Sussex Community NHS Foundation Trust

Quality Report

2018 to 2019

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Summary
Welcome to Sussex Community NHS Foundation Trust’s (SCFT) annual quality report (inc. quality account), which outlines the quality priorities that we will focus on during 2019/20 and reviews our progress against the quality improvement areas that we set ourselves during 2018/19.

Despite challenging conditions for the NHS locally and nationally, SCFT has made good progress on all its priorities for improvement as set out in part 2b, however there remains work to be done to completely fulfil our objectives. So as not to lose the momentum already generated, we will retain focus on those priorities not fully achieved and will continue to monitor and report progress to the Trust-wide Governance Group as part of the Trust’s Quality Improvement Plan 2019/20.

As the largest community health and care provider in Sussex, our mission is to provide excellent care at the heart of the community. The Trust plans to achieve this mission through a set of five strategic goals:

Quality Improvement
We will foster a continuous improvement culture by:
- using research and evidence to improve our care;
- demonstrating the quality of our services and standardising our most effective pathways of care; and
- sustaining and embedding ‘Our Community Way’ to improve patient outcomes.

Patient Experience
We will use patient feedback to improve what we do by:
- empowering individuals to improve their health and well-being;
- working in collaboration with patients to focus on prevention; and
- delivering excellent, local care to our diverse communities.

Thriving Staff
We will provide rewarding working lives and careers by:
- attracting and retaining staff;
- being inclusive, diverse and fair;
- supporting our staff with leadership and development; and
- developing effective two-way engagement with our teams.

Value and Sustainability
We will improve efficiency and reduce waste by:
- transforming our workforce models;
- developing and expanding effective services; and
- investing in technology enabled care.

Population Health
We will improve health and care outcomes for our communities by:
- working as system integrators to join up care pathways and respond to health needs;
- delivering health and care partnership models with effective multi-disciplinary working; and
- leading the development of primary and community care partnerships.

Our teams provide a wide range of services for people of all ages, including:
- Health Visitors working with families and young children.
School Nurses caring for school-age children and young people up to 19 years of age and up to 25 years of age for young people with additional needs.

Specialist doctors, nurses and therapists looking after children, young people and adults with complex health needs, mobility issues and long-term health conditions.

Multidisciplinary community teams caring for people in their own homes, including large numbers of frail elderly people.

Intermediate care units, an urgent treatment centre, minor injury units and many other clinics encompassing a wide range of clinical specialities such as special care dentistry, podiatry and diabetes.

Specialist doctors and nurses caring for people at the end of their lives.

With quality as our top priority, we care for most people in their own homes or as close to home as possible, such as in our intermediate care units, 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 authority social care partners, mental health trusts, charities and voluntary organisations to ensure care is coordinated to meet individual needs.

Every General Practice in England is a member of a Clinical Commissioning Group (CCG). CCGs commission (plan and buy) the majority of health services, including emergency care, elective hospital care, maternity services, and community and mental health services for patients. There are five CCGs that commission care from SCFT as set out in the table below.

<table>
<thead>
<tr>
<th>CCG</th>
<th>Areas covered</th>
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<tr>
<td>Brighton &amp; Hove CCG</td>
<td>The city of Brighton and Hove</td>
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<tr>
<td>Coastal West Sussex CCG</td>
<td>Arun, Adur, Bognor Regis, Chanctonbury, Chichester and Worthing</td>
</tr>
<tr>
<td>Crawley CCG</td>
<td>Crawley</td>
</tr>
<tr>
<td>Horsham and Mid Sussex CCG</td>
<td>Burgess Hill, East Grinstead, Haywards Heath, Horsham and the surrounding area</td>
</tr>
<tr>
<td>High Weald Lewes &amp; Havens CCG</td>
<td>Crowborough, Lewes, Uckfield and the Havens</td>
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SCFT is proud to have staff who continuously strive to improve the care they deliver; is thankful to our patients for taking their time to tell us when we got it right, but also where we could do better; and appreciative of our colleagues across the local health economy for working with us to provide a comprehensive and highly effective local health service.

Introduction

NHS Trusts must publish quality accounts each year, as required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended¹ (‘the quality accounts regulations’). This quality report (inc. Quality Account) incorporates all the requirements of the quality accounts regulations as well as NHS Improvement’s additional reporting requirements for NHS Foundation Trusts.

The quality report (inc. Quality Account) helps the Trust to improve public accountability for the quality of care we provide using data sources and narrative to explain what that data shows; it also looks back on the priorities we set ourselves in 2017/18 reporting on the

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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)
progress we made; and looks forward to the priorities we have set ourselves to achieve in 2019/20.

Further information on quality accounts can be found on the NHS Choices website.

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Further information on quality accounts can be found on the NHS Choices website.

**Part 1 - Statement on Quality from the Chief Executive**

I am happy to introduce the quality report (inc. Quality Account) 2018/19 for Sussex Community NHS Foundation Trust (SCFT). The report gives us an opportunity to reflect on our many quality achievements and successes over the last year. It also enables us to identify areas where we want to focus attention on the agreed quality priorities for the coming year – 2019/20.

The Trust has continued in its aim to provide safe, effective, and patient centred care to the people who use our services throughout the year. The high quality care our staff deliver is driven by an organisational culture that embraces the Trust’s values - compassionate care, working together, achieving ambitions, and delivering excellence - all of which are embedded within the Trust's appraisal system for staff.

Working with our health and social care partners, third sector organisations, SCFT volunteers and other external stakeholders, we strive to join up care and improve health outcomes for local people. The focus we place on improving quality will continue to ensure we are able to deliver improvements across organisational boundaries.

When we were last inspected by the Care Quality Commission (CQC) (the independent regulator of health and social care in England) at the end of 2017, we achieved an improved ‘Good’ rating with ‘Outstanding’ features. Ratings across all CQC domains for the areas inspected were ‘Good’ with the exception of the ‘caring’ domain for our community inpatient services and the ‘responsive’ domain for our community end of life care which were both rated ‘Outstanding’. We are confident that any inspection that takes place in 2019/20 will illustrate we have maintained and improved on that rating.

In line with national and locally identified areas where improvements to quality could be made, the Trust’s Board of Directors and Council of Governors agreed eight new priorities and these are:

**Shared Learning** – improving the process of sharing the learning Trust-wide when Serious Incidents happen.

**Safety Thermometer for Children** – the Children and Young People's Services Safety Thermometer is a national tool, launched in 2018 that has been designed to measure commonly occurring harms in people that engage with children and young people's services. The tool focusses on: Deterioration, Extravasation, Pain and Skin Integrity and enables oversight of safety across all services that children and young people access.

**Deteriorating Patients** - the adoption of NEWS2 to streamline communication between healthcare professionals is vital to standardise the identification of adult patients who are
acutely deteriorating and how staff respond to them. SCFT recognises the importance of adopting the updated tool in line with partner organisations and the need to embed across NHS workforces.

Research - translating research evidence into improved care; specifically the development, implementation and evaluation of a frailty pathway to improve outcomes of care for older people with continued collaborative working with other providers.

NICE Guidance - further testing our response to NICE guidance and to look at sustainable changes made in practise.

Improved Bank Staff Recruiting Processes - people who use our services need to have confidence that there are sufficient staff employed through our bank to help supplement core staffing in areas, and therefore feel safe when accessing care.

Increasing Patient Feedback - by improving our analysis of patient feedback, we will specifically focus on increasing the FFT response rates at Minor Injury Units and Urgent Treatment Centres in the Trust’s four areas; Central, Children’s & Well-Being, East and West.

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) - we will prepare our clinical workforce for the implementation of ReSPECT through a comprehensive education and training programme.

These priorities arose from discussions with staff and external stakeholders following a range of engagement events. I am confident that we will rise to the challenges we have set ourselves to improve the patient-centred, safety and effectiveness of the care we deliver to our local populations.

During the year:
- the Trust has been recognised as a national leader in flu vaccination as the top performing NHS organisation in Sussex. This followed a successful campaign to increase staff flu vaccinations, thereby protecting themselves, their patients and families;
- SCFT was part of the team (alongside Sussex MSK Partnership (Central) and HERE (Care Unbound)) that won Best Educational Programme for the NHS at the HSJ Partnership Awards 2019.
- Our Children and Young People’s (CYP) Community Nursing service were visited by three nurses from Japan who were in the UK to gather knowledge and information on children and young people’s community nursing services.
- 96% of those who responded to the Friends and Family Test during the year would recommend the Trust as a provider of care – higher than the national average.
- West Sussex County Council funded a programme of falls prevention work to be implemented by Sussex Community Foundation Trust during Quarter 4 (December 2018, January 2019 and February 2019). Referrals from GPs, paramedics and SCFT services across the West and Central areas have so far referred over 600 patients with known falls risks.

On the basis of the process the Trust has in place for the production of the quality report (inc. Quality Account), I can confirm that to the best of my knowledge the information contained within this document is accurate.

Signed:
Part 2 - Priorities for Improvement and Statements of Assurance from the Board

Part 2.1 - Priorities for Improvement 2019/20

This section of the report outlines the annual key Quality Priorities selected by the Trust (after consultation with staff and external stakeholders via a series of meetings) to improve the quality of services in 2019/20. We have developed our quality priorities in line with our long term Trust ambitions and strategies which are based on patient safety, patient experience and clinical effectiveness.

Quality Priorities 2019/20

We will promote shared learning to patients, relatives, staff and external partners by reviewing the process of recording, monitoring and sharing recommendations for learning following a Serious Incident (SI) investigation. This will reflect the Trust’s culture of ongoing quality improvement and continuous journey to reduce unintended and unexpected patient harm.

Specialist Lead: Patient Safety & Clinical Effectiveness Manager
Governance Group: Trust-wide Governance Group

Why have we chosen this?
Patients, their families and carers want to be assured that when any incident or SI causes them harm, lessons are identified and acted upon and shared with all staff Trust-wide.

Patient safety is the prevention of unintentional or unforeseen harm whilst in receipt of health care provision. Embedding learning and change following a patient safety incident is a key part of the process.

The Trust is committed to listening to staff, learning lessons and thus improving patient care as a direct result. Identifying learning from staff who share concerns under the raising concerns process could enable prevention of greater numbers of patient safety events.

Reflecting NHSI patient strategy, the fundamental features required are: A ‘Just Culture’, openness and transparency and continuous quality improvement.

How will we achieve this?
Any SCFT incident that results in unintentional or unforeseen harm which is then identified as moderate or severe harm, unexpected or avoidable death, or a significant injury to a patient, carer, staff, or visitor is fully investigated as a SI. All SIs are investigated by the Trust’s Quality and Patient Safety Improvement Nurses. Using root cause analysis, the findings generate the learning and recommendations in the form of an action plan. These actions usually concern issues that need to be addressed at a local level, concerning the teams involved. Incidents do sometimes occur that necessitate Trust-wide changes. Currently there is a governance process in place for the reporting and monitoring of local and Trust-wide Serious Incident action plans to ensure they are being completed. However staff feedback suggests that sharing the learning with patients, families and staff is not always as robust a process as we would like and currently provides limited assurance that learning and changes are embedded. A review of all the processes that take place when an SI has been declared will be completed.

The following will be implemented to reflect the fundamental features required for an embedded patient safety culture:
Root cause analysis of SIs can sometimes show a history of concerns felt by the relevant teams prior to the SI occurring. Currently there is no formal method of sharing the trends and themes and therefore potential learning from staff who raise concerns. This information could be valuable and used as a red flag to understand more about risk in particular clinical teams.

- During 2019/20 a process will be implemented to enable us to link any learning from the ‘raising concerns’ process, and how this learning is cascaded within the Trust. This will ensure we learn from themes and trends arising under the raising concerns process and thus demonstrate to staff that speaking up makes a difference.
- Ongoing evolution of table top meetings at the start of the SI process requires the development of a Standard Operating Procedure to ensure table tops follow an agreed framework, ensuring all expectations are met.

Part of the table top process will be the use of the ‘Just Culture’ guide promoting the Trust’s view of a learning culture, rather than a blaming culture. Furthermore if possible, patients and families will be part of table top meetings so their views and experiences of the incident are heard, reflecting the Trust’s openness and transparency objectives.

The final step of the duty of candour process ideally requires a final meeting with the patient and families involved when the conclusion of the investigation and any learning is shared. This is currently managed at a local level. At present there is no formal process to share with staff the learning and Trust wide changes following investigations which need addressing.

- Over the following year, a process will be implemented to address this element of the SI process. This will reflect that SCFT actively responds to and learns from mistakes and actively promotes continuous quality improvement.

Staff are encouraged to report all incidents and have multiple ways of doing so. The work led by the Trust’s Freedom to Speak Up Guardian (FTSUG) runs in parallel to traditional incident reporting. This process allows staff a confidential space to raise any concerns if they feel unable to report them to a line manager or via the usual incident reporting process. SCFT is recognised as a high reporting Trust. This is indicative of the confidence staff feel in SCFT’s just culture.

- A scoping exercise will be conducted to examine the most effective method of providing feedback to reporters.
- The Just Culture guide will be embedded into the raising concerns (whistleblowing) policy as a reminder of how those raising concerns and those being investigated under this policy can expect to be treated.
- We will ensure all staff are aware of SCFT’s policies and processes for raising concerns about unsafe practice and that they are provided with reassurance about how their concerns will be handled to encourage and reassure staff that any concerns shared will be treated seriously and with transparency.
- We will disseminate testimonials of staff members’ positive experiences of speaking up, via both traditional incident reporting and via the raising concerns process.

**How will we measure this?**
Survey staff feedback following an SI investigation.
Introduction of a regular SI report for staff that will be shared and discussed at harm free meetings.
Audit the Duty of Candour process to provide assurance the three phases of duty of candour are being followed.
Audit the use of the Just Culture.
Increased staff awareness of the FTSUG will be measured via a short annual staff questionnaire.
Audit the process of ‘Raising Concerns’ paying particular attention to the sharing of any learning.
Children and Young People’s Services Safety Thermometer

**Specialist Lead:** Area Head of Nursing Children’s, Wellbeing & Dentistry
**Governance:** Area Governance Group Children’s Wellbeing & Dentistry

**Why have we chosen this?**
The classic patient safety thermometer has been implemented across SCFT and focuses on the four most common harms across adult services. In 2018 the Safety Thermometer for children and young people’s (CYP) services was launched and the first wave of data submission has been implemented in some children and young people’s services.

The Children and Young People’s Services Safety Thermometer is a national tool that has been designed to measure commonly occurring harms in people that engage with children and young people’s services. The tool focuses on: Deterioration, Extravasation, Pain and Skin Integrity.

SCFT provides children’s services across a range of areas including community services; bed based and Urgent Treatment Centres/Minor injury Units and Dentistry; the new CYP safety thermometer will enable oversight of safety across all services that children and young people access.

**How will we achieve this?**
- SCFT will register and submit data aligned to the 2019/20 submission timetable.
- Focused review of harms associated with CYP deterioration; pain; extravasation and skin integrity with quality improvements and shared learning events identified to reduce harm in healthcare incidents in children and young people.

**How will we measure this?**
Quarter 1 - register; set up data set, define services that need to participate and familiarise staff in those services with the safety thermometer.
Quarter 2 - submit data set in defined services.
Quarter 3 - increase data set submission and demonstrate evidence of quality improvements and shared learning events.
Quarter 4 - SCFT data submitted across all agreed CYP services and QI and shared learning events embedded.

Deteriorating Patients

**Specialist Lead:** Patient Safety & Clinical Effectiveness Manager and Quality & Patient Safety Improvement Nurses
**Governance:** Trust-wide Governance Group

**Why have we chosen this?**
NEWS is a tool developed by the Royal College of Physicians which is aimed at improving the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes. This tool was first implemented in 2012, without having a national impetus that all health care institutions would use the tool. Consequently this resulted in some confusion and variation in practice with the subsequent risk of compromise to patient safety.

In 2019 NHS England, with the support of NHS Improvement are endorsing the use of NEWS2 and are launching an ambition to increase its use to 100% of acute and ambulance settings from March 2019.

The adoption of NEWS2 to streamline communication between healthcare professionals is vital to standardise the identification of adult patients who are acutely deteriorating and how staff respond to them. SCFT recognises the importance of adopting the updated tool in line with partner organisations and the need to embed across NHS workforces.
How will we achieve this?
We aim to implement national guidance by:

- Establishing a comprehensive roll out of NEWS2 tool Trust-wide.
- Ensuring all relevant staff are appropriately trained in its use to ensure they have the skills and knowledge necessary to identify acute deterioration, including sepsis; to recognise early detection of the deteriorating patient; to promote effective decision-making/response to the NEWS2 score and to recognise the importance of accurate documentation.

How will we measure this?
All patients who deteriorate in SCFT care who require urgent transfer to acute care or who require cardiopulmonary resuscitation are recorded on the Trust’s incident reporting system, Datix. Historical data will provide our benchmark. With the implementation of NEWS2 there will be an expected reduction in the number of patients who require urgent transfer or cardiopulmonary resuscitation, as the use of NEWS2 will assist in the earlier identification of a deteriorating patient and speedier management.

Furthermore a NEWS2 audit will be completed to review the accuracy of the documentation and whether staff are following the guidelines effectively.

Effective Care
Translating research evidence into improved care – specifically the development, implementation and evaluation of a frailty pathway to improve outcomes of care for older people with continued collaborative working with other providers.

Leads: HEE/NIHR Senior Clinical Lectureship, Deputy Chief Nurse (Clinical Delivery) and Deputy Chief Nurse (Quality and Governance)
Governance: Research and Innovation Group

Why have we chosen this?
Frailty is associated typically with increasing age. Re-aligning healthcare services to the needs of an ageing population is a national priority. The Trust provides care and services to an increasingly older population across all the geographical areas served. Areas such as Coastal West Sussex have a higher than national average population aged over 80 years. A frailty pathway is a priority area for our ageing population to improve the detection, assessment, case management and outcomes of care; the right care right place right time.

How will we achieve this?
- We have identified the frailty pathway as a continued priority area included within our Quality Improvement Programme, with detail on requirements, milestones and timeline to realise our ambition.
- We will work as a multi-disciplinary group with representation from medicine (GP and/or geriatrician), nursing (matron, ANP), AHPs (OT, physio, SALT), clinical leads for community and inpatient settings, and speciality leads for end of life care, frailty and dementia. We work collaboratively with the CCGs, to integrate work with frailty initiatives, for example Coastal West CCG Sussex Frailty pathway, and acute care providers to enhance continuity of care on frailty assessment and management across healthcare settings.
- The pathway development and implementation will be informed by national guidance on best practice and research evidence. We will integrate research and guidance into clinical practice, tailoring to our context and population. We will achieve this through the expertise in our working group, building on clinical initiatives and research in the Trust on frailty and on care of the older person, and through collaboration with our partners. We will build on research from our HEE/NIHR Senior Clinical Lectureship, a joint post between the Trust and King’s College London with research work on managing clinical uncertainty for older people.
We will focus on a systems approach, working with primary care to support the identification and management of care for people living with frailty and across care settings. We will seek to collaborate with, for example, clinical academic geriatricians from BSUH/BSMS undertaking research work on frailty in younger groups, such as individuals living with HIV/AIDS, with colleagues from the AHSN KSS and their implementation programme around innovation in care for older people, and national organisations including British Geriatric Society (BGS) engaging with the frailty special interest group.

How will we measure this?
Evaluation will be an ongoing process from development through to implementation.

