



Sussex Community
NHS Foundation Trust



Quality Account

2022-2023



*Excellent care at the
heart of the community*

Summary

Welcome to Sussex Community NHS Foundation Trust's (SCFT) Annual Quality Account 2022/23, which outlines the quality of our services and how we have achieved our quality improvement priorities for 2022/23.

Despite the challenging conditions for the NHS, including the changes to the way care is delivered after the impact of the COVID-19 pandemic, SCFT has made progress in all its improvement priorities, as set out in Part 2.

Our aim is to continuously learn and improve as demonstrated in our improvement priorities for 2023/24.

As the largest community health and care provider in Sussex, the Trust's vision is to provide excellent care at the heart of the community. In 2022/23, we published an updated strategy to achieve the vision through a set of [five strategic goals](#):

- ★ A great place to work
- 🤝 Reducing service inequities
- ⬆️ Continuous improvement
- 🌐 Digital leader
- 🌱 Sustainability

We are ambitious and committed to delivering the strategic goals by living our core values, which are at the heart of everything we do:

- 🌱 Compassionate care
- 🤝 Working together
- 🌱 Delivering excellence
- 🌱 Achieving ambitions

We provide a wide range of medical, nursing, therapeutic and specialist care to children, young people and adults. To align our strategic goals in line with the services we provide, we have developed three [Life Stage Frameworks](#), in partnership with clinical teams and patients:

- 👤 Starting Well
- 👤 Living Well
- 👤 Ageing Well

We are committed to supporting people to make informed decisions about their own care and prioritise independence. We deliver care to most people in their own homes or as close to their home as possible through our Intermediate Care Units (ICUs), clinics and other centres. The people we care for are at the centre of everything we do, and we work closely with GPs, acute hospitals, local authorities, social care partners, mental health trusts, charities, and voluntary organisations to ensure the delivery of care is coordinated to meet individual needs.

SCFT works in partnership with other organisations in Sussex which form the Integrated Care System (ICS). Integrated Care Systems are a way of working that brings together health and care organisations to work together more closely. Sussex Health and Care was formally established in July 2022 and is responsible for looking after and delivering all the health and care services in Sussex.

The Integrated Care Board (ICB) is part of the ICS and leads the improvement and integration of high-quality health services. It also takes on the commissioning functions previously carried out by the Clinical Commissioning Groups (CCGs).

SCFT is proud to have staff who continuously strive to improve the care they deliver. We are appreciative of our colleagues across the local health economy for working with us to provide a comprehensive and highly effective local health service. We are also thankful to our patients for taking the time to tell us when we get it right and when we could do better.



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Introduction

Quality Accounts are reports about the quality of services offered by all National Health Service (NHS) healthcare providers. These reports are published annually, as required by the Health Act 2009, and adhering to the statutory requirements set out in the National Health Service (Quality Accounts) Regulations 2010 as amended¹ ('the quality accounts regulations'). The reporting content, layout and language used within our quality account is prescribed within the national template.

Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The Quality Account enables Sussex Community NHS Foundation Trust (SCFT) to demonstrate public accountability for the quality of care we provide. The quality of services is measured by looking at patient safety, the effectiveness of treatments and patient feedback about the care provided using a variety of data sources and narrative.

It is our responsibility to set clear priorities and make arrangements to meet those priorities in 2023/24, and to provide assurances on how we will monitor progress. In this year's edition of our Quality Account, we look back on the priorities we set ourselves in 2022/23, reporting on the progress we made, and the priorities we have set ourselves to achieve in 2023/24.

Further information and guidance on quality accounts can be found on the NHS website using this link: www.england.nhs.uk/financial-accounting-and-reporting/about-quality-accounts.



1. SI 2010/279; as amended by the NHS (Quality Accounts) Amendments Regulations 2011 (SI 2011/269 and the NHS (Quality Accounts) Amendments Regulations 2012 (SI 2012/3081)

Part 1

Statement on Quality from the Chief Executive

Welcome to Sussex Community NHS Foundation Trust’s Quality Account for 2022/23.

The Quality Account is an opportunity for us to share the developments and achievements we have made in the past 12 months with our local community, stakeholders and staff. It is also an opportunity to reflect on the many successes enjoyed by our staff and teams across Sussex. We have been able to identify and prioritise the key areas that we believe require focus over the next 12 months.

The year 2022/23 has been another defining year for SCFT and the wider NHS. Despite the challenges we have faced, we have provided excellent care at the heart of the community, while introducing new services and effective methods of caring, with the help of our teams’ innovation and adapting to the post-pandemic climate.

We ensured that we are consistently there for those members of the community who need us the most.

While we have achieved so much, it is important that we take a moment to recognise and share those achievements. In the past year we have:

- > Treated over 139,000 patients in our Minor Injury Units and Urgent Treatment Centres with 99% of patients waiting less than four hours to be seen by a nurse or a doctor
- > Reduced our carbon footprint by 41% (3,993 tons CO2e) between 2010/11 and 2021/22

- > Provided medical, nursing and therapeutic care for over 9,000 people every day
- > Cared for over 3,000 people admitted to our Intermediate Care Units
- > Achieved 96% compliance against 95% target in 2022/23 for seeing patients within one hour of arrival at Clinical Assessment Unit (CAU)
- > Helped 23,000 people avoid hospital admission
- > Provided over 900,000 COVID-19 vaccinations
- > Launched our Life Stage Frameworks
- > Won Health Service Journal Organisation of the Year Award for Freedom to Speak Up
- > Won Nursing Times Awards 2022 for our community palliative and end of life care nursing services for the teams’ focus on patient-centered nursing care
- > Won the award for “Innovation and Improvement” category at the Care Closer to Home Celebration event for our successful “Hospital at Home” initiative
- > Received our baby friendly UNICEF Certificate of Commitment

As an organisation, we believe in and are committed to continuous learning. Everything we do is driven by our values: compassionate care, working together, achieving ambitions and delivering excellence. Every day, I see our amazing team of more than 5,500 staff and 500 volunteers live and breathe these values, despite the constant challenges they face, and we couldn’t do what we do without them.

In line with the national and locally identified areas where improvements to the delivery of care could be made, a total of five quality improvement priorities have been chosen. Of these five priorities, three were carried over from last year’s Quality Account and two new quality improvement priorities have been included. These priorities detailed in Part 2.1 align with the long-term ambitions and strategies of our Trust.

The dedication and commitment shown by our staff and volunteers makes me very proud of our organisation. As we move forward, I know that every one of us is focused on ensuring that we consistently strive to achieve excellence in everything we do.

Based on the process our Trust has adapted in producing this Quality Account, I can confirm that to the best of my knowledge the information contained within this document is accurate.



Siobhan Melia
Chief Executive
April 2023

Part 2 - Priorities and Assurances from Board

Our Commitment to Continuous Quality Improvements

We are committed to continuous learning and quality improvement which we describe as “Our Community Way”.

‘Our Community Way’ is the SCFT programme for delivering Quality Improvements across our services. The aim is to improve the way we work and the care that we deliver. Quality Improvement (QI) is a systematic approach that uses specific techniques to make changes happen. The emphasis is on empowering all staff to make local evidence-based changes which improve our working lives and improve patient care. QI uses an evidence-based, data-led approach and is widely recognised as best practice for improving healthcare services.

Our training programme approach has patient feedback and the ‘voice of the customer’ at the heart of service change and strongly advocates user experience as a key driver and metric for change. It also encourages any changes to the data to be informed with a strong emphasis on measurable change and outcomes embedded into the change process. The focus is on using data to inform where changes should be implemented as well as measuring success.

The impact of the training programme can be evidenced through a suite of case studies that showcases improvements across the trust; highlights include:

→ Community Phlebotomy Service

45% increase in urgent community visits carried out within three days and 35% increase in routine visits carried out within 10 days. This follows from a complete service review including introduction of SystmOne, increase in reporting and clearer escalation processes.

→ Hydration Stickers ICU

Approximately six patients per month benefit from early intervention in their hydration status. Adding a hydration sticker to the patients’ observation charts allows staff to help support increase in patient fluid intake for those most at risk of poor hydration, impacting health, wellbeing, cost and length of stay.

→ The ME/Chronic Fatigue Syndrome Service

The service has redesigned their processes and pathways. Patients are now waiting no longer than six weeks for their first appointment.



Part 2.1 - Review of our Priorities for Improvement from 2022/23

As a Trust, we continued to improve. All the 2022/23 priorities have progressed, whilst responding to increased operational pressures.

For this reason, three of the four priorities will continue into 2023/24, with the fourth (nutrition and hydration) being developed further through the Commissioning for Quality and Innovation (CQUIN) work planned in 2023/24.

The information below summarises progress against priorities for improvement set for 2022/23 in the previous year's Quality Account (2021/22).

Priority 1

Safe Care - Nutrition and Hydration

Improving the nutrition and hydration of our patients in SCFT's Intermediate Care Units (ICUs) using Quality Improvement methodology, which will support us to deliver the recommendations within the national CQUIN CCG 13 – Malnutrition Screening in the Community.

Why did we choose this priority?

We chose this priority as it is essential to get this right for our patients. However, we know from complaints or incidents that we did not always achieve this.

Progress on Quality Account priorities are monitored quarterly via the Trust's Quality Improvement Plan (QIP) which is reported to the Trust Wide Governance Group and Quality Improvement Committee.

This work also supported us to deliver the recommendations within the national Commissioning for Quality and Innovation (CQUIN). CQUIN reference CCG 13 – Malnutrition Screening in the Community.

We said we will:

- > Conduct a baseline analysis of our data and improve coding on our patient record system
- > Reduce our complaints in relation to nutrition and hydration
- > Evaluate training resources available to our staff
- > Develop materials for our patients on nutrition and hydration
- > Set a target of 70% of all our patients in our ICUs to have been screened for their risk of malnutrition with evidence of actions in place to reduce any identified risk

What we did:

- > We reviewed our incidents and complaints with a nutrition and hydration element and updated our incident reporting system to make incidents of this nature easier to identify and address
- > We did not receive any complaints therefore this could not be reduced
- > Following our evaluation, the Malnutrition Universal Screening Tool training is now mandatory for roles from 1 March 2023
- > Materials have been developed and introduced including: Visual aids such as placemats to encourage patients to drink fluids, new crockery, introduction of finger food for grazing and visual fluid charts that patients can complete to show how much they are drinking
- > We have exceeded our target and have a year end result of 93.7% of ICU patients being screened for their risk of malnutrition

Priority 2

Effective Care - Falls in ICUs

Improving the assessment and management of patients at risk of falls across our Intermediate Care Units (ICUs) through the introduction of Falls Champions.

Why did we choose this priority?

We chose this priority as we know that patient falls continue to be one of the top incidents reported nationally and can result in immediate harm leading to longer term problems. Within SCFT in 2021/22, the average inpatient falls rate was 3.8 per 1,000 occupied bed days (OBD) and we reported 19 falls as significant harm.

We know that through assessment of risk factors for falls, proactive management and rehabilitation, it is possible to reduce the risk of future falls and harm to patients whilst in our care.

We said we will:

- > **Complete a baseline assessment of falls risk reduction measures in quarter one. We set a target of 90% of patients having a falls risk assessment within 24 hours of admission**
- > **Identify and train one Falls Champion in each of our ICUs**

What we did:

- > We completed 87.9% of falls risk assessments within 24 hours of admission and completed 90.6% of falls risk assessments within 48 hours of admission
- > We have developed a dashboard to review falls data. The information will inform where more in-depth reviews and targeted support is needed to achieve Trust target of falls risk assessment completion
- > We still have further work to do therefore this priority will continue into 2023/24
- > We have at least one Falls Champion in each ICU. Falls Champions have attended enhanced training with a focus on falls risk assessment and action planning

We said we will:

- > **Introduce a post fall staff debrief to enhance learning**
- > **Reduce the number of falls with significant harm by 10% from the 2021/2022**
- > **Introduce falls related audits**

What we did:

- > We developed and introduced a post-fall checklist to standardise and improve documentation
- > The post-fall debrief is being developed in partnership with the Patient Safety Team to further enhance learning from falls
- > Post-falls management on all wards has improved since the introduction of the Hoverjack in 2021 (a patient air lift)
- > We have reduced the number of falls with significant harm from 19 in 2021/22 to 13 in 2022/23; we have achieved 31.5% reduction
- > From June 2022, Falls Champions completed monthly audits on the wards. All wards have shown improvements. Data is now being captured directly on the patient record system, and therefore auditing is no longer required as data can be viewed by all teams regularly



Priority 3

Effective Care - Community Rehabilitation

Enhancing and improving the community rehabilitation we offer across our services, evidence its impact in delivering improved outcomes for patients.

