All the staff from the receptionists to the nurses and doctors were brilliant.
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Introduction

This latest quality account, I think, marks a visible transition in the care staff at SASH provide for patients using traditional pathways, measured by traditional outcomes, and sections which talk about the need for change, innovation and continuous improvement. What is described over the following pages are some of the quality and safety achievements that have been made for patients and the way staff have provided care and thought about how care can improve. All this has been delivered against a background of very high attendances at the emergency department, the highest annual ambulance conveyance numbers ever, the greatest number of unscheduled patient admissions and more than 350,000 out-patient care episodes. It is the quality account we have prepared while we have worked with local and national partners on our Sussex and East Surrey sustainability and transformation plan (STP) and against a national backdrop of accountable care systems, where health and social care providers will come together and be accountable for integrated care provided, within a geography, to the people who live and work there. These initiatives, which underpin the delivery of NHS England’s Five year Forward View require care pathways that meet the needs of people, can be delivered efficiently and can be continually improved. They offer opportunities to think about training a modern workforce, co-design of care with those who will need to use it and will rely on it supporting people to look after themselves more effectively and the role of technology, research and development.

Our improvement journey

We are now well into the second year of our SASH+ improvement work and more than ever I am convinced that this will give us a methodology for empowering staff, and to an extent patients as well, to improve the care we offer. The three value streams that we talked about a year ago all continue to deliver real and sustained improvement. The rapid process improvement workshops (RPIWs), where staff who do the work redesign pathways have continued to be very highly evaluated by those taking part and are very effective. Within the outpatient value stream redesigning the way medical notes are prepared for clinics stands out for not just delivering improvement in the clinic area studied but across all clinics. The time saved has been reinvested not just in training but also in the condition and content of the records being improved. A real win, win. Our value stream looking at patients suffering from diarrhoea has also shown a significant and sustained improvement in the recognition of diarrhoea, its treatment and the isolation of patients in single rooms, or through barrier nursing, for those people judged to require this. All in all 36 senior leaders (doctors, nurses, allied health professionals and managers) have completed Lean for Leaders training, delivered by our improvement leaders (the Kaizen Promotion Office) in partnership with the Virginia Mason Institute and are running their own improvement work streams within their workplaces. Having now run nine RPIWs we have an additional 100 staff across our hospital who are ambassadors of improving pathways for patients.

In parallel with this improvement work we continue to build a culture of innovation. Throughout the last year there has been a national focus on mental health and on people who are dying. Our Ideas to innovation Factory continues in its second year and as well as a general all ideas welcome approach the call to innovators will now also be themed. We have chosen themes relating to addiction and to end of life as we feel that there must be better ways we can help people experiencing these events, themselves
and their families, and we are committed to this improvement. One of the first cohort of Kent Surrey and Sussex Darzi Fellows will run a project centred on our local population and the population served by Dartford and Gravesham NHS Trust to see if two communities can work and learn together to the advantage of the people they care for.

The quality of our services
We have left the format of this account the same as previous editions, looking at the quality of the services we provide for patients under headings of safe, effective, responsive, the experience of those using our services, and well led. I encourage you to look at these sections. I believe they show that staff are trying very hard to get things right for patients, although they also show that we do not succeed every time. One example of this is around patients who acquire diarrhoea caused by the organism C. difficile. Thirty patients in our care contracted this cause for diarrhoea (34 cases in 2014-15), however, despite our learning from analysis of every case and the value stream work we are undertaking we are still not perfect at considering infectious causes and isolating patients promptly. This is something we will continue to work on this year. Something else I hope will continue is the outstanding performance we have achieved in relation to national cancer targets and am grateful for everyone involved in these pathways for the effort they have given in delivery of this performance.

Partnerships
This year has seen us working closely with partners within our Sussex and East Surrey STP, with Health Education England in Kent Surrey and Sussex, and with the KSS Academic Health Science Network. We have ongoing work with University of Surrey and also with the Brighton and Sussex Medical School whose medical students (along with the medical schools at St. George’s Hospital and Imperial College Healthcare NHS Trust) we place for postgraduate training. All of these relationships allow access to a breadth of intellectual resource, peer review, and shared problem solving which would be difficult for any one organisation to deliver alone. We will build on these relationships for the good of patients as we go forward.
It is often said that there is a strong relationship between how staff feel and the care they give and I could not be prouder that this association seems strong at SASH.

Our staff
The challenge the NHS faces in delivering the very best care to a population that is increasing in size and complexity is real and it is felt by every clinician, be they a nurse, allied health professional or doctor, the non-clinical patient facing staff like secretaries, clerks, waiting list and booking department administrators and porters and every member of what is sometimes referred to as back office staff. Every member of staff works hard every day, often well beyond what can be reasonably expected, to help patients and those who care for them. Once a year NHS staff undertake a national survey and last year I reported here that we had received our best ever results. You will see later in this account that this year our results were even better, with our staff ranking us in the top 20% of all trusts for 22 of the 32 questions. It is often said that there is a strong relationship between how staff feel and the care they give and I could not be prouder that this association seems strong at SASH.

Michael Wilson CBE
Chief executive

Surrey and Sussex Healthcare NHS Trust provides extensive acute and complex services at East Surrey Hospital in Redhill alongside a range of outpatient, diagnostic and planned care at Caterham Dene Hospital, The Earlswood Centre, and Oxted Health Centre in Surrey and at Crawley and Horsham Hospitals in West Sussex.

Serving a population of over 535,000 we care for people living, working and visiting east Surrey, north-east West Sussex, and south Croydon, including the towns of Crawley; Horsham; Reigate and Redhill.

East Surrey Hospital is the designated hospital for Gatwick Airport and sections of the M25 and M23 motorways. It has a trauma unit, which cares for seriously injured patients in partnership with the major trauma centres at St George’s University Hospitals NHS Foundation Trust and Royal Sussex County Hospital Brighton. East Surrey Hospital has 691 beds and ten operating theatres, along with four more theatres at Crawley Hospital in our day surgery unit.

We are a major local employer, with a diverse workforce of around 4,000 providing healthcare services to the community we serve.

The Trust is an Associated University Hospital of Brighton and Sussex Medical School.

Our vision
Our vision has been updated to include the people of our community and that it also recognises the importance of the individual patients, carers and their families.

We will pursue perfection in the delivery of safe, high quality healthcare that puts the people in our community first.
Our values remain unchanged. They were developed more than six years ago and are well embedded in the organisation and regularly used as a reference point for recruitment and the delivery of services.

Dignity and respect: we value each person as an individual and will challenge disrespectful and inappropriate behaviour.

One team: we work together and have a can do approach to all that we do, recognising that we all add value with equal worth.

Clinically led
We are a clinically led organisation, focused on putting people first. Our services are led and managed through four divisions:

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Medicine</th>
<th>Surgery</th>
<th>Women and children</th>
</tr>
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<tbody>
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<td>Chief</td>
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<td>Natasha Hare</td>
<td>Bill Kilvington</td>
</tr>
<tr>
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</tr>
<tr>
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<td>Nicola Shopland</td>
<td>Jamie Moore</td>
<td>Michelle Cudjoe (Head of midwifery)</td>
</tr>
</tbody>
</table>

Compassion: we respond with humanity and kindness and search for things we can do, however small; we do not wait to be asked, because we care.

Safety and quality: we take responsibility for our actions decisions and behaviours in delivering safe, high quality care.

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Our strategy

Reviewing our strategy
Our organisational strategy is reviewed each year and includes a review of our:

- vision
- values
- strategic intent
- strategic objectives
Those involved in our annual strategy review include:

- the executive team, which includes clinical chiefs
- clinical leads
- the Shadow Council of Governors
- Board members

This year our strategy statement has been updated to reflect the importance of being both responsive and agile to the changing local and national NHS climate:

To become an outstanding organisation, which is responsive and agile, clinically led and where patients are at the centre. We link with community services and establish a health campus through our partnerships.

Our strategy will be delivered through our vision, values, strategic intent and strategic objectives to become a provider and employer of choice.

**Our strategy on a page**

Our strategy on a page has been updated to make it simpler and this will be used as a communication tool for staff across the organisation.
**Our strategic intent**

Our definition of locally based services has been updated to reflect the importance of working in partnership with others to develop clinically sustainable services for patients.

---

**Excellence**
- Safe
- Effective
- Caring
- Responsive
- Well led

**Affordability**
- Deliver excellence reduce harm and variation
- Improve productivity
- Use technology Work with partners

**Leadership**
- Clinical leadership
- External influence
- Work with partners

**Locally based services**
- Bring services closer to home where possible
- Develop services in the community
- Work with others to ensure the clinical sustainability of services

---

**Our strategic objectives**

Our strategic objectives underpin each of our supporting strategies and corporate and divisional annual objectives. These, in turn, underpin departmental, team and individual objectives. We have updated our strategic objectives to be:

- **safe**
  Deliver safe, high quality care and improving services which pursue perfection and be in the top 25% of our peers

- **effective**
  As a teaching hospital, deliver effective and improving sustainable clinical services within the local health economy

- **caring**
  Work with compassion in partnership with patients, staff, families, carers and community partners

- **responsive**
  To continue to be the secondary care provider of choice for people of our community

- **well led**
  To be a high quality employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led leadership model
We aim to: **Deliver safe high quality care and improving services which pursue perfection and be in the top 25% of our peers**

“There are five questions we ask of all care services. They’re at the heart of the way we regulate and they help us to make sure we focus on the things that matter to people.”

Care Quality Commission

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people’s needs?
- Are they well-led?

**Sign Up to Safety**

As part of the national Sign Up to Safety campaign, SASH made a commitment to five safety improvement projects aligned with the five pledges set out by the national team to:-

- put safety first
- continually learn
- honesty
- collaborate
- support

The projects in the Trust’s Safety Improvement Plan 2015-2018 include work to:

- improve early identification, escalation and management of the deteriorating patient
- improve early identification and pain management in patients who have a diagnosis of dementia
- monitor compliance and shared learning against the Duty of Candour Regulation collaborate and participate in the COPD EQ pilot
- improve visibility and accessibility of patient safety data across the Trust and shared learning
The project leads are members of the Trust steering group which is chaired by the chief nurse, which meets quarterly. Quarterly progress reports are shared with the Patient Safety and Clinical Risk Committee and Executive Committee for Quality and Risk. The work is entering the final year of the three year safety improvement plan and all the projects are on target to complete. The work undertaken, to date, for the project is aligned with pledge one:

- to put safety first, improve early identification, escalation and management of the deteriorating patient and has been recognised regionally. The lead has been asked to share their work with peers across the region and has spoken at a number of conferences including the patient safety collaborative for Kent, Surrey and Sussex.

In addition, the Trust is actively engaged in the Sign Up to Safety kitchen table conversation work. This is where staff are able to talk openly and honestly, without judgement and, above all, be listened to about their experiences in keeping people safer. One event took place on our Patient Safety Awareness and Education day in January and others have taken place and are planned. The people developing and rolling out this work, led by the deputy chief nurse for Innovation and Improvement, have established an internal trust campaign called time to talk – make a difference.

### Incident reporting

The number of reported incidents remains steady with a continued increase in the numbers of patient safety incidents reported over the year. The percentage of harm has remained broadly static over the year with the percentage of severe harm or death incidents reducing. The policies and processes in place to capture incidents remain robust and a variety of training is available to staff relating to incident reporting. The 2016 NHS staff survey support this with Trust staff responding positively when asked about fairness and effectiveness of procedures for reporting errors, near misses and incidents, indicating a statistically significant positive change against the 2015 results and placing the Trust in the top 20% of acute Trusts in England.

### Patient safety incidents

<table>
<thead>
<tr>
<th>Level of harm</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>None to moderate</td>
<td>4,787</td>
<td>5,867</td>
<td>6,435</td>
<td>7,160</td>
</tr>
<tr>
<td>Severe harm or death</td>
<td>39</td>
<td>43</td>
<td>39</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>4,836</td>
<td>5,910</td>
<td>6,474</td>
<td>7,187</td>
</tr>
<tr>
<td>Percentage of severe harm or death incidents</td>
<td>0.8%</td>
<td>0.7%</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

### Duty of candour

In November 2016, a duty of candour audit was conducted as part of the approved internal audit periodic plan for 2016-17. The audit provided reasonable assurance and concluded that the controls in place to manage compliance are suitably designed and the systems, policy and infrastructure around the management of duty of candour are robust. Training has been provided for staff including a session facilitated by a senior lawyer from Capsticks which was well attended by clinical leads and senior representatives. A duty of candour compliance report is generated from the data on the risk management database and presented each month at the patient safety and risk sub-committee and the divisional clinical governance meetings. The national NHS staff survey showed that 84% of Trust staff agreed that the Trust acts on concerns raised by patients or service users compared to an average (median) for acute Trusts of 74%.
Safety thermometer
The NHS Safety Thermometer is a monthly temperature check on harm which can be used alongside other quality indicators to measure local improvement overtime. The accuracy of the data depends on the competence and diligence of frontline staff in interpreting and applying the definitions of harms and recording consistently. When comparing the safety thermometer data with other data collection sources there are inconsistencies requiring further investigation. Our focus in 2017-18 will be on improving the data collection and validation process across the Trust in order to identify themes and proactively use the data to improve patient care and outcomes.

Falls
The prevention and management of inpatient falls continues to be a key patient safety theme and a Trust priority in 2017-2018.

The Trust monitors the falls rate and falls with harm per 1000 occupied bed stay days. The national average for falls is 6.63 falls per 1,000 bed stay days. In the last year the Trust has seen some variability however, overall the Trust remains below the national average.

The Trust acknowledges that there is room for improvement and following a deep dive into the current Trust falls data, eight pilot wards have been identified as having the highest rate of falls per 1,000 bed stay days. These wards will be the initial focus of the falls project. A target has been set to reduce the collective falls rate by 20% from baseline in 12 months.

The reduction of patient falls will be embedded by developing a falls safe culture and clear leadership. The deputy chief nurse for innovation and improvement will provide senior leadership and visibility, role modelling falls safe behaviours and engaging with all clinical staff to ensure ownership and accountability. Underpinning this pilot is the belief that conversation is the mainstay of safety and that habits and role modelling are fundamental to changing behaviours and building sustainability. In order to create a safe space for staff to reflect on the care given to patients at risk of falling after action reviews will be implemented where the spirit will be on learning and not blame.

Pressure damage
The Trust actively promotes effective prevention of pressure damage. The Trust monitors all hospital acquired skin damage. The Trust continues to see a low incidence of pressure ulcers, with an average of six per month. We have reduced our total incidence to 60 grade 2s. We have not achieved our target of no hospital acquired major pressure damage this year. We have had a total of five patients with grade 3 pressure damage, of which four were unavoidable. Individual root cause analysis are reviewed at the fortnightly pressure ulcer meeting chaired by the chief nurse. This promotes shared learning across the Trust.

Pressure damage is discussed monthly at the patient safety clinical risk sub-committee and is reported to the Trust Board at every meeting. The Trust’s tissue viability nurse and patient safety and risk lead continue to be active participants in the Kent, Surrey and Sussex Patient Safety Collaborative for Pressure Damage. This supports the cohesive working relationship with community providers to improve awareness and facilitate
prevention strategies.

During the upcoming year the Trust will endeavour to reduce hospital acquired minor and major damage through robust education and patient prevention plans.

World Health Organisation (WHO) safer surgery checklist

We continue with our monthly audit of compliance with the use of the WHO Safer Surgery Checklist. However, this audit does not describe the quality of teamworking within the operating departments. The 2016/2017 audit of the use of the WHO safer surgery checklist was carried out using an observational tool, rather than a checklist based tool, in an effort to reveal individual and team behaviours. Both the observational tool and the skills of the observers will need to be developed over time but the results will allow us to develop an action plan,
to support the human factors which impact on creating a safe operating environment. Our long-term aim is to develop a process of continuous observational audit, in all operating environments.

**Infection prevention and control**

**Healthcare acquired infection**

**C. difficile:**

In line with the Department of Health objectives for Clostridium difficile Infection (CDI), the Trust objective was to have not more than 15 Trust-apportioned cases where there was a ‘lapse in care’ during the financial year 2016-2017. A lapse in care is defined as evidence that policies and procedures were not followed, regardless of whether the lapse contributed to the root cause of the infection. Examples of lapses in care include, for example, stool sampling, isolation practice, and antimicrobial prescribing.

For the year 2016-2017 there were 30 Trust-apportioned cases of CDI; 17 within the medical division, 12 within surgical division, 1 within Cancer and 0 within the Women and Children’s Division (13.25 C. difficile cases per 100,000 bed days). All cases have been reviewed with the coordinating commissioner; 17 of which have been assessed as ‘no lapse in care’ and 13 as lapses.

- **2016-17 Performance rating → met for having less than 15 cases where there was a lapse in care.**

Each Clostridium difficile case has a comprehensive root cause analysis (RCA) investigation carried out by members of the clinical team in conjunction with the infection prevention and control team. The main themes from the RCA investigations include: documentation of the multi-disciplinary assessment of diarrhoea, delays in sample sending and patient isolation, overnight delay to treatment and antibiotic issues such as unnecessary duplication of antibiotics. The lessons learned are disseminated within the divisions and across the Trust to support organisation-wide learning and include infection prevention and control newsletters, which are delivered to the champions and ward managers.