Year 1-2
Development of the frailty pathway. Establishment of the multi-disciplinary working group and identification of local partners and collaborators in, for example, primary care. Development of the pathway building on clinical initiatives, national guidance and research to detail local protocols and pathways of care for older people with frailty, considering the common acute presentations of falls, delirium and sudden immobility, and process of timely response to urgent need.

Identification of valid measures/scales to assess frailty and incorporation within comprehensive assessment processes.
Consider use of patient centred outcome measures in routine care to enhance assessment and evaluate outcomes of care.
Development of training on frailty recognition for all staff (tier 1) to include understanding of frailty as a long-term condition and recognition from emergence (e.g. frailty syndromes) to end of life, and training needs analysis for senior clinical staff on holistic and comprehensive assessment of frailty (tier 2, tier 3).
Identification of champions to sustain change.

Year 3-4
Implementation with agreed timing of roll out across our geographical areas.
Evaluation of the processes of implementing the frailty pathway including: identification at the individual level using validated assessment for frailty; comprehensive assessment and feasibility of using person-centred outcome measure in routine care; case management approach to care; and evaluation of outcomes for example repeating person-centred outcome measure at end of episode of care or change in presentation e.g. moving from unstable to stable.
Evaluation of the training programme in terms of number of staff completing and individual assessment of change in knowledge and competencies.

Year 4-5
Review findings from the evaluation of process in terms of number of patients identified, audit of assessment processes and evaluation of outcomes. Findings will refine the pathway to ensure embedded in routine care and understanding of potential harm and reduction, e.g. under-detection of individuals living with frailty, timely response to urgent need.

Best Practice - NICE Guidance

Leads: Patient Safety & Clinical Effectiveness Manager and Quality Effectiveness Facilitator
Governance: Clinical Effectiveness Group

Why have we chosen this?
We want to ensure that once our patients/service users physical, mental health and social needs are holistically assessed, their care, treatment and support is delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes.
This particular priority is about further testing our response to NICE guidance and to look at sustainable changes made in practise.

**How will we achieve this?**
We will scope how another NHS Trust gains assurance of compliance with NICE guidance.

Currently assurance of compliance is provided over 3 years by the allocated lead for each piece of guidance. This is reported to performance monthly.

To ensure compliance is on-going we will conduct a review of a selection of guidance which has previously been deemed compliant. An audit tool will be developed and leads will be tasked with assessing each piece of guidance for continued compliance. This will help test the existing process in place. The data will be analysed and a report prepared, as per normal audit processes. The analysis will identify any gaps and help us to ensure our processes are as robust as possible.

**How will we measure this?**
The annual audit findings will be used to provide assurance that the Trust continues to maintain standards set by NICE. Any gaps will be addressed in an action plan.

Ongoing and continuing compliance with NICE guidance issued historically and similar audits conducted annually providing assurance to the public that the Trust is providing the best possible care and treatment.

People who use our services need to have confidence that there are sufficient staff employed through our bank to help supplement core staffing in areas, and therefore feel safe when accessing care.

**Leads: Head of Resourcing**
**Governance: Workforce Committee**

**Why have we chosen this?**
A focus on recruitment to the SCFT Bank will increase the numbers and types of staff accessible in a variety of locations, who are available to fill shifts, resulting in a reduction in the amount the Trust spends on agency staff.

**How will we achieve this?**
To promote and bring greater visibility to the bank, the following changes will be implemented from 1.3.19:
- A new calendar and approach to recruitment to the bank will be devised.
- Information regarding temporary work will be made available on the Trust website and all bank vacancies will be live on our Trust recruitment website.
- A focused advertising campaign encouraging people to join the bank in general and for particular roles will take place via love local jobs and social media.
- All Bank vacancies will have links on the ‘individualasyou’ site.
- Print and online advertising campaign for joining the bank, for Nursing and HCA roles.
- Open days about joining the bank will be held Trust-wide.

**How will we measure this?**
The number of bank staff available to work will increase, thus increasing service user confidence.
### Patient Centred Care

**Improve how people feel about the care they receive by improving our analysis of patient feedback.** We will specifically focus on increasing the FFT response rates at Minor Injury Units and Urgent Treatment Centres in the Trust's four areas; Central, Children’s & Well-Being, East and West.

**Leads:** Patient Experience & Assurance Manager  
**Governance:** Patient Experience Group/Trust-wide Governance Group

**Why have we chosen this?**  
FFT gives the public an opportunity to provide feedback to the Trust regarding our services. Currently the numbers of FFT responses are not routinely reaching the national 15% response rate.

**How will we achieve this?**  
We will focus targeted work with the areas on response rates. The number of responses required for each MIU and UTC will be identified and shared with Areas (based on the average number of contacts within these services).

New formats for collection have been proposed and agreed by the Patient Experience Group. A meeting with the Communications team will be arranged to bring these plans to fruition.

**How will we measure this?**  
FFT response rates will incrementally increase month on month. The increase in feedback will help inform services of improvements suggested by service users.

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**People need to feel that they are involved in decisions about their care, particularly in emergency situations or at the end of their lives. We will prepare our Clinical workforce for the implementation of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) through a comprehensive education and training programme.**

**Lead:** End of Life Care Lead  
**Governance:** End of Life Steering Group

**Why have we chosen this?**  
ReSPECT is a process that creates personalised recommendations for a person’s clinical care in a future emergency in which they are unable to make or express choices. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person’s care and treatment. ReSPECT can be complementary to a wider process of advance/anticipatory care planning.

The ReSPECT process aligns with SCFT’s End of Life (EOL) Care Strategy and represents a quality improvement initiative that focuses on the Trust’s person-centred approach to care. It gives us an opportunity to upskill many more staff members to undertake the conversations that are crucial to patients reaching the end of their lives.

**How will we achieve this?**  
A training needs analysis will be undertaken to identify appropriate staff groups for training (levels 1 & 2). An appropriate ESR competency will be assigned to each staff group. A comprehensive training programme (levels 1&2) will be developed and delivered to all appropriate clinical staff groups.

**How will we measure this?**  
We will measure success by reporting on the number of staff trained via ESR.
All the priorities detailed above will be monitored quarterly by the Trust Wide Governance Group (TWGG) and reported to the Board of Directors as part of the Quality Improvement Committee report. We will report on our progress against these priorities in our Quality Report for 2019/20.

Additional quality improvement goals are included in the Trust-wide Quality Improvement Plan available on our website: [http://www.sussexcommunity.nhs.uk/about-us/trust-reports/](http://www.sussexcommunity.nhs.uk/about-us/trust-reports/)
Priorities for Improvement 2018/19

A Review of our Priorities for Quality Improvement in 2018/19

The table below summarises progress against improvement priorities set for 2018/19 in the 2017/18 quality report (inc. Quality Account).

Progress summary against 2018/19 improvement priorities

<table>
<thead>
<tr>
<th>Safe Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure damage – refresh of professional standards</td>
</tr>
</tbody>
</table>

**Why did we choose this?**
The Trust has made great progress in reducing the number of pressure damage incidents in previous years. However in recognition of the potential impact on patient’s health when a pressure injury occurs and because it is an important indicator for the quality of care received, we will continue to focus on reducing pressure damage as a quality improvement priority.

**How will we achieve this?**
To reduce the incidence of pressure damage further, the current Pressure Damage Framework, Policy and Purpose T assessment tool will be reviewed and updated as part of the pressure damage work stream. The Purpose T assessment tool, which now includes additional focus on device related pressure damage, will be piloted Trust-wide and evaluated by staff. The Tissue Viability Nurses (TVNs) remit has been extended to paediatric community teams and the assessment of pressure damage in children.

The revised Pressure Damage Framework, Policy and Purpose T assessment tool will be available to staff via the staff intranet. Trust TVNs will also provide updates on the framework and the risk tool through their training sessions, via the Trust intranet and at the annual TVN conference in September 2018.

**How did we do?**
The Trust’s previous Pressure Damage Framework, has been replaced by a succinct set of standards, which have been presented to staff as a “Commitment”. The Commitment may be signed by staff to show they are central to the Trust’s aim of reducing the incidence of Pressure Ulcers causing harm. To date (March 2019) 214 Commitments have been signed.

Work is almost complete ensuring all the NHSi recommendations for ‘Pressure Ulcers: revised definition & measurement’ and changes to the Core Curriculum; are made by April 2019. This work compliments the implementation of the new Purpose T 2 risk assessments, which have a higher sensitivity to device related pressure damage and include consideration of professional opinion of risk factors.

We held our Tissue Viability Conference at Billingshurst on Wednesday 19 September 2018. Over 120 colleagues came together to network and share good practice, to promote healthy skin care and to avoid pressure damage and ulcers.

An audit, undertaken by the Tissue Viability service looked at the outcomes of patients reported to have developed unstageable pressure damage, within the Brighton & Hove locality, from March 2015 to December 2016. The audit showed that heels were the predominant anatomical location for the development of unstageable pressure damage; with 8 incidents in 2015 and 20 in 2016. The EPUAP suggest that the heel is most vulnerable part of the body for pressure damage. In 2018 the TVNs developed a page on the Trust’s intranet dedicated to heel care and
the prevention of pressure damage to these vulnerable areas.

The data below provides some assurance that the proactive work in 2018/19 has had a positive impact and lapses in care has reduced for high category pressure ulcers.

| Category 3 & 4 pressure ulcers indicating if a lapse in SCFT care occurred. |
|-----------------------------|----------------
|                             | 2017 | 2018 |
| No                          | 40   | 10   |
| Yes                         | 20   | 20   |

Holistic Assessment – the process of assessment on first contact with patients/service users and their on-going monitoring across all Trust services.

Why have we chosen this?
Trend analysis of Serious Incidents in the last year, together with soft and hard intelligence, has highlighted that holistic assessments of patients/service users completed within recognised safe time frames is not consistent across Trust services. Whilst this has not resulted in harm per se, holistic assessment should always be the basis for effective, patient-centred care.

On-going review of patients includes using monitoring tools and there is a need to review how these are used more effectively. This will include the use of the National Early Warning Score/Paediatric Early Warning Score (NEWS/PEWS); an early warning system for identifying acutely ill patients or children - including those with sepsis. It is based on a simple scoring system in which a score is allocated to physical measurements, all of which are already routinely measured and recorded on observation charts when patients or children present to, or are being monitored in, health care settings.

How will we achieve this?
Review activity and caseload to determine impact on ability to carry out assessments in a timely way.

- The guide for staff on the completion of holistic assessments will be reviewed and updated to include specific timeframes.
- The training needs of staff in all areas across the Trust regarding holistic assessment and on-going monitoring of patients/service users will be identified. Clinical audits on the admission process across all Trust services will be undertaken to ensure adherence with standards, (e.g. within 6 hours of admission to an Intermediate Care Unit, or on the first day of referral onto a Trust service), together with a re-audit on the use of NEWS/PEWS scores and appropriateness of subsequent interventions.
- NEWS2 - liaise with patient safety collaboratives / acute Trusts and SECAmb regarding roll out of NEWS 2. Scope what extra training SCFT staff may require.

How did we do?
A Training Needs Analysis (TNA) has been completed and a training plan is being reviewed through the community nursing review.
NEWS 2 is now live across the Trust.

All actions (listed below) on the action plan drafted by the Community Nursing Taskforce in response to the audit conducted are on target for completion.

- Guidance on time frame for assessment to be implemented.
- Myth busters to be shared with teams around initial assessment template on SystmOne.
- Quick Guide to be completed on how to add Allergies to SystmOne.
- Caseload reviews to be undertaken in West area and best practice shared, and rolled out Trust-wide.
- Implement peer reviews of caseloads in community nursing across the Trust once caseload reviews undertaken.
- Review current training of Health records and documentation to remove duplication and standardise practice.

The guide for staff on the completion of holistic assessments will be reviewed and updated to include specific timeframes and will be audited in July 2019.

### Scoping alternative approaches to enable adult patients to self-administer insulin in the community to promote and maintain their independence.

#### Why have we chosen this?

There are currently a large number of patients in the community who are not self-administering their insulin injections, but who would be able to do so if they and their family were provided with sufficient support and education by specially trained health and well-being advisors. It is not always possible for community nurses undertaking routine visits to administer insulin to patients to spend the amount of time necessary to provide the required self-management support. Self-administration and self-management of insulin empowers patients to maintain a higher level of independence and be more self-sufficient, reducing demand on health services.

#### How will we achieve this?

Targeting a small group of patients in each area to participate, we will pilot/review/scope to assess whether an alternative approach to managing diabetes will enable patients to effectively self-administer their insulin in the community setting.

As part of this pilot we will:

- Produce a screening tool for use by community nurses to assess the patient’s potential for self-administration of insulin if provided with appropriate information and support.
- Employ a dedicated “Health and Well-being Advisor” who is able to deliver the appropriate support and education for patients to self-administer insulin, to initially monitor progress and once patients are self-managing be a contact-point for future advice.
- Utilise skills of the Expert Patient Programme lead
- Develop a screening tool for self-administration of insulin which will be tested and evaluated in pilot area.

A Sussex Community NHS Foundation Trust (SCFT) Insulin Task and Finish group was set up in May 2018 to identify the areas for improvement and actions required, in relation to Adult Diabetes Management. This was formulated as a result of the outcome of a West area Table-Top review meeting of staff insulin administration practices. This group linked directly with the principles of clinical governance and maintaining and improving the quality of patient care.

The Trust has set up a Trust-wide diabetic specialist group, (chaired by the Professional Head of Nursing) following the insulin task and finish group – this will run for 6 months and is taking forward the recommendations from the task and finish group, which include the:
- formulation of a plan for upskilling band 5 and 6 workers to ensure more appropriate caseload management;
- piloting the Diabetic Passport proposal and the outcome measures;
- scoping alternative approaches to enable adult patients to self-administer insulin in the community;
- continued monitoring of the Health advisor role pilot in the Central Area; and
- reporting of outcomes to the Trust-Wide Governance Group (TWGG).

Group membership includes Diabetic Nurse Specialists, as well as a Diabetic Nurse Consultant.

The plan to employ a dedicated “Health and Well-being Advisor” who is able to deliver the appropriate support and education for patients to self-administer insulin, to initially monitor progress and once patients are self-managing be a contact-point for future advice has yet to come to fruition; challenges around funding and recruitment have delayed this part of the plan, but is still very much on the agenda.

A screening tool for use by community nurses to assess the patient’s potential for self-administration of insulin if provided with appropriate information and support has been sourced and awaiting approval to use from the diabetic specialist group. Once approved by the group the tool will be tested and evaluated in a pilot area.

### Effective Care

**For all SCFT patients to have their pain identified and treated effectively.**

#### Why have we chosen this?

The report of SCFT’s CQC inspection which took place at the end of 2017, included several issues relating to pain management in SCFT bedded units; measuring the effectiveness of pain relief, accurate recording of pain assessments and subsequent pain scores, together with a lack of a formal processes and pathways for the referral of patients to the pain management team.

#### How will we achieve this?

A clinical audit will be undertaken in quarter 1, 2018/19 to gain a baseline of how patient’s experiences of pain are managed in bedded units across SCFT (including Chailey).

The Trust-wide record keeping audit will capture how pain is managed across all areas audited.

The Trust’s pain management tool and how staff document and monitor this element of holistic care will be reviewed and considered across all Areas (Adult and Children’s and Well-Being Services).

Appropriate information and training will be made available to staff to enable them to manage patients’ pain effectively.

#### How did we do?

The Referral pathway was completed in April 2018.

A task & finish group was set up (with oversight from Area Heads of Nursing and Governance) and the first meeting took place in October 2018. An action plan was put in place for completion by December 2018 and was completed on time.

Each area has remarkeated the use of the pain assessment tool and evaluation and training has been provided to staff.

The baseline audit was undertaken at the end of 2018, with the re audit planned for Quarter 4 to measure outcomes have been met.
The re-audit was completed in Quarter 4 (March 2019) and used a variety of methodologies to capture patient experience and pain management and enabled results to be compared with the previous audit findings.

Both audits illustrated that within the Integrated Patient Document (IPD), 81% of patients were assessed regarding pain, although it is noted within the patient cohort that 21% of those patients asked were experiencing no pain at the time of assessment. Pain assessment within the IPD was demonstrated in both audits.

The second audit demonstrated an 11% improvement across the organisation within the medication section of the IPD.

The audit results showed that reviews were taking place, but inconsistently, with a lack of documented review within the IPD documentation. However, anecdotally, pain is featured within the ward comfort rounds, a factor which was not formally assessed within this audit.

A slight improvement was seen in the use of the verbal pain tool and the patient experience captured was positive in all areas audited.

Plan moving forward:
- Reinstate the working group with the accountable matrons.
- Further review of results to consider a consistent Trust wide approach to pain reviews and documentation within the inpatient setting.
- Review pain in line with other documentation, e.g. the comfort round.
- Discuss the option of reviewing the current drug chart to incorporate a review of analgesia linked to a pain scale with SCFT’s medicines management team.
- Area Governance meetings will monitor and agenda organisation discussions regarding consistency and progress through the in-patient taskforce.

Timescales for completion June 2019 with an end review.

Review adult mental health provision across SCFT with Sussex Partnership NHS Foundation Trust (SPFT) to address dual diagnosis and length of stay in bedded units, Minor Injury Units and Urgent Treatment Centre.

Why have we chosen this?
There are a number of national drivers supporting an integrated approach to physical and mental healthcare including the Five Year Forward View, parity of esteem and equality of access for people with poor mental health, together with a number of CQC Key Lines of Enquiry around mental healthcare.

Patients are presenting with more complex physical and mental health interplay where psychological input is key. Analysis undertaken as part of the CQC preparation work and also reported through other channels, showed significant delays in providing the correct treatment to patients presenting with severe and enduring mental health issues/dual diagnosis in a suitable environment, notwithstanding the provision of a safe room, prompt mental health assessment, together with staff from Sussex Partnership NHS Foundation Trust.

A review of incidents (May 2016 – June 2017) showed that both Crawley Urgent Treatment Centre and the Minor Injury Units had carried out mental health screening and supported patients with mental health issues waiting for transfer. There were significant difficulties with the speed of transfer, together with delayed discharges/transfers in hospital settings which impacted on both patients and staff.
The Trust recognises that it is caring for increased numbers of patients with cognitive difficulties and dementia. Dementia is associated with a 20% - 40% increased risk of depression (Alzheimer's Disease Society, 2017) and depression is also common among those caring for someone with dementia. Patients diagnosed with dementia typically spend a week longer in hospital than other patients with complex needs. Joint working around dementia and mental health needs may therefore support timely discharge for these patients.

How will we achieve this?
We will carry out a review of people who access our services who have additional mental health illness, to ensure this is managed with specialist mental health input to ensure better outcomes/recovery.

A task and finish group will be established to focus on a partnership approach with SPFT to jointly take forward this work. Work will include the consideration of a new service to inpatient wards to improve planning and anticipated needs prior to discharge, together with drafting a business case to appoint a mental health lead to advice on mental health issues and management across the Trust.

A snapshot audit will be conducted of SCFT inpatients with a dual diagnosis.

The numbers of breaches in length of stay for certain categories of patients will be noted in Q2 and this will be repeated in Q4.

How did we do?
An audit was undertaken to review if mental health issues or a diagnosis of mental health is a causative factor to delays in planned dates of discharge for inpatients. The audit findings concluded that there were no significant relationships to breaches in planned discharge dates for patients who present with a physical issue, as well as mental health issues or a diagnosis of mental health.

However, in order to address concerns raised regarding length of stay of patients with a dual diagnosis, together with a lack of specialist mental health input to ensure better outcomes/recovery, SCFT have taken the following actions which seek to resolve issues raised both in the short term, whilst also establishing plans to be able to address mental health capacity from a more strategic perspective.

**Immediate action**
- SCFT have appointed a senior manager with Mental Health experience as the Mental Health Programme lead to support with scoping of Mental Health issues within the bedded units.
- SCFT have directly employed a mental health practitioner within the Crawley and Horsham area to directly support inpatient staff address the needs of patients with mental health issues.
- SCFT have reviewed and revised the admission criteria to the Intermediate Care Units (including Crawley Hospital) to ensure that referral pathways exclude patients who are unable to engage with the rehabilitation treatment programmes available on the units.

**Strategic actions**
A scoping exercise is being undertaken to establish the detail required within an SLA with a Mental Health provider (specifically work is currently focussing on understanding the needs of patients in Crawley Hospital presenting with a dual diagnosis of mental health and physical care needs).
- SCFT has begun the process of formalising negotiations with the local mental health provider trust to explore a more strategic discussion with regards to mutual support for patients with both physical and mental health presentations.
• SCFT is engaging with the Sussex & East Surrey mental health STP to ensure that patients in need of a short term rehabilitation (physical health) programme will also be considered in mental health prioritisation processes.

Patient Centred Care

Meeting patients and their families’ expectations of individual cultural/religious needs at the end of their life.

Why have we chosen this?
Cultural competence is the ability to provide care to people with diverse values, beliefs, and behaviours, together with tailoring healthcare delivery to meet people’s social, cultural and linguistic needs; it is the ability to interact effectively with people of different cultures and address health inequalities.

The development of cultural competence in all care helps to drive forward the Trust’s end of life care strategic aims, which are:

• Each person is seen as an individual.
• Each person gets fair access to care.
• All staff are prepared to care.
• All staff promote equality and inclusiveness.

How will we achieve this?
We will engage with people across the Trust, to gain insight and feedback into what is important to them regarding their care/care of their loved ones at the end of life.

We will conduct a post bereavement survey in Q1, based on the National VOICES survey, which will seek qualitative feedback from families and carers on their experiences of the end of life care provided by our services.

In the latter half of the year, we will develop action plans to reflect the findings from the engagement events and surveys. This will further inform us if staff require additional skills and knowledge that would enhance each individual’s experience of end of life care.

How did we do?
The post bereavement survey has been drafted and agreed for use. Due to the sensitive nature of talking to bereaved relatives, training will need to be provided to the PALS team by the End of Life Care Lead prior to its use. Conducting the survey has been delayed due to operational pressures. The priority will be carried forward to the 2019/20 Quality Improvement Plan.

Working collaboratively with SCFT volunteers and other agencies to combat loneliness.

Why have we chosen this?
Age UK reports that “1.2 million older people are chronically lonely and that this has an adverse impact on mental health, and the challenge will increase as our population ages. In the next 20 years, England’s over-85 population is set to rise from nearly 1.3 million people to just under 2.8 million. Caroline Abrahams, Age UK charity director says: “Loneliness can have an impact on older people’s health and wellbeing. This is particularly true when it comes to mental health, with older people’s depression often brought on by, or exacerbated by loneliness.” People accessing health services often need increased social support to help them rehabilitate back into their usual activities and/or to combat loneliness.

The Communities of Practice (COP) teams in Horsham, Crawley & Mid Sussex are multi-organisational and made up of professionals from SCFT, WSCC, SPFT and Age UK West
Sussex. They are extended community teams based on groups of general practice, focused around a registered population and bring together the care resources of community and mental health services, social care, and increasingly, community pharmacy, third sector and paramedics. Each COP team has an Age UK Community Link Worker. The purpose of the Voluntary Sector Community Link Worker is to support patients in identifying and navigating personalised and innovative opportunities and solutions to support the self-management of their complex health and social care needs. This will also include improved use of the third sector and volunteer networks, including SCFT volunteers, as documented in SCFT’s Voluntary and Community Development Strategy.

As part of this initiative the Community Link Workers will launch a series of group activities and support programmes to encourage peer support and sustainable change management, aiming to reduce social isolation and loneliness and promote the self-management, knowledge, skills and confidence of patients, creating for them an increased connection into the community and an improvement in the quality of their life.

The learning from the above pilot in the Central Area of the Trust will be taken forward to establish whether the model used could be replicated in other Areas, with the aim of rolling out more widely as part of the Trust’s Voluntary and Community Development Strategy to help combat loneliness.

How will we achieve this?
The Trust voluntary service team will work alongside the Communities of Practice (COP) in Horsham, Crawley and Mid Sussex to deliver these projects.

After discussions with the COP Programme Manager and prioritising, it was agreed that we would initiate a 1st pilot around getting isolated patients into clinics by volunteer drivers to try and save nursing time.

A 2nd pilot was agreed to target isolated patients with befrienders in their own homes, the anticipated benefits of which were that patients would receive the advantage of social interaction and company once a week with a volunteer, benefiting from mental stimulation which may lead to improved mood.

How did we do?
After a large postal drop of leaflets explaining the scheme to 24,000 homes only 1 volunteer driver was identified. However the team has been able to establish a new working relationship with a local school.

A second attempt to recruit potential volunteer drivers is planned with leaflets targeted at 1500 parents. Other avenues for transport such as estates/community transport have been explored, but finances have been a limiting factor.

It was not possible to measure the potential benefit of relieving clinician contact time through patients being seen at clinics, rather than their homes as currently no volunteers have been recruited.

The second pilot commenced with 4 volunteers, with two of them completing the 6 month pilot. The project was completed with good outcomes, with 100% of the patients involved reporting they benefitted from visits; reporting they felt that the visits had made a positive impact on any isolation or loneliness they had been feeling. Discussions continue to see how the project can become part of core delivery if ongoing support for the volunteer can be identified.
Part 2.2 - Statements of Assurance from the Board

During 2018/19, Sussex Community NHS Foundation Trust provided and/or sub-contracted over 100 relevant health services.

SCFT has reviewed all the data available on the quality of care in these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 84.4% of the total income generated from the provision of relevant health services by SCFT for 2018/19.

Clinical Audit (National and Local) and National Enquiries

Clinical audit measures the quality of care and services against agreed standards, and suggests or makes improvements where necessary. During 2018/19, seven national clinical audits covered relevant health services that SCFT provides. SCFT did not participate in any National Confidential Enquiries over this period.

During 2018/19 SCFT participated in 5 (71%) of the 7 national clinical audits for which it was eligible and relevant to participate in.

The 7 national clinical audits were:
- National Audit for Care at End of Life (NACEL)
- National Audit of Intermediate Care (NAIC)
- Sentinel Stroke National Programme (SSNAP)
- National Audit of Inpatient Falls (NAIF)
- National Diabetes Audit – Adults
- National Chronic Obstructive Pulmonary Disease (COPD) Audit programme
- Parkinson’s UK

The 5 national clinical audits SCFT were eligible to participate in, and for which data collection was completed during 2018/19, are listed below:
- National Audit for Care at End of Life (NACEL)
- National Audit of Intermediate Care (NAIC)
- Sentinel Stroke National Programme (SSNAP)
- National Audit of Inpatient Falls (NAIF)
- National Diabetes Audit – Adults

These national clinical audits SCFT participated in, and for which data collection was completed during 2018/19, are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

<table>
<thead>
<tr>
<th>National Clinical Audits and National Enquiries 2018/19</th>
<th>Participation</th>
<th>% cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Audit of Care at End of Life (NACEL)</td>
<td>Case Note Review - 4 Quality Survey - Nil</td>
<td>Trust/University Health Board (UHB) - 97.4% Sites: Arundel – 6.6% Bognor – 4.8% Crawley – 31%</td>
</tr>
</tbody>
</table>
The reports of 2 national clinical audits were reviewed by SCFT in 2018/19 and the Trust intends to take the following actions to improve the quality of healthcare provided:

### Examples of actions taken in response to National Clinical Audit / Confidential Enquiries outcomes

<table>
<thead>
<tr>
<th>Title</th>
<th>Actions</th>
</tr>
</thead>
</table>
| National Audit of Care at End of Life (NACEL) | Learning from this National Audit demonstrated that moving forward SCFT wish to increase participation in the audit. There is a plan to monitor submission of case note reviews through the Mortality Review Group, to ensure each death has been submitted as part of SCFT’s review process.  
- Submission of case note reviews to be monitored through quarterly mortality review group  
- Mortality Review group to ensure that each death has been submitted as part of SCFT’s review process to address issues around case study review  
- Data collection period to be shared with teams and reminders shared at Mortality Review group meetings  
- Quality Effectiveness team to share any updates regarding the audit with the Mortality Review group.  
- Audit leads to share issues around data submissions as they arise with Quality Effectiveness team and/or Clinical lead. |
| The National Audit of Intermediate Care (NAIC) | N/A |
| Sentinel Stroke National Programme (SSNAP) | N/A |
The National Audit of Intermediate Care (NAIC)

Learning from this National Audit demonstrated that improvements will be possible with SCFT services undergoing two reviews: therapies and the nursing template, as well the embedding of the new admission criteria in Intermediate Care Units Trust-wide.

- Recruitment and induction of the Band 2/HCA workforce. This will be achieved by arranging regular adverts, interviews and induction on the ward for new staff.
- Gathering of evidence related to the new admission criteria to enable the senior management team to evaluate progress. This will be managed by establishing an escalation and recording procedure which can then be used as evidence.
- Review of nursing templates being undertaken Trust-wide led by Deputy Director of Nursing and Clinical Quality.
- Review of therapy services being undertaken Trust-wide by Head of Allied Health Professionals.
- Maintain scrutiny on Key Performance Indicators (e.g. Length of Stay, Delayed Transfer of Care, etc.).
- Maintain scrutiny on clinical quality indicators.
- Share audit results at staff meetings with on-going monitoring of friends and family test results.

SCFT has identified ten National audits scheduled to occur in 2019/20 in which the Trust is eligible and appropriate to participate. These were confirmed by the Quality Improvement Committee in April 2019, with registration and participation well underway.

### Audit Type

<table>
<thead>
<tr>
<th>Audit Type</th>
<th>Inpatient Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls and Fragility Fracture Audit Programme</td>
<td></td>
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<tr>
<td>Learning Disability Mortality Review Programme (LeDeR)</td>
<td></td>
</tr>
<tr>
<td>National Chronic Obstructive Pulmonary Disease (COPD) Audit programme</td>
<td></td>
</tr>
<tr>
<td>National Clinical Audit of Care at the End of Life (NACEL)</td>
<td></td>
</tr>
<tr>
<td>Community Hospitals Project- (Replacing National Audit of Intermediate Care (NAIC))</td>
<td></td>
</tr>
<tr>
<td>National Clinical Audit for Specialist Rehabilitation following Major Injury</td>
<td></td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP)</td>
<td></td>
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<tr>
<td>UK Parkinson's Audit: (incorporating Occupational Therapy, Speech and Language Therapy, Physiotherapy, Elderly care and neurology)</td>
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<tr>
<td>National Diabetes Audit – Adults (Foot Care)</td>
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<tr>
<td>National Diabetes Audit – Adults (NADIA)</td>
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</tbody>
</table>
SCFT develops an annual schedule of Trust-wide (Local) clinical audits which is driven by national best practice guidance; monitoring effectiveness of changes introduced associated with quality improvements; lessons identified from investigations and audit, and assurance review outcomes. The schedule is agreed via the Trust’s governance committee structure. There were 17 Trust-wide (Local) audits and five Trust-Priorities (Local) – twenty two in total audits undertaken during 2018/19, which were approved by the Quality Improvement Committee in April 2018.

The reports of the 22 Trust wide (Local) clinical audits undertaken in 2018/19 and were reviewed by SCFT and the Trust intends to take the following actions to improve the quality of healthcare provided.

<table>
<thead>
<tr>
<th>Audit Description</th>
<th>Outcomes and recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients Experience of Pain Management</td>
<td>Audit findings provided substantial assurance that the majority of the Patients Integrated Documentation had been completed, however, the following actions were undertaken:</td>
</tr>
<tr>
<td></td>
<td>• Documentation to be standardised across sites, including full completion of the Integrated Patient Document relating to pain assessment and medication on day of admission, along with pain assessment tools, for verbal and non-verbal patients and the continuous pain assessment chart.</td>
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<tr>
<td></td>
<td>• Training and written guide on how to use the pain assessment tools and chart to be provided, embedding processes into practice.</td>
</tr>
<tr>
<td>Review the accuracy of completed National Early Warning signs (NEWS) documentation within Intermediate Care Units</td>
<td>Audit findings provided substantial assurance that staff are effectively completing NEWS documentation. However not all clinical observations are being recorded and scores are not being accurately calculated. A further spot check audit was completed by Ward Matrons prior to the Trust’s NEWS 2 project implemented in March 2019 with the instigation of a further training programme for all clinical staff.</td>
</tr>
<tr>
<td>Deprivation of Liberty Safeguards (DOLS) (2007) applications from Inpatient units</td>
<td>Audit findings provided substantial assurance and that there is positive communication between the Intermediate Care Units and the Adult Safeguarding team. Further action requires a detailed audit looking at individual units to identify any further training or support required to ensure the DOLS process is embedded.</td>
</tr>
<tr>
<td>Medical Devices Servicing Audit (re-audit)</td>
<td>Audit findings provided reasonable levels of assurance with the majority having improved, with the exception of the percentage of out of service date medical devices (MD). The percentage of servicing data has improved, while there has been a decrease in incidents of illegible next test date labels. Areas with Medical Device Champions showed a higher level of engagement with audit and improved compliance with medical device management and servicing.</td>
</tr>
<tr>
<td><strong>Review of Medicines Reconciliation in Adult In-patient Units</strong></td>
<td>Audit findings provided substantial and reasonable levels of assurance for the two areas reviewed: one showing an average of 99% of inpatient prescription and administration charts were written on the day of admission, or the next working day and the other showing an average of 78.2% of pharmacy led medicines reconciliations were carried out within 72 hours of admission, with the target achieved in 8 units.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Opioid Prescribing in Adult In-patient Units Audit</strong></td>
<td>Report received providing limited assurance; Key findings included: 43 prescribing decisions relating to opioids were identified according to the criteria set out in the audit (i.e. when opioid was started, dose changed or stopped) and only 19 (44%) of those decisions were recorded in the patient clinical notes/IPD. There was variation between different wards and different prescribers regarding prescribing decisions being documented in the patient clinical notes/IPD.</td>
</tr>
</tbody>
</table>
| **Antimicrobial Prescribing (re-audit, Intermediate Care Units)** | Report received providing reasonable assurance overall. Key findings include:  
- 100% documented indication for prescribing antimicrobials which was an increase from 98% in 2017.  
- 97% of antimicrobial prescriptions stated a duration / review date on the prescription which was the same as in 2017.  
- There was a high rate of prescribing of co-amoxiclav in the Crawley units which did not follow local guidelines which is related to the next two points:  
- 86% of prescriptions were the correct drug choice compared with 93% in 2017.  
- 55% of antimicrobials which are a high risk for CDI were a justified choice compared with 73% in 2017.  
- Significant reduction in trimethoprim prescribing and increase in nitrofurantoin in line with 2017 guidance due to trimethoprim resistant urinary tract infections (UTIs). (Although this was not an audit objective it is worth noting).  
- Out of hours medical provider IC24 initiated antibiotics which are higher risk for Cdiff infection on two occasions. |
| **Patients’ Experience of Pain Management (re-audit) - Children and young people’s Intermediate Care Units** | Report received with varying levels of assurance across the three areas: The RSNT appear to have the process for completing pain management care plans well embedded in all of their notes (100%), which was very positive. The Finches team was using several of the documents available in almost all of their notes. It was positive to note the use of care plans as a way of sharing information about how a young... |
The audit of the CRTS notes provided limited assurance that pain assessment was happening, with only one young person having a completed pain assessment chart.

**Actions:**
- CRTS to complete pain assessment charts or pain management care plans for their residents. (July 2019)
- CRTS to be supported to use all sections of the pain assessment chart, where applicable. (July 2019)
- Finches to be supported to use all sections of the pain assessment chart, where applicable. (July 2019)
- RSNT to ensure pain assessment charts are available for all C/YP. (September 2019)
- Paediatric Pain Profile to be available for all teams at CCS. (September 2019)
- Pain assessment tools to be standardised across CCS. (September 2019)

Outcomes of local clinical audits are overseen by the Clinical Effectiveness Group. To promote consistent practice across teams, all audit findings and recommendations are discussed in service governance groups and the learning shared via various Trust-wide operational forums.

Trust-wide (Local) and Trust-Priority (Local) audits for 2019/20 were presented to the Quality Improvement Committee in April 2019 who approved those put forward.

## Research

### Activity in 2018-19

SCFT recognises that clinical research is central to the NHS. It is through research that the NHS is able to offer the ‘best’ treatments and services and improve people’s health. Organisations that take part in clinical research are actively working to improve treatments, interventions and services offered to patients. Participation in clinical research in SCFT gives patients access to the latest treatments in development and improves clinical effectiveness.

The number of patients receiving relevant health services provided, or sub-contracted, by SCFT in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 412. In addition, 99 carers and 162 clinical staff and health professionals were recruited to studies approved by the Health Research Authority, making a total of 673 participants to 24 studies.

Each research project, whether from the National Institute for Health Research (NIHR) portfolio or devised by SCFT researchers is designed to improve outcomes for patients.

This year the SCFT delivery team supported 24 research projects. Some potential patient benefit outcomes are:
- SPACE - Living with frailty means people are vulnerable to rapid decline in their health from an often minor event like an infection. At these points of decline, there
can be clinical uncertainty as to recovery or continued decline that may lead to end-of-life. Clinical uncertainty is complex to manage; impeccable assessment and communication with family members is vital to increase comfort and reduce distress. Community hospitals care for older people during times of decline to support both recovery and end-of-life. The project aims to improve assessment and communication for older people admitted to community hospitals.

- LightMIND2 – This study compares a self-help Mindfulness-Based Cognitive Therapy (MBCT) for people experiencing mild to moderate symptoms of depression to the current self-help gold standard of CBT self-help. It hopes to provide a robust test of the effectiveness and acceptability of self-help MBCT. SCFT IAPT patients will be allocated to either usual care (self-help CBT) or the study intervention (Self-help MBCT). Outcome measures hope to see a reduction in depression and anxiety with increased function, engagement, wellbeing and quality of life.

- Be on the Team - Teenagers and young children are at increased risk of diseases such as meningitis and blood poisoning due to bacteria called meningococcus. Although these diseases can be serious, the meningococcus bacteria are ‘carried’ in the back of the throat of 1 in 10 teenagers without causing any symptoms. Most meningococcal disease in teenagers is due to Meningitis B (also known as MenB). The study will see if immunising teenagers with vaccines against MenB can reduce the number of teenagers carrying these bacteria in their throat. This is important because it could mean that teenage MenB immunisation would not only help protect teenagers against these potentially deadly diseases, but it could also mean that babies, children and older adults are less likely to be exposed to the bacteria. In short, immunising teenagers with a MenB vaccine might mean lower rates of meningococcal disease across all ages. SCFT are collaborating with BSUH to deliver the vaccine to teenagers in Brighton and Hove.

SCFT were ranked 5th out of 35 Community Trusts nationally in 2017/18 for volume of studies and ranked 7th for our recruitment numbers. This is not an insubstantial record given that many of the national studies are aimed at acute services, not community services. SCFT are now regularly ranked in the top ten and we hope to achieve this again in 2018/19 when the rankings are announced.

See Appendix 2 for a breakdown of our research by clinical service.

Research Capacity and Capability

The Trust continues to build research capacity and capability with a growing number of staff leading the design of research studies as Chief Investigators, named as Co-applicants on research grants and leading the delivery of research studies as site Principal Investigators.

Our research activity in 2018/19 includes:

- 24 studies opened.
- 24 published articles.
- 2 published conference abstracts written, or contributed to by SCFT research and other staff.
- 8 occasions where staff were invited to present research findings as an invited speaker, or through a poster presentation.

Our dissemination through publication and conference attendance demonstrates our commitment to improving patient outcomes and experiences across health and social care locally, regionally and nationally.
See Appendix 2 for detail of studies and papers.

**Collaborations and Successes**

SCFT successfully opened our first on-site Clinical Trial of an Investigational Medicinal Product (CTIMP): Methylphenidate versus placebo for fatigue in advanced cancer (MePFAC). The trial is taking place in Midhurst. We also opened a second CTIMP in collaboration with BSUH (Be on the Team).

Our collaboration with BSUH for the ‘Be on the Team study’ built on our collaboration on the REDUCE study. SCFT provided Community Nurses to manage patients with a newly inserted long-term abdominal drain for end stage cirrhosis.

The MOTION project provided an opportunity to collaborate with an academic partner; the University of Kent.

SCFT are also collaborating with BSMS on the Time for Autism Study which is due to open soon.

Dr Diane Sellers, SCFT Speech & Language Therapist (SaLT), has been appointed as a NIHR AHP research champion. The NIHR AHP Research Champions will act locally and link with their counterparts nationally, acting as role models and connectors for AHP health and social care professionals across a local area.

Dr Sarah Crombie, SCFT Physio, has been awarded a Fellowship of the Association of Paediatric Chartered Physiotherapists in recognition of her contribution to research in paediatric posture management.

Two SCFT Health Visitors were successfully appointed as NIHR/Institute of Health Visiting (iHV) Research Champions. They will work collaboratively with the iHV, NIHR and relevant research teams and other Champions to support the development of portfolios of research.

Katherine Buckeridge, SCFT Highly Specialist Speech and Language Therapist, was awarded Health Education England bridging funding of £5,000 for 9 months to use for backfill, supervision, modules and project development.

Melanie Capron, SCFT Children’s OT, was awarded a NIHR Integrated Clinical Academic Programme fellowship. This provides funding for her to attend two masters research modules at Brighton University, an academic supervisor from the university for 9 months, some travel allowance and backfill for her post while studying.

Dr Diane Sellers received enthusiastic feedback on her keynote speech at the American Academy for Cerebral Palsy and Developmental Medicine Annual Meeting in Cincinnati, USA. They said: “We remain most grateful to you for delivering a Presidential Guest Lectureship presentation during the American Academy for Cerebral Palsy and Developmental Medicine Annual Meeting in Cincinnati. Your session helped AACPDM meet the conference theme of Transformative Journeys. Positive attendee comments – as well as the conference buzz – attest to the excitement your presentation created, a key indicator of lasting impact!”

SCFT patient research participants are asked to give their feedback about their experience of participating in a study via the NIHR CRN Patient Research Experience Survey (PRES). We have received an average satisfaction rating of 8.2 out of 10, which is a real acknowledgement of the positive experience of patient participation in research at SCFT.
The Research and Innovation team have been working with Dr David Lipscomb, SCFT Consultant Endocrinologist and Dr Andy Smith, SCFT Consultant Physician, to identify potential research opportunities for the SCFT Diabetes Service. We have successfully bid to be a research site for our first Diabetes Commercial study.

**Commissioning for Quality and Improvement (CQUIN)**

CQUIN stands for Commissioning for Quality and Innovation. This is a system introduced in 2009 to make a proportion of healthcare providers’ income conditional on demonstrating improvements in quality and innovation in specified areas of care.

This means that a proportion of Sussex Community NHS Foundation Trust’s income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between SCFT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation 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 amount the Trust received in 2017/18 was £3,429,572.

**CQUIN Indicators**

- Improvement of Staff Health & Wellbeing
- Healthy Food for Staff, Patients and Visitors
- Improving the Uptake of Flu Vaccination for Frontline Staff
- Supporting Proactive & Safe Discharge
- Preventing Ill Health by Risky Behaviours
- Improving the Assessment of Wounds
- Personalised Care & Support Planning

**CQUIN 2018/2019**

The amount the Trust will receive for 2018/19 will remain at 2.5% of the actual contract value. The 2018/19 CQUIN financial value equates to £3,644,900.

Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at: [http://www.sussexcommunity.nhs.uk/about-us/Trust-reports/cquin.htm](http://www.sussexcommunity.nhs.uk/about-us/Trust-reports/cquin.htm)

In addition NHS England has set 4 separate CQUIN’s for Children and Specialist Services which increase the value to approx. £3.7m.

- AAA
- Child Health Information Service
- Sussex Immunisation Service (KIS)
- Sussex Immunisation Service
- AAC Audit

**CQC**

Sussex Community NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is GOOD with **Outstanding** features. Ratings across all CQC domains for the areas inspected were **Good**, with the exception of the ‘caring’ domain for our community inpatient services and the ‘responsive’ domain for our community end of life care which were both rated **Outstanding**.
SCFT has no conditions on its registration and the CQC has not taken any enforcement action against SCFT during 2018/19. SCFT has not participated in any special reviews or investigations by the Care Quality Commission relating to the following areas during 2018/19.

SCFT is required to register with the Care Quality Commission. The Trust has 13 registered locations and is registered to carry out the following regulated activities:

- Nursing care
- Family planning services
- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures

The Trust was inspected between September and October 2017 under the Chief Inspector of Hospitals regime. Three groups of services were inspected, community inpatient services; community dental services and sexual health services. The inspection focused on five key questions:

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

In January 2018, England’s Chief Inspector of Hospitals rated the Trust as “Good” for each domain and we achieved an overall rating of ‘Good’. The ‘caring’ domain for our community inpatient services and the ‘responsive’ domain for our community end of life care were both rated Outstanding by the CQC.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall (Last rated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health Services For Adults</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good (March 2015)</td>
</tr>
<tr>
<td>Community health Services For children &amp; Young People</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good (March 2015)</td>
</tr>
<tr>
<td>Community Inpatient Services</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
<td>Good (September 2017)</td>
</tr>
<tr>
<td>End of life Care</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good (March 2015)</td>
</tr>
<tr>
<td>Sexual Health services</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good (October 2017)</td>
</tr>
</tbody>
</table>

A number of strengths were highlighted in the report noted as ‘outstanding’ practice. The CQC found staff throughout community inpatient services had an overwhelming pride in the service and level of care they delivered and noted numerous examples of where staff went the extra mile in the delivery of care to patients.
During the past year SCFT has had quarterly engagement visits from CQC as part of the relationship management.

The Trust undertakes proactive internal ‘Assurance Reviews’ to self-assess its service user, visitor and staff safety; clinical effectiveness; and service user experience against the CQC outcomes. Any areas identified for improvements are followed up ensuring remedial actions are completed.

**NHS Number and General Medical Practice Code Validity**

SCFT submitted records during 2018/19 to the Secondary User Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. See tables below.

The percentage of records in the submission file that included the patient’s valid NHS number between 2016/17 and 2018/19.

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>For admitted patient care</td>
<td>99.9%</td>
<td>99.8%</td>
<td>99.8%</td>
</tr>
<tr>
<td>For outpatient care</td>
<td>99.9%</td>
<td>99.9%</td>
<td>100%</td>
</tr>
<tr>
<td>For accident &amp; emergency care</td>
<td>88.8%</td>
<td>98.3%</td>
<td>97.7%</td>
</tr>
</tbody>
</table>

*Source: Latest published Secondary User Service data*

The percentage of records in the submission file that included the patient’s valid General Medical Practice Code between 2016/17 and 2018/19.

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19*</th>
</tr>
</thead>
<tbody>
<tr>
<td>For admitted patient care</td>
<td>99.5%</td>
<td>99.7%</td>
<td>99.3%</td>
</tr>
<tr>
<td>For outpatient care</td>
<td>99.4%</td>
<td>98.7%</td>
<td>98.3%</td>
</tr>
<tr>
<td>For accident &amp; emergency care</td>
<td>97.1%</td>
<td>100.0%</td>
<td>98.3%</td>
</tr>
</tbody>
</table>

*Source: Latest published Secondary User Service data*

**Data Security and Protection Assessment Report**

Sussex Community NHS Foundation Trust’s Data Security and Protection Assessment Report (formerly the Information Governance Toolkit) reports all requirements have been met. In May 2018, the General Data Protection Regulations came into force and the Trust was compliant to the new requirements. The Trust has a robust programme of information governance improvements and awareness and a governance framework to monitor and assure.

**Payment by Results**

SCFT was not subject to the Payment by Results clinical coding audit during 2018/19 by NHS Improvement.
## Data Quality

The table below sets out the Trust’s four strategic objectives for data quality and associated actions in the 5 year strategy for the period 2014/19.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Further Information</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>To enable data to be generated as close to ‘at source’ as possible.</td>
<td>Data quality is best when it is captured directly by the person who performs the activity, at the time the activity takes place.</td>
<td>Implementation of Electronic Patient Record (EPR) throughout the Trust, enabling staff to record accurate, timely and complete data against the patient record.</td>
</tr>
<tr>
<td>To ensure continuous improvement occurs in the quality of data.</td>
<td>Ensure all staff are actively aware of the importance of data quality and understand their responsibilities for data quality in relation to their services.</td>
<td>Raise awareness of data quality via Essential Skills for Managers training, eLearning, intranet, development of expert user groups and data champions, and increased use of Business Intelligence (BI) tools and data quality reports.</td>
</tr>
<tr>
<td></td>
<td>Ensure staff have the tools to enable them to monitor and improve their own performance.</td>
<td>Roll out of Quality Improvement (QI) Programme, including Data Masterclass and access to range of tools.</td>
</tr>
<tr>
<td></td>
<td>Ensure that staff are trained and supported to use electronic data capture.</td>
<td>Develop and promote use of dashboards and self-serve reporting to empower staff to review and make corrections to data for their services. Build staff knowledge and understanding through development of Business Partners (BPs) for Finance, Contracts and Performance.</td>
</tr>
<tr>
<td></td>
<td>Ensure staff have awareness and training in relation to Trust health record keeping policy.</td>
<td></td>
</tr>
<tr>
<td>To ensure that data collection and use is matched to business requirements.</td>
<td>Sometimes data is collected but not used effectively, for instance poor quality data may render it useless; it may be collected for historical reasons but no longer used; it may duplicate other data; it may be badly analysed and presented.</td>
<td>Work with commissioners to align service specifications and ensure they only contain relevant and measurable activity and key performance metrics.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work with services to develop metrics that add value and provide meaningful ways of evaluating quality of service.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCFT is implementing a centralised Information Asset Management Solution which allows services to identify the types of information they are using and for what purpose. Regular reviews identify if there is any information which is out of date and not required, ensuring that it remains appropriate, meaningful, relevant, timely and accurate.</td>
</tr>
<tr>
<td>System changes must be communicated in an effective and timely manner to ensure those collecting data are as informed as possible.</td>
<td>The Trust will devise and document a robust change control process in a new policy.</td>
<td>A change advisory board meets weekly to discuss and approve any system changes. All clinical changes are directed to the clinical information assurance group for ratification.</td>
</tr>
</tbody>
</table>

Arrangements for moving this strategy forward or incorporating within other strategies are under review pending all the various organisational changes.
Learning from Deaths

27.1 During 2018/19, 89 of patients in SCFT intermediate care units died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

<table>
<thead>
<tr>
<th>2018/19</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patient deaths</td>
<td>23</td>
<td>21</td>
<td>22</td>
<td>23</td>
</tr>
</tbody>
</table>

27.2 By the end of Dec 2018, all case record reviews and all investigations have been carried out in relation to 100% of the deaths included in the table above.

All of the deaths in SCFT intermediate care units were subjected to a case record review. All unexpected deaths were subjected to an investigation. The number of deaths in each quarter for which a case review, or an investigation was carried out was:

<table>
<thead>
<tr>
<th>2018/19</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patient deaths subjected to a case record review</td>
<td>23</td>
<td>21</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>Number of patient deaths subjected to an investigation</td>
<td>23</td>
<td>21</td>
<td>22</td>
<td>23</td>
</tr>
</tbody>
</table>

27.3 None of the patient deaths during 2018/19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:
None in the first quarter;
None in the second quarter;
None in the third quarter;
None in the fourth quarter.

These numbers have been gained using the Structure Judgemental Review (SJR), Royal College of Physicians and Serious Incident investigations.

27.4 A summary of what SCFT has learnt from case record reviews and investigations conducted in relation to the deaths identified above follows below.

Learning Q1
- Documentation - end of life care documentation was rated as average to good. Intermediate care units are specifically asked to improve on the documentation of care plans with clear management and communication plans.
- Data analysis – Although we can pull data out of SystmOne for Community Teams, it does not provide us with the necessary intelligence to evaluate the data. SystmOne needs to be configured to ensure that it does not capture double counting of number of deaths.
- Although the communication between the teams is good, it can be further improved by the involvement of families and carers more often to provide a better care.
- One of our aims is to review each death on time which can be at times challenging given the case load each unit has to manage with the current staffing challenges.
- We are now involved in Kent Surry & Sussex wide mortality review project to explore how we can improve on our reviews and share some of our experiences across the other health care providers.

Learning Q2
- This time reviewers left comments with regards to communication between ward teams, families and carers. This has been correlated with medical notes review. There have been suggestions regarding how to improve communication between families and clinicians undertaking the mortality reviews. It’s recognised that this is a
difficult time for families and knowing when to involve families in any review is time sensitive. As we have set the time for mortality reviews to be completed within specific time, some families may not wish to take part due to the bereavement process. Two of the wards have had discussions with families and they did not want to be involved at an early stage. It was discussed and suggested in the Mortality Review Group meeting (MRG) to involve the family at an early stage and discuss with them if they want to take part in the review. Two wards will be trialing this for next 3 months.

- A review of the DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) form has highlighted that when patients are transferred from one Trust to another, the forms are not always completed and some of the information is not documented. This will be followed up by another audit of DNACPR forms. We will also discuss this with other trusts through Clinical Quality Review Meetings with the CCGs.

Learning Q3
- We have seen an increased number of cases seeking advice from the End of Life (EOL) Care team in this review. There is an increased awareness to involve the EOL Care team earlier in the patient journey so that patients’ needs are met and addressed holistically. A review of DNA CPR forms completed in other Trusts continues to be of poor quality and local area teams are discussing this issue with the other Trusts concerned in an attempt to resolve this.
- Area Nurses, Ward Sisters and Governance Team members attended the “Dare to Share” event organised by the Kent Surrey Sussex Darzi fellow and this has facilitated discussion with neighboring Trusts, meaning lessons learnt can be shared across organisations in the future.

Learning Q4
- One of the learning from the review of case records and discussion with staff was that of the debriefing and support provided to staff if they were affected. This was discussed in detail and it was agreed that the ward matrons will provide support to the team as necessary.
- From discussions it was acknowledged that documentation of particular events such as EOL care needs to be consistent across the Trust and End of Life (EOL) paperwork needs to be completed accordingly.
- As the Trust has been doing the review of deaths for some time even before the National Quality Board guidelines came into existence, it was acknowledged that the format of the review needs to change in line with the current recommendations. It was agreed in principle that the review forms need to change & Prism 2 review forms were endorsed as forms to be completed going forward. These will now replace the current mortality forms on Pulse. It was also agreed that Prism 2 forms are more aligned towards the Community setting and other teams can start using the forms for review of their cases too.
- Discussion was held around completion of the National Audit of Care at the End of Life (NACEL). SCFT had taken part in the audit last year and it was agreed to take part in the audit this year with designated nomination from each area to lead on it.

27.5 A description of the actions which SCFT has taken during 2018/19, and proposes to take following 2018/19, in consequence of what the Trust has learnt.

Actions Quarter 1
- Care plan for the dying and training across intermediate care units.
• Involvement of carers and families from early onset of end of life care in intermediate care units.

Actions Quarter 2
• Discussion with acute trusts to complete the DNACPR forms in full before the transfer of patients to SCFT.
• Issue also discussed at CQRM meetings.

Actions Quarter 3
• SCFT attended the Dare to Share meeting arranged by KSS Patient Safety Leads.
• A number of reviews of deaths were completed after the time frame due to operational and winter pressure.

Actions for Q4
• Ward matrons to provide support to staff who are affected by deaths, with debriefs to happen on wards as necessary.
• All to work towards completing EOL documentation.
• Prism 2 forms to be made available on the Pulse after modifications. This will be completed before the end of Q2.
• NACEL forms to be completed by designated units.

27.6 It is not possible to attribute the number of case record reviews and investigations that have been completed after Jan 2019 which related to deaths which took place before the start of the reporting period as there were none.

27.7 It is not possible to attribute the number of patient deaths before the reporting period which are judged to be more likely than not to have been due to problems in the care provided to the patient as there were none.

Avoidable Deaths
SCFT’s Mortality Review Group reviews the deaths of inpatients in our intermediate care units. Those deaths which were unexpected each undergo a detailed review, known as ‘root cause analysis’ through the serious incident investigation process. In 2018/19 there were five unexpected deaths on our intermediate care units, all of which were investigated and any learning shared.

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 appear below.
Hospital Readmissions (Core Indicator 19)

The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over readmitted to a hospital which forms part of SCFT within 28 days of being discharged from a hospital which forms part of the Trust during 2018/19.

SCFT does not have any hospital inpatient units for children and young people 0-15.

The table below shows community hospital readmission numbers and % readmissions within 28 days of discharge, for each 6 month period from 2016/17 to 2018/19. These figures include our 16 bedded units on 11 different community sites.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No of readmissions within 28 days of discharge</td>
<td>225</td>
<td>156</td>
<td>381</td>
<td>218</td>
<td>146</td>
<td>364</td>
<td>214</td>
<td>162</td>
<td>376</td>
</tr>
<tr>
<td>Total number of discharges</td>
<td>2,059</td>
<td>1,920</td>
<td>3,979</td>
<td>2,089</td>
<td>1,723</td>
<td>3,812</td>
<td>2,111</td>
<td>2,229</td>
<td>4,340</td>
</tr>
<tr>
<td>% readmissions within 28 days of discharge</td>
<td>10.93%</td>
<td>8.13%</td>
<td>9.60%</td>
<td>10.4%</td>
<td>8.5%</td>
<td>9.55%</td>
<td>10.1%</td>
<td>7.3%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

Source: SCFT Inpatients MDS

SCFT considers that this data is not a useful indicator in relation to demonstrating the quality of community services. The percentage of readmissions throughout 2018/19 is lower than the previous year.

Friends and Family Test – Staff (Core Indicator 21)

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

Along with the Staff Survey, SCFT uses Staff FFT to inform the work of the groups that report to the Workforce Committee to ensure we improve how we support staff, so they can deliver the standards of care they aspire to.

The table below shows that the national average for both “recommendation as a place to work” and “recommendation as a place to receive treatment” has increased. For SCFT, the “recommendation as a place to receive treatment” has reduced, whereas the “recommendation as a place to work has improved”.

<table>
<thead>
<tr>
<th>Staff Friends and Family Test (FFT)</th>
<th>SCFT rate 2018/9</th>
<th>National average Community (Cumulative Score)</th>
<th>Best performing Community Trust*</th>
<th>Worst performing Community Trust*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage who recommend the Trust as a provider of care.</td>
<td>83%</td>
<td>84%</td>
<td>89% Cambridgeshire Community Services And 89% Gloucestershire Care Services</td>
<td>69% Birmingham Community Healthcare NHS Foundation Trust</td>
</tr>
<tr>
<td>Percentage who recommend the Trust as</td>
<td>68%</td>
<td>65%</td>
<td>75% Cambridgeshire</td>
<td>46% Derbyshire</td>
</tr>
</tbody>
</table>
Sussex Community NHS Foundation Trust – Quality Report (inc. Quality Account) 2018/19

Friends and Family Test – Patient (Core Indicator 21.1)

There is no statutory requirement to include this indicator in the quality report, but SCFT have chosen to do so.

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.

The feedback gathered through the FFT is being used across the Trust to stimulate local improvement and empower staff to carry out changes that make a real difference to patients and their care.

Receiving feedback is vital in improving our services and supporting patient choice and to support this we are exploring alternative means of participation in all of our patient experience work, to offer greater options for service users to provide feedback on their experience of care.

SCFT continues to strive to improve patient experience and has successfully maintained a high rating across 2015/16, 2016/17, 2017/18 and 2018/19. We will continue to work to ensure our services and the care delivered meets the expectation of those who use our services.

SCFT overall rating for 2018/19 was 4.82. Percentage of people likely to recommend 96.4%
SCFT overall rating for 2017/18 was 4.83. Percentage of people likely to recommend 96.2%
SCFT overall rating for 2016/17 was 4.83. Percentage of people likely to recommend 95.8%.
SCFT overall rating for 2015/16 was 4.82. Percentage of people likely to recommend 95.5%.

**Overall Star Rating**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19</td>
<td>487</td>
<td>480</td>
<td>484</td>
<td>485</td>
<td>481</td>
<td>484</td>
<td>485</td>
<td>486</td>
<td>487</td>
<td>488</td>
<td>488</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017/18</td>
<td>4.83%</td>
<td>4.83</td>
<td>4.73</td>
<td>4.81</td>
<td>4.82</td>
<td>4.83</td>
<td>4.87</td>
<td>4.86</td>
<td>4.86</td>
<td>4.85</td>
<td>4.86</td>
<td>4.78</td>
<td>4.83</td>
</tr>
<tr>
<td>2016/17</td>
<td>4.83</td>
<td>4.85</td>
<td>4.86</td>
<td>4.87</td>
<td>4.77</td>
<td>4.72</td>
<td>4.82</td>
<td>4.85</td>
<td>4.82</td>
<td>4.84</td>
<td>4.84</td>
<td>4.84</td>
<td>4.85</td>
</tr>
<tr>
<td>2015/16</td>
<td>4.82</td>
<td>4.83</td>
<td>4.83</td>
<td>4.80</td>
<td>4.82</td>
<td>4.81</td>
<td>4.78</td>
<td>4.83</td>
<td>4.83</td>
<td>4.83</td>
<td>4.81</td>
<td>4.80</td>
<td>4.83</td>
</tr>
</tbody>
</table>

*Source: Sussex Community On-Line Analysis and Reporting (Scholar).*
% Likely to Recommend

<table>
<thead>
<tr>
<th></th>
<th>2018/19</th>
<th>2017/18</th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>Jul</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
</tr>
</tbody>
</table>

Source: Sussex Community On-Line Analysis and Reporting (Scholar).

SCFT considers that this data is as described for the following reasons: it is collected and inputted centrally within the Trust. SCFT currently rates as one of the top 20 Community Trust reporters of FFT, although we would like to improve this by increasing the uptake of patients who offer their recommendation rating and their reasons for doing so. Plans are in place to further promote FFT to those using our services and explore options of alternative data collection methods.

**VTE Assessments (Core Indicator 23)**

The percentage of patients who were admitted to one of our Intermediate Care Units and who were risk assessed for venous thromboembolism during the reporting period.

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism</td>
<td>97%</td>
<td>94%</td>
<td>96%</td>
</tr>
</tbody>
</table>

Source: Scholar Trust Metrics 25.3.19

SCFT considers that this data is as described for the following reasons: all our Intermediate Care Units submit data on the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism to our on-line analysis and reporting system (Scholar).

SCFT has identified an issue within the data collection process. This is currently being reviewed and the process will be updated to ensure robust data collection for 2019/20. Spot checks have identified 100% compliance.

SCFT intends to improve the quality of its services through robust data collection in future.

**C. difficile (Core Indicator 24)**

*Clostridium difficile*, also known as *C. difficile* (or *C. diff*), is a bacterium that can infect the bowel and cause diarrhoea. The bacteria often live harmlessly because the other bacteria normally found in the bowel keep it under control. However, some antibiotics can interfere with the balance of bacteria in the bowel, which can cause the *C. difficile* bacteria to multiply and produce toxins that make a person ill. This occurs mainly in elderly and other vulnerable patient groups especially those who have been exposed to antibiotic treatment, but it can spread easily to others.
In order to continually improve, each *C. diff* case is investigated and the results reviewed to determine whether the case was linked with a lapse in the quality of care provided to patients.

The tables below show the rate per 100,000 bed days of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over during 2018/19, 2017/18 and 2016/17.

### 2016-2017

<table>
<thead>
<tr>
<th>Fin Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBDs</td>
<td>9074</td>
<td>9115</td>
<td>8819</td>
<td>9139</td>
<td>8573</td>
<td>8467</td>
<td>9209</td>
<td>9046</td>
<td>9116</td>
<td>9868</td>
<td>9021</td>
<td>9827</td>
<td>109274</td>
</tr>
<tr>
<td>Cdiff cases reported</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Cdiff cases per 100k bed-days</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.12</td>
<td>0.12</td>
<td>0.11</td>
<td>0.22</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.05</td>
</tr>
</tbody>
</table>

### 2017-2018

<table>
<thead>
<tr>
<th>Fin Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBDs</td>
<td>9149</td>
<td>9120</td>
<td>9218</td>
<td>9632</td>
<td>8912</td>
<td>8636</td>
<td>9137</td>
<td>8967</td>
<td>9050</td>
<td>9952</td>
<td>8961</td>
<td>9795</td>
<td>110529</td>
</tr>
<tr>
<td>Cdiff cases reported</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Cdiff cases per 100k bed-days</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.11</td>
<td>0.12</td>
<td>0.11</td>
<td>0.00</td>
<td>0.11</td>
<td>0.00</td>
<td>0.11</td>
<td>0.00</td>
<td>0.05</td>
</tr>
</tbody>
</table>

### 2018-2019

<table>
<thead>
<tr>
<th>Fin Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBDs</td>
<td>9219</td>
<td>9238</td>
<td>8884</td>
<td>8915</td>
<td>9285</td>
<td>8936</td>
<td>9255</td>
<td>8803</td>
<td>8945</td>
<td>9638</td>
<td>8847</td>
<td>9763</td>
<td>109728</td>
</tr>
<tr>
<td>Cdiff cases reported</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Cdiff cases per 100k bed-days</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.11</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.10</td>
<td>0.00</td>
<td>0.00</td>
<td>0.02</td>
<td></td>
</tr>
</tbody>
</table>

Source: Sussex Community On-Line Analysis and Reporting (Scholar).

SCFT considers that this data is as described for the following reasons: positive cases are reported to the Infection Prevention and Control Team. In order to continually improve, each *C. diff* case is investigated to ensure that it is correctly attributed to SCFT. The results are reviewed to determine whether the case was linked with a lapse in the quality of care provided to patients.

During 2018/19, our Infection, Prevention and Control team led on the Root Cause Analysis (RCA) of two patients who were identified as having *C. diff* infection whilst in our bedded units. Full RCA investigations have identified some learning points regarding prompt taking of stool specimens and this will be included in mandatory training going forward.

### Patient Safety Incidents (Core Indicator 25)

In 2018/19 SCFT reported 7,724 incidents on the Datix system, of which 5,225 were patient safety incidents. Of these, 5 resulted in Severe harm or Death (0.096%). All 5 of these incidents have been declared as Serious Incidents (SIs) and are currently open and under investigation.

This compares with 2017/18 when 7,466 incidents were reported on the Datix system, of which 5,048 were patient safety incidents. Of these, 4 resulted in Severe harm or Death (0.079%). These were declared SIs and were investigated.
SCFT considers this data demonstrates a commitment to an open and transparent culture and a strong organisational ethos of patient safety, where staff are engaged in reporting and that reporting is acted upon and monitored.

SCFT engages with patients and families if harm occurs whilst in our care. SCFT ensures staff are sensitive to the situation if the patient has died and will be transparent and offer sincere condolences. SCFT fulfils these responsibilities under the duty of candour and ensures the family are made aware that the death is a notifiable patient safety incident. All patient deaths have a case note review which is reviewed every quarter and families are invited to raise any concerns regarding the patients care leading up to the death.

Case record review can identify problems with the quality of care so that common themes and trends can be identified, which can help focus organisations’ quality improvement work. Review also identifies good practice that can be shared. Investigation starts either after a case record review, or straight after an incident, where problems in care that need significant analysis are likely to exist. Investigation is more in-depth than case record review as it gathers information from many additional sources. The investigation process provides a structure for considering how and why problems in care occurred so that actions can be developed that target the causes and prevent similar incidents from happening again. Trusts should focus on how case record review and investigation leads to effective and sustainable quality improvement work.

The following data provides details of patient safety incidents uploaded since March 2018 – February 2019 to the National Reporting and Learning System (NRLS) and a breakdown of harms in SCFT care. The data provides assurance that as an organisation we are consistent in regularly reporting all patient safety incidents externally. The data is based on the date each incident report was submitted to the NRLS and not the date the incident was said to have occurred. It represents the current position at the time data was extracted from the NRLS and is subject to change, should any reports be updated as further information becomes available.
The NHS Benchmarking Network offers comprehensive data into how SCFT services compare with other community trusts. It provides opportunities to improve services and drive efficiencies as well as indicating our performance. Community hospital indicators from National benchmarking indicate that per 1000 whole time equivalent staff, SCFT patient harms is below the average reported by other community trusts.

Incident Reporting
SCFT remains committed to establishing and implementing a culture that consistently monitors and reviews incidents and near miss events that result in, or have the potential to result in injury, damage or loss to ensure;

- the safety of patients, staff (including volunteers and contractors) and the public; and
- the delivery of quality patient centred services, which achieve excellent results and promote the best possible use.

Serious Incidents
When something goes wrong with a patient’s care, we are expected to report these incidents and consider if they meet the definition of a Serious Incident. When Serious Incidents are reported an investigation, which follows guidance set out in the Serious Incident
Framework (2015), must be undertaken to enable the organisation to understand how and why the incident occurred, so that changes can be made to prevent recurrence.

SCFT is required to report all Serious Incidents (SIs) onto the national Strategic Executive Information System (STEIS) and to our Clinical Commissioning Groups (CCGs) in line with NHS England’s ‘Serious Incident Framework’.

All Serious Incidents are investigated to establish their root cause and contributory factors and to identify actions and learning. All Serious Incident reports are scrutinised and approved by the Trust’s Serious Incident Review Group to ensure consistency, identify trends and themes and enable Trust-wide improvement from lessons identified. The approved reports are then submitted to the CCG for external scrutiny. The Trust remains compliant with this obligation and has consistently worked within the agreed timeframes.

During 2018/19 to date, SCFT has declared 65 Serious Incidents. This is an increase on the previous two years. The Trust has a robust process when declaring a serious incident; this includes daily clinical triage, regular engagement with the Area Heads of Nursing and Governance and oversight by the Medical Director to assist in defining whether an incident should be declared an SI. The data indicates that there has been an increase in the past three years of SIs declared. In 2016/17 thirty nine were declared, during 2017/18 this rose to fifty four and currently to date SCFT has declared sixty three.

The table below indicates the types of SIs being declared and provides data of those that have increased and those that are decreasing.

![SI's submitted in 17/18 & 18/19](chart)

Serious incidents that have increased are noted as falls; patient care/treatment; clinical assessment and serious incidents involving a medical device.
The organisation continues to work proactively with falls prevention and falls data does evidence that overall the number of falls per 1000 occupied bed days is decreasing and below the national benchmark.

Responding to patients fluctuating clinical presentation requires clinical staff to have the necessary skills and knowledge to make robust clinical decisions. Serious incidents in 2018 that refer to patient care/treatment have indicated the need to ensure all clinical staff attend both resuscitation and deteriorating patient training and furthermore participate in mock deteriorating patient scenarios. For intermediate care units the implementation of treatment escalation plans has been completed to assist clinicians with clinical decision making.

A project group was formed from the deteriorating patient work-stream in line with National Guidance and commenced the implementation of NEWS 2 and has provided supplementary training as part of the project plan.

The medical devices incidents were raised in relation to an infected intravenous line and its management and the availability of a medical device to monitor a patient’s clinical presentation.

Actions plans in response to Serious Incident learning are developed from all investigations. Assurance that these are implemented is monitored by the Trust Wide Governance Group.
Part 3 - Other Information

In this section we will report on the quality of services we provide by reviewing progress against indicators for quality improvement, and feedback from sources such as incident reporting, service user and staff feedback. We have included indicators that we know are meaningful to our staff, our Council of Governors, commissioners and people who use our services.

We have included three key measures from the quality domains; patient safety, patient experience and clinical effectiveness, some of which reflect the quality priorities.

As set out in national guidance, the Trust’s external auditors, Ernst and Young LLP (EY), have tested two mandatory indicators relevant to the Trust and one local indicator selected by Trust Governors.

The data for all indicators selected in Part 3 – Other Information - is governed by standard national definitions.

Mandatory Indicator (Effectiveness)

1) Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period – mandatory indicator.

Incomplete pathways within 18 weeks

<table>
<thead>
<tr>
<th>Why did we choose this measure?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Trust continues to perform significantly better than the national average. The total number of people waiting has increased since last year.</td>
</tr>
</tbody>
</table>

The table below shows the numbers of patients waiting from referral to start their elective treatment (incomplete patient pathways) up to M12/ March 2019 for our consultant-led services.

<table>
<thead>
<tr>
<th>SCFT rate at end Mar 2017</th>
<th>SCFT rate Apr 17 – Sep 17</th>
<th>SCFT rate Oct 17 – Mar 18</th>
<th>SCFT rate at end Mar 2018</th>
<th>SCFT rate Apr 18 – Sep 18</th>
<th>SCFT rate Oct 18 – Mar 19</th>
<th>SCFT rate at end Mar 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of patients waiting to start their treatment (incomplete patient pathways)</td>
<td>3,904</td>
<td>24452</td>
<td>22448</td>
<td>3659</td>
<td>25665</td>
<td>23121</td>
</tr>
<tr>
<td>% of patients who were waiting less than 18 weeks from referral to treatment (against target 92%).</td>
<td>97.5% National average: 90.3%</td>
<td>97.4% National average: 89.8%</td>
<td>98.1% National average: 88.4%</td>
<td>97.9% National average: 87.2%</td>
<td>98.2% National average: 87.5%</td>
<td>97.3% National average: 86.9%</td>
</tr>
<tr>
<td>Number of patients who were waiting over 18 weeks from referral to treatment.</td>
<td>96</td>
<td>647</td>
<td>434</td>
<td>76</td>
<td>453</td>
<td>747</td>
</tr>
</tbody>
</table>


SCFT continues to carefully monitor all incomplete pathways to assure exact reporting. The Performance Team works closely with all Services to reduce reporting errors and ensure that all electronic records are up to date and accurate. Breach reasons are recorded and retained as evidence and to promote understanding.

Mandatory Indicator (Person Centred and Responsive Care)

2) 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 – selected to report on an aspect of the Trust’s person centred care and responsiveness.
As the Trust does not provide accident and emergency services, the Governors, in consultation with the auditors, elected to audit the same type of measure, but for our MIUs and UTC.

**Minor Injuries Units and Urgent Treatment Centre Attendance – Patients waiting four hours or less before being seen and treated**

*Why did we choose this measure?*

Delivering care in the right place, at the right time, is a key priority for SCFT and whilst not having Accident and Emergency (A&E) Departments, the Trust plays a valuable part in preventing unnecessary A&E attendance in our neighbouring acute trusts. SCFT operates five Minor Injuries Units (MIUs) and one Urgent Treatment Centre (UTC) at Crawley Hospital. The hours of opening depend on what has been commissioned locally.

The table below shows attendance numbers and percentage of patients seen within 4 hours, up to M12/March 2019 at our 5 Minor Injuries Units and 1 Urgent Treatment Centre on 6 different community sites.

<table>
<thead>
<tr>
<th>Total attendances in Type 3 Departments – Other A&amp;E/Minor Injury Unit</th>
<th>SCFT rate at end Mar 2017</th>
<th>SCFT rate Apr 17 – Sep 17</th>
<th>SCFT rate Oct 17 – Mar 18</th>
<th>SCFT rate at end Mar 2018</th>
<th>SCFT rate Apr 18 – Sep 18</th>
<th>SCFT rate Oct 18 – Mar 19</th>
<th>SCFT rate at end Mar 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>National average: 95.7%</td>
<td>8,981</td>
<td>54,316</td>
<td>53,290</td>
<td>9,341</td>
<td>60854</td>
<td>55106</td>
<td>9782</td>
</tr>
<tr>
<td>National average: 95.6%</td>
<td>97.2%</td>
<td>97.2%</td>
<td>99.0%</td>
<td>98.7%</td>
<td>98.5%</td>
<td>98.5%</td>
<td>97.6%</td>
</tr>
<tr>
<td>Number of patients who were waiting 4 hours or more</td>
<td>388</td>
<td>1,525</td>
<td>541</td>
<td>120</td>
<td>492</td>
<td>844</td>
<td>231</td>
</tr>
</tbody>
</table>

The percentage of patients seen at our five Minor Injuries Units and one Urgent Treatment Centre within 4 hours during the first 6 months of 18/19 was higher than those seen in the last 6 months of the previous year. However the percentage seen in the last 6 months of 2018/19 was lower and this was largely due to staffing issues.

**Local Indicator (Safe and Sustainable Care)**

The Trust Governors selected to audit medication incidents causing harm to patients as a percentage of all medication incidents.

**Medication incidents causing no harm to patients as a percentage of all medication incidents**

SCFT has an open and just culture and encourages staff to report all medication incidents and near-misses. The Trust has a focus on reducing any avoidable harm to patients (i.e., low and moderate harm) through various initiatives that translate into reducing the level of harm. This has enabled the Trust to increase the percentage of reported medication incidents causing no harm from 89.8% in 2017/2018 to 95.5% in 2018/2019.
Safe Care

Falls

The data is currently showing that falls with moderate harm remained consistent during 2017 and 2018 and an increase is noted in December 2018. These falls all occurred in our Intermediate Care Units and the patients sustained fractures. These have been declared Serious Incidents and are currently under investigation to establish their root cause. The data does predict an increase in falls with low harm; low harm means that the patient may have suffered a bump or cut following the incident, but the harm did not impact on their ability to continue with rehabilitation. Falls where no harm happened continues to be the most reported domain and overall there are less falls having occurred when falls per 1000 bed days is used as part of the data analysis.

<table>
<thead>
<tr>
<th>Fin month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBDs</td>
<td>9219</td>
<td>9238</td>
<td>8884</td>
<td>8915</td>
<td>9285</td>
<td>8936</td>
<td>9255</td>
<td>8803</td>
<td>8945</td>
<td>9638</td>
<td>8847</td>
<td>9763</td>
<td>109728</td>
</tr>
<tr>
<td>Inpatient falls reported</td>
<td>36</td>
<td>48</td>
<td>40</td>
<td>39</td>
<td>58</td>
<td>50</td>
<td>45</td>
<td>52</td>
<td>33</td>
<td>42</td>
<td>42</td>
<td>43</td>
<td>528</td>
</tr>
<tr>
<td>Inpatient falls per 1k bed days</td>
<td>3.90</td>
<td>5.20</td>
<td>4.50</td>
<td>4.37</td>
<td>6.25</td>
<td>5.60</td>
<td>4.86</td>
<td>5.91</td>
<td>3.69</td>
<td>4.36</td>
<td>4.75</td>
<td>4.40</td>
<td>4.82</td>
</tr>
</tbody>
</table>

Falls: total inpatient falls per 1,000 occupied bed days rate for SCFT (Apr 2018-Mar2019) was 4.82* compared with the national benchmark (at Feb19) of 6.55**. In 2017/2018 total inpatient falls per 1,000 occupied bed days rate for SCFT was 5.60*.

Falls per 1,000 occupied bed days (OBDs)

<table>
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<tr>
<th>Fin month</th>
<th>1</th>
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<th>4</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBDs</td>
<td>9149</td>
<td>9120</td>
<td>9218</td>
<td>9632</td>
<td>8912</td>
<td>8636</td>
<td>9137</td>
<td>8967</td>
<td>9050</td>
<td>9952</td>
<td>8961</td>
<td>9795</td>
<td>110529</td>
</tr>
<tr>
<td>Inpatient falls reported</td>
<td>55</td>
<td>60</td>
<td>53</td>
<td>46</td>
<td>63</td>
<td>40</td>
<td>50</td>
<td>48</td>
<td>65</td>
<td>47</td>
<td>52</td>
<td>38</td>
<td>617</td>
</tr>
</tbody>
</table>
In 2018/19 proactive and innovative work has continued for both community and intermediate care units to reduce the number of falls, this has included the following:

**Winter Pressures Community Falls Project**

Falls and fractures are a major health issue faced by older people in West Sussex. Their human cost includes distress, pain, injury, loss of confidence, loss of independence and mortality. SCFT’s falls prevention teams are experiencing significant increases in demand and falls are one of the main precipitating factors for admission.

Hip fractures are a common and serious injury resulting from a fall and can significantly reduce independence and increase the risk of mortality.

In 2018 West Sussex County Council funded a programme of falls prevention work to be implemented by Sussex Community Foundation Trust during Quarter 4 (December 2018, January 2019 and February 2019). This would address identified priority areas including demand reduction for specialist services through early assessment, effective triage, increasing specialist capacity including medicines management, the delivery of evidence based falls prevention interventions and include home hazard assessment and modification.

Twelve falls champions have been working in the community (West and Central areas) since the last week of January 2019. To establish falls champions into post before the start of the project, staff already employed by SCFT were identified. There is ongoing work to back fill these posts through the use of bank and agency. This element of the project is being monitored with regards to an increase in deferrals and any increase in sickness for those teams that are required to use more agency/ bank staff.

At week 4 of the project, the falls champions across the West and Central areas have been referred 607 patients with known falls risks; referrals have come from GPs, paramedics and SCFT services.

**Intermediate Care Unit Falls Prevention**

Falls prevention work continues to be implemented within the intermediate care units, as teams work proactively to mitigate (where possible) any falls risks.

Safety huddles have now been implemented across all the units, the key features of which are:
1. Non-judgemental environment.
2. All ward staff are empowered to speak up.
3. Flexibility on approach.
4. Normally led by the most senior clinician, (nurse, or allied health professional).
5. All ward staff including non-clinical invited to attend.
6. Happens at the same time/place (Mon-Fri minimum).
7. Are brief (5-15 minutes).
8. Review of days since last harm – keeps staff motivated.
9. Only discuss those patients at highest risk.
10. Consider ways to input patient and carer concerns.

An audit of patient toilets and bathrooms was completed and highlighted the variances of the environments and that some are very cramped. This audit was based on work completed by Colchester General Hospital where they found 20% of the patient falls occurred in toilets and bathrooms. One recommendation from the Colchester audit was the implementation of open bins for patient’s paper towels. Patients have an increased risk of falling when using pedal bins.
Within SCFT there have been two serious incidents in the last year when a patient has lost balance, fallen and fractured whilst trying to open a pedal bin in a toilet. Patients who suffer a fall and fracture are likely to suffer significant consequences, such as a loss of independence and confidence, leading to physical and mental deterioration and frailty. The use of open bins in patient’s toilets and bathrooms has been agreed by the organisation’s infection control team, but further discussion around fire safety is still required before this plan can be implemented.

The falls prevention steering group have been meeting each quarter and report to the Total Care Group. The group is chaired by an intermediate care unit senior physiotherapist, and the attendees are from both the community and intermediate care settings.

The group has a yearly work plan with agreed goals set at the beginning of the financial year. In 2018 the group devised a falls prevention “commitment” which is being integrated into the falls prevention work book. The work book is completed by all staff who work for SCFT. The commitment can also be used during supervision and at yearly appraisals. The group is also working on a multifactorial risk assessment for use in the community setting. This specialist falls risk assessment tool is designed to identify the many risk factors that may contribute to a person falling and can be used to assist community teams in making recommendations and referrals to reduce the risk of falls.

In January 2019 the organisation commenced the Falls and Fragility Fracture Audit Programme (FFFAP). This is a national clinical audit run by the Royal College of Physicians (RCP) designed to audit the care that patients with fragility fractures and inpatient falls receive in hospital and to facilitate quality improvement initiatives.

**Healthcare Associated Infections (HCAIs)**

In 2018/19, our Infection Prevention and Control (IP&C) Team were involved in a Post Infection Review (PIR) assigned to the Brighton and Hove Clinical Commissioning Group (CCG). The patient had Methicillin-resistant *Staphylococcus aureus* (MRSA) blood stream infection. Lessons were learned on the need to offer patients a leaflet when self-caring for wounds. There were no cases of MRSA blood stream infection in intermediate care units.

Our IP&C team also led on the Root Cause Analysis (RCA) for two cases of *Klebsiella pneumonia* blood stream infection and two cases of *E.coli* blood stream infection in intermediate care units. Three of the patients had urinary catheters and lessons emerged regarding urinary catheter care for two of the patients; inappropriate sampling and lack of documentation. The lessons have been added to our work regarding care of urinary catheters and a daily catheter record (DCR) is used in Intermediate Care Units with an audit completed monthly.

**Never Events**

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

The concept of Never Events is not about apportioning blame to organisations; but rather to learn from what happened. This is why, following consultation, in the revised *Never Events policy and framework* (published January 2018) the option for commissioners to impose financial sanctions when Never Events were reported was removed.

In 2018/19, SCFT reported one Never Event. The incident occurred in a Trust dental service and the circumstances surrounding the incident are currently under investigation (March 2019). The Trust has followed the duty of candour process with the patient and carers concerned.
Effective Care

Freedom to Speak Up and Safer Working Guardians

Why did we choose this measure?

Following the publication of Sir Robert Francis’s Freedom to Speak Up review was published in February 2015, highlighted the need for organisational culture change across the NHS.

In light of the recommendations and learning from a board review of speaking up in SCFT: the Trust appointed an independent Freedom to Speak Up Guardian (FTSUG) to a substantive post in January 2019. The role of the FTSUG is to enable and support staff to raise concerns and ensure that their voice is heard clearly at a senior level within the organisation. The FTSUG is an alternative route for issues of concern to be raised at the highest level and the post holder has a clear remit from the Chief Executive and the Trust Board to act candidly, with complete autonomy from the management team where necessary. In addition SCFT also has an established Safer Working Guardian who oversees the wellbeing of the junior doctors.

At SCFT, staff have a range of ways they can raise their concerns. There is a well-established incident reporting system which is seen as business as usual. Clear pathways of reporting and discussing concerns exist with line managers, team leads, or more senior managers. Close working exists with our colleagues in staff side roles, HR and occupational health, who all provide support to staff to share their concerns. The Freedom to Speak Up Guardian (FTSUG) sits alongside and compliments these support mechanisms and acts as another route for staff to use should they feel unable to access any of the above.

The FTSUG oversees the process and experience for staff of speaking up and works closely with the patient experience and patient safety teams to understand what it is like to work in SCFT. The Guardian ensures that staff who raise concerns are given feedback from those investigating their concerns. In addition, the Guardian is a pivotal link between staff and the board to provide evidence of trends and themes of staff concerns for them to be able to act upon.

As a result of staff being supported by the FTSUG through this process, it is hoped that those involved will understand that the organisation and NHS more widely, does not tolerate victimisation of staff who are brave enough to speak up. SCFT are confident that clear formal processes exist should any member of staff experience detriment as a result of speaking up.

Empowering staff to feel that they can raise concerns safely will lead to high morale and motivation, which in turn leads to better patient outcomes, experience of care and improved patient safety.

Finally at SCFT we understand that information shared with us from our staff is a gift and we will thank staff for raising their concerns with us

NICE Guidance

SCFT has a systemic process in place for the dissemination, review, implementation and monitoring of applicable NICE guidance and use of the guidance to assess practice. Clinical Governance and Harm Free Groups and Area Management Teams are responsible for monitoring progress and implementation of NICE Guidance, overseen by the Clinical Effectiveness Group and Trust Wide Governance Group.
Central Alert System
The Department of Health (DH) Central Alert System (CAS) is designed to rapidly disseminate important safety and device alerts to nominated leads in NHS Trusts in a consistent and streamlined way for onward transmission to those who need to take action. Trusts are required to acknowledge receipt of each alert and respond as relevant within specified timescales.

Summary of SCFT responses to CAS Alerts received annually since 2018/19

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Total number of alerts received</td>
<td>158</td>
<td>132</td>
<td>139</td>
<td>125</td>
<td>110</td>
</tr>
<tr>
<td>Acknowledged within 2 working days</td>
<td>155 (98%)</td>
<td>132 (100%)</td>
<td>132(95%)</td>
<td>123 (98%)</td>
<td>107 (97%)</td>
</tr>
<tr>
<td>Found to be applicable to SCFT for action</td>
<td>28 (18%)</td>
<td>19 (14%)</td>
<td>14 (10%)</td>
<td>11 (9%)</td>
<td>25 (23%)</td>
</tr>
<tr>
<td>Applicable alert responses within prescribed timescales</td>
<td>27 (96%)</td>
<td>18 (95%)</td>
<td>14 (100%)</td>
<td>11 (100%)</td>
<td>23 (92%)</td>
</tr>
</tbody>
</table>

Source: SCFT Safety Alert System Datix/Safeguard system)

8 of the 25 alerts are still ongoing; 2 have passed their deadline dates as further assurance is needed around certain action points, which are required to be completed for the alert to be closed; 6 have upcoming deadline dates in Q1 or Q2 2019/20.

Differences in the acknowledged within 2 days data are due to isolated incidents of annual leave clashing with unplanned sickness within the small team responsible for acknowledging and triaging alerts. Where responses have not been fully completed within the prescribed timescales, remedial works/improvements have been started and the details of work undertaken by SCFT loaded onto the CAS system to evidence the mitigation and assurance measures, and when compliance is anticipated.

Gosport Inquiry
The SCFT Task and Finish Group (the group) was set up in response to a request from the Trust’s Trust Wide Governance Group (TWGG) to review the original report entitled: “Gosport War Memorial Hospital. The Report of the Gosport Independent Panel” which was published in June 2018, to identify any themes, gaps, or improvements in the report that SCFT could learn from. The group identified 12 work-streams/actions.

The group produced and submitted an internal report “A table-top discussion of the Gosport Report: Themes, gaps and actions (September 2018)” to TWGG in October 2018 concentrating on adult inpatients wards. This report identified 12 work-streams/actions that were allocated to existing SCFT groups utilising the existing governance structure.

The latest internal report “Progress report following the initial report, “A table-top discussion of the Gosport Report: Themes, gaps and actions (September 2018)” to TWGG in March 2019. This progress report confirmed that actions/work-streams are being taken forward by the identified SCFT groups and that reports are in the process of being made to the parent governance groups providing assurance that lessons are being learnt and actions are being taken and addressed by SCFT as a result of the Gosport Report.

TWGG will continue to receive progress reports for each action, as part of the regular report schedule, or as a ‘one-off’ report.
Patient-Centred Care

Complaints
Why did we choose this measure?
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 and their carers.

<table>
<thead>
<tr>
<th>Area</th>
<th>Number Of Complaints</th>
<th>Specific Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Area</td>
<td>76</td>
<td>All Central</td>
</tr>
<tr>
<td>West Area</td>
<td>52</td>
<td>All West</td>
</tr>
<tr>
<td></td>
<td>31</td>
<td>Brighton &amp; Hove</td>
</tr>
<tr>
<td>East Area</td>
<td>13</td>
<td>High Weald Lewes &amp; Havens</td>
</tr>
<tr>
<td>Children’s Wellbeing &amp; Dental</td>
<td>13</td>
<td>Wellbeing (West Sussex)</td>
</tr>
<tr>
<td>Services</td>
<td>20</td>
<td>Children’s &amp; Families West Sussex</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Children’s &amp; Families East Sussex</td>
</tr>
</tbody>
</table>

A total of 211 complaints were received during the year. This is a decrease of 17 complaints (a 7.46% decrease). However, we recognise we have more work to do and have revised our Patient and Carer Experience and Involvement Strategy to outline ways we can improve.

Duty of Candour
The intention of duty of candour is to ensure we are open and transparent with people who use services and other ‘relevant persons’ (people acting lawfully on their behalf) in general regarding care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
In 2018 there was a proactive plan to improve the process and this included the development of an information poster for staff and an advice leaflet for patients and relatives. The leaflet was developed in conjunction with Kent Surrey and Sussex Allied Health Services Network as part of ongoing collaborative work with neighbouring organisations.

During 2018, four workshops were run by the Quality and Patient Safety Improvement Nurses. The workshops included a presentation on the duty of candour to help staff understand its importance and empower them to say sorry when an incident occurs. These workshops were attended by approximately sixty staff and the plan for 2019 is to hold six more workshops.

To further support staff to follow the duty of candour process, senior managers are prompted at the time of the incident that duty of candour is required.

The process of duty of candour is now monitored through the Datix incident management system, enabling the patient safety team to audit that the duty of candour procedure is in place. A review of the process was completed in Quarter 4 2018/19. The review looked at serious incidents declared since April 2018 – January 2019 and the number which had all three aspects of duty of candour completed. The data identified that 37% of the incidents had all aspects of the duty of candour finished and in 17% the investigation was still in process so the final part of duty of candour would not be completed, these results indicate further work to embed duty of candour is required in 2019/20.

**Staff Survey**

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions, with the indicator score being the average of those.

The response rate to the 2018 survey among Trust staff was 57% (2017: 50%). Scores for each indicator together with that of the survey benchmarking group (Community Trusts) are presented below.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Equality, diversity and inclusion</td>
<td>9.3</td>
<td>9.3</td>
<td>9.4</td>
<td>9.3</td>
<td>9.5</td>
<td>9.4</td>
</tr>
<tr>
<td>Health and wellbeing</td>
<td>6.2</td>
<td>5.9</td>
<td>6.3</td>
<td>6.0</td>
<td>6.2</td>
<td>6.1</td>
</tr>
<tr>
<td>Immediate managers</td>
<td>7.2</td>
<td>7.0</td>
<td>7.2</td>
<td>7.0</td>
<td>7.2</td>
<td>6.9</td>
</tr>
</tbody>
</table>
Morale | 6.3 | 6.2
--- | --- | ---
Quality of appraisals | 5.7 | 5.6 | 5.8 | 5.4 | 5.8 | 5.6
Quality of care | 7.3 | 7.3 | 7.5 | 7.3 | 7.5 | 7.5
Safe environment – bullying and harassment | 8.4 | 8.4 | 8.5 | 8.4 | 8.4 | 8.4
Safe environment – violence | 9.7 | 9.7 | 9.7 | 9.7 | 9.7 | 9.7
Safety culture | 7.0 | 7.0 | 7.0 | 6.9 | 7.0 | 6.8
Staff engagement | 7.2 | 7.1 | 7.3 | 6.9 | 7.2 | 6.9

In 2018 the results showed that:
- 69% would recommend the Trust as an employer.
- 82% of people say care is our top priority.
- 80% would be happy for a friend or relative to be treated by us.

These positive results are a continuation of a trend of improvement in recent years. The percentage of people that recommend the Trust as a place to work rose from 64% in 2016, to 66% in 2017 and last year reached 69%.

Areas where we want to do better in 2019-20 include:
- Show that senior managers are acting on staff feedback.
- Do more to share patient and service user feedback.

Both improvements above will be delivered through established communication and engagement channels at the Trust, including the use of social media.

### Improving Access to Psychological Therapies (IAPT)

**Why did we choose this measure?**

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.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target / Limit</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral To Treatment &lt; 6 Weeks (NHS Digital Method)</td>
<td>75%</td>
<td>99%</td>
<td>98%</td>
<td>98.9%</td>
</tr>
<tr>
<td>Referral To Treatment &lt; 18 Weeks (Internal TTT Method)</td>
<td>95%</td>
<td>96%</td>
<td>96%</td>
<td>92%</td>
</tr>
</tbody>
</table>

*Source: TTT Monthly Performance Report*

### Annual Organisational Audit (AOA) on Medical Appraisal and Revalidation

Medical Revalidation was launched in 2012 to strengthen 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.
Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that provider boards will oversee compliance by:

- Monitoring the frequency and quality of medical appraisals in their organisations;
- Checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

As at 31st March 2019, there were 51 doctors with a prescribed connection to Sussex Community NHS Foundation Trust (the Trust).

All doctors with a prescribed connection were allocated a trained appraiser and had a completed appraisal (100%) within the 2018/19 appraisal year.

Revalidation recommendations to the General Medical Council (GMC) were all carried out in a timely manner within year.
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 report to NHS England for comment prior to publication and should include any comments made in its published report.

Where the above does not apply, the Trust must provide a copy of the draft quality report to the clinical commissioning group 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 report 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.

The organisations invited to review and comment on SCFT’s quality report (inc. Quality Account) were:

- Healthwatch Brighton & Hove
- Healthwatch West Sussex
- West Sussex County Council HASC
- Brighton & Hove City Council’s Health and Wellbeing Overview and Scrutiny Committee (HWOSC)
- East Sussex County Council’s Health Overview and Scrutiny Committee (HOSC)
- NHS Brighton & Hove Clinical Commissioning Group
- NHS Coastal Clinical Commissioning Group
- NHS Crawley Clinical Commissioning Group
- NHS High Weald Lewes Havens Clinical Commissioning Group
- NHS Horsham and Mid Sussex Clinical Commissioning Group

Comments received can be read in the following pages.
Comments from Healthwatch Brighton & Hove

Sent via email on 23.4.19

Please see below some comments provided by Fran McCabe our Chair and Barbara Marshall, one of our volunteers. I hope this is helpful.

Thank you for asking Healthwatch Brighton and Hove to respond to The SCFT Quality Account.

The following feedback has been drafted by Fran McCabe Chair of Healthwatch Brighton and Hove and Dr Barbara Marshall [one of our volunteers. Please direct any correspondence through me David Liley, Health watch Brighton and Hove Chief Officer dliley@healthwatchbrightonandhove.co.uk 07931755343

The following comments are being made after reading the report and comparing it with the regulations for 2018/19 and last year’s SCFT Quality report. As the report for comment is incomplete in several areas, some of the following comments may not apply in the final version.

Although this Quality Report is a mandated requirement for all foundation trusts and a lot of the wording is fixed, some of the numbering of the sections has been altered so we have not found some sections easy to read. An example is Section 3 ‘Other Information’ which is incorporated into Part 2c and Appendix 1 and 2 are replaced by 3a and 3b.

In general, the issues chosen and as priorities for 2019-2020, and the rationale are well thought out and cover a wide range or service improvements that should impact on patient care.

However, we would ask whether all initiatives cover the whole of the SCFT terrain including Brighton and Hove as the work on frail older people p15, appears to refer only to West Sussex. Brighton and Hove have equally high proportions of people over 85yrs as other parts of Sussex and we would like to see initiatives extended over the whole of the SCFT area.

It would be helpful to have some statistics broken down into LA/CCG areas. For example, ‘complaints’, while the figures overall are low how do these breakdown geographically?

**Patient and user involvement**

In most areas, there appears to scant reference to how patients and families and/or patient representative organisations can be involved appropriately in initiatives. For instance:

**Safe Care p15:** We would suggest that patients and carers should be involved in discussions about SI's unless there is a specific reason to be excluded.

There is no reason why patient organisations should not be involved in thematic considerations of SI's. It is Healthwatch experience that despite retrospective investigations around SI's and recommendations, quite often the same problems occur in subsequent SI’s. Healthwatch is prepared to assist in any way with monitoring this important issue, and ensuring one measure is not a recurrence of the same issue in subsequent cases.

In addition, we understand that the requirements on ‘learning from deaths’ have been expanded from last year and it it unclear how they have been interpreted and included in this report. Furthermore, the figures only include the first three quarters of the year. The report reads as if all the unexpected deaths were the subject of a case review and an investigation
but it does not give details about what is the format of a case review or investigation as the requirements specify.

**Children and Young Person Safety Thermometer**

The introduction of the Children’s Safety Thermometer is welcomed but Children and Young people do not appear to be involved in any aspect of this important initiative. Healthwatch Brighton and Hove is partnered with the YMCA and has a branch of Young Healthwatch who may be able to assist with the development and feedback on this work stream.

Similarly, there are many organisations, including our own, who have a track record of involving older people in research and consumer feedback. The programme on frailty and older people p15/16 may benefit from input from Age UK, Healthwatch and others.

In addition, this programme is taking 4-5 years for evaluation which seems like a long time when the issues are pressing. Working with older researchers might enable periodic evaluation and earlier implementation and there is a track record of doing this by Brighton University with Dr. Lizzie Ward.

**Freedom to Speak Up Guardians and Safer Working Guardians**

We are pleased to see details on the proposed improvements to the system of encouraging staff to speak up and giving them support when doing so but the report would benefit from details on how feedback will be given to those who ‘Speak Up’.

**Part 2c Statements of assurance from the Board**

Under National Clinical Audits, it states the Trust participated in 71% of the clinical audits for which it was eligible but does not give the whole list so it is difficult to comment as to whether this was a good response rate or not.

**Reflections on 2018-2019 priorities: Looking Ahead**

Whilst involvement may have occurred, this gives no indication that the views of staff, members or the wider public have been taken into consideration. The previous year’s report does give details of this. This may be just an omission.

The proposal to introduce a formal process for reporting, monitoring and action plans following a serious incident is excellent as is the final meeting with the patient and families involved.

It is pleasing that demonstrable improvements have been made on pressure damage. The applicable alert responses within prescribed time scales of the Central Alert System has dropped to 66%, which does not seem very satisfactory.

A recurrent theme in the evaluation of the success in last year’s priorities is problems in workforce, either shortages, temporary staff or turnover. There is a whole issue about staff recruitment which may be beyond the scope of this document, but the observations about last year’s outcomes suggest that an emphasis needs to be put on induction and orientation and clinical mentoring for staff so that standard can be achieved such as in NEWS and Holistic assessments.

David Liley  
Chief Officer, Healthwatch Brighton and Hove  
07931755343

*Please note the formatting issues described above have been rectified in later versions of the document. The Trust has responded formally to Healthwatch (B&H) regarding the more substantive comments made above.*
Comments from Healthwatch West Sussex

Together we speak louder

Healthwatch West Sussex response to Quality Accounts
As the independent voice for patients, Healthwatch West Sussex is committed to ensuring local people are involved in the improvement and development of health and social care services.

Local Healthwatch across the country are asked to read, digest and comment on the Quality Accounts, which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers). In West Sussex this translates to seven Quality Accounts from NHS Trusts.

For last two years we have declined to comment on Quality Accounts, and we are doing this again this year. Each document is usually over 50 pages long and contains lengthy detailed accounts of how the Trust feels it has listened and engaged with patients to improve services.

Prior to taking this decision, we spend many hours of valuable time reading the draft accounts and giving clear guidance on how they could be improved to make them meaningful for the public. Each year we also state that each and every Trust could, and should, be doing more to proactively engage and listen to all the communities it serves.

Whilst we appreciate that the process of Quality Accounts is imposed on Trusts, we do not believe it is a process that benefits patients or family and friend carers, in its current format. This format has remained the same despite Healthwatch working strategically to make recommendations for improvements to increase impact and improve outcomes. We have reducing resources and we want to focus our effort where it has the most impact on patient care and we do not believe quality accounts have this outcome.

We remain committed to providing feedback to Trusts through a variety of channels to improve the quality, experience and safety of its patients.

Healthwatch West Sussex 2019.
Comments from East Sussex Health Overview and Scrutiny Committee

Sent on behalf of Cllr Colin Belsey, Chair of East Sussex HOSC 25.4.19

Dear Susan Marshall

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 2018/19.

On this occasion the Committee has not provided a statement as we do not have any specific evidence to submit to you. However, we look forward to an ongoing involvement in the development of future Trust Quality Reports.

Please contact Harvey Winder, Democratic Services Officer on 01273 481796 should you have any queries.

Councillor Colin Belsey
Chair
Health Overview and Scrutiny Committee
2018-19 Quality Account

Thank you for offering the Health & Adult Social Care Select Committee (HASC) the opportunity to comment on Sussex Community NHS Foundation Trust’s (SCFT) Quality Account for 2018-19.

During 2018-19, HASC looked at the Bailey Unit Community Provision in Midhurst and the relocation of the Special Care Dental Service at Littlehampton Health Centre.

Community Provision
On 27 September 2018, HASC considered the detail regarding the indefinite closure of the Bailey Unit at Midhurst Community Hospital due to staff shortages. Although the Committee understood the rationale behind the closure of the Unit, it was not completely assured that the plans in place would meet the needs of the West Sussex population and would like to consider the outcome of those plans for community provision as they develop. I hope that the Committee will have the opportunity to consider these plans over the coming year.

The Committee is therefore pleased to learn that Midhurst is being considered as a frailty hub and that ‘translating research evidence into improved care – specifically the development, implementation and evaluation of a frailty pathway to improve outcomes of care for older people with continued collaborative working with other providers’ is one of the priorities for improvement 2019/20 along with a focus on recruitment to the SCFT Bank and would like to be updated on the progress of both these priorities, at the appropriate time.

Relocation of the Special Care Dental Service at Littlehampton Health Centre
On 15 November 2018, HASC learned that the special care dental service at Littlehampton Health Centre was not compliant with Health & Safety regulations, did not meet NHS England standards nor Care Quality Commission standards, did not provide the full range of services and had difficulty recruiting and retaining staff. Following the discussion the Committee understood the rationale for the proposed relocation of the Special Care Dental Service and is again pleased that a focus on recruitment to the SCFT Bank is one of the priorities for improvement 2019/20.

Yours sincerely

Mr Bryan Turner
Chairman, Health and Adult Social Care Select Committee
Sussex Community NHS Foundation Trust – Quality Report (inc. Quality Account) 2018/19

Comments from Crawley, Horsham & Mid Sussex, Brighton & Hove, Coastal, and High Weald Lewes Havens Clinical Commissioning Groups

Siobhan Melia  
Chief Executive  
Sussex Community NHS Foundation Trust HQ  
Brighton General Hospital  
Elm Grove  
Brighton  
BN2 3EW

Coastal West Sussex Clinical Commissioning Group  
1 The Causeway  
Goring-By-Sea  
Worthing  
West Sussex  
BN12 6BT

Tel: 01903 708393  
Fax: 01903 700981  
@nhs.net  
Website: www.westsussex.nhs.uk

3rd May 2019

Dear Siobhan,

Sussex Community NHS Foundation Trust Quality Report: 2018/19

Thank you for giving commissioners the opportunity to comment on the draft quality account for 2018/19. We do appreciate the ongoing collaboration and continued open dialogue with the Trust’s senior clinicians at the monthly Clinical Quality Review Group, and in the other quality meetings commissioners are invited to attend. And we congratulate the Trust on the positive work you are doing to drive quality improvements and lead innovation at what we acknowledge is a very challenging time.

The Trust has achieved many successes in 2018/19, most notably:

- The Trust’s CQC rating ‘Good’ overall in all areas, published 28th July 2018 demonstrates the Trust’s hard work and continuing commitment to improving quality
- Development, implementation and evaluation of a frailty pathway to improve outcomes of care for older people with continued collaborative working.
- “Collaboration with BSUH for the “Be in the Team study” which was built on previous joint working on the REDUCE study where SCFT provided Community Nurses to manage patients with a newly inserted long-term abdominal drain for end stage cirrhosis”.
- The positive impact of the focus on reducing lapses in care relating to grades 3 and 4 pressure ulcers from 22% in 2017 to 15% in 2018.
- The national award by NHS Employers for increasing flu vaccine uptake by staff being the top performing NHS organisation in Sussex.

These achievements are a clear recognition of the hard work and determination of all those working in the organisation to deliver high quality care.
The Quality Account outlines the priorities for improvement in 2019/20 as how successes will be measured and the detailed work that underpins them. As part of our continued assurance process we will work together to monitor progress throughout the year via our established assurance process.

The Sussex and East Surrey Clinical commissioning Groups agree that the areas you have identified for the coming year are aligned to our collective clinical priorities and look to working with system partners to deliver safe and effective care to patients. We would encourage early contact to maximise the opportunities of system-wide input and learning.

The Trust’s increasing success in recruitment and retention is commendable; however, we would look to the Trust to build on this and achieve a more ambitious target in relation to the wider sustainable workforce to include new roles (Nursing associates and Physician associates) and enhanced training of existing staff which will support retention and development.

In relation to holistic assessment identified in 2018/19, the CCGs are pleased to note that necessary next steps for the implementation of NEWS 2 are incorporated within the 2019/20 priorities.

The scoping of alternative approaches to enabling self-administration of insulin in the adults in the community looks to be a challenging area for the Trust with a number of the stated actions remaining unresolved. These are not carried forward in the 2019/20 priorities. The CCGs recommend that focus continues to be in this area.

The CCGs note the continual progress made by the Trust to a range of services across the Sussex and East Surrey area for example Pain Management, Mental health, Minor Injury units and the Urgent Treatment Centres which have had an impact on both access times and patients’ lengths of stay.

Yours sincerely

Allison Cannon Chief Nursing Officer

On behalf of the Sussex and East Surrey Clinical Commissioning Groups
Annex 2 - Statement of Directors’ Responsibilities for the Quality Report

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

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

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance;
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2018 to 25 May 2019;
  - papers relating to quality reported to the board over the period April 2018 to 25 May 2019;
  - feedback from commissioners dated 3 May 2019;
  - feedback from Governors, dated 27 March 2019;
  - feedback from local Healthwatch organisations, dated 23 April 2019;
  - feedback from Overview and Scrutiny Committee dated 25 April 2019;
  - the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated March 2019;
  - the latest national patient survey published March 2019;
  - the 2018 national staff survey, published March 2019;
  - the Head of Internal Audit’s annual opinion of the Trust’s control environment dated May 2019;
- the quality report presents a balanced picture of the NHS foundation trust’s performance over the period covered;
- the performance information reported in the quality report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the quality report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the board.
Conclusion

This Quality Report 2018/19 reports on SCFT’s progress and performance against a wide range of priorities and indicators over the last year. These achievements have been made as a result of the commitment from our staff to deliver excellent care. Continuous improvement is a collective responsibility and we will continue to nurture and develop this culture as the Trust progresses in its quality improvement journey.

Our ambition is for more and more of our services to be rated as ‘Outstanding’ against Care Quality Commission standards and requirements. Achievement of the improvement priorities for 2019/20 will contribute toward this aim. We will continue to monitor progress against these and look forward to reporting on our progress in the 2019/20 Quality Report.

This Quality Report has been prepared in accordance with the Department of Health’s Quality Account Toolkit, first published in December 2010 and available electronically at www.dh.gov.uk/publications and NHS Improvement’s Detailed requirements for Quality Accounts for Foundation Trusts 2016/17, available electronically at https://improvement.nhs.uk/resources/nhs-foundation-Trust-quality-reports-201617-requirements/
Feedback

We would very much like to know what you think about our quality report (inc. Quality Account). Please use this form to let us know what you think and what you would like us to include in next year’s.

1. Who are you?
   Patient, family member or carer
   Member of staff
   Other (please specify)

2. What did you like about this report?

3. What could we improve?

4. What would you like us to include in next year’s report?

5. Are there any other comments you would like to make?

Thank you for taking the time to read this report and give us your comments. Please post this form to:

Siobhan Melia
Chief Executive
Sussex Community NHS Foundation Trust
J Block, Brighton General Hospital
Elm Grove, Brighton
East Sussex
BN2 3EW

You can also contact us via social media using:
- twitter.com/nhs_sct
- facebook.com/sussexcommunitynhs
Appendix 1  Local Clinical Audit

SCFT develops an annual schedule of Trust wide (Local) clinical audits which is driven by national best practice guidance, monitoring effectiveness of changes introduced associated to quality improvements, lessons identified from investigations and audit and assurance review outcomes. The scheduled is agreed via the organisations usual governance committee structure. There are 21 Trust wide (Local) audits currently listed on the 2019/20 schedule which was approved by the Quality Committee in April 2019.

The outcomes of Trust wide (Local) clinical audits are overseen by the Clinical Effectiveness Group. To promote consistent practice across teams, all audit findings and recommendations are also discussed in service governance groups and the learning shared via various Trust wide operational clinical forums. The Table below lists the number of Trust wide (Local) clinical audits undertaken by SCFT in 2018/19.

<table>
<thead>
<tr>
<th>Local Clinical Audits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antimicrobial Prescribing Intermediate Care Units (Re-audit)</td>
</tr>
<tr>
<td>Audit of the positive impact of the ‘Just Culture’ implementation</td>
</tr>
<tr>
<td>Completion of VTE Assessments in SCFT Adult Intermediate Care Units (Re-audit)</td>
</tr>
<tr>
<td>Compliance to historical NICE guidance</td>
</tr>
<tr>
<td>Deprivation of Liberty Safeguards (DOLS) (2007) applications from all inpatient units, to assess evidence of the application process, and the Care Quality Commission (CQC) notification process. (Re-Audit)</td>
</tr>
<tr>
<td>Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) (Re-audit)</td>
</tr>
<tr>
<td>Doctors following Medical SOPS on Intermediate Care Units</td>
</tr>
<tr>
<td>Enhanced Care Assessment &amp; Booking Process</td>
</tr>
<tr>
<td>Environmental Audits (Infection Control)</td>
</tr>
<tr>
<td>Escalation of Concern</td>
</tr>
<tr>
<td>Health Record Keeping Audit - Core Standards and Information Governance</td>
</tr>
<tr>
<td>Holistic Assessment – Documentation (Community Services)</td>
</tr>
<tr>
<td>NEWS2 Audit</td>
</tr>
<tr>
<td>Pain Assessment (Re-audit)</td>
</tr>
<tr>
<td>Physiotherapy Audit</td>
</tr>
<tr>
<td>Quality Impact Assessments</td>
</tr>
<tr>
<td>ReSPECT - Quality of Patient Held Forms</td>
</tr>
<tr>
<td>Safety of Discharge from Intermediate Care Units to home</td>
</tr>
<tr>
<td>Serious Incident Action Plans</td>
</tr>
<tr>
<td>Spot Check Audit of Completed Fluid Charts</td>
</tr>
<tr>
<td>Venous Thromboembolism (VTE) for Adult Inpatients (management) (Re-audit)</td>
</tr>
<tr>
<td>Voice of the child – Children Safeguarding (Re-audit)</td>
</tr>
</tbody>
</table>
Appendix 2  Research Activity

Research Grants Awarded
SCFT staff successfully applied for two new grant funding awards either as the Chief Investigator or as a co-applicant totalling a value of over £4.8m. The total of current and active awards (including new) amounts to just over £6m (see Research Grants Awarded 2018/19 table below).

Research Grants Awarded 2018/19

<table>
<thead>
<tr>
<th>Study Title</th>
<th>Source of Grant</th>
<th>Award holder</th>
<th>Period of grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTION</td>
<td>Interreg 2 Seas Mers Zeeën 2014-2020 Programme</td>
<td>Dr Sarah Crombie Dr Liz Bryant SCFT allocation £199,000</td>
<td>January 2019 to January 2024</td>
</tr>
<tr>
<td>Empowering Better End of Life Dementia Care Programme (EMBED)</td>
<td>ESRC-NIHR Dementia Research Initiative 2018</td>
<td>Dr Catherine Evans £3.8m</td>
<td>January 2019 to January 2024</td>
</tr>
<tr>
<td>Pirates 2: Establishing Accuracy Parameters of a Child Social Communication Assessment Tool</td>
<td>Helen Lawson Fund, British Medical Association</td>
<td>Ian Male and Will Farr £49,203</td>
<td>03/07/2017 to 03/07/2020</td>
</tr>
<tr>
<td>HYVET2</td>
<td>Dunhill Medical Trust</td>
<td>Dr Richard Quirk £236,417</td>
<td>December 2017 to December 2020</td>
</tr>
<tr>
<td>A service model for the sexual health education of Unaccompanied Asylum Seeking Children</td>
<td>Centre of expertise on child sexual abuse.</td>
<td>Dr Ann White and Julie Griffiths £7,789</td>
<td>August 2017 to September 2018</td>
</tr>
<tr>
<td>Do Children In Care experiencing sexual abuse receive adequate service provision?</td>
<td>Centre of expertise on child sexual abuse.</td>
<td>Dr Ann White and Dawn Siddons £9,321</td>
<td>August 2017 to September 2018</td>
</tr>
<tr>
<td>Exploring the views of foster parents and looked after children nurses regarding oral health of looked after children</td>
<td>Oral and Dental Research Trust</td>
<td>Dr Jennifer Parry £5,000</td>
<td>October 2017 to November 2018</td>
</tr>
<tr>
<td>Mini-EDACS: an Eating and Drinking Ability Classification System for young children with cerebral palsy aged between 18 and 36 months.</td>
<td>Nutricia</td>
<td>Diane Sellers £31,216</td>
<td>January 2018 to June 2019</td>
</tr>
<tr>
<td>FEEDs: What interventions are available to improve eating in children with neuromuscular disability and suitable for future investigation?</td>
<td>NIHR: Health Technology Assessment</td>
<td>Diane Sellers £308,000</td>
<td>July 2017 to December 2019</td>
</tr>
<tr>
<td>Interventions based on Applied Behaviour Analysis for young Children with Autism: Systematic review and economic modelling (ABACAS)</td>
<td>NIHR: Health Technology Assessment</td>
<td>Ian Male and Will Farr £368,000</td>
<td>July 2017 to August 2019</td>
</tr>
<tr>
<td>Increasing physical activity in children with long term physical disabilities using a personalised gaming system.</td>
<td>NIHR: Invention for Innovation</td>
<td>Will Farr and Ian Male £34,526</td>
<td>January 2018 to December 2018</td>
</tr>
<tr>
<td>Development and feasibility evaluation of a new tool Symptom and Psychosocial Assessment and Communication Evaluation (SPACE).</td>
<td>HEE/NIHR ICA Programme Senior Clinical Lectureship</td>
<td>Dr Catherine Evans £318,486</td>
<td>01/06/2016 to 31/05/2021</td>
</tr>
<tr>
<td>Study Title</td>
<td>Source of Grant</td>
<td>Award holder</td>
<td>Period of grant</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>to improve to improve communication and palliative care for older people during uncertain recovery in community hospitals.</td>
<td>Co-financed by the Interreg 2 Seas Mers Zeeën 2014-2020 Programme</td>
<td>Lead partner: Groupe HEI-ISA-ISEN (France) SCFT leads: Dr Donna Cowan and Dr Liz Bryant SCFT allocation £199,244</td>
<td>13/07/2016-30/07/2020</td>
</tr>
<tr>
<td>EDUCAT (Empowerment of disabled people through the user co-production of assistive technology)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How Much Does it Cost the NHS to Assess a Child for Possible Autism?</td>
<td>RCPCH: Paul Polani Fund</td>
<td>Ian Male and Will Farr £7,500</td>
<td>September 2016 to May 2018</td>
</tr>
<tr>
<td>How do different neurodisability services meet the psychosocial support needs of children with feeding disabilities?</td>
<td>NIHR Health Services &amp; Delivery Research</td>
<td>Dr Diane Sellers £375,952</td>
<td>Jan 2016 to Jan 2019</td>
</tr>
</tbody>
</table>

Research Studies

The Trust conducted 24 research studies in 2018/19: 9 in Adults’ Services; 12 in Children’s Services and 3 conducted with SCFT staff as participants.

Studies conducted in services for Adults

<table>
<thead>
<tr>
<th>Title of Study</th>
<th>Chief Investigator &amp; affiliation</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-Change 4: Testing a case-mix classification in palliative care (cohort study)</td>
<td>Dr Fliss Murtagh, King’s College London</td>
<td>National Institute for Health Research (NIHR)</td>
</tr>
<tr>
<td>Reduce Palliative long term abdominal drains versus repeated drainage in individuals with untreated ascites due to advanced cirrhosis</td>
<td>Dr. Sumita Verma Brighton Medical School</td>
<td>NIHR Research for Patient Benefit</td>
</tr>
<tr>
<td>Alcohol Study An observational study investigating the prevalence and impact of alcohol related problems in cancer patients and their no-professional caregivers</td>
<td>Dr Katherine Webber, Royal Surrey County Hospital NHS Foundation Trust</td>
<td>Alcohol Research UK</td>
</tr>
<tr>
<td>LightMIND 2: Low-Intensity Guided Help Through MINDfulness (LIGHTMind 2): A randomised controlled trial comparing supported Mindfulness-Based Cognitive Therapy self-help to supported Cognitive Behaviour Therapy self-help for adults experiencing depression</td>
<td>Dr Clara Strauss, Sussex Partnership NHS FT</td>
<td>NIHR: Research for Patient Benefit</td>
</tr>
<tr>
<td>MePFAC: Methylphenidate versus placebo for fatigue in advanced cancer</td>
<td>Dr Paddy Stone UCL</td>
<td>NIHR HTA</td>
</tr>
<tr>
<td>Title of Study</td>
<td>Chief Investigator &amp; affiliation</td>
<td>Funding Source</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>SPACEToolkit: Improving care for older people in community hospitals.</td>
<td>Dr Catherine Evans SCFT/KCL</td>
<td>HEE/NIHR</td>
</tr>
<tr>
<td>Older adults’ experience of being discharged home from hospital.</td>
<td>Wendy Pope SCFT OT</td>
<td>NIHR</td>
</tr>
<tr>
<td>Prosec 3: A multi-centre evaluation of excessive saliva management in patients with motor neurone disease.</td>
<td>Prof Christopher J McDermott University of Sheffield</td>
<td>Marie Curie and the Motor Neurone Disease Association</td>
</tr>
</tbody>
</table>

### Studies conducted in services for Children

<table>
<thead>
<tr>
<th>Title of Study</th>
<th>Chief Investigator &amp; affiliation</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Much Does it Cost the NHS to Assess a Child for Possible Autism?</td>
<td>Dr Ian Male, SCFT</td>
<td>RCPCH: Paul Polani Fund</td>
</tr>
<tr>
<td>G-PATH Support: How do different neurodisability services meet the psychosocial support needs of children/young people with feeding disabilities and their families? A national survey and case study approach to mapping and costing service models, care pathways and the child and family experience.</td>
<td>Dr Gill Craig, University of Hertfordshire</td>
<td>NIHR Health Service and Development Research</td>
</tr>
<tr>
<td>I-ASC: Identifying appropriate symbol communication aids for children who are non-speaking: enhancing clinical decision making.</td>
<td>Dr Janice Murray, Manchester Metropolitan University</td>
<td>No Funding</td>
</tr>
<tr>
<td>Care providers’ views about oral health of looked after children.</td>
<td>Dr Jenny Parry, SCFT</td>
<td>Oral and Dental Research Trust</td>
</tr>
<tr>
<td>Mini-EDACS: Eating and Drinking Ability Classification System for young children with cerebral palsy - Phase 2/3.</td>
<td>Dr Diane Sellers, SCFT</td>
<td>Nutricia</td>
</tr>
<tr>
<td>imagine-id: Intellectual Disability and Mental Health: Assessing Genomic Impact on Neurodevelopment.</td>
<td>Dr F L Raymond, University Hospital Southampton NHS Foundation Trust</td>
<td>Medical Research Council</td>
</tr>
<tr>
<td>Pirates 2: Pilot Study to Investigate the Potential use of the Pirate Adventure Social Communication Assessment Tool as an Adjunct to Current Initial Assessment of a Child Referred with Social</td>
<td>Dr Ian Male</td>
<td>None</td>
</tr>
</tbody>
</table>
## Title of Study

<table>
<thead>
<tr>
<th>Title of Study</th>
<th>Chief Investigator &amp; affiliation</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Difficulties.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEEDS: Focus on early eating, drinking and swallowing.</td>
<td>Dr Jeremy Parr</td>
<td>NIHR HTA</td>
</tr>
<tr>
<td>Be on the TEAM: Teenagers Against Meningitis.</td>
<td>Dr Matthew Snape</td>
<td>NIHR - Policy Research Programme / Pfizer Ltd</td>
</tr>
<tr>
<td>EDUCAT: Empowerment of Disabled people through the User Coproduction of Assistive Technology.</td>
<td>Dr Liz Bryant</td>
<td>Interreg 2 Seas Mers Zeeën</td>
</tr>
<tr>
<td>I-play Project: Increasing physical activity in children with long term physical disabilities using a personalised gaming system: A Feasibility Study.</td>
<td>Dr Clive Thursfield / Will Farr</td>
<td>NIHR - i4i Connect</td>
</tr>
</tbody>
</table>

### Studies delivered to staff across the Trust

<table>
<thead>
<tr>
<th>Title of Study</th>
<th>Chief Investigator &amp; affiliation</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>MindSHINE3: A definitive randomised controlled trial investigating two online wellbeing interventions to reduce NHS staff stress.</td>
<td>Heather Taylor, University of Sussex</td>
<td>Headspace Meditation Ltd &amp; ESRC DTC at University of Sussex</td>
</tr>
<tr>
<td>ADAPT: Survey of Healthcare Professionals Knowledge, Experiences and Training Needs in Assistive Technology.</td>
<td>Dr Mohamed Sakel</td>
<td>Interreg VA France (Channel/Manche) England</td>
</tr>
<tr>
<td>Pre-appointment written materials in children's therapy services.</td>
<td>Samantha Armitage, Sheffield Children’s NHS Foundation Trust</td>
<td>Council for Allied Health Professions Research Yorkshire and Humber and Devices for Dignity</td>
</tr>
</tbody>
</table>
**Outputs and impact of research work and activity**

SCFT’s increasing participation in clinical research is contributing to improving clinical effectiveness in the Trust, nationally and internationally and building research capacity and infrastructure to support clinical and health service research.

**Publications in Peer Reviewed Journals 2018/19**

<table>
<thead>
<tr>
<th>Publication Title</th>
<th>Authors</th>
<th>Journal</th>
<th>Year Published</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments and Outcomes</td>
<td>Cowan, D</td>
<td>Book Chapter in: Handbook of Electronic Assistive Technology Cowan, D and Najafi, L (Eds) Academic Press</td>
<td>Nov 2018</td>
</tr>
<tr>
<td>Handbook of Electronic Assistive Technology</td>
<td>Cowan, D and Najafi, L (Eds)</td>
<td>Academic Press</td>
<td>Nov 2018</td>
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<tr>
<td>How can a measure improve assessment and management of symptoms and concerns for people with dementia in care homes? A mixed-methods feasibility and process evaluation of IPOS-Dem.</td>
<td>Ellis-Smith C, Higginson IJ, Daveson BA, Henson LA, Evans CJ</td>
<td>PLOS One</td>
<td>2018</td>
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<tr>
<td>Publication Title</td>
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<tr>
<td>The Eating and Drinking Ability Classification System for cerebral palsy: a study of reliability and stability over time.</td>
<td>Sellers D, Bryant E, Campbell V, Hunter A and Morris C</td>
<td>Journal Paediatric Rehabilitation Medicine</td>
<td>2019 Accepted subject to making requested changes.</td>
</tr>
<tr>
<td>Letter to the Editor: Identification and prevention of respiratory problems linked to eating and drinking difficulties for children and young people with cerebral palsy.</td>
<td>Sellers D</td>
<td>Archives of Diseases in Childhood URL: <a href="https://adc.bmj.com/content/early/2018/07/18/archdischild-2018-315134">https://adc.bmj.com/content/early/2018/07/18/archdischild-2018-315134</a></td>
<td>2018</td>
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<tr>
<td>The Eating and Drinking Ability</td>
<td>Tschirren</td>
<td>Developmental Medicine Child</td>
<td>2018</td>
</tr>
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<tr>
<td>A study of oral health prevention behaviours for patients with early stage dementia.</td>
<td>Emanuel R</td>
<td>BDJ224,38–42. <a href="https://www.nature.com/articles/sj.bdj.2018.5">https://www.nature.com/articles/sj.bdj.2018.5</a></td>
<td>2018</td>
</tr>
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</table>

**Published Abstracts**

<table>
<thead>
<tr>
<th>Publication Title</th>
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<th>Year Published</th>
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<tbody>
<tr>
<td>A collaborative approach between clinical and academic experts in dementia care to improve clinical effectiveness and priorities for research.</td>
<td>Kinley J, Ellis-Smith C, Hurt M, McIvor K, Campion C, Higginson IJ, Evans CJ.</td>
<td>Palliative Medicine</td>
<td>2018</td>
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</table>

**Research and Study Presentations**

<table>
<thead>
<tr>
<th>Presentation Title</th>
<th>Venue</th>
<th>Authors</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>Standing frames for children with cerebral palsy.</td>
<td>Kent, Surrey and Sussex NIHR Clinical Research Network, Study Day: Gatwick</td>
<td>Dr Sarah Crombie</td>
<td>2019</td>
</tr>
<tr>
<td>Presentation Title</td>
<td>Venue</td>
<td>Authors</td>
<td>Year</td>
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<tr>
<td>A measure to improve assessment and management of symptoms and concerns of people with dementia in care homes: development and mixed methods evaluation.</td>
<td>Annual Scientific Meeting, Society for Social Medicine: Glasgow</td>
<td>Ellis-Smith C, Higginson IJ, Evans CJ</td>
<td>2018</td>
</tr>
<tr>
<td>A collaborative approach between clinical and academic experts in dementia care to improve clinical effectiveness and priorities for research.</td>
<td>10th World Research Congress of the European Association of Palliative Care Conference: Bern, Switzerland</td>
<td>Kinley J, Ellis-Smith C, Hurt M, McIvor K, Campion C, Higginson IJ, Evans CJ</td>
<td>2018</td>
</tr>
<tr>
<td>Key Note Speaker: Eating and Drinking Ability Classification System: purpose and potential.</td>
<td>American Academy Cerebral Palsy Developmental Medicine Annual Conference: Cincinnati, Ohio, USA</td>
<td>D Sellers</td>
<td>2018</td>
</tr>
<tr>
<td>Key note speaker: Eating and Drinking Ability Classification System.</td>
<td>Mexican Academy for Cerebral Palsy and Neuromotor Disorders Annual Conference: Queretaro, Mexico</td>
<td>D Sellers</td>
<td>2018</td>
</tr>
<tr>
<td>Key note speaker: Development, reliability and utility of the Eating and Drinking Ability Classification System for children and young people with cerebral palsy.</td>
<td>Nutricia Symposium: Hot Topics on the Management of Children with Complex Feeding Needs: Dublin, Republic of Ireland</td>
<td>D Sellers</td>
<td>2018</td>
</tr>
<tr>
<td>Guest speaker: Eating and Drinking Ability Classification System: purpose and potential.</td>
<td>Birmingham Paediatric Dysphagia Clinical Excellence Network meeting: Birmingham</td>
<td>D Sellers</td>
<td>2018</td>
</tr>
</tbody>
</table>

**Clinical Services involved in Research Activity**

The chart below shows which services in 2018-19 were research active. The figures indicate the number of participants recruited within those services. In total 673 participants have been recruited into studies to date.
## Appendix 3 - Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>Assurance</td>
<td>Providing information or evidence to show that something is working as it should, for instance the required level of care, or meeting legal requirements.</td>
</tr>
<tr>
<td>Care Quality Commission - CQC</td>
<td>The independent health and social care regulator for England.</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease - COPD</td>
<td>COPD is a lung disease characterised by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The more familiar terms ‘chronic bronchitis’ and ‘emphysema’ are no longer used, but are now included within the COPD diagnosis.</td>
</tr>
<tr>
<td>Clinical Audit</td>
<td>A process used to improve the quality of care by reviewing the care given against explicit criteria. Analysis of the results is then used to highlight any gaps. An action plan can then be put in place to address those gaps and then a re-audit takes place to review whether those actions have worked to plug the gaps identified. A clinical audit can also highlight good practice, which can then be shared across SCFT. National clinical audits are largely funded by the Department of Health and commissioned by the Healthcare Quality Improvement Partnership (HQIP) which manages the National Clinical Audit and Patients Outcome Programme (NCAPOP). Most other national audits are funded from subscriptions paid by NHS provider organisations. Priorities for the NCAPOP are set by the Department of Health with advice from the National Clinical Audit Advisory Group (NCAAG).</td>
</tr>
<tr>
<td>Clinical Coding</td>
<td>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.</td>
</tr>
<tr>
<td>Clinical Commissioning Groups - CCGs</td>
<td>Groups of GPs who are responsible for designing local health services in England.</td>
</tr>
<tr>
<td>Clinical Effectiveness</td>
<td>Is the clinical intervention used doing what it is supposed to? Does it work?</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>Clinical governance is a systematic approach to maintaining and improving the quality of patient care within the NHS.</td>
</tr>
<tr>
<td>Clostridium Difficile - C. difficile</td>
<td>A contagious bacterial infection, which can sometimes reproduce rapidly – especially in older people who are being treated with anti-biotics – and causes potentially serious diarrhoea.</td>
</tr>
<tr>
<td>Commissioning</td>
<td>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.</td>
</tr>
<tr>
<td>Commissioning for Quality and Innovation - CQUIN</td>
<td>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.</td>
</tr>
<tr>
<td>Community Information Dataset - CIDS</td>
<td>CIDS makes locally and nationally comparable data available on community services. This helps commissioners to make decisions on the provision of services.</td>
</tr>
<tr>
<td>Data Warehouse</td>
<td>In computing, a Data Warehouse is a database used for collecting, and storing data so it can be used for reporting and analysis.</td>
</tr>
<tr>
<td>Department of Health - DH</td>
<td>A UK government department responsible for government policy for health and social care matters and for the National Health Service (NHS) in England.</td>
</tr>
<tr>
<td>Healthwatch</td>
<td>Healthwatch England is 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.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
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<tr>
<td>Improving Access to Psychological Therapies - IAPT</td>
<td>A national programme including Time to Talk.</td>
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<tr>
<td>Information Governance Toolkit</td>
<td>A system that allows NHS organisations and partners to measure themselves against Department of Health Information Governance policies and standards.</td>
</tr>
<tr>
<td>Intranet</td>
<td>An intranet is a computer network that uses Internet technology to share information between employees within an organisation. SCFT’s Intranet system is called the Pulse.</td>
</tr>
<tr>
<td>Methicillin-Resistant Staphylococcus Aureus - MRSA</td>
<td>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.</td>
</tr>
<tr>
<td>Metrics</td>
<td>Measures, usually statistical, used to assess any sort of performance such as financial, quality of care, waiting times, etc.</td>
</tr>
<tr>
<td>NHS England - NHSE</td>
<td>NHS England leads the National Health Service (NHS) in England. We set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.</td>
</tr>
<tr>
<td>NHS Improvement - NHSI</td>
<td>NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.</td>
</tr>
<tr>
<td>National Institute For Health Research - NIHR</td>
<td>A government body that coordinates and funds research for the NHS in England.</td>
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<tr>
<td>National Institute for Health &amp; Care Excellence - NICE</td>
<td>An independent organisation responsible for providing national guidance on promoting good health, and on preventing and treating ill health.</td>
</tr>
<tr>
<td>National Patient Safety Agency - NPSA</td>
<td>Leads and contributes to improved and safe patient care by informing, supporting and influencing organisations and people working in the health sector.</td>
</tr>
<tr>
<td>National Reporting and Learning System - NRLS</td>
<td>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.</td>
</tr>
<tr>
<td>Patient Advice &amp; Liaison Service - PALS</td>
<td>A service providing a contact point for patients, their relatives, carers and friends where they can ask questions about their local healthcare services.</td>
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<tr>
<td>The Pulse</td>
<td>The Trust’s intranet for staff.</td>
</tr>
<tr>
<td>Research</td>
<td>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.</td>
</tr>
<tr>
<td>Tbc</td>
<td>To be confirmed.</td>
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<tr>
<td>YTD</td>
<td>Year to date is the term used to describe data from the beginning of the year to the current time – not necessarily year end.</td>
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</tbody>
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