Why did we choose this priority?

We recognised that community rehabilitation has a key role in improving patients’ recovery, function and independence.

We chose this priority as COVID-19 had a long-term effect on increasing levels of frailty and patients at risk of falls and hospitalisation.

We said we will:

- > **Scope our current rehabilitation provision and identify gaps**
- > **Have a strategy in place as a result of our scoping**
- > **Review and develop skill set of staff groups and consider new roles to support patient rehabilitation**

What we did:

- > We undertook benchmarking of SCFT services providing rehabilitation against NHS Right Care Community Rehabilitation Toolkit and the Chartered Society for Physiotherapists (CSP) rehabilitation guidelines and identified plans for improvement
- > We have developed a draft rehabilitation strategy with clear measurable outcomes; engagement events on this will happen in the first quarter of 2023/24 with a plan to launch in the next the second quarter
- > We undertook a survey and focus groups with adult community teams and community neuro teams to identify key training needs across our registered and unregistered staff
- > We undertook an audit of evidence of personalised care taking place currently across all services and will reaudit once training has been rolled out and personalised care champions identified

We said we will:

- > **Ensure staff are skilled in shared decision making**
- > **Increase our use of validated outcome measures - Therapy Outcome Measures (TOMS) and EQ-5D-5L to demonstrate the value of rehabilitation interventions with 40% of services reporting TOMs**
- > **Ensure staff are skilled in undertaking shared decision making and goal setting with patients**
- > **Patient centred goal setting would be in place for an agreed percentage of our patients as determined by an audit in quarter one (2022/23)**

What we did:

- > In collaboration with our partners, plans have been made to support the identified training needs, utilising a community rehabilitation training grant of £30k provided by Health Education England to ensure staff are skilled in undertaking shared decision making and goal setting with patients
- > We have rolled out the training and use of the Therapy Outcome Measures (TOMS) and are anticipating going live with a reporting dashboard later in the year to evidence the impact of our services. We have met our target of 40% of services reporting TOMs
- > We still have further work to do and will continue this priority in 2023/24. We will carry out an audit in quarter four 2023/24 to demonstrate that staff are skilled in undertaking shared decision making and individualised goal setting with patients
- > This audit was completed in quarter four 2022/23 and demonstrated all therapy teams have engaged with personalised care
- > We are using these results to influence our strategy and work with individual services to make clear action plans

Priority 4

Patient Centred Care - Engagement of Children and Young People

Increasing the engagement for children, young people, parents, and carers who access SCFT clinical services, enabling us to improve the delivery of children's services and improve the health and wellbeing of individuals and their families.

Why did we choose this priority?

We wanted to improve how we listen to the voices of families and specifically to children and young people.

We said we will:

- > **Complete a baseline analysis on how our services gain feedback and identify gaps**
- > **Engage with families to develop innovative and inclusive ways to increase feedback to ask what matters to them**
- > **Work with families to ensure all information is easy to read and appropriate for children and young people**

What we did:

- > We undertook a review of which children's services were completing the Friends and Family Test (FFT)
- > We established a working group to promote and progress the actions needed to increase feedback from children and young people
- > We scoped the resources available locally and nationally to increase engagement with families
- > We established links with carers and parent forums and Children's and Young People Healthwatch which will help inform further work
- > We recognise we have further work to do and will continue with this priority in 2023/24
- > The links we have established with carer and parent forums in 2022/23 will help us develop this work in 2023/24

We said we will:

- > **Improve the Friends and Family Test (FFT) feedback from children and young people**
- > **50% of our children's services will gain feedback from children and young people**
- > **Have parents/carers/children representation at all relevant service groups**

What we did:

- > Between April 2022 to March 2023, 17,263 FFT surveys were completed, of which, over 3,300 were from children's services and children and young people, which represents 19.1% of overall FFT compared to 8.2% we reported last year
- > We have achieved our 50% target of relevant children's services gaining feedback in 2022/23
- > We have engaged with the Children's and Young People Healthwatch and will be developing a group so that we can work in partnership with them
- > We recognise we have further work to do on this priority and will be continuing it in 2023/24



Our Priorities for Improvement in 2023/24

Priority 1

Patient falls in ICUs

Safe Care: We shall continue to improve the assessment and management of patients at risk of falls across all our Intermediate Care units (ICUs). This is a priority we have continued to build on since last year.

Why we have chosen this priority?

We have chosen this priority as patient falls remain one of the top three incidents reported within our Trust and nationally.

The National Audit of Inpatient Falls (NAIF) defines a high-quality Multi-Factorial Risk Assessment (MFRA) as when a patient has documented evidence of assessment of at least five of the following six assessments:

Lying and Standing Blood Pressure (LSBP), vision, mobility, delirium, continence and medication review. This year, our priority will focus on lying and standing blood pressure and mobility.

How we will achieve this?

- > By improving the completion of lying and standing blood pressure, mobility assessments and falls risk assessments for patients over 65 years of age who are admitted onto our ICUs

How will we demonstrate success?

Reaching our targets of:

- > 80% of patients over 65 admitted will have a lying and standing blood pressure recorded at least once
- > 80% of patients over 65 admitted will have a mobility assessment within 24 hours of admission
- > 95% of patients (compared to the 87.8% in 21/22) will have a completed falls risk assessments within 24 hours of admission

How we will achieve this?

- > Develop and introduce post-falls debrief, in partnership with the patient safety team to encourage rapid reflection and improve learning outcomes
- > Actively measure #EndPJPparalysis and ensuring that more patients are dressed in their own clothes and are sitting upright for lunch

How will we demonstrate success?

- > By the end of quarter four, 100% of patients that sustain a fall will have a post-fall debrief completed within 24 hours of the fall
- > 70% of patients will be dressed in their own clothes on our wards

Progress of this priority will be monitored through the falls steering group and Trust Wide Governance Group.



Our Priorities for Improvement in 2023/24

Priority 2

Community Rehabilitation

Effective Care: We will continue to enhance and improve the delivery of community rehabilitation services we offer across Sussex. This priority is a continuation from last year.

Why we have chosen this priority?

We have chosen this priority again as we recognise the importance of community rehabilitation towards patients' recovery, independence and long-term health outcomes.

Rehabilitation following falls related injuries remains one of the main reasons for admission to an ICU within SCFT.

We will investigate how we could deliver better care in our patient's journey to recover without hospital admissions.

How we will achieve this?

- > We will re-audit to benchmark our services against the NHS RightCare Community Rehabilitation Toolkit and Chartered Society of Physiotherapy rehabilitation standards

How will we demonstrate success?

- > In quarter four, the re-audit results will show improvement in the understanding of personalised care within our teams and demonstrate active delivery of the care

How we will achieve this?

- > We will launch our new Rehabilitation Strategy, following the engagement events in quarter two of 2023/24. This will outline our objectives against a set timeline and provide us with clear direction for therapy standards at SCFT
- > We shall continue to develop a digitally enabled service where Therapy Outcome Measures (TOMS) can be developed and promoted to demonstrate the value of rehabilitation interventions

How will we demonstrate success?

- > The initial audits in quarter four 2022/23 will provide a baseline to enable us to set an improvement goal
- > The strategy will include a deliverable plan with clear timescales
- > We will set a target in quarter four 2023/24 to ensure that staff are skilled in undertaking shared decision making and individualised goal setting with patients
- > By quarter three we will have established a standardised dashboard for continuous reporting of TOMS data. We aim to have 12 out of 18 teams (65%) generating their own quarterly report
- > By quarter three we will use data collected to develop Personalised Care

Progress of this priority will be monitored through the Trust Wide Governance Group (TWGG).



Our Priorities for Improvement in 2023/24

Priority 3

Engagement with Children and Young People (CYP)

Patient Centred Care: We shall continue to increase our engagement with children, young people and carers who access our services, enabling us to improve the delivery of children’s services, improve the health and wellbeing of individuals and their families and to produce self-management information.

Why we have chosen this priority?

We have chosen this priority again to increase opportunities to listen to those children and young people directly.

We regularly ask parents for feedback and comments. However, we do not consistently ask children and young people in a similar way.

Focusing on this priority will help towards addressing this gap and will help us to ensure the voice of children and young people is heard.

How we will achieve this?

- > **By showing an increased number of FFT feedback from children and young people who access our services**

How will we demonstrate success?

- > We will increase our FFT results in 2023/24 by 50%, building on our success, from 3,330 in 2022/23 to 4,995 in 2023/24

How we will achieve this?

- > Review the information available to the children and young people accessing our services to ensure it is appropriate and easy to read and have a plan in place by quarter two to refresh this
- > Increase the participation of CYP in providing feedback about services by developing new and innovative methods

How will we demonstrate success?

- > We will gain feedback on the revised information throughout 2023/24 and have a 90% satisfaction level
- > We will have established working relationships with at least four children and young people’s parents and carers forums to design platforms to increase children’s engagement. By the end of quarter four we would have developed and implemented at least 50% of these

Progress of this priority will be monitored through the Children and Specialist Area Governance Group and Patient Experience Group.



Our Priorities for Improvement in 2023/24

Priority 4

Supporting people who experience delays or extended waiting times to ‘wait well’.

Caring and Effective: We shall improve communication with people who experience delays or extended waiting times and develop a framework to support people to ‘wait well’.

Why we have chosen this priority?

We have chosen this priority as we have identified a theme from staff and patient feedback, where we could have communicated better when there was a delay in patient appointments.

How we will achieve this?

- > **Conduct a baseline analysis of data, including a review of incidents and patient experience feedback through complaints and PALS and set outcome measures to monitor progress**
- > **Through the baseline assessment we will identify the services/teams that currently adopt the “waiting well” framework and identify two services to work with to develop this work by sharing good practice**

How will we demonstrate success?

- > **Clear outcome measures from the baseline in quarter one and have an improvement plan with key goals in place**
- > **The implementation of ‘waiting well’ good practice with two services in quarter two**

How we will achieve this?

- > **We will evaluate the success of the solutions in quarter three and develop and implement new actions based on the results of the audits**
- > **We will co-design, with patient and representative involvement, a waiting-well framework to support other services**

How will we demonstrate success?

- > **Reduction of 25% in numbers of incidents and contacts through PALS and formal complaints with negative feedback about waiting within the two identified services**
- > **A co-designed ‘waiting well’ framework will be in place by quarter four**

Progress of this priority will be monitored by the Patient Experience Group in partnership with the operational services who receive feedback from our patients about delays or extended waiting times.



Our Priorities for Improvement in 2023/24

Priority 5

Developing skills to deliver improved care to people with learning disabilities and/or autism

Caring and Safe: Through continuous learning and development, staff will develop their skills and confidence to deliver improved care for those patients with a learning disability and/or autism.

Why we have chosen this priority

We have chosen this priority as we have identified a theme from PALS, complaints, and incidents, where communication with and understanding of the needs of patients who have a learning disability and/or autism, could be enhanced.

How we will achieve this?

- > We will review national best practice and develop our own guidance
- > We will roll out the Oliver McGowan training to all relevant staff. Level 1 e-Learning to be added to staff profiles in quarter one in 2023/24. Other training will be added once available

How will we demonstrate success?

- > Guidance documents to be in place
- > We will use the national targets for delivery of the different levels of training and will set a goal to achieve 85% compliance of Level 1 e-Learning by the end of quarter four

*The Oliver McGowan training is the government’s recommended training for health and social care staff on Learning disability and autism. This has been co-produced and will be co-delivered by trainers with lived experience of learning disability and autism.

How we will achieve this?

- > We will seek subject matter experts in assessing our clinic environments, including signage, waiting and treatment areas, to ensure they are accessible, comfortable and suitable as well as reviewing the information available
- > We will conduct a baseline analysis of feedback received from people with learning disabilities/autism in quarter one and set a target to increase feedback by the end of quarter four

How will we demonstrate success?

- > We will complete equality act environmental surveys for all Trust owned properties (10) by the end of quarter four. The recommendations from these will be prioritised for action within the Trust’s estates plan
- > We will have set and achieved our improvement target

Progress of this priority will be monitored by Area Heads of Nursing and reported through the Trust wide Governance Group.

We shall evidence the progress against the priorities detailed for 2023/24 in next year’s Quality Account.



Part 2.2 - Statements of Assurance from the Board

This part of Quality Accounts includes the core information relevant to the quality of NHS services provided or sub-contracted by SCFT in 2022/23 and assures that SCFT is:

- > Measuring our clinical processes and performance, by conducting local and Trust-wide clinical audits and participating in National Clinical Audits
- > Providing information about the Commissioning for Quality Innovation (CQUIN) payment framework
- > Leading, or taking part in research projects

- > Meeting essential standards (e.g. Care Quality Commission Registration)

SCFT has reviewed all the data available on the quality of care in these relevant health services. During 2022/23, the numbers of services provided and/or subcontracted by Sussex Community NHS Foundation Trust remains unchanged from the previous year.

The income generated by the relevant health services reviewed in 2022/23 represents 83.6% of the total income generated from the provision of relevant health services by SCFT for 2022/23.

Clinical Audits and National Enquiries

Clinical Audit is a quality improvement tool that aids the improvement of patient care by reviewing current practice against the national and/or Trust's standard. Clinical Audit results are used to make changes to delivery of care if necessary.

Due to the focus on operational delivery and responding to the COVID-19 pandemic, clinical audits were prioritised and in 2022/23 many of the national audits and local audits were reinstated. SCFT completed all relevant mandated audits.

Every year, SCFT develops an annual Clinical Audit Plan which comprises of mandatory national clinical audits and Trust-wide (local) clinical audits, which undergoes a rigorous approval process and is monitored through the Clinical Effectiveness Group (CEG). To promote learning, all audit findings and recommendations are discussed in service and area governance groups and via various Trust-wide operational forums.

Actions to Improve Quality of Healthcare

ReSPECT Audit 2022/23

The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process was introduced to the Trust in April 2018. The ReSPECT process ensures patient centred approach to anticipatory care and creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices.

Two audits were carried out in 2022, reviewing the ReSPECT forms of patients admitted to our ICUs in April 2022 and a reaudit in August 2022, during which, a sample of 70 ReSPECT forms were reviewed.

Audit findings

- > All the forms had relevant clinicians' names and bands completed
- > The reaudit showed a significant improvement in documentation of diagnosis, legal proxy information and advance planning documents
- > Improvements were needed in overall completion rates and ensuring all sections of the forms were fully completed

Audit actions

- > Review of ReSPECT processes across all ICUs to ensure parity
- > Develop, record and share a ReSPECT webinar for all ICU staff
- > Integrate learning from audit into ReSPECT educational sessions



Falls and Fragility Fractures Audit Programme (FFAP)

FFAP is a national clinical audit run by the Royal College of Physicians (RCP), designed to audit the care that patients with fragility and fractures and inpatient falls receive in hospital.

The records of patients who had a femoral fracture as a result of a fall were audited nationally, for the presence of multifactorial falls risk assessment (MFRA) and post-fall management immediately afterwards.

RCP reported the following key learning and recommendations in Autumn 2022.

Audit findings

- > Not all patients had a lying and standing blood pressure (LSBP) recorded
- > Post-fall management continues to improve, however, not all patients with femoral fractures were moved from the floor using flat lifting equipment

Audit actions

- > Flat lifting equipment (Hoverjack-air hoists) is now available in all our ICUs
- > Escalation post-falls within 30 minutes is being monitored by the Trusts Falls Lead. Reporting templates in SystmOne have been updated
- > Standard post-falls assessment template implemented



National Early Warning Score (NEWS2) Audit 2022/23

The National Early Warning Score (NEWS2) is a system for scoring patients' physiological measurement that are recorded routinely at patients' bedside. This system helps us to identify any changes by identifying Low risk to High-risk patients and provide appropriate clinical responses.

NEWS Audit is a Trust priority audit to review our staff's understanding of NEWS2 and escalation processes; and to provide assurance that staff are using the relevant documents correctly.

A sample of 180 patient notes were reviewed for the patients admitted in our ICUs between June and September 2022. The audit did not show any new themes and will provide a baseline of data for future audits.

Audit findings

- > 100% of notes reviewed had NEWS2 charts completed
- > 92% of records audited had the score calculated and documented correctly
- > Clearer evidence of the escalation actions for some patients was needed
- > Improvements noted in how observations recorded in SystmOne (the Trust electronic patient record system)

Audit actions

- > We are updating the NEWS2 escalation protocol and sepsis pathway
- > Our Digital Team is investigating introducing handheld devices to support prompt data entry

Sentinel Stroke National Audit Programme (SSNAP)

SSNAP report was published in November 2022 and there is only one section relevant to SCFT for community stroke rehabilitation.

Audit actions

- > The Clinical Services Manager for Community Neuro Services has set up an SCFT project group which is working towards meeting the new standards of commissioning six-month reviews equitably so that all the stroke patients are assessed with a standardised tool

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP)

The Pulmonary Rehabilitation Audit is based on the British Thoracic Society's Quality Standards. One of the key elements of the pulmonary rehabilitation programme is for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) to have at least six weeks of a rehabilitation programme (that should include a minimum of twice-weekly supervised sessions).

Audit findings

- > Not all COPD patients had been offered pulmonary rehabilitation within 90 days of receipt of referral
- > SCFT has overall shown significant improvements when compared to the national average
- > 98% of the SCFT patients had an individualised written discharge plan. The national average for this KPI was 87%
- > 91% of the SCFT patients undertook practice exercise test for incremental shuttle walk test or six-minute walk test. The national average for this KPI was 55%

The latest NACAP report for pulmonary rehab was published on 22 March 2023 for the patients who underwent rehabilitation between April and September 2022. The report highlighted six Key Performance Indicators (KPIs).

Audit actions

- > Primary, secondary and community services to implement ways to work together, offering people with asthma and COPD a seamless pathway of care
- > To ensure the presence of a respiratory nurse specialist for advice to patients
- > Making 7-day specialist advice available to all patients admitted with an exacerbation of COPD
- > To hold weekly MDT meetings between hospital and community teams to facilitate the transition of care, following a hospitalised exacerbation of COPD
- > Provide people with a written exercise plan for ongoing maintenance

NACAP has now transitioned to the National Respiratory Audit Programme (NRAP) - www.nrap.org.uk

Trust Priority Local Audits Scheduled for 2023/24

The priority audits are clinical audits linked to Trust objectives or strategies:

- > Bed Optimisation: Rehab Standards
- > Bed Optimisation: Enhanced Care
- > Nutrition and Hydration
- > Holistic Documentation Assessments
- > Personalised Care, Shared Decision Making and Person-Centred Goal Setting: current levels of understanding and use

Mandatory Trust-wide (Local) Audits Scheduled for 2023/24

These audits are mandatory clinical audits carried out by relevant services across the whole Trust. Drivers include issues identified through the clinical governance reporting frameworks, quality checks against SCFT policy or procedures, external initiatives/standards, frameworks, accreditation and NICE Guidance.

- > Use of hypnotic medicines in Intermediate Care Units (ICUs)
- > Valproate reaudit to ensure assurance is met for women and girls of childbearing age prescribed valproate
- > Antimicrobial prescribing reaudit in the ICUs
- > Annual health record keeping audit (Adults and Children)



National Audits Scheduled for 2023/24

From the Healthcare Quality Improvement Partnership (HQIP) directory of National Audits scheduled to occur in 2023/24, SCFT has identified 11 National Audits in which the Trust is eligible and may be appropriate to participate.

- > Child Health Clinical Outcome Review Programme
- > Epilepsy 12 – National Audit of Seizures and Epilepsies for Children and Young People
- > Falls and Fragility Fractures Audit Programme – National Audit Inpatient Falls
- > Learning from lives and deaths of people with a learning disability and autistic people (LeDer)

- > Medical and Surgical Clinical Outcome Review Programme (NCEPOD)
- > National Audit of Intermediate Care (NAIC)
- > National Respiratory Audit Programme
- > National Audit of Care at the End of Life (NACEL)
- > National Diabetes Audit – Adults
- > Sentinel Stroke National Audit Programme (SSNAP)
- > UK Parkinson’s Audit

Commissioning for Quality and Improvement (CQUIN)

CQUINs were introduced in 2009 to make a proportion of healthcare providers’ income conditional on demonstrating improvements in quality and innovation in specified areas of care.

Review of 2022/23 CQUIN indicators	Performance Threshold for Payments		Compliance 2022/23
	Minimum	Maximum	
1. Flu vaccinations for frontline health workers	70%	90%	95.6%
2. Use of anxiety disorder specific measures in IAPT	55%	65%	81.7%
3. Malnutrition screening and follow up management plan and action plan for inpatients and first contact Primary Care Network (PCN) patients	50%	70%	93.7%
4. Assessment, diagnosis and treatment of lower leg wounds for community patients	25%	50%	76.6%
5. Assessment and documentation of pressure ulcer risk and care plans for inpatients	40%	60%	86.5%

SCFT’s income in 2022/23 was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework.

The sum attached to the CQUINs is variable each year based on a percentage of the contract value and is dependent on achieving quality improvement and goals.

The plan for 2023/24 includes the following areas for improvement:

- > Flu vaccinations for frontline health workers
- > Malnutrition screening and follow up management plan and action plan for inpatients and first contact Primary Care Network (PCN) patients

- > Assessment, diagnosis and treatment of lower leg wounds for community patients
- > Assessment and documentation of pressure ulcer risk and care plans for inpatients

We will report our achievements in next year’s Quality Account.

The amount the Trust will receive for 2023/24 will be 1.25% of the actual contract value, paid in full within the fixed element of the contract.

CQUIN indicators and Improvement plans for 2023/24

CQUIN Indicators 2023/24	Performance Threshold		Target
	Minimum	Maximum	
1. Flu vaccinations for frontline health workers	70%	90%	90%
2. Malnutrition screening and follow up management plan and action plan for inpatients and first contact	50%	70%	70%
3. Assessment, diagnosis and treatment of lower leg wounds for community patients	25%	50%	50%
4. Assessment and documentation of pressure ulcer risk and care plans for inpatients	40%	60%	60%

Use of anxiety disorder specific measures in IAPT has been excluded for 2023/24.

Confidential Enquiry

During 2022/23, SCFT participated in a national confidential enquiry by completing an organisational questionnaire for the transition from child to adult health services.

Research Studies and Activities in 2022/23

SCFT recognises that clinical research is central to the NHS. Encouraging a research-positive culture in health and care organisations is important to give patients wider access to clinical research and improve patient care and treatment options.

Evidence shows that research-active NHS Trusts have better patient care outcomes. SCFT is regularly ranked in the top ten research-active Community Trusts and is currently 6th for the number of studies opened and 3rd for the number of recruits. This clearly demonstrates SCFT’s continuing commitment and accomplishment regarding research.

The number of patients receiving relevant health services provided, or sub-contracted, by SCFT in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee was 497. In addition, 58 carers and 152 clinical staff and health professionals were recruited to studies approved by the Health Research Authority, making a total of 707 participants to 34 studies.

Every research project, whether led by an external or SCFT researcher, is designed to improve outcomes for our patients and two examples are listed here:

→ Breathe-Easy

A pilot study to examine a night-time intervention to improve respiratory health of children with complex neuro-disability.

This study tests the sleeping position for children with complex neuro-disability. The aim is to reduce the increased risk of chest infections due to breathing in saliva and stomach contents at night-time when children are positioned on their backs or their side. Already we are being told that children in the study are doing well. We are collaborating with University Hospitals Sussex NHS Foundation Trust. SCFT patients are being offered a treatment they would not otherwise have been offered.

→ The REDUCE Trial

Reducing the impact of foot ulcers. This study is testing a website and handbook and on-line nurse support as a new way of helping people with diabetes who have a foot ulcer. The aim is to reduce the patient’s chances of getting another foot ulcer and if they do get another ulcer to get the right support quickly. SCFT patients are being offered a treatment they would not otherwise have been offered.

Care Quality Commission (CQC)

As an NHS Foundation Trust, the Trust is required to register with the CQC and will be inspected by the CQC for the services we provide. The last inspection was carried out in 2017 and the inspection report was published in 2018. The Trust’s latest overall rating is Good with some Outstanding ratings in some of the key areas. SCFT has no conditions on its registration and the CQC has not taken any enforcement action against SCFT during 2022/23.

SCFT has 13 registered locations to deliver varied services of care under five core services and one additional service:

- > Community Inpatient Services
- > Community Health Services for Adults
- > Community Health Services for Children and Young People

- > End of Life Care
- > Community Dental Health Services
- > Urgent Care Centre (additional services)

Three out of six core services provided by the Trust were inspected by CQC between September and October 2017 under the Chief Inspector of Hospitals regime: community inpatient services, community dental services and sexual health services. SCFT has since deregistered sexual health services.

Sussex Community NHS Foundation Trust CQC Ratings

Our services:	Safe	Effective	Caring	Responsive	Well-led	Overall (last rated)
Health Services for Adults	Good	Good	Good	Good	Good	Good March 2015
Health Services for CYP	Good	Good	Good	Good	Good	Good March 2015
Inpatient Services	Good	Good	Outstanding	Good	Good	Good Sept 2017
End of Life Care	Good	Good	Good	Outstanding	Good	Good March 2015
Dental Services	Good	Good	Good	Good	Good	Good Oct 2017
Sexual Health Services*	Good	Good	Good	Good	Good	Good Oct 2017

*SCFT no longer provides sexual health services.

The CQC inspection report published in July 2018, had an overall rating of Good for the Trust. The inspectors reported that the Community Inpatient Services was good overall and the care delivered in Community Inpatient Services was rated outstanding. The report also highlighted that the inspectors saw numerous examples where staff in Community Inpatients Services had gone the extra mile and consistently demonstrated patients were at the centre of everything they did.

SCFT has had regular routine engagement meetings with the Trust’s CQC relationship manager, and there are no issues resulting from these.

The Trust is proactively involved in the implementation of the new CQC inspection framework including adopting quality statements.

This inspection focused on the following five key questions:

- > Are services safe?
- > Are services effective?
- > Are services caring?
- > Are services responsive?
- > Are services well led?

NHS Number and General Medical Practice (GP) Code Validity

In 2022/23, the Trust submitted records to the Secondary User Service (SUS) for inclusion in the Hospital Episode Statistics (HES), which are included in the latest published data.

The data is obtained from Clinical Coding team for submission.

Records in the submission file that included the patient’s valid NHS number

	Apr 22 - Feb 23	2021/22	2020/21
For admitted patient care	100%	100%	99.9%
For outpatient care	99.9%	100%	100%
For accident and emergency care	98.9%	99.3%	99.1%

Records in the submission file that included the patient’s valid GP

	Apr 22 - Feb 23	2021/22	2020/21
For admitted patient care	99.5%	99.2%	99.2%
For outpatient care	99.3%	99.1%	98.8%
For accident and emergency care	97.7%	98.2%	97.8%

Data Security and Protection Assessment Report

The Data Security and Protection Toolkit Assessment submission is on 30 June 2023, as reported to the Information, Data and Technology Governance Group on 23 March 2023. The Trust is on track to achieve all mandatory evidence items.

The Trust has a robust programme of information governance improvements and awareness and a governance framework to monitor and assure via the Information, Digital and Technology Governance Group.

Payment by Results

SCFT was not subject to the Payment by Results clinical coding audit during 2022/23 by NHS Improvement.

Data Quality

Board Assurance Framework

The Trust is prioritising the quality and effective use of data. In recognition of this, a thematic data risk is monitored as part of the Board Assurance Framework.

The risk recognises the importance of good quality data and effective information flows, as well as the need to link and respond to data. Whilst the Trust has good processes in place, there remain risks in some areas around collecting and managing data.

The organisation has invested in new technical tools to process, analyse and present its data. They will support operational and clinical decision making and be complemented by work to develop the data skills and knowledge of staff across the Trust.



Investment in information systems to monitor and improve the quality of care

The Trust has consolidated its investment in the SystmOne Electronic Patient Record (EPR), with most services now using the system. It provides a single, consistent place to record and report clinical and operational data. Its rollout continued during the pandemic, with inpatient beds among the services moving onto SystmOne. The Trust's Digital Teams is now developing the next phase of their digital transformation programme.

SCFT is now taking a national role in further developing the EPR model for potentially all NHS Community Trusts. It is the only Community Foundation Trust in the country chosen to be as an NHSX Digital Aspirant Plus (DA+) EPR Innovator. The aim is, through a new type of contract, to develop an enhanced strategic partnership between Trusts and the EPR market.

The world of digital, data and technology are constantly evolving and offers ever more ways to improve patient care. SCFT is committed to leading the way in the use of digital technology, upholding the NHS Long Term Plan to make digitally enabled care mainstream across the service. We recognise this is only possible if we give our staff the right tools, training and support.

Our strategy is based on understanding our colleagues, the work they do and the patients they care for. With this deeper understanding, we aim to use digital to make work less laborious, interactions more meaningful and our ability to provide care more effective.

As part of our journey of digital transformation, we're committed to continually improving our services to make these statements true in this Trust by ensuring that:

- > All staff have the equipment and training they need to do their job properly
- > All staff have access to patient information when they need it
- > Our digital systems are not a burden but make tasks easier and quicker
- > Our systems speak to each other, so nobody needs to input information multiple times
- > Clinicians can remotely monitor patient observations to determine when a face-to-face appointment is needed
- > All staff have easy access to information about their service and their local population

Review of current data quality

The Trust's annual internal audit programme includes a number of data quality audits, agreed by the Executive and Audit Committees. The audits cover areas where the Trust requires assurance on data quality for internally or externally reported data.

As a part of the 2022/23 Internal Audit Plan, the trust's internal auditors, TIAA, undertook a review of Integrated Performance Report (IPR) document and review of staff appraisals.

- > The review of IPR documents focused on the processes, controls and governance arrangements in place for the production of the IPR. The final report provided with 'Reasonable Assurance', which is the second highest assurance level

- > The review of staff appraisals is underway and is expected to be completed at the end of May 2023

Finance, Performance and Quality (FPQ) meetings at Operational and Executive level review Trust key metrics monthly. Data is reported (including variances to plan and exceptions) and remedial actions agreed. This includes actions, when required, to improve data quality.

Assurance Processes to Monitor Data Quality and Validity

A range of processes monitor data quality and check the validity of data. Technical and clinical assurance takes place during the design and deployment of SystmOne to new services. Any subsequent alterations go through a change control process to ensure their impact and any risks are reviewed before the live system is changed.

Externally reported information is routed through the Performance Analysis Team, with extensive validation processes in place to gain assurance on the quality of the data, particularly for statutory and contractual returns.

Internally, there is a monthly process for the scrutiny, challenge and review of data by services in advance of monthly executive-level Finance, Performance and Quality (FPQ) meetings with each operational area. Performance Business Partners support operational teams with preparation for the meetings including identification of data quality issues and any required actions. This monthly process supports the improvement of data quality, as well as reporting.

The Trust performance information is delivered largely through our self-service performance reporting system SCHOLAR (Sussex Community On-Line Analysis And Reporting). SCHOLAR provides dashboards across a range of quality, performance, workforce and finance metrics. These are generally available at the Trust for operational area and service levels, giving managers and clinicians access to their quality and performance data.

Good access to regularly updated data has enabled better detection of data quality issues in operational areas.

Learning from deaths

The Trust’s Mortality Review Group reviews all deaths of inpatients in our Intermediate Care Units. We use Structured Judgment Review forms (SJR) to review the care in the period before a patient has died.

Performance Business Partners work alongside the Digital Team to support services, with iterative changes to processes in order to improve data quality where challenges are identified.

Board and FPQ reporting follow national best practice by using statistical process control (SPC) charts. These distinguish significant changes in metrics from expected levels of month-to-month variation. They provide one way of identifying notable changes in processes and recording practices.

SJR’s help us identify trends, if any, including units which have a higher number of deaths than average which would help us better with in-depth reviews of the care provided within those units.

No. of inpatient deaths of SCFT ICUs in	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
2022/23	2	4	7	10	23
2021/22	9	11	15	4	39

In 2022/23, there were 23 deaths in our Intermediate Care Units (ICU). All the 23 inpatient deaths underwent SJR and none of the deaths required internal Root Cause Analysis (RCA) investigations or Serious Incident (SI) investigations.

Our mortality review group identified the following learning from the deaths in 2022/23:

- > Development of a standardised approach to managing patients with extreme low body weight and having appropriate mattresses to care for these patients

- > Members identified a theme in that delays that are experienced in the social care system and availability of rapid care packages when continuing health care applications are made. We now have social care personnel attending weekly discharge meeting where these issues are picked up and discussed for better facilitation of discharge. We are involved in an ICB led programme to discharge patients from our units
- > Members identified a trend of patients being transferred from acute Trusts at a late stage of End-of-Life care. This can be attributed to the intense pressure acute Trusts are experiencing with the number of beds available and care packages that are available in the market. This has been communicated to the acute Trusts

There is a statutory requirement for all deaths to be scrutinised by an independent Medical Examiner by the end of March 2023. The Trust implemented this process in Autumn 2022 in collaboration with local acute Trusts.



Part 2.3 - Reporting against Core Indicators

Since 2012/13, NHS Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital. These are set out below, together with SCFT performance.

For each indicator the number, percentage, value, score or rate (as applicable) for at least the last two reporting periods should be presented in a table.

In addition, where the required data is made available by NHS Digital, the numbers, percentages, values, scores or rates of each of the NHS Foundation Trust’s indicators should be compared with:

- > The national average for the same and
- > NHS Trusts and NHS Foundation Trusts with the highest and lowest for the same

The core indicators relevant to community services are included below.

Hospital Readmissions (Indicator 19)

This indicator reports, patients aged 0-15 years and 16+ years readmitted to a hospital, SCFT does not have any hospital inpatient units for children and young people aged 0-15. We have 14 community hospital inpatient wards for people in the age group of 16 and above.

In 2022/23, the total number of readmissions within 28 days of discharge from our community hospital inpatient wards was notably less than the readmissions in the past two years.

SCFT hospital readmissions	2022/23	2021/22	2020/21
Total number of discharges	3,307	4,403	4,897
No. of readmissions within 28 days of discharge	166	288	349
% of readmissions within 28 days of discharge	5.0%	6.54%	7.13%

Friends and Family Test (FFT) – Patient (Core Indicator 21.1)

There is no statutory requirement to include this indicator in the Quality Account, however, SCFT recognises the importance of reporting on patient feedback. The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

- > Individual services receive monthly reports on their FFT results. Using these reports they develop a ‘You Said, We Did poster’ to demonstrate what actions have been taken based on the feedback received

In 2022/23, SCFT received 17,263 pieces of feedback through FFT compared to 20,367 pieces of feedback received in 2021/22 which is a decrease of 15%. This reduction is due to the Trust’s COVID vaccination sites closing.

- > Most patients who have completed an FFT would recommend the service they received from SCFT
- > SCFT services have a range of methods for patients to complete FFT, this includes paper-based surveys, online survey links with quick response (QR) codes sent via email and text messaging, and opportunities to feedback through the Trust website

Friends and Family Test - Patient

Reporting Period	Percentage of people likely to recommend
2022/23	96%
2021/22	96.7%
*December 2020 – March 2021	96.8%

*FFT was suspended during COVID-19 pandemic (March 2020 to November 2020)

NHS England no longer publish response rates for NHS Trusts for their FFT submissions. For February 2023 (last report published), SCFT submission numbers were compared to 144 community healthcare providers in England.

SCFT was in the top 14 for the highest numbers of FFT's completed.

Results of Friends and Family Test: % of participants Likely to Recommend SCFT services

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	96.5%	96%	94.5%	95.7%	95.7%	94.7%	96%	96.9%	94.6%	96.9%	97%	96.9%
2021/22	96%	98%	97.8%	97.7%	98.7%	95%	96%	97%	97%	95.5%	95.5%	95%
2020/21	FFT was suspended during COVID-19 pandemic								97%	97.5%	96.7%	95.8%



Some examples of what has changed in 2022/23 as a direct result of feedback is included below:

You said

"Don't wear a face mask - wear a face shield so we can hear you."

We have masks with clear panels available for staff to wear to help with communication.

We did

You said

"Could you provide a box of simple games for patients to aid recovery and to socialise?"

Scrabble has been provided and self-select activity boards have been put up on all wards.

We did

You said

"I would like a pillow to my head whilst being screened."

We checked that all of our screening sites have a pillow for patients, and where they didn't, we put one in.

We did

You said

"Some of the exercise descriptions could be more detailed."

We have updated the photos of the exercises to make them clearer and there are always two members of staff in each class to support patients with the exercises.

We did

You said

"I am unsure of when the nurses would be visiting me at home."

We will make sure that we inform patients of the visiting schedules in advance, so patients know when to expect the nurses to visit.

We did

Venous Thromboembolism (VTE) Risk Assessments

The table below presents the percentage of patients who had VTE risk assessment completed during their admission to one of our Intermediate Care Units (ICUs.)

This data demonstrates that SCFT are appropriately assessing patients for risk of VTEs.

Reporting period	Percentage of patients, who had VTE risk assessment during ICU admission at SCFT
2022/23	97.8%
2021/22	97.5%
2020/21	86.6%

Clostridium difficile (Core Indicator 24)

Clostridium difficile, also known as C. difficile, is a bacterium that can infect the bowel and cause diarrhea.

In 2022/23 we reported five cases of C. difficile on our ICUs. Two of these cases were investigated as we had identified lapses in care. We undertook the following actions as a result of the learning from the investigations:

- > At the Safety huddles, staff were reminded of the faecal sampling guidance and faecal sampling for Clostridium difficile infection

- > Patients’ bowel movements recorded on stool chart and where there are concerns identified stool samples are sent for testing and patient isolated within 48 hours of admission
- > Escalation process put in place to report changes in a patient’s stool consistency to the Nurse in Charge
- > The Infection Prevention and Control Team now informed of any patients isolated or rationale if unable to isolate

Patient Safety Incidents (Core Indicator 25)

SCFT has made significant progress implementing the NHS Patient Safety Strategy. This is underpinned with the continuously developing safety culture, where staff can be open about mistakes and feel confident that incidents are investigated using a system-based approach.

This enables valuable lessons to be learnt and changes made for improvement in patient safety. All SCFT notifiable patient safety incidents are reported into the National Reporting and Learning Service (NRLS).

In 2022/23, SCFT staff have reported a total of 13,591 incidents, of which, 6874 were classified as affecting patients receiving SCFT care at the time of the incident. Two of those incidents resulted in death (0.02%).

One was an inpatient fall and the other was due to sub-optimal care of a deteriorating patient. However, these patients did not die when they were inpatients, therefore these two deaths were not included in the inpatient mortality reviews.

Reporting period	Patient safety incidents	Patient safety incidents	Severe harm OR death incidents
2022/23	13,591	6,874	2 (0.02%)
2021/22	13,555	6,535	7 (0.10%)
2020/21	11,904	5,292	3 (0.05%)

Pressure Ulcers, Falls, Medication Errors and Deteriorating Patient incidents account for 60.7% of the total patient safety incidents compared to 61% for the previous financial year. These are consistent themes across the NHS and are supported by national and local improvement initiatives. The Trust has specialist-led steering groups for these themes and monitoring improvement initiatives. These themes will be included in the future SCFT Patient Safety Incident Plan when we replace the NHS Serious Incident Framework with the Patient Safety Incident Response Framework, by the end of 2023.

SCFT considers this data demonstrates an open and transparent safety culture and commitment to patient safety, where staff are supported to report incidents and learning identified for continuous improvement. The actions related to the above are included within the learning from deaths and Serious Incident sections.

Serious Incidents (SI)

Incidents affecting patients, staff or the organisation that result in severe harm or fatality, a serious near miss or risk to SCFT reputation are considered within the context of the NHS Serious Incident Framework (2015).

Incidents that meet SI criteria are thoroughly investigated to enable the organisation to learn what happened and why and how it happened to enable improvement initiatives aimed at reducing recurrence.

Identified SIs are reported externally on the national Strategic Executive Information System (STEIS) and to the Integrated Care Board (ICB) to ensure transparency and scrutiny. The ICB has provided positive feedback on the timeliness and high quality of investigations and reports submitted by SCFT.

During 2022/23, SCFT declared 10 SIs. It was 20 SIs in 2021/22. Of the 10 SIs reported in 2022/23, one resulted in death from an inpatient fall, one resulted in severe harm due to sub-optimal care of a deteriorating patient, and the remainder resulted in no, low or moderate harm to the patients involved.

Harm levels are determined against definitions developed by the NHS Patient Safety Agency. One SI was an information governance incident that has since been downgraded.

Types of SI reported at SCFT (Incidents by category and STEIS year reported)	2022/23	2021/22
Slips, Trips and Falls	3	5
Clinical Assessment (Inc diagnosis/tests)	2	4
Patient Care/Monitoring/Review	3	4
Pressure Damage	0	1
Safeguarding	0	1
Infection Control	0	1
Self-Harm/Suicide/Unexpected Death	1	0
Patient Accident (Not slip/trips and falls)	0	1
Clinical Treatment or Procedure	0	1
Documentation (Electronic and paper)	0	0
Access, Admission, Transfer, Discharge	0	1
Consent, Communication, Confidentiality	1	1
Total	10	20

Historically, SCFT has declared all falls and pressure ulcer incidents resulting in moderate harm as SIs when they were below the severe (permanent) or fatal harm threshold criteria.

SCFT now considers injurious incidents with a stricter compliance against the NHS SI Framework criteria. This also reflects the NHS Patient Safety Strategy, which promotes seeking continuous improvement through completing proportionate investigations to enable a focus on more effective improvement methods.

The improvements implemented based on the SI investigations were monitored for effectiveness.

- > Improvement in the assessment and provision of enhanced care for vulnerable patients, including reviewing the policy. Training videos are being produced

- > Review of NEWS2 recording and development of SystmOne in line with early detection and management of the deteriorating patient
- > Improvements in Falls Prevention taken forward by Falls Lead and Falls Steering Group including balance assessments and bed rail assessments
- > Flow chart and algorithm for management of patients presenting with chest pain at our Minor Injury Units and Urgent Treatment Centres
- > Time to Talk clinicians now able to review notes of patients in Sussex Partnership Foundations Trust system



Part 3 - Other information

This section includes an overview of the quality of services provided by SCFT reflecting safety, patient experience and clinical effectiveness.

The requirement for the testing of two mandatory indicators by SCFT external auditors was removed from the national guidance due to the COVID-19 pandemic.

Standard national definitions govern the data for all indicators in this section.

Part 3.1 - Safe Care

Never Events

Never-events are serious, principally preventable patient safety incidents that should not occur in healthcare.

There were no Never-Events reported for SCFT during 2022/23.

Healthcare Associated Infections (HCAIs)

- >

Meticillin Resistant Staphylococcus Aureus Bloodstream Infections (MRSA BSI). There were no cases of MRSA BSI attributed to SCFT during 2022/23
- >

Gram Negative Blood Stream Infections (GNBSI) (Most commonly E. coli, Pseudomonas or Klebsiella). There were no known cases of GNBSI in SCFT's Intermediate Care Units (ICUs) during 2022/2023. Two cases were reported in 2021/22 where both cases were linked to urinary tract (non-catheter related) with no lapse in SCFT care noted
- >

During 2022/23, we continued to work in an environment where we had to protect staff and patients from COVID and respond to changing guidance about testing and personal protective equipment (PPE). We had 21 COVID-19 outbreaks within our ICUs which were managed effectively by cohorting patients, PPE and testing regimes

Central Alert System

The Department of Health (DH) Central Alert System (CAS) is designed to rapidly disseminate important safety and device alerts to ensure prompt action. Trusts are required to acknowledge receipt of each alert and respond as relevant within specified timescales.

SCFT considers that this data demonstrates robust patient safety is maintained.

Summary of SCFT responses to CAS Alerts (Source: CAS and other sources)	2022/23	2021/22	2020/21
Total number of safety alerts received	98	142	168
Alerts identified as applicable to SCFT for action	18	35	43
Number of National Patient Safety (NatPSA) alerts received	11	14	24
Alerts acknowledged within 2 working days	10* (91%)	14 (100%)	24 (100%)
Alerts identified as applicable to SCFT for action	3 (30%)	9 (64%)	7 (29%)
Applicable alert responded within prescribed timescales	3 (100%)	9 (100%)	5 (71%)
Total number of safety alerts received	11 (100%)	14 (100%)	22 (92%)
Percentage of NatPSA Alerts Closed on time	100%	100%	92%

* One alert that was not acknowledged on time, as SCFT did not receive an email notification.

Falls

Rehabilitation following falls related injuries remains one of the main reasons for admission to an Intermediate Care Unit (ICU) within SCFT.

Within our ICUs we complete falls risk assessments to reduce any risk of falls whilst encouraging mobility as part of rehabilitation.

The total numbers of falls within the ICUs have increased over the last 12 months, however, the rate of falls per 1,000 occupied bed days (OBD) was on average 4.1 and has remained below the Trust threshold of 7.5 for the whole of the last 12 months.

Inpatient Falls Metrics/ Reporting Period	Inpatient Falls		Inpatient Falls per 1000 OBDs (Occupied Bed Days)		Falls Risk Assessment completed within 24 Hours of Admission	
	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22
April	35	23	4.0	2.9	85.6%	78.5%
May	44	32	4.6	3.8	89.9%	84.9%
June	47	28	5.2	3.3	86.1%	90.7%
July	35	32	3.9	3.5	87%	87.1%
August	36	37	3.9	4.1	87.7%	85.7%
September	29	34	3.2	3.7	87.2%	85.9%
October	35	27	3.6	3.0	86.8%	83.1%
November	32	35	3.3	4.1	88.1%	85.8%
December	53	37	5.2	4.1	89.5%	85.3%
January	53	46	5.0	4.9	88.8%	87%
February	44	34	4.6	4.0	86.3%	82.8%
March	31	38	3.1	4.2	89.6%	83%
Average/Total	474	403	4.1	3.8	87.8%	85.1%

Part 3.2 - Patient-Centred Care

Complaints

SCFT welcomes the valuable information gathered through our complaints process as this is used to inform service improvements and ensure we provide the best possible care to the people using our services.

The Trust seeks to make improvements based on the learning from complaints, incidents, claims and Patient Advice and Liaison Service (PALS) contact. Complaints are discussed at Area Meetings and quarterly reports are produced for the Patient Experience Group which reports to the Trust-wide Clinical Governance Group. This report is then presented quarterly to the Quality Improvement Committee, as a committee of the Board. The Board receives an annual report.

Learning from complaints has resulted in changes and updating of policies and procedures. All complaints, investigations, and actions are logged on to the Trusts electronic reporting system, Datix. An action owner is assigned to the relevant action. These actions are monitored and followed up by the Patient Experience Team. The services are responsible for making the improvements.

Examples of learning from formal complaints received during 2022/23 include:

- > Multidisciplinary team discussions now take place for patients with multiple falls to establish why the patient might be falling and what could be put in place to reduce their falls risk

- > Increased completion of balance assessments when patients have a known history of falls
- > At the COVID-19 vaccination centre, additional training was provided for staff on assessing the most appropriate injection site
- > All the ICU staff who handle patient transfers were provided with additional training on handling wheelchairs and footplates to prevent injuries
- > The palliative care teams have improved their knowledge of all available pathways for our patients, to support both patients and their families whilst respecting their wishes
- > The rheumatology operational support manager has reorganised staff within the department so that telephone calls are being directed to the Rheumatology Team and are answered by appropriate staff, so patients making repeated calls can be identified and supported more effectively

The Trust received 164 formal complaints in 2022/23, that is 5.2% less than the number of formal complaints received in 2021/22. Of these 164 complaints, 13 were withdrawn by the complainant.

Area	Number of complaints 2022/23	Number of complaints 2021/22
Children’s and Specialist Services	59	59
East Area	23	32
West Sussex Area	82	79
Other	0	3

Monthly breakdown of total number of complaints at SCFT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022/23	16	9	11	10	12	15	21	10	17	13	18	12	164
2021/22	16	9	21	22	15	16	9	8	11	10	12	24	173

During 2022/23, the Parliamentary and Health Service Ombudsman (PHSO) investigated four complaints that were referred to by the complainants as they were not happy with the outcomes of SCFT’s investigation.

One of those four complaints was closed by PHSO, with the final decision not to uphold the complaint.

Team and Year	Current PHSO stage	PHSO outcome - Progress
Macmillan Nursing – 2020/21	Under review	Under review
Macmillan Nursing – 2020/21	Closed	Closed on 20/10/2022 Not Upheld.
Urgent Community Response – 2022/23	Under review	PHSO are viewing records
MSK Services – 2022/23	Under review	PHSO are viewing records

The first stage of complaint process is local resolution within the NHS Trust, that the complaint was made about. The referral to the PHSO is the second stage of the complaints process.

The number of complaints referred to the PHSO is low, which is testament to the Trust’s robust and transparent complaints process.

Duty of Candour

The Duty of Candour is a requirement for healthcare professionals to be open and honest, under obligations imposed by registering bodies. It is also an organisational requirement under the NHS standard contract. As a result of the Mid Staffordshire enquiry, the Duty of Candour was enshrined in legislation as a regulated activity monitored by the CQC.

This duty ensures that NHS organisations are open and transparent with people who use services. The regulated duty sets out specific requirements that providers must follow when things go wrong with care and treatment.

This includes informing people about the incident, providing an apology, providing reasonable support and providing truthful information about the incident investigation findings.

There were 55 patient safety incidents reported in 2022/23 that met the requirements for the statutory Duty of Candour. Of these, 46 have been completed, with nine in progress pending completion of investigations. SCFT’s Patient Safety Team ensures that the process is followed and provides support to patients, relatives, and staff.

Mandatory Indicator (Person Centred and Responsive Care)

Percentage of patients with a total time in Minor Injury Units (MIU) and Urgent Treatment Centre (UTC) of four hours or less from arrival to admission, transfer or discharge.

The table below shows attendance numbers and percentage of patients seen within four hours at our four Minor Injuries Units at Bognor, Horsham, Uckfield, and Crowborough Hospitals and two Urgent Treatment Centres at Crawley and Lewes Hospitals.

There has been increased demand for our MIU/UTC services over the past year (over 12% increase on last year). The number of children brought to our sites began to increase in the second half of November 2022 amid concern about Invasive Group A Streptococcus (Strep A) infection. Paediatric attendances at all our sites during November 2022 and December 2022 were over 56% higher than the same period last year. SCFT remains above the national target.

	Total 2022/23	Total 2021/22	Total 2020/21
SCFT: Total attendances in Type 3 Departments – Other A&E/Minor Injury Unit	132,837	118,033	80,010
SCFT: No. of patients who were waiting 4 hours or more as of 29 March 2023	4,537	829	167
SCFT: % of patients seen in 4 hours or less as of 29 March 2023 (target 95%)	96.6%	99.3%	99.8%
National: % of patients seen in 4 hours or less as of Feb 2023 (target 95%)	95.4%	96.7%	99.4%

A&E Attendances and Emergency Admissions, NHS England - National average up to Feb 23

Staff Survey

The NHS Staff Survey is conducted annually. From 2021, the themes were adjusted to reflect the seven elements of the People Promise, along with Staff engagement and Morale. This sets out, in the words of NHS staff, the things that would most improve their work experience.

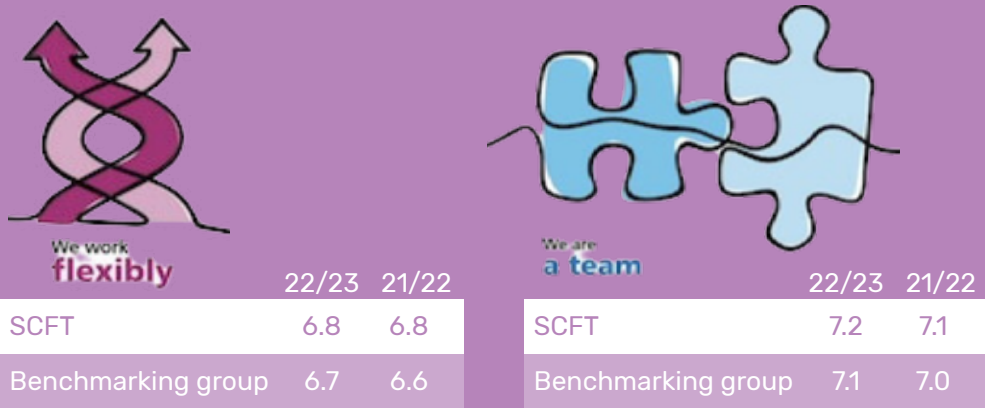
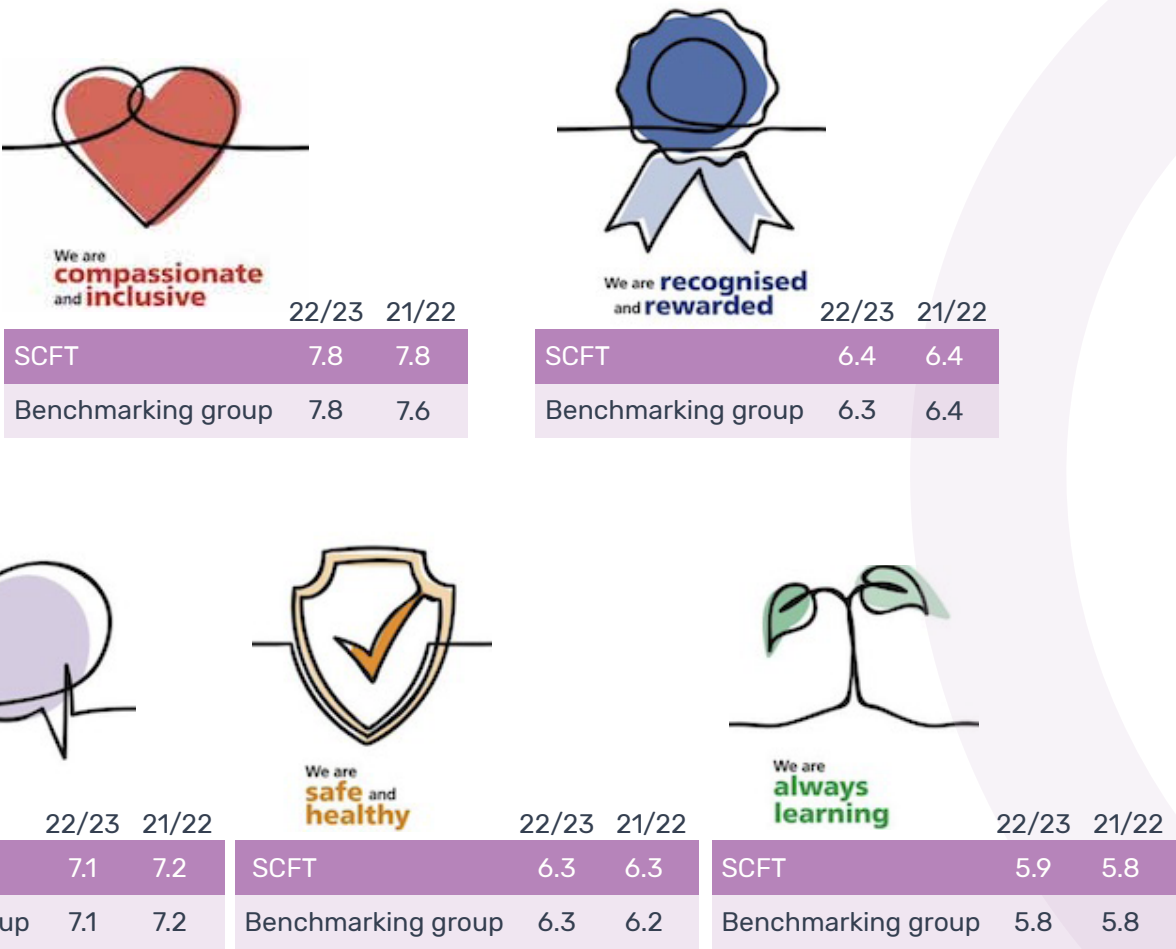
The response rate to the 2022 survey among SCFT staff was 71% (2021: 73%). SCFT is proud of the large number of staff who gave their feedback, demonstrating our commitment to listening to and engaging with staff.

SCFT results compared with Benchmarking Group (Community Trusts)

The results are based on a score out of ten, (where ten is the best score attainable) with the benchmarked score being the average of the organisations in the group (Community Trusts).

The questions and scoring for Staff Engagement and Morale this year have remained the same as last year’s survey.

The tables below display the Trust’s scores in comparison with Benchmarked group’s average score.



	2022/23		2021/22	
	SCFT	Benchmarking Group	SCFT	Benchmarking Group
Staff Engagement	7.2	7.2	7.3	7.2
Morale	6.1	6.0	6.1	6.1

- In 2022, SCFT had demonstrated some notable improvements in the NHS staff survey:

 - > At least 90.8% of the participants agreed that they were trusted to do their job
 - > 81.4% of participants agreed/strongly agreed for “care of patients” was Trust’s top priority
 - > 79.5% of participants agreed that their immediate manager takes a positive interest in their health and wellbeing
 - > 77.9% agreed/strongly agreed that they would be happy with the standard of care provided by the Trust to their family or friends
 - > 76.6% of survey participants chose the options agree or strongly agree, when asked if their managers work with them to come to an understanding of problems
 - > 72.5% of participants said that they were enthusiastic about their job
- > 71.3% of participants agreed that their immediate managers gave them clear feedback on their work
 - > 66.9% of participants agreed that we as a Trust would take positive action on health and wellbeing
 - > 64.9% of participants agreed that their immediate manager asked for their opinion before making decisions that affected their work
 - > 58.1% of participants agreed that they were able to make improvements in their areas of work
 - > 64.8% of participants said they or their colleague reported when they experienced harassment, bullying or abuse at work

It was acknowledged that there are areas that need more focus on, including the further roll out of the SCFT Learning Academy and the ambition of providing all our people with opportunities for learning and development.

National Quarterly Pulse Survey (NQPS)

Prior to 2020, NHS organisations were required to conduct a Staff Friends and Family Test (FFT) in quarters one, two and four. All NHS Trusts providing acute, community, specialist, ambulance and mental health services in England are now required to participate in NQPS, following a change in the NHS Standard Contract in April 2022.

NQPS does not collect data during quarter three, the NHS Staff Survey is undertaken in quarter three.

NQPS 2022/23 – SCFT Results	Apr-Jun 2022	Jul-Aug 2022	Jan-Mar 2023
Participants that recommend SCFT as a place to work	57.60%	56.70%	59.20%
Participants that recommend SCFT as a provider of care	72.80%	71.10%	66.20%

The uptake of the annual staff survey is greater than the NQPS. Whilst the NQPS result for recommending the Trust was 66.2%, the annual staff survey result was that 77.9% of staff agreed or strongly agreed that they would recommend the care provided by the Trust to their family or friends.

The aim is for all staff to have the opportunity to feed back their views on their organisation every quarter, where the staff are asked questions based on nine engagement themes from the annual NHS survey.

SCFT’s results for the two core questions from the NQPS 2022/23:

In SCFT, we recognise that staff engagement and individual and organisational outcome measures, such as patient satisfaction and safety are closely linked. We acknowledge the importance of staff voice in improving patient care and experience and act on their feedback to improve the quality of our services.



Improving Access to Psychological Therapies (IAPT)

IAPT services provide evidence-based treatments for people with anxiety and depression. Prompt treatment can improve people’s outcomes, helping them to find or stay in work and contributing to good mental health.

SCFT considers this demonstrates we have improved and are consistently achieving the target set.

Measure (NHS Digital Method)	2022/23	2021/22
Referral To Treatment < 6 Weeks (Target = 75%)	98.7%	99.1%
Referral To Treatment < 18 Weeks (Target = 95%)	99.9%	99.9%

Waiting Time Targets: Referral to Treatment (RTT)

RTT – Incomplete pathways < 18 week (figures in %)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	77.8	79.1	77.4	77.4	75.5	74.3	72.9	72.1	70.8	76.5	78.4	81.5
2021/22	89.4	90.6	89.5	86.7	84.1	83.3	81.3	80.8	78.9	79.5	78.8	77.6

Part 3.3: Effective Care

Incomplete pathways within 18 weeks (Mandatory Indicator)

The Trust continues to perform significantly better than the national average, however, the COVID-19 pandemic had a significant effect on waiting times both nationally and locally, with the percentage of people waiting over 18 weeks increasing.

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period – mandatory indicator is shown in the table.

The table shows the numbers of patients waiting from referral to start their elective treatment (incomplete patient pathways) up to Month 12/March 2022 for our consultant-led services.

Incomplete Pathways in 18 weeks	End of March 2023	End of March 2022
SCFT: Total number of patients waiting to start their treatment (incomplete patient pathways)	5,746	6,753
SCFT: Number of patients who were waiting over 18 weeks from referral to treatment	1,061	1,511
SCFT: % of patients who were waiting less than 18 weeks from referral to treatment (target 92%)	81.5%	77.6%
National (England): % of patients who were waiting less than 18 weeks from referral to treatment (target 92%)	58.6%	62.2%

Source: www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2022-23

Freedom to Speak Up (FTSU)

Freedom to Speak Up is about encouraging a positive culture where people feel they can speak up and their voices will be heard, and their suggestions acted upon. Staff speaking up about a concern at work is vital for us to keep improving our service for patients, service users, carers and for our colleagues at work.

The number of ‘Speak Up’ cases increased from 76 in 2021/22 to 88 in 2022/23. There were no ‘Speak Up’ cases which would meet the legal criteria for a protected disclosure. Most cases were related to how individuals/teams operate or are led. There were no patient safety concerns raised.

Some of the key developments made in 2022/23 include:

- > More staff are now completing the FTSU training, including the ‘Speak Up’ for all staff, and ‘Listen Up’ for all managers
- > The FTSU guardian has delivered bespoke training for board members on the principles of ‘Follow Up’, ‘Managing challenging conversations’ for teams, and resilience and psychological safety as part of induction programmes
- > The FTSU strategy 2021/24 was introduced
- > Presentation on ‘Combatting Futility’ at the National Guardian’s Office conference in March 2023
- > In February 2022, the Self-Review assessment for Freedom to Speak Up was shared with and discussed by the board, who noted the progress made
- > The number of FTSU Ambassadors has increased from 11 to 18
- > FTSU Ambassadors offered six weekly restorative supervision sessions
- > Themes, trends, and feedback from Speak Up cases are shared monthly with the SCFT’s Executive team for wider learning
- > The new national Speak Up Policy was adopted by SCFT
- > The FTSU guardian provided mentoring and support to fellow guardians
- > The Speak Up model at SCFT has been shared nationally
- > The FTSU guardian is active on the coaching network for the ASPIRE leadership programme



Our Speak Up team was awarded Freedom to Speak Up Organisation of the Year at the Health Service Journal (HSJ) Awards in November 2022.

Areas of work which are developing are:

- > Sharing FTSU themes to understand overall Quality and Safety

- > Improving how Freedom to Speak Up is publicised across the Trust to ensure accessibility
- > Closer working with the SCFT Patient Safety team

Guardian of Safe Working

The safety of patients is of paramount concern, to mitigate the risks of significant staff fatigue, both to patients and staff themselves, employers are contractually required to appoint a Guardian of Safe Working Hours for doctors in training. The Guardian of Safe Working Hours ensures that issues of compliance with safe working hours for doctors in training are addressed appropriately.

Accountable to the Board, the Guardian provides quarterly assurance to the Board that working hours are safe.

The Trust has five 5.0 (full time equivalent) established Junior Doctor training posts and vacancy in 2022/23 was 0.6 (full time equivalent). As of March 2023, this vacancy was filled. There were no breaches of working hours or missed educational opportunities during 2022/23.

The Guardian of Safe Working Hours consolidated annual report to the Board includes the reasons for the vacancy and the actions taken to reduce it.

Annual Organisational Audit (AOA) - Medical Appraisal and Revalidation

Medical Revalidation strengthens the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

The Trust has a statutory duty to support our Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that the Board will oversee compliance by:

- > Ensuring that appropriate pre-employment background checks are carried out to ensure medical practitioners have qualifications and experience appropriate to their work
- > Monitoring the frequency and quality of medical appraisals in their organisations
- > As of 31 March 2023, all doctors with a prescribed connection were allocated a trained appraiser and as of 31 March 2023, 55 (96.5%) doctors had completed an appraisal, with two (3.5%) having an approved missed appraisal

- > Checking if there are effective systems in place for monitoring the conduct and performance of our doctors
- > Confirming that feedback from patients is sought so that their views can inform the appraisal and revalidation process for their doctors

Revalidation recommendations to the General Medical Council (GMC) were all carried out in a timely manner within a year.

Conclusion

This Quality Account 2022/23 reports on SCFT's progress and performance against a wide range of priorities for improvement and indicators over the last year. We managed to achieve these improvements with the help of our staff's commitment to deliver excellent care to our community. Continuous improvement is a collective responsibility, and we as a Trust will continue to nurture and develop this culture as we continuously learn and innovate in our quality improvement journey.

By achieving the priorities for improvement set for 2023/24, we will contribute towards our ambition, to be an organisation consistently delivering excellent care for our patients and our staff. We will continue to monitor the progress of our achievements and look forward to reporting them in next year's Quality Account.

This Quality Account has been prepared in accordance with the Department of Health's Quality Account Toolkit, first published in December 2010 (www.dh.gov.uk/publications) and NHS England Quality Account requirements 2022/23 (www.england.nhs.uk/operational-planning-and-contracting).



Annex 1 - Statements from External Stakeholders

Where 50% or more of the relevant health services that the NHS foundation Trust directly provides or sub-contracts during the reporting period are provided under contracts, agreements, or arrangements with NHS England, the Trust must provide a draft copy of its quality account to NHS England for comment prior to publication and should include any comments made in its published report. This does not apply to SCFT.

As the above does not apply, SCFT must provide a copy of the draft quality account to the Integrated Care Board, which has responsibility for the largest number of people to whom the Trust has provided relevant health services during the reporting period for comment prior to publication and should include any comments made in its published report.

NHS Foundation Trusts must also send draft copies of their quality account to their local Healthwatch organisation and Overview and Scrutiny Committee (OSC) for comment prior to publication and should include any comments made in their final published report.

The commissioners have a legal obligation to review and comment, while local Healthwatch organisations and OSCs will be offered the opportunity to comment on a voluntary basis.

Organisations invited to review and comment on SCFT's Quality Account were:

- > Healthwatch Brighton & Hove
- > Healthwatch East Sussex
- > Healthwatch West Sussex
- > NHS Sussex Integrated Care Boards (ICB)
- > East Sussex County Council's Health Overview and Scrutiny Committee (HOSC)
- > West Sussex County Council Health and Adult Social Care Scrutiny Committee (HASC)
- > Brighton & Hove City Council's Health and Wellbeing Overview and Scrutiny Committee (HWOSC)

Review from Integrated Care Boards (Sussex)



Vasanthan Manoharan,
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Norton Road
Hove
East Sussex
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By email: v.manoharan@nhs.net

22 May 2023

Dear Vasanthan,

SCFT Quality Accounts

Thank you for giving NHS Sussex ICB the opportunity to comment on the SCFT Quality Account for 2022/23. We appreciate the on-going collaborative working and open communication with SCFT's clinicians over 2022/23, notably at the quarterly Quality Review Meetings and meetings which commissioners are invited to attend.

We would like to congratulate the Trust for the ongoing positive work to further drive forward quality improvement despite challenging conditions and 'Our Community Way' with its focus on continuous learning and quality improvement. Some achievement highlights we note include:

- The Trust treated over 139,000 patients in Minor Injury Units and Urgent Treatment Centres, with 99% of patients waiting less than four hours to be seen by a nurse or a doctor.
- 96% compliance against a 95% target in 2022/23 for seeing patients within one hour of arrival at a Clinical Assessment Unit (CAU).
- The Trust provided medical, nursing and therapeutic care for over 9,000 people every day and helped 23,000 people avoid hospital admission.
- The Trust won the award for "Innovation & Improvement" category at the Care Closer to Home Celebration event for the successful "Hospital at Home" initiative.

The Trust has achieved many successes in 2022/23, most notably:

- There were no never-events reported during 2022/23.
- In 2022, the Trust demonstrated some notable improvements in the NHS staff survey, at least 90.8% of the participants agreed that they were trusted to do their job.
- The Trust has consistently achieved the target set for Improving Access to Psychotherapies (IAPT).
- The number of Speak Up cases increased from 76 in 2021/22 to 88 in 2022/23 and more staff are now completing the FTSU training. These achievements are clear

recognition of the hard work and determination of all those working in the organisation to deliver high quality care.

The ICB acknowledges that falls continue to be one of the incidents regularly reported and while numbers of falls within the ICUs have increased over the last 12 months, they remained below the Trust threshold of 7.5 for the last 12 months. The ICB welcomes that falls prevention in ICU will be one of the four priorities that will continue into 2023/24.

The Quality account outlines the priorities for improvement in 2023/24 as well as how these will be achieved and measured. The ICB supports these priorities and the detailed work that underpins them and will continue to seek assurance regarding progress of implementation throughout the year via our established assurance processes.

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

Yours sincerely



Allison Cannon
Chief Nursing Officer
NHS Sussex

Review from Health Overview and Scrutiny Committee (East Sussex)



East Sussex
Health Overview and
Scrutiny Committee

County Hall, St. Anne's
Crescent,
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BN7 1UE

Tel: 01273 481327

Dear Donna and Vasanthan,

Thank you for providing the East Sussex Health Overview and Scrutiny Committee (HOSC) with the opportunity to comment on your Trust's draft Quality Report 2022/23.

The East Sussex HOSC recognizes the Trust's efforts over the past year which have been focused on maintaining high standards of care whilst the health and care system recovers from the impacts of COVID-19 and has gone through a challenging winter period which has been accompanied by ongoing industrial action.

The Committee, therefore, welcomes the success SCFT has achieved in 2022/23, despite the considerable pressures and the recognizes the need to continue with three out of the four quality improvement priorities for 2022/23 in the next year. It notes that the Priorities for Improvement of continuing to focus on Community Rehabilitation, and Supporting People who Experience Delays or Extending Waiting Times, will be important as the system recovers and deals with backlogs in elective activity. The HOSC also welcomes the addition of Priority 5 for 2023/24 of Developing Skills to Deliver Improved Care to People with Learning Disabilities and/or Autism.

During 2022/23 the HOSC reviewed the NHS Sussex Winter Plan as part of its work and noted the important role the Trust plays in providing community and intermediate care which helps reduce hospital admissions; supports patients who are at risk of admission; and the work being undertaken with acute hospitals in the system to discharge patients.

Representatives from HOSC were also able to visit the Crowborough MIU in November 2022 and see at first hand the other services the Trust provides at the hospital. The HOSC hopes that NHS Sussex and SCFT will continue to work together to explore the feasibility of using the vacant space in the Crowborough Hospital as an alternative location for the MIU, which could potentially enable the expansion of this service for local residents and help relieve pressure on A&E departments elsewhere.

The HOSC is pleased to see that SCFT were able to complete all relevant mandated clinical audits during 2022/23 and that the learning from these is reflected in the Trust's priority improvements. It is also helpful to have details in the Quality Account of the clinical audits scheduled for 2023/24 which include national audits, the Trust's priority audits, and mandatory Trust wide audits.



The HOSC notes the Trust's performance against the Core Indicators and in particular the positive FFT indicator results; the reduction in hospital readmissions within 28 days of discharge and the apparent downward trend over the last three years; the number of reported Patient Safety Incidents and Serious Incidents; and that no 'Never Events' had been reported.

The Committee also notes the Trust's continues engagement in research studies and activities during 2022/23 and the link this has to positive patient outcomes, which is to be welcomed.

In reviewing the Quality Account for 2022/23, the HOSC welcomes the continued positive performance of the Trust during this challenging period and the Committee looks forward to meeting representatives of the Trust at future HOSC meetings.

Please contact Martin Jenks, Senior Scrutiny Advisor on 01273 481327 (email martin.jensk@eastsussex.gov.uk) should you have any queries.

Councillor Colin Belsey
Chairman
Health Overview and Scrutiny Committee

Review from Health Watch (Brighton & Hove)



From: Ian Bretman

Date: Monday, 22 May 2023 at 07:52

To: Alan Boyd <alan@healthwatchbrightonandhove.co.uk>

Cc: Chair <chair@healthwatchbrightonandhove.co.uk>

Subject: RE: FW: SCFT: Draft Quality Account 2022/23

Overall, it shows some excellent achievements through a difficult year and the report is admirably clear and accessible. Here are the comments that came to mind as I read the report. Please feel free to edit or discard any of these as you see fit.

Page 8 states that "Our training programme approach has patient feedback and 'voice of the customer' at the heart of service change and strongly advocates user experience as a key driver and metric for change" but actually there is very little patient voice in the report. There is a small section of "you said, we did" on page 28 but it would have been good to have comments from patients or carers in other sections of the report.

In the report on improvements to patient nutrition and hydration (page 9) there is a mention of no complaints having been received during the year. While this probably demonstrates the good work being done, its always good to check that patients or carers are not experiencing any barriers to complaining and I wonder if the Trust is pro-actively surveying this.

On page 11, in the section on community rehabilitation, a piece headed "ensure staff are skilled in undertaking shared decision making" is shown twice. The second time includes "goal setting with patients". I also wondered if this will be monitored with patients as well as staff but perhaps this is something for discussion at engagement meetings rather than this report.

On page 16 there's a report on work to support people who experience delays or extended waiting times which is a good initiative, but I am surprised to see this labelled as "waiting well" which implies a degree of responsibility for patients for how they wait. I am sure this is not intentional, but it would be good to check that people don't see it this way. However, a commitment to keep people informed of waiting times and ensure they can access of what to do if their condition deteriorates or if they have other concerns is obviously a great idea.

The report on Developing skills to deliver improved care to people with learning disabilities and/or autism (page 17) raises a question in my mind about how vulnerable patients are identified by services that may not directly relate to their disability without compromising patient confidentiality. I also wonder if the planned work to "seek subject matter experts in assessing our clinic environments" is an opportunity to engage patients and carers and co-create better ways of working.

In the report on in-patient falls, there seems to be a peak in the winter months (December, January, February) and I wonder if there is a predictable pattern would enable the Trust to plan staffing and training pro-actively. Also, if this is reflected in community settings as well, is there an opportunity for Healthwatch to increase information and advice on fall prevention.

Page 33/34 notes that there were 55 patient safety incidents reported in 2022/23 that met the requirements for the statutory duty of candour and that SCFT's Patient Safety Team ensures that the process is followed and provides support to patients, relatives, and staff. Is there any feedback on how these people felt about the Trust's response to help understand if the Duty of Candour is making a difference.

On page 34, there is a table showing attendance numbers and percentage of patients seen within four hours across the Trust's four Minor Injuries Units and two Urgent Treatment Centres. It might be more helpful for stakeholders to have a breakdown of these figures by location.

The comment on the National Quarterly Pulse Survey (NQPS) (pages 35/36) states that the annual staff survey is a more reliable source of information as it has a greater uptake, but the point about Pulse surveys is that they enable people to report on their current feelings rather than over a longer period. If the NQPS simply had a smaller uptake than the staff survey (but was otherwise similar in terms of staff profiles) then the results would be the same. The lower figure for recommending the Trust indicates that either the NQPS attracts a greater proportion of staff with negative experience than the staff survey, or that by the time of the staff survey, peoples' feelings about negative experiences have lessened and they offset these against more positive experiences. I think that both results should be used to build a more rounded picture.

I hope these comments are useful and look forward to working with SCFT at the Patient Engagement meetings to see how this work is progressed.

Best wishes

Ian

Response from Health and Adult Social Care Scrutiny Committee

Cllr Garry Wall
Chairman
Health and Adult Social Care Scrutiny Committee

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4 May 2023

SENT VIA E-MAIL to v.manoharan@nhs.net

Dear Vasanthan,

2022-23 Quality Account

Thank you for offering the Health & Adult Social Care Scrutiny Committee (HASC) the opportunity to comment on Sussex Community NHS Foundation Trust's (SCFT) Quality Account for 2022-23.

HASC agreed in 2016 that formal responses from the committee to Quality Accounts (QA), from that year onwards, would only be forwarded to NHS providers where HASC had undertaken formal scrutiny within the previous financial year. Therefore, as the committee did not scrutinise any services directly provided by SCFT in 2022-23, the committee will not be making any comments this year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Garry Wall', with a long horizontal stroke extending to the right.

Cllr Garry Wall
Chairman, Health and Social Care Scrutiny Committee

Appendix 1

Glossary of terms

Assurance - providing information or evidence to show that something is working as it should, for instance the required level of care, or meeting legal requirements.

CAU - Clinical Assessment Units.

CQC - Care Quality Commission - the independent health and social care regulator for England.

COPD - Chronic Obstructive Pulmonary Disease - a lung disease characterised by chronic obstruction of lung airflow that interferes with normal breathing. The more familiar terms 'chronic bronchitis' and 'emphysema' are no longer used, but are now included within the COPD diagnosis.

Clinical Coding - instead of writing out long medical terms that describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention. Each has its own unique clinical code to make it easier to store electronically and measure.

CCGs - Clinical Commissioning Groups - groups of GPs who are responsible for designing local health services in England. (Now superseded by Integrated Care Boards).

Clinical Effectiveness - ensuring that clinical intervention is used and is doing what it is supposed to do.

Clinical Governance - a systematic approach to maintaining and improving the quality of patient care within the NHS.

C. difficile - Clostridium Difficile - a contagious bacterial infection, which can sometimes reproduce rapidly - especially in older people who are being treated with antibiotics and causes potentially serious diarrhoea.

Commissioning - the process of buying health and care services to meet the needs of the population. It also includes checking how they are provided to make sure they are value for money.

CQUIN - Commissioning for Quality and Innovation - a payment framework, which commissioners use to reward excellence, by linking a proportion of the Trust's income to its achieving set local quality improvement goals.

CIDS - Community Information Dataset - makes locally and nationally comparable data available on community services. This helps commissioners to make decisions on provided.

Data Warehouse - in computing, a data warehouse is a database used for collecting and storing data so it can be used for reporting and analysis.

DH - Department of Health - a UK government department responsible for government policy for health and social care matters and for the National Health Service (NHS) in England.

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

Healthwatch - the independent consumer champion for health and social care in England. It ensures the overall views and experiences of people who use health and social care services are heard and taken seriously at a local and national level.

ICB - Integrated Care Boards - replaced Clinical Commissioning Groups (CCGs) in the NHS in England from 1 July 2022. An ICB is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

ICS - Integrated Care System - are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

ICU - Intermediate Care Units at SCFT's (inpatient bedded units).

IAPT - Improving Access to Psychological - a national programme including Time to Talk.

Intranet - a computer network that uses Internet technology to share information between employees within an organisation. SCFT's Intranet system is called the Pulse.

MIUs - Minor Injury Units

MRSA - Methicillin-Resistant Staphylococcus Aureus - Staphylococcus aureus (Staph) is a type of bacteria that is commonly found on the skin and in the noses of healthy people. Some Staph bacteria are easily treatable, while others are not. Staph bacteria that are resistant to the antibiotic methicillin are known as Methicillin-resistant Staphylococcus aureus or MRSA.

Metrics - measures, usually statistical, used to assess any sort of performance such as financial, quality of care, waiting times, etc.

NHSE - NHS England - leads the National Health Service (NHS) in England.

NHSI - NHS Improvement - is responsible for overseeing foundation Trusts and NHS Trusts, as well as independent providers that provide NHS-funded care.

NIHR - National Institute for Health Research - a government body that coordinates and funds research for the NHS organisations in England.

NICE - National Institute for Health and Care Excellence - an independent organisation responsible for providing national guidance on promoting good health, and on preventing and treating ill health.

NPSA - National Patient Safety Agency - leads and contributes to improved and safe patient care by informing, supporting and influencing organisations and people working in the health sector.

NRLS - National Reporting and Learning System - an NHS national reporting system, which collects data and reports on patient safety incidents. This information is used to develop tools and guidance to help improve patient safety.

PALS - Patient Advice & Liaison Service - a service providing a contact point for patients, their relatives, carers and friends where they can ask questions about their local healthcare services.

The Pulse - the Trust's intranet for staff.

QI - Quality Improvement - the continual actions to improve outcomes for service users and to develop the workforce that supports them using systematic methods.

Quarters - each financial year, from 1 April to 30 March, is split into four quarters. Each quarter is three months long. Targets, results and date is reported for the relevant quarter to which the information refers.

Q1 - Quarter One - reporting period 1 April to 30 June

Q2 - Quarter Two - reporting period 1 July to 20 September

Q3 - Quarter Three - reporting period 1 October to 30 November

Q4 - Quarter Four - reporting period 1 December to 31 March

Research - research is the discovery of new knowledge and is a core part of the NHS, enabling the NHS to improve the current and future health of the people it serves. 'Clinical research' means research that has received a favourable opinion from a research ethics committee within the NRES. Information about clinical research involving patients is kept routinely as part of a patient's records.

SCFT - Sussex Community NHS Foundation Trust.

Scholar - Sussex Community Online Analysis and Reporting - SCFT's internal reporting system that collates millions of data on one place.

TOMS - Therapy Outcome Measures.

UTCs - Urgent Treatment Centres.



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Patient Advice and Liasion Service (PALS)

Sussex Community NHS Foundation Trust,
Brighton General Hospital, Elm Grove, Brighton, BN2 3EW

If you need support in understanding this leaflet, or if you need the information provided in an alternative format, please ask a member of staff or contact us.

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