For the prevention of C. difficile infection (CDI) there has been a continuing emphasis on initiatives to drive antimicrobial stewardship through the antimicrobial stewardship programme. This includes a change to the antimicrobial prescribing policy to minimise course length and a review of the drug chart to prompt antibiotic review. The infection prevention and control (IPC) annual programme has included an innovative education programme using the SIM Lab (simulation suite) to deliver teaching to the infection prevention and control champions. Other initiatives include maintaining the presence of the infection prevention and control nurses in clinical areas to facilitate review of patients with diarrhoea, and a review of hand hygiene products used in the Trust. Hand hygiene campaigns, aimed at improving staff and patient hand hygiene, took place on the WHO World Hand Hygiene Day and during Infection Prevention and Control Week. The management of diarrhoea was also a subject of a Trust peer review and the associated action plan is in progress.

One of the SASH+ value streams is focusing on the management of diarrhoea, which has been chosen as it is an issue that potentially effects patients in all parts of the hospital and has a significant impact on the experience of patients during their hospital stay.

**MRSA BSI:**

We said we would seek to meet the Department of Health objective of zero avoidable MRSA blood stream infections. The Trust had four MRSA blood stream infections (BSI) during 2016-2017.

The first case was judged to be a contaminated sample (when organisms that are not actually present in the blood are grown in culture) as the blood culture was taken in emergency situation via femoral venepuncture in a patient who was acutely unwell, which is a recognised risk for contamination.

The second case was on the same ward and it was identified that there were earlier opportunities to send the blood cultures. A lesson learned for both cases was that all wounds must be included in MRSA screening and that long stay patients must be screened on a monthly basis.

The third case was also judged to be a contaminated sample and the fourth was a bacteraemia that occurred in association with an intravenous device. Lessons learned were that the phlebitis score and reason for device removal should be recorded in the cannula care plan at point of removal, and that there should be a review process for assessment of cannula site/
function prior to IV contrast administration in the radiology department.

Over recent years there has been an overall reduction in MRSA, with focus on screening and interventions to reduce the risk of infection or spread of MRSA. MRSA infections are more likely if a patient has invasive devices or open sites such as intravenous lines, a urinary catheter or wounds, or if patients are carriers of MRSA. We will continue to analyse all cases and disseminate learning. For MRSA, the focus this year was to ensure that we continued to strive for excellent practice in the care of intravenous lines and urinary catheters, via the provision of support, education and competency assessment for ward staff. We also sought to improve the management plans of urinary catheters in the acute and community settings, and implemented a Trust-wide campaign on the diagnosis and management of urinary tract infection (UTI). MRSA screening is included in all the mandatory infection prevention and control training programmes, and this focus will continue to ensure all patients are screened as per policy.

**Tackling Norovirus:**
Reducing the risk of outbreaks associated with Norovirus (causing diarrhoea and/or vomiting) continues to be a challenge for all healthcare settings. The virus spreads easily and has an impact on not only healthcare but community establishments also such as schools and care homes. Collaborative working with community colleagues regarding the management of norovirus continues and this includes regular open communication between community public health and infection control colleagues of suspected outbreaks, as well as actively engaging with community partners.

There were eighteen episodes of partial or full ward closures due to confirmed Norovirus occurring in the financial year 2016-2017. The infection prevention and control nurses will continue to actively engage in clinical areas including the emergency department and assessment areas, to support assessment of patients with diarrhoea and vomiting and intervening early to prevent spread of suspected Norovirus.

We continue to aim to have a whole health economy approach in working more effectively on Norovirus control and reducing the risk of
outbreaks in addition to the infection control programme which includes elements that will impact on not only Norovirus but all potential healthcare associated infection.

**Improvements sought for 2017-18**

We will continue to aim to meet the Department of Health 2017-18 objectives of no more than 15 patients being affected by C. difficile infection and also zero preventable MRSA blood stream infection. For C. difficile we will continue to focus on antimicrobial stewardship and on incorporating lessons learned from root cause analysis into the annual programme. Management of diarrhoea remains a SASH+ value stream and an innovative approach to infection prevention and control champions programme is in development by the infection prevention and control team, where it is anticipated influence can be provided in management of diarrhoea, prevention and management of C. difficile and extend to all elements of IPC. Improvements in the quality of care and management of invasive devices will remain a focus to reduce the risk of blood stream infections and those standard but fundamental aspects of preventing healthcare-associated infection such as hand hygiene and environmental hygiene will continue to be incorporated in to infection and prevention control activity. We are also making a teaching video on blood culture sampling, in order to reduce the likelihood of contaminated samples.

**Cleanliness**

We have continued to focus on providing safe high quality standards of cleanliness in our wards and inpatient areas, which is frequently positively endorsed through patient and visitor feedback. The increase in cleaning regimes in our receptions, corridors and common areas has met with positive comments from patients, staff and visitors. The results of the 2016 PLACE for cleanliness gave us a score from our patient and public assessors of 99.5% placing us above the national average for cleanliness throughout the NHS. During 2016-17 we continued our focus on high standards of cleanliness throughout the hospital, listening and reacting to feedback from our colleagues, patients and visitors. We continuously look to improve our service through innovation, trialling new products when possible and ensuring that our knowledge is always current. We are in the process of reviewing a fully disposable microfibre mopping system to be used routinely in all very high risk areas.

**Safeguarding**

The Trust is committed to protecting the safety and wellbeing of vulnerable children and adults. Annual reports are provided to our Board where key issues and statutory requirements are discussed and demonstrated.

Safeguarding activity in the organisation is increasing, demonstrated by a significant increase in the information being shared, referrals, concerns and daily contact throughout the adult and child safeguarding offices. Safeguarding principles are well ingrained in hospital practice throughout the Trust.

The Trust is required to demonstrate that there is safeguarding leadership and commitment at all levels of the organisation and that the organisation is fully engaged and in support of local accountability and assurance structures, eg Surrey and West Sussex Safeguarding Adults’ Boards and Surrey and West Sussex Safeguarding Children’s Board.

SASH promotes a culture where safeguarding is everyone’s business and poor practice is identified and tackled. The Trust has effective safeguarding arrangements in place to safeguard vulnerable adults and children. These arrangements include: safe recruitment, effective training for staff, effective supervision arrangements, working in partnership with other agencies, identification of a named doctor and named nurse for safeguarding children and the same for safeguarding adults. These named professionals have a key role in promoting good professional practice within the Trust, supporting local safeguarding systems and processes, providing advice and expertise and ensuring that appropriate levels of safeguarding training are in place.

**Children’s safeguarding**

Improving the way key people and bodies safeguard and promote the welfare of children is crucial to improving outcomes for children. Section 11 of the Children’s Act (2004), places a key duty on key persons and bodies to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. The section 11 self–assessment audit for the Trust was submitted in March 2017. The total number of information sharing forms completed by the Trust in 2016 was 9130. In addition, 1477 referrals were sent to social
services regarding vulnerable children and families. This demonstrates a 32% increase in information sharing activity compared to 2015. This increase demonstrates that training is having a positive impact across the Trust with staff recognising potential child safeguarding concerns. All referrals are discussed in detail at multi-disciplinary weekly safeguarding meetings.

Identifying and referring vulnerable children and families is a key role for all clinical and non-clinical staff. This ensures that vulnerable children to do not pass through the hospital undetected and the Trust does not fail in its statutory duty to share concerns. Effective information sharing across different agencies is vital in protection children at risk or neglect or abuse. Child protection information sharing (CP-IS) is a national system connecting local authorities’ child social care IT systems, with those used by health in unscheduled care settings to provide better care and early intervention for children who are considered vulnerable, at risk and are subject to a child protection plan. Nationwide information sharing between social care and health allows earlier identification of where a child at risk is being moved across boundaries to access medical care. The Trust went live with CP-IS in October 2016.

During 2016-17, the safeguarding children’s teams have continued to work with a number of internal and external partners across Surrey and West Sussex in a variety of activities to ensure that children are safe. These activities include attendance at child protection conferences, child death reviews, strategy meetings with police and social services, training, external and internal safeguarding meetings and supervision; alongside daily management of child protection and safeguarding cases throughout the hospital.

The children’s safeguarding team have continued to work with the local Safeguarding Children’s Boards on their priority areas during 2016-17 including female genital mutilation (FGM), child sexual exploitation and domestic abuse and radicalisation. Attendance and engagement by the named professionals continued with the MARAC (multi-agency risk assessment committee), MACE (Missing and Child Exploitation – West Sussex) and MAECC (Missing and Exploited Children Committee – Surrey).

The priorities for the children’s safeguarding team in the current year will focus on child sexual exploitation, early help, domestic abuse and looked after children.

**Adult safeguarding**

During 2016-17, the adult safeguarding leads have continued to focus on concerns that have been raised either by the community or the Trust regarding patients under the care of Surrey and Sussex Healthcare NHS Trust. The team have a well-established working relationship with Surrey social care and weekly meetings continue to review open cases and monitor the progress of enquiries being carried out by the organisation.

With the introduction of the Care Act in 2015, the thresholds have changed, meaning that figures for safeguarding concerns continues to escalate compared to previous years. With this and the ongoing focus on training, this trend has continued over the past year. From April 2016 to March 2017, a total of 380 adult safeguarding concerns were raised.

Prevent has continued to be high on the agenda during the past year. Following the passing of the Counter Terrorism and Security Act in February 2016, NHS Trusts are obliged to ‘have due regard to the need to prevent people from being drawn in to terrorism’, in accordance with the prevent duty outlined in section 26 of the Act. WRAP (Workshop to Raise Awareness of Prevent) training has continued during 2016-17 and the Trust is on track to be 100% compliant with PREVENT WRAP training by July 2018.

The Mental Capacity Act (2005) put the individual at the heart of decision making. During 2016-17, there were a total of 80 Deprivation of Liberty (DoLs) applications from the Trust. The safeguarding adults’ team continue to raise awareness and provide guidance and support on this through training.

The priorities for the adult safeguarding team in the current year will focus on increasing awareness of Deprivation of Liberty (DoLS) and Mental Capacity Act (MCA) applications, domestic abuse, Prevent, FGM and modern slavery.
We aim to: **As a teaching hospital, deliver effective and improving sustainable clinical services within the local health economy**

**Mortality**

Mortality rates continue to show the Trust as better than the national average when using data from Dr Foster Intelligence. The Trust also continues to use this data to identify any potential alerts and where rates for show as being statistically outside the acceptable range, an in depth clinical review takes place. For all alerts which were investigated this year, no concerns were raised over the standards of care received by patients, with learning mainly focussed on the correct recording of medical conditions.

For the national indicator – Standardised Hospital Mortality Ratio (SHMI) which includes and death within 30 days of discharge, the Trust also performs better than the national average and the rate has steadily improved over the last year to have the second best rate within Kent, Surrey and Sussex.

The mortality group continue to focus on the learning of our morbidity and mortality meetings and is presently working on meeting the recommendations of the CQC report into mortality published in December 2016.

**Summary of hospital-led mortality indicator update for 2016-17**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust value*</td>
<td>2</td>
</tr>
<tr>
<td>Trust banding</td>
<td>0.96</td>
</tr>
<tr>
<td>Lowest (national)</td>
<td>0.69</td>
</tr>
<tr>
<td>Highest (national)</td>
<td>1.19</td>
</tr>
</tbody>
</table>

*1= Better than expected  
2= As expected  
3= Worse than expected

**Enhancing quality**

The Trust has continued to be a contributor to the Kent, Surrey and Sussex Academic Health Science Network Enhancing Quality and Recovery Programme and has worked collaboratively across the region to maximise quality improvements all clinical pathways.

**Enhanced recovery**

Enhanced recovery includes three pathways; colorectal, gynaecology and orthopaedics. The aim for these pathways is to improve outcomes including reduced length of stay and readmission rates. The key outcome targeted by the enhancing recovery programmes (ERP) is length of stay.

All ERP pathways have the following measures in common; pre-operative assessment; planning and preparation before admission (patient Information on ERP); reducing the physical stress of the operation (by using minimally invasive techniques and preventing hyperthermia); a structured approach to immediate post-operative and peri-operative management (including pain relief, post-operative nutrition and early mobilisation).

Making patients active in their own recovery and planning reduces resource needs for staff and means that the patients are better prepared to cope when they are back at home. Care Bundles, when performed consistently and fully, have been clinically proven to improve patient outcomes.

Data collection ceased in December 2016 for the enhancing recovery programmes.

The Emergency Laparotomy Collaborative (ELC) is led by KSS AHSN and with a grant from the Health Foundation. The ELC is scaling up the ELPQuIP project to twenty-eight hospitals across Kent Surrey Sussex, Wessex and West
of England. In addition to providing support around improving emergency laparotomy care, this cross-AHSN collaborative is also delivering quality improvement training and tools to allow participating hospitals to build skills which can be transferred to future projects.

Looking at the first nine months of data up to June 2016, the biggest process success has been in getting the most urgent patients to surgery in a timely manner. Across KSS, the percentage of patients classed as NCEPOD category ‘Immediate’ going to surgery within the recommended two hours has improved from 57% to 74%.

The main aim of the collaborative is to save lives. Across the KSS we have seen crude mortality rate drop from 10.6% during baseline to 9.4% in the period April-June 2016. Risk adjusted mortality shows even greater improvement with KSS dropping from 8.4% during baseline to 6.6% in the period April-June 2016. We have also seen an unexpected fall in average length of stay across KSS. Baseline length of stay was 21.2 days and this fell by 13% to just 18.4 days between April and June 2016.

Audit
Review of services
During 2016-17, Surrey and Sussex Healthcare NHS Trust provided 38 different acute services, three sub-contracted and eight specialised services to NHS patients (these numbers are based on the service specifications included in the contracts with Clinical Commissioning Groups and NHS England).

We have reviewed all the data available to us on the quality of care in all of these services. The income generated by the NHS services reviewed in 2016-17 represents 100 per cent of the total income generated from the provision of NHS services by Surrey and Sussex Healthcare NHS Trust for 2016-17.

We have continued to carry out in depth reviews for all our services at speciality level, seeking assurance and evidence that we are compliant with the five quality domains defined by the Care Quality Commission (CQC). The outcomes of these are reported to the safety and quality committee.
<table>
<thead>
<tr>
<th>Audit Program</th>
<th>Cases Submitted</th>
<th>% of cases required that were submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)</td>
<td>309</td>
<td>100%</td>
</tr>
<tr>
<td>Bowel cancer (NBOCAP)</td>
<td>463</td>
<td>100%</td>
</tr>
<tr>
<td>BTS Smoking Cessation Audit</td>
<td>88</td>
<td>88%</td>
</tr>
<tr>
<td>Cardiac Rhythm Management (CRM)</td>
<td>393</td>
<td>100%</td>
</tr>
<tr>
<td>Case Mix Programme (CMP) - ICNARC</td>
<td>1006</td>
<td>100%</td>
</tr>
<tr>
<td>Diabetes (Adult)</td>
<td>8537</td>
<td>100%</td>
</tr>
<tr>
<td>National Diabetes Inpatient Audit</td>
<td>99</td>
<td>100%</td>
</tr>
<tr>
<td>Diabetes (Paediatric) (NPDA)</td>
<td>182</td>
<td>100%</td>
</tr>
<tr>
<td>Elective surgery (National PROMs Programme)</td>
<td></td>
<td>Trust participated – rates vary by condition</td>
</tr>
<tr>
<td>Head and neck oncology (DAHNO)</td>
<td></td>
<td>Submitted by RSCH</td>
</tr>
<tr>
<td>Lung cancer (NLCA)</td>
<td>221</td>
<td>Not available</td>
</tr>
<tr>
<td>Major Trauma: The Trauma Audit &amp; Research Network (TARN)</td>
<td>455</td>
<td>96%</td>
</tr>
<tr>
<td>Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)</td>
<td></td>
<td>All cases</td>
</tr>
<tr>
<td>Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD)</td>
<td></td>
<td>See Below</td>
</tr>
<tr>
<td>National Audit of Dementia Care - Round 3</td>
<td>55</td>
<td>100%</td>
</tr>
<tr>
<td>National Cardiac Arrest Audit (NCAA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Comparative Audit of Blood Transfusion programme</td>
<td></td>
<td>67-100%</td>
</tr>
<tr>
<td>National Emergency Laparotomy Audit (NELA)</td>
<td>110</td>
<td>100%</td>
</tr>
<tr>
<td>National Heart Failure Audit</td>
<td>284</td>
<td>100%</td>
</tr>
<tr>
<td>National Joint Registry (NJR)</td>
<td>425</td>
<td>73%</td>
</tr>
<tr>
<td>National Vascular Registry</td>
<td></td>
<td>Submitted by BSUH</td>
</tr>
<tr>
<td>Oesophago-gastric cancer (NAOGC)</td>
<td>92</td>
<td>80%</td>
</tr>
<tr>
<td>Paediatric Pneumonia</td>
<td>84</td>
<td>70%</td>
</tr>
<tr>
<td>Royal College of Emergency Medicine - Consultant Sign off</td>
<td>101</td>
<td>100%</td>
</tr>
<tr>
<td>Royal College of Emergency Medicine – Asthma</td>
<td>101</td>
<td>100%</td>
</tr>
<tr>
<td>Royal College of Emergency Medicine - Severe Sepsis and Septic Shock</td>
<td>89</td>
<td>100%</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP)</td>
<td>505</td>
<td>90+%</td>
</tr>
</tbody>
</table>
National confidential enquiries: update for 2016-17

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>1</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Pancreatitis</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>Chronic Neurodisability</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Young peoples mental health</td>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

Clinical audit programme

Examples of improvements to care delivered by the clinical audit programme: -

The national clinical audits and national confidential enquiries that Surrey and Sussex Healthcare NHS Trust participated in, and for which data collection was completed during 2016-17, are listed above alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 73 national and local clinical audits were reviewed by the provider in 2016-17 and Surrey and Sussex Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Record keeping:

Patient consent for chemotherapy/haematology outpatients

The highest compliance was the chemotherapy suite at East Surrey Hospital.

A lot of assumptions were found to have been involved with consent in terms of carbon copies making it less reliable. There was also a failure to sign that copies have been given. It has been recognised that we need a way to ensure that the copies are being received by the patients.

Action: introducing a sticker to use for the new booklets, for patient consent and to encourage those filling out the form to ensure that the consent is dated and signed and a copy has been given to the patient.

A re-audit is scheduled for June 2017 – to include a review of oral chemotherapy.

Neutropenic sepsis audit January - June 2016

Improvements were seen across all standards in this annual audit, that is:

- Improvement in the percentage of patients getting IV antibiotics within one hour from 39% to 48%
- Decrease the percentage of patients waiting more than two hours from 29% to 20%
- 56% patients presented at A&E out of hours (a decrease of 10% compared to the last audit)
- 40% referrals come from automated alerts (previously 62% and 50%)
- Multinational Association of Supportive Care in Cancer (MASCC) score used in 83% patients (previously 51% and 12%)
- Reduction in length of stay to 4.7 days (previously 6.9; 6.5; 8.9)

Prescription and provision of TED stockings

Initial audit in February 2016 showed general non-compliance with provision of TED stockings on indicated patients - just 37%. Interventions were made with a reminder poster displayed on each ward. The ward nurses in charge were also made aware of the audit results. The re-audit in June 2016 showed an improved compliance with 79% of indicated patients wearing the stockings when audited.

Action: further re-audits within the next audit year.

Delivered vs. prescribed calories for patients receiving enteral nutrition in ICU/HDU - post intervention

Following the results of the original audit, many changes have been implemented by the project lead. Results and awareness have been shared with nursing staff in the quarterly newsletter. The green pen project has been initiated (using a green pen to monitor calories in notes), bedside talks have been given and information shared on social media. It is recommended a further re-audit takes place at the end November 2017 to assess the true effect of the changes made.
Management of patients with Hyperemesis Gravidarum as a day-case

Inpatient management for severe Hyperemesis Gravidarum (HG) in pregnancy audit with the aim to ensure ambulatory management of HG is available.

The audit revealed that re-admission rates were 29%. It was also noted that there was a variation in hyperemesis management that could have influenced the re-admission rate. The introduction of the new pathway and improved rehydration and steroid management should see a reduction of re-admission rates. However, improvements in capacity are not something that can be addressed at this time but has been escalated as a service requirement.

Re-audit (1) Compliance of the neo-natal unit with completing information sharing forms against the criteria for safeguarding children referral forms (September 2016)

The re-audit has confirmed that compliance with the Trust’s safeguarding children’s policy for completing an information sharing form in respect of all babies admitted to the neonatal unit is well implemented. However, there is room for improvements with the overall completeness of the information sharing forms and this will be addressed for inclusion into the mandatory neonatal education and training programme. A further re-audit should provide adequate assurance that staff are well trained in safeguarding procedures.

Did the insulin pump service improve glycaemic control in patients under 19 years of age with Type 1 diabetes?

A review of the paediatric diabetes service showed an improvement in overall diabetes control when the patients were commenced on the insulin pump with more patients meeting the target values. Lessons learnt were that the youngest age group and patients with poorest control showed the most improvement and that the service needs to evaluate further on how to offer developmentally appropriate structured education to improve outcomes further.

Patient reported outcome measures (PROMS)

Patient reported outcome measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment
using pre- and post-operative surveys.

PROMs measure a patient’s health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected from patients through PROMs questionnaires before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients. The most recent data available shows:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>2014-15 Health Gain</th>
<th>Eligible Episodes</th>
<th>National Average Health Gain</th>
<th>National Eligible Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groin hernia</td>
<td>0.087</td>
<td>166</td>
<td>0.084</td>
<td>18455</td>
</tr>
<tr>
<td>National average</td>
<td>0.084</td>
<td></td>
<td>0.084</td>
<td></td>
</tr>
<tr>
<td>Hip replacements</td>
<td>0.428</td>
<td>93</td>
<td>0.436</td>
<td>38241</td>
</tr>
<tr>
<td>National average</td>
<td>0.436</td>
<td></td>
<td>0.438</td>
<td></td>
</tr>
<tr>
<td>Knee replacements</td>
<td>0.270</td>
<td>143</td>
<td>0.269</td>
<td></td>
</tr>
<tr>
<td>National average</td>
<td>0.315</td>
<td></td>
<td>0.320</td>
<td></td>
</tr>
<tr>
<td>Varicose veins</td>
<td>0.095</td>
<td>41</td>
<td>0.018</td>
<td></td>
</tr>
<tr>
<td>National average</td>
<td>0.095</td>
<td></td>
<td>0.096</td>
<td></td>
</tr>
</tbody>
</table>

Single index measure which ranges from 0 to 1, where 1 is the best possible state of health.

**Dementia**

Since starting at the Trust in April 2016 the consultant nurse for dementia and older people has supported and led on a number of projects that will help improve the lives of people living with dementia who use our services.

Dementia Friends has now been used as part of the Trust Induction and team dementia awareness sessions, (including housekeeping staff to senior consultants) 2,000 SASH staff have completed the sessions. Dementia Friends is part of a national programme developed by the Alzheimer’s Society to raise awareness about the experience of living with dementia. The Alzheimer’s Society has approved the Trusts training so that it meets the requirements for Dementia Friends and dementia core skills education and training framework tier 1 (dementia awareness).

As well as the awareness training the Trust now has a three day dementia leads programme, which provides a more in depth knowledge about living with dementia. This programme meets the requirements of dementia core skills education and training framework tier 2.

**Valuing the role of carers of people living with dementia**

Having introduced open visiting for relatives and friends visiting patients at East Surrey Hospital, the Trust has signed up national campaign which gives carers of those with dementia the opportunity to stay in hospital with their loved ones. The nurse consultant has also been appointed as an ambassador for the John’s Campaign to share with other organisations the value of this approach.

**Establishment of dementia strategy steering group and Dementia Action Alliance**

The Trust now has a dementia strategy steering group made up of a multi-professional group of staff from the Trust and partner organisations. The group oversees the development of the Trust strategy and other initiatives that impacts on the lives of people living with dementia and their carers. The Trust group is now a Dementia Action Alliance therefore linking with local and national dementia initiative and strategies.

The dementia strategy was launched in May 2017 and will focus on four key areas, patient
experience, patient engagement, training and development and the environment.

As part of the dementia strategy each clinical area has an identified dementia lead who will ensure information is shared with the team and embed initiatives such as the Butterfly Scheme. The dementia leads are invited to attend a regular dementia leads forum.

The Trust took part in the national audit for dementia, the audit was led by The Royal College of Psychiatrists and examined the care provided to people with dementia in acute hospital settings in England and Wales. The audit included:

✧ a survey of carer experience of quality of care
✧ a case note audit of people with dementia, focusing on key elements of assessment, monitoring, referral and discharge
✧ an organisational checklist and analysis of routine data collected on delayed discharge, complaints and staff training
✧ A staff questionnaire examining support available to staff and the effectiveness of training and learning opportunities

We met all the required number of returns in all areas (notes audited, staff and carers feedback questionnaires). Data from the audit will be available nationally later in 2017. We have been able to use some local information to develop projects; this has included reviewing dementia friendly menus and the introduction of finger food snack boxes. These will be evaluated later in the year.

Other projects the Trust are developing include

Blue plate study
On two care of the elderly wards all meals were served on a blue plate as there is some evidence that due to the colour contrast patient eat more. Our study found that people with delirium and dementia ate more and wasted less food when food was served on blue plates. We plan to review the impact social dining has on food consumption.

Music
We are part of a project that has been developed by Wishing Well, Rhythmix’s Music in Healthcare programme. The musicians make music with patients directly by hospital bedsides, creating meaningful interactions to improve the wellbeing of older people with dementia in hospitals. Feedback from patients and carers has been very positive. A further impact study using dementia care mapping will be carried out later in 2017.

In 2017 the Trust plans to:

✧ Further embed the butterfly scheme into all areas.
✧ Collaborate with local Dementia Action Alliances in the development of dementia friendly communities.
✧ Develop clearer dementia and delirium pathways.
✧ Improve patient and carer information on dementia and delirium in ward areas and online.
✧ Establish a dementia friendly open space near the Pendleton Unit as part of a project with SASH Charity.
✧ Improve patient information with a trial of my care matters boards in care of the elderly ward.

Venous thromboembolism (VTE)
Over the last year, 95% of patients looked after by us had a formal VTE assessment carried out on admission and recorded either electronically or in the notes.

We also have a multi-disciplinary team reviewing any cases where a patient develops a venous thrombosis either whilst an inpatient, or within 90 days of discharge. In 2016-17, it was assessed that in all but one case of an in-patient or recently discharged patients developing VTE, all possible efforts had been made to prevent the development of the condition including the correct assessment, diagnosis and preventative treatment. VTE assessment remains part of staff mandatory training and the VTE assessment is also a mandatory form on our electronic patient record.

Stroke
The Trust was chosen as one of three providers across Surrey to provide hyper acute stroke services in the future and to work in partnership with other hospitals, community services and commissioners to develop a comprehensive
Fractured neck of femur
Fractured neck of femur (#NOF) is a new pathway which went live with data collection in October 2015. The measures, listed below, have been selected in line with BGS and NICE guidelines are designed to ensure the patient recovers and quickly and as fully as possible:-

- Dynamic pain score - was the patient's dynamic pain score measured during initial assessment using a validated scale?
- IV paracetamol - was Intravenous paracetamol given?
- Pre-operative nerve block - Did the patient have a Fascio-iliaca compartment block, or femoral nerve block, pre-operatively?
- Post-operative pain measured - Was post-operative pain measured, reviewed and documented daily for the first week?
- Pre-operative NHFS - Was the Nottingham Hip Fracture Score recorded pre-operatively?
- 4AT @ 24-36 hrs post-operative - Was the 4AT score measured between 24-36 hours postoperatively?
- 4AT @ 4-7 days post-operative - Was the 4AT score measured between 4-7 days postoperatively?
- Patient Stand Day 1 - Was the patient able to stand on day one post operatively?
- Initial Physiotherapy Goals - Were initial physiotherapy goals set within 24 hours?

All data collection is via the National Hip Fracture Database (NHFD), a national audit which Trusts are already obliged to complete. Over the coming year we aim to improve compliance in the following:

- To maintain the national Best Practice Tariff (BPT) results at over 75% of all patients
- To develop our pattern of work further to improve efficiency with the SASH+ work we are undertaking
- To continue to strengthen our links with our community providers
- To increase the % of patients on a hip fracture ward within 4 hours of arrival in A&E

Chronic obstructive pulmonary disease
The community acquired pneumonia regional data collection on delivery of the care bundle process measures came to a close this year. The National COPD Audit commenced in February 2017. By ceasing CAP data collection, resources for Trusts to participate in COPD audit work has been released; the Respiratory Programme plans to support Trusts in this work linking it to the COPD Discharge Bundle programme. The CAP EQ programme has highlighted that oxygen prescribing remains an issue and this may be addressed through adapting the COPD data collection. The reduction in unwarranted clinical variation for patients receiving care on the CAP pathway and subsequent improvement in care outcomes, has been an undoubted success story for the region and SASH with our in-hospital mortality in line with the regional average.

The Trust also continued the data collection for the chronic obstructive pulmonary disease patients focussed on delivering a discharge bundle which will help patients better manage their condition and reduce the frequency of hospital readmissions. Results once again show the Trust performance amongst the best in region with mortality being the lowest for the region and 30 day re-admission rates in line with the regional average.

Acute heart failure
The acute heart failure measures were revised in April 2015, to align to the National Heart Failure Audit and support greater compliance with NICE guidelines and quality standards. These measures are:

- Specialist input – Patients with heart failure should be supported by a multi-disciplinary heart failure team
ACEI or ARB at Discharge for Left Ventricular Systolic Dysfunction (LVSD) – If tests indicate a patient’s left side of the heart is not functioning as it should (LVSD), ACEI/ARB are drugs that help improve the condition.

Beta Blocker at Discharge for Left Ventricular Systolic Dysfunction (LVSD) – If tests indicate a patient’s left side of the heart is not functioning as it should (LVSD), Beta Blockers are drugs that help improve the condition.

Echocardiography – Echo (or other gold standard test, including MRI, Nuclear scan, Angiogram and CT scan) recorded within 12 months of admission.

Heart failure management plan – Patients should receive a personalised management plan, shared with them, their carer and their GP.

Referral to heart failure specialist follow up – patients should receive a clinical assessment by a multidisciplinary heart failure team within two weeks of discharge.

The pathway provides most benefits when each of these measures is regarded collectively as a ‘care bundle’. Care bundles, when performed consistently and fully, have been clinically proven to improve patient outcomes.

Throughout the course of the heart failure programme, our performance has historically been very high, however, over the last year, performance has dropped below the regional average following the changes specifically relating to follow-up of patients.

Mortality is seen to decrease over the six years of the programme from 14% to 12% with the greatest rate of decline seen since the recent revision in April 2015. Mortality of heart failure patients has fluctuated over the six year period to be either in line with or below the regional average.

Readmission to hospital
An indicator of effective care is that patients are not readmitted in an unplanned way following discharge from hospital. The Trust monitors re-admission rates within 2, 7, 14 and 28 days as part of the monthly quality review process and also uses Dr Foster to identify any procedures/diagnoses with an unexpected rate of emergency re-admission.

On a quarterly basis, the Trust benchmarks performance for emergency readmission at seven days and 28 days for emergency and elective patients. For all measures the Trust consistently benchmarks in the upper quartile when compared nationally and against a peer group of Trusts.

<table>
<thead>
<tr>
<th>Percentage of patients readmitted within 28 days of discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Under 16s</td>
</tr>
<tr>
<td>Average (national)</td>
</tr>
<tr>
<td>Adults and over 16s</td>
</tr>
<tr>
<td>Average (national)</td>
</tr>
</tbody>
</table>

*Please note that this indicator was last updated in December 2013 and we have been advised by NHS Digital that future releases have been temporarily suspended pending a methodology review.

Research

Participation in clinical research
Clinical research involves gathering information to help us understand the best treatments, medication or procedures for patients. It also enables new treatments and medications to be
We undertake research to improve healthcare for the future. Involvement in clinical research demonstrates our Trust’s commitment to improving clinical treatments, care and outcomes for our patients. Asking important research questions helps us improve the quality of care we offer and contribute to the evidence base of healthcare both nationally and internationally. Participation in research helps to ensure that our staff are aware of the latest treatment options and can offer our patients the best care available.

We have performed well against our joint key priorities to increase the number of patients participating in research studies and the number of high quality National Institute for Health Research (NIHR) portfolio research studies open at our Trust. In 2016-17 we increased the number of research studies available to our patients and comfortably exceeded our research recruitment target of 650. In 2016-17, 817 patients have gained access to high quality, NHS ethically approved, research studies as part of their clinical care. This is our highest achievement to date and we are committed to increasing recruitment so that we can offer research to as many patients as possible within the East Surrey and North Sussex areas.

Our performance in initiating and delivering research as measured against the National Institute of Health Research (NIHR) national performance metrics remains strong with consistency in prompt study set up and recruitment of first patients within the NIHR benchmark.

We want to offer our patients the opportunity to be involved in research activities in order to improve patient experience and enable them to benefit from improved health outcomes.

Research is well received by our patients and recruitment to studies is the first step on the patient’s research pathway. Results from our patient experience questionnaire exercise during the year highlighted that patients appreciate the support of our dedicated research delivery team who oversee their follow up and continued treatment after they enter a study. Over half of the respondents to the questionnaire rated their research experience as excellent.

Comments from our research participants:
‘Staff were brilliant, friendly, informative and kind.’
‘It made me feel good to know I was helping.
‘I’ve enjoyed it and hope it makes a difference.’

We are delighted that 817 patients have agreed to take part in research, in 54 different studies. The key reason for our commitment to research is to improve clinical treatments, care and outcomes for our patients. We want to offer our patients the opportunity to be involved in research activities in order to improve patient experience and enable them to benefit from improved health outcomes.

Our performance in delivering research as measured against the National Institute of Health Research (NIHR) national performance metrics is strong with increases in both the number of different research studies for patients to engage with and improvements in study set up so that our patients are offered early access to new studies.

The table shows numbers of research studies and number of pharmaceutical industry studies over the last four years:

<table>
<thead>
<tr>
<th></th>
<th>pharmaceutical industry studies</th>
<th>pharmaceutical industry studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14</td>
<td>40</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>506</td>
</tr>
<tr>
<td>2013-15</td>
<td>45</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>771</td>
</tr>
<tr>
<td>2013-16</td>
<td>50</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>488</td>
</tr>
<tr>
<td>2013-17</td>
<td>54</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>817</td>
</tr>
</tbody>
</table>

*Included within total number of studies
Clinical research involves gathering information to help us understand the best treatments, medication or procedures for patients. It also enables new treatments and medications to be developed. Research must be approved by an NHS Research Ethics Committee.

Highlights from five different areas of the Trust where there was active research in 2016-17

Anaesthesia and critical care

Working with our partner organisations within the Kent, Surrey & Sussex clinical research network (KSSCRN) to contribute to national studies which will inform future practice for critical care provision after surgery.

SASH was one of 250 hospitals throughout the UK who took part in a major anaesthesia study seeking to improve outcomes for patients undergoing surgery. The study aims to provide a ‘snapshot’ of clinical activity in hospitals throughout the UK over a one week period in March 2017, collecting information on patient critical care provision pathways combined with feedback from the clinical teams involved (intensivists, anaesthetists and surgeons). The national research centre aimed to collect data on over 8000 patients undergoing surgery during this timeframe and will use the results to inform critical care service provision for patients undergoing surgery across the UK.

Simon Parrington, consultant anaesthetist and lead for the study at SASH highlights that the study ‘will allow us to demonstrate to our key local and national stakeholders how we allocate critical care resources following in-patient surgery, the potential benefits to our SASH community and how we should plan, fund and support this important service in the future.’

The whole research delivery team at SASH supported this important study and SASH contributed data from 83 patients and 28 staff. The Kent Surrey and Sussex research network contributed data on 2044 participants.

Breast Cancer Care

How research changes and improves our services

We listen to feedback from our research patients about their care and adapt our services to provide more support.

Breast cancer surgery can have a significant impact on patient’s emotional (and sometimes physical) well-being. For the past three years SASH has been supporting a research project which aims to define the optimum mammogram follow up programme for patients following curative breast cancer treatment. Patients are invited to take part in the research study, at three years post-surgery, a time when many patients have readjusted to life after breast cancer surgery.

Patients are then able to discuss any concerns they still have about their diagnosis with the SASH research team. Some research patients have highlighted that they would benefit from further support at this time so the team have been able to refer them to a new breast care nurse led support and well-being clinic running at SASH.

The new support clinic is a SASH initiative that has developed over the last couple of years and the research study has highlighted that this supportive service is a much needed addition to the care we provide at SASH.

Physician associates

Researching how to improve our patient services sometimes starts with staff research. Our staff are keen to explore and develop new ways of working to improve the care we can provide to our patients.

Physician associates (PAs) are a relatively new professional group in health care teams in the NHS in the United Kingdom. We supported a group of academics from the Universities of London, Kingston, Surrey, Royal Holloway and Birmingham with their study to assess the contribution and impact of physician associates in medical and surgical teams in hospitals for the patients, the staff and the organisation of services.

SASH have employed physician associates since 2013 and are the third biggest employer of PAs in the country. Over the last three years we have been recognised for our development work with qualified PAs and we were asked in 2014 by Health Education Kent Surrey and Sussex to set up a regional School of Physician Associates, based at SASH to oversee the regional development of PAs.

Commenting on our involvement in the study, Dr Natalie King, consultant and clinical lead for acute medicine and head of the KSS School of Physician Associates, said:
One of our patients, Fay Comper, who joined the study in 2016, has described her experience:

“As a sufferer of PCOS I had already done lots of reading into the effects of progesterone on pregnancy before I fell pregnant for the first time in September 2015. I miscarried our first baby and afterwards during a visit to the EPU at SASH I read the information about the trial.

“In May 2016 I discovered I was pregnant again. Three days later I began showing the same signs of early miscarriage as I had done before. I visited the EPU at SASH and staff supported me in understanding further the investigations into progesterone preventing miscarriage. It was also explained that I may receive a placebo. Whilst this was hard to hear it was our best chance.

“I completed the full trial from 5 weeks to 16 weeks. In February 2017, at 14 days overdue, my son George was born by emergency caesarean section. I truly believe that without this trial I would not have my son here with me today."

Reproductive health

Women who have experienced early pregnancy bleeding, a known sign of threatened miscarriage, have been offered the opportunity to join a clinical trial which is looking at whether progesterone can help prevent miscarriage.

Our SASH research team has recruited 85 women to the study, which is running in England and Scotland, since it started in 2015. The study is a randomised, double-blind, placebo-controlled trial and women who agree to take part will be given either the treatment drug (progesterone) or a placebo – a dummy drug that has no active ingredients. A computer makes the selection so it’s completely random and neither the patient nor the doctor knows which treatment is allocated.

Commenting on the research, Catherine Wykes, consultant lead for the early pregnancy unit (EPU) and principal investigator for the research at SASH said:

‘Some studies have shown that treatment with progesterone for early pregnancy bleeding reduces the miscarriage rate but these studies are small. This is a very exciting study. In some countries women who are at risk of miscarrying are routinely given progesterone. This is not the case in Britain because at the moment there is not appropriate evidence to support such us.’

One of our patients, Fay Comper, who joined the study in 2016, has described her experience:

“I truly believe that without this trial I would not have my son here with me today.”

Fay Comper
**Bladder cancer**

Our patients are helping us to explore the accuracy of new tests to improve early diagnosis of bladder cancer.

A simple and timely urine test may help with ruling out of bladder cancer for patients presenting with haematuria symptoms. Future patients could be spared the time, inconvenience and discomfort of undergoing a urinary tract ultrasound and cystoscopy, which up to now has been the only way of determining whether the presence of haematuria is due to bladder cancer.

Over 300 of our patients attending the haematuria clinics at the Trust have been offered the opportunity to take part in this simple study. The Uromark assay under validation in this research has shown promising signs of detecting changes of cells in urine which might indicate the presence of bladder cancer and so the research study is exploring the accuracy of the test in predicting the cancer. The study has been incredibly well received by patients, and as a result over 200 patients have consented to take part.

**Goals agreed with commissioners**

Clinical Commissioning Groups (CCG) hold the NHS budget for their area and decide how it is spent on hospitals and other health services. This is known as commissioning. East Surrey; Surrey Downs; Crawley, Horsham and Mid Sussex CCGs are the four main commissioners of our services. They set us targets based on quality and innovation.

A proportion of our income in 2016-17 was conditional on achieving quality improvement and innovation goals agreed between Surrey and Sussex Healthcare NHS Trust and any person or body we entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

For this year we had locally agreed CQUINs for:

- **system integration and interoperability**
- **improving patient care and flow**
- **patient activation and collaborative care planning**

Further details of the agreed goals for 2016-17 and for the following 12 month period are available on request from: clinical.audit@SASH.nhs.uk

**Discharge**

Across the NHS bed occupancy has been a significant challenge for acute hospitals. In order to support reduced bed occupancy and improve the flow of patients from the Emergency Department into Inpatient Wards, the Trust has worked as part of the national initiative to implement the SAFER flow bundle.

**SAFER**

The SAFER patient flow bundle is a standardised way of managing patient flow through hospitals. If consistently followed the bundle will help improve patient flow and support better quality of care. The Trust has worked over the course of the year to implement and embed the key elements of the bundle which include:

- **S** - Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.
- **A** – All patients will have an Expected Discharge Date (EDD) and Clinical Criteria for Discharge (CCD), set by assuming ideal recovery and assuming no unnecessary waiting.
- **F** - Flow of patients to commence at the earliest opportunity from assessment units to inpatient wards. Wards routinely receiving patients from assessment units will ensure the first patient arrives on the ward by 10am.
- **E** – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.
- **R** – Review. A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay (>7 days – also known as ‘stranded patients’) with a clear ‘home first’ mind set.

Work will continue in 2017-18 to further embed the bundle as well as to learn from the experiences of other Trusts across the country.
We aim to: **Work with compassion in partnership with patients, staff families, carers and community partners.**

**Patient experience**

**Friends and Family Test (FFT)**
We continue to encourage patients to tell their stories and give feedback to us using our three established channels – the Friends and Family Test (FFT), our bespoke Your Care Matters survey, Care Opinion and NHS Choices. Both the FFT score and response rate in our emergency department remain well above the national average and the department was ranked in the top 15 Trusts across the country (for Trusts with a response rate of above 5%) each month in 2016-17. Our inpatient response rate has been 29% or higher throughout the year and the inpatient FFT score has not dipped below 93.9%.

The different ways the Trust reports the inpatient FFT scores to the way they are reported nationally means it is not possible to make direct comparisons.

Comments and performance figures are used at all levels across the Trust to review and improve. The management of negative comments is set to improve with the introduction of a new platform provider in April 2017.

**Care Opinion**
Care Opinion is an independent website where people can share their story. Trusts are able to reply and follow up on issues that have been raised. This year over 320 stories have been posted with 97% of these receiving a reply from our staff; these stories have been read over 50,000 times.

In September 2016 we introduced open visiting to our inpatient wards. Our message to patients and visitors is that we welcome involvement from carers, family and friends to support their loved ones and assist us to deliver the best possible patient-focused care. So we encourage visitors to work with us to help keep patients as mentally and physically active as they can. We also encourage patients to have a nominated representative attend doctors' ward rounds.

We welcomed two governors on to our patient experience committee this year and aim to have patient representatives, or conduct focus groups, for each of our task and finish groups that are set up to introduce sustainable improvements to services. This co-design approach ensures that the patient voice is at the heart of what we do.

Together with open visiting we have moved the carers’ agenda forward over the past year. Our carers’ strategy has been ratified and an implementation plan is monitored by a carers’ steering group. We have introduced a carers’ passport to inpatient areas and are training staff in being carer aware and how our staff can support, value and involve carers.

In 2017-2018 we will continue to work with staff to encourage patients, carers, family and friends to tell their stories and for staff to review how we can make improvements based on what they are telling us. We will also ensure that projects include the patient voice and a co-design approach as far as possible.

<table>
<thead>
<tr>
<th>Friends and Family Test Scores</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>95.5%</td>
<td>95.9%</td>
</tr>
<tr>
<td>Inpatient (excluding day cases)</td>
<td>95.4%</td>
<td>95.5%</td>
</tr>
</tbody>
</table>
### Nutrition

The Trust continues to make improvements to protected mealtimes. The nutrition and hydration steering group and the oral nutrition and hydration group monitor progress with the action plan and feedback from clinical areas and make adjustments as necessary.

Over recent months, the catering team at the Trust have been working closely with the palliative care team and the dietetics department, to enhance the catering provision for patients at the end of life. Additionally, work is ongoing to develop finger food boxes for patients with dementia.

The new range of nutritional supplements and fortified milk for our patients, designed to maximise their nutritional intake continue to be well received by patients.

### Improvements sought for 2016-2017

We will continue to make improvements to protected mealtimes. The nutrition and hydration steering group and the oral nutrition and hydration group will continue to monitor progress. We will continue to monitor feedback and make adjustments as necessary.

### Mixed sex accommodation

The Trust prides itself in delivering care within single sex ward environments. If patients require a higher level of care or admission to a specialist environment, then this may not always be possible. Our teams however will provide care in a sensitive manner to ensure that privacy, dignity and choice is maintained.

Additional use of screens is used within clinical environments such as critical care, theatre recovery and the emergency department. We also aim to ensure that patients will not need to walk past beds occupied by the opposite sex, to access toileting and washing facilities.

During 2016-17, there were no inappropriate mixed sex breaches. We will continue to ensure that there are no breaches in the coming year and that the privacy and dignity of our patients is of the upmost priority.

## End of life care

In the last 12 months, results from the fifth National Audit of End of life Care in Acute Hospitals were published, auditing records for 80 patients who died during May 2015. The results highlighted a need to improve communication especially concerning recognition of dying, nutrition and hydration and the needs of the family.

In November 2015, SASH introduced a new version of the End of Life Care plan with additional symptom assessment chart. An internal audit of 50 deaths done in autumn 2016 shows some improvement but also the need for ongoing work.

During Dying Matters Awareness Week (May 2016) information an information stand at the East Entrance provided information to staff and visitors and prompted good discussion.

More than 60 bereaved relatives accepted the invitation to attend one of two Time to Remember services (May and November).

SASH continues to offer training to staff in proving psychological support to patients and relatives. The Sage and Thyme training, introduced in 2014, has been well evaluated by attendees (180 to date).

In 2016-17 the end of life care steering group started examining all complaints and concerns relating to end of life care, providing an overview and ensuring themes are detected.
Access and responsiveness

We aim to: Continue to be the secondary care provider of choice for the people of our community.

Access to services

Working together, our teams are focused on delivering high quality services to the people we care for. Many of the key areas for delivery are measured by national standards and we have listed these below.

<table>
<thead>
<tr>
<th>Indicator description</th>
<th>Apr 16</th>
<th>May 16</th>
<th>Jun 16</th>
<th>Jul 16</th>
<th>Aug 16</th>
<th>Sep 16</th>
<th>Oct 16</th>
<th>Nov 16</th>
<th>Dec 16</th>
<th>Jan 17</th>
<th>Feb 17</th>
<th>Mar 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED 95% in 4 hours</td>
<td>91.3%</td>
<td>95.5%</td>
<td>96.4%</td>
<td>95.3%</td>
<td>96.0%</td>
<td>96.4%</td>
<td>95.4%</td>
<td>95.1%</td>
<td>89.8%</td>
<td>87.0%</td>
<td>90.9%</td>
<td>95.1%</td>
</tr>
<tr>
<td>Patients waiting in ED for over 12 hours following DTA</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cancer - TWR</td>
<td>91.0%</td>
<td>90.3%</td>
<td>91.7%</td>
<td>95.4%</td>
<td>93.0%</td>
<td>95.3%</td>
<td>94.8%</td>
<td>94.3%</td>
<td>94.5%</td>
<td>94.7%</td>
<td>94.4%</td>
<td>95.0%</td>
</tr>
<tr>
<td>Cancer - TWR breast symptomatic</td>
<td>87.1%</td>
<td>91.1%</td>
<td>82.0%</td>
<td>93.9%</td>
<td>97.2%</td>
<td>95.7%</td>
<td>99.0%</td>
<td>95.8%</td>
<td>94.7%</td>
<td>95.4%</td>
<td>93.0%</td>
<td>95.7%</td>
</tr>
<tr>
<td>Cancer - 62 day referral to treatment standard</td>
<td>86.3%</td>
<td>86.0%</td>
<td>90.0%</td>
<td>86.7%</td>
<td>85.4%</td>
<td>85.6%</td>
<td>89.8%</td>
<td>89.7%</td>
<td>86.6%</td>
<td>87.9%</td>
<td>86.0%</td>
<td>85.0%</td>
</tr>
<tr>
<td>Cancer - 62 day referral to treatment screening</td>
<td>87.5%</td>
<td>100%</td>
<td>83.3%</td>
<td>100%</td>
<td>93.3%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>RTT incomplete pathways - % waiting less than 18 weeks</td>
<td>92.6%</td>
<td>92.5%</td>
<td>92.7%</td>
<td>92.6%</td>
<td>92.1%</td>
<td>92.4%</td>
<td>92.1%</td>
<td>92.5%</td>
<td>90.9%</td>
<td>90.5%</td>
<td>90.0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>RTT patients over 52 weeks on incomplete pathways</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>13</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Percentage of patients waiting 6 weeks or more for diagnostic</td>
<td>0.1%</td>
<td>0.5%</td>
<td>0.3%</td>
<td>0.4%</td>
<td>7.7%</td>
<td>10.9%</td>
<td>9.5%</td>
<td>8.3%</td>
<td>4.7%</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>No of operations cancelled on the day</td>
<td>32</td>
<td>9</td>
<td>12</td>
<td>2</td>
<td>10</td>
<td>19</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

This year, 2016-17, was a challenging year for both emergency and elective access standards with an increase in the numbers of people attending our emergency department (ED), non-elective admissions and outpatient referrals. This growth put pressure on the capacity of the Trust across beds, clinics and diagnostics.

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
<th>Change</th>
<th>%Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>91,256</td>
<td>96,149</td>
<td>4,893</td>
<td>5.4%</td>
</tr>
<tr>
<td>Outpatients</td>
<td>341,722</td>
<td>363,806</td>
<td>22,084</td>
<td>6.5%</td>
</tr>
<tr>
<td>Emergency Admissions</td>
<td>34,399</td>
<td>34,197</td>
<td>-202</td>
<td>-0.6%</td>
</tr>
<tr>
<td>Births</td>
<td>4,556</td>
<td>4,546</td>
<td>-10</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Elective admissions</td>
<td>44,157</td>
<td>46,661</td>
<td>2,504</td>
<td>5.7%</td>
</tr>
</tbody>
</table>
Emergency department four-hour standard
The emergency department four hour standard has been a significant challenge nationally and continues to be a key priority for the Trust.

Despite narrowly missing the four hour standard in 2016-17, the Trust benchmarks consistently in the upper quartile for this measure and on a monthly basis achieved the standard from May 2016 through to November 2016 as well as in March 2017.

Cancer waiting times
Cancer access has been a significant focus in 2016-17 and has seen increases in performance for both the Two week wait and 62 Day standards (both achieved in 2016-17)

Detailed analysis was undertaken and capacity re-configured in Q2 to support improvements in access at the start of the cancer pathway. As a result the Cancer TWW standards were achieved consistently from July 2016 onwards following below expected performance in Q1.

18 weeks referral to treatment/diagnostics
The 18 week referral to treatment standard has been challenging throughout the year with increased referrals, prioritisation of capacity for emergency and cancer pