princess Royal Hospital, Haywards Heath.

Readmissions (core indicator)
If a patient does not recover well, it is more likely that further hospital treatment will be required, which is the reason that hospital readmissions are commonly used as an indicator of the success in helping patient recovery.

Responsiveness to the personal needs of patients (core indicator)
The indicator value is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals.

Risk adjusted mortality tool
In order to compare mortality rates between different NHS Trusts it is necessary to consider the mix of patients treated. For example, a trust with a very elderly, complex patient group might have a higher crude mortality rate than one that had younger or less acutely ill patients. To adjust for this it is necessary to standardise the mortality rate for trusts, thereby taking into account the patient mix. This is usually done by calculating an 'expected' mortality rate based on the age, diagnosis and procedures carried out on the actual patients treated by each trust.

RSCH
Royal Sussex County Hospital, Brighton.

Safety huddle
A 5-7 minute daily catch-up for all staff on a ward or department; risks and challenges for the day ahead are discussed.

Serious incident (SI)
An incident where the consequences are so significant or the potential for learning so great, that additional resources are justified to produce a comprehensive response. They can affect patients directly but also include incidents which may indirectly impact on patient safety or an organisation's ability to deliver on-going healthcare.

Seven Day Services
The seven-day services programme is an NHS England programme designed to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital. NHS provider organisations are required to ensure that they deliver certain clinical standards relating to seven day services: these standards define what seven-day services should achieve, no matter when or where patients are admitted.

Schwartz Rounds
These provide a forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which to share their stories and offer support to one another.

SRH
St Richard's Hospital, Chichester.

Staff who would recommend the trust to their family or friends (core indicator)
A question in the national NHS Staff Survey which assesses how likely staff are to recommend the Trust as a provider of care to their friends and family.

Stillbirth
When a baby is born dead after 24 weeks gestation (weeks of completed pregnancy).

Structured judgement mortality review (SJR)
A validated mortality review process in which trained clinicians review medical records in a critical manner to comment on the quality of healthcare in a way that allows any judgement to be reproducible.

Sustainability and Transformation Partnership (STP)
New partnerships between NHS and local councils across England which will develop proposals to improve health and care.

Summary Hospital-level Mortality Indicator (SHMI) (core indicator)

The SHMI is a risk adjusted mortality tool used to provide a ratio of the actual number of patients who die following hospitalisation at the Trust and the number who would be expected to die on the basis of average England figures. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.

SWARM

An immediate multidisciplinary review of the patient post-fall, also known as a 'hot debrief' because it takes place straightaway.

Theme of the week

An A4 print-out that promotes discussion of safety information during team huddles each week. It relays key information in a concise and engaging way to ensure colleagues are familiar with important themes.

Venous thromboembolism (VTE) (core indicator)

A condition in which blood clots forms, such as deep vein thrombosis (most often in the deep veins of the leg) or pulmonary embolism (a clot in the lungs).

Western Sussex Hospitals NHS Foundation Trust (WSHT)

Legacy trust; main sites Worthing and St Richard's hospitals.

WH

Worthing Hospital, Worthing.

NHS
University Hospitals Sussex
NHS Foundation Trust

UHSussex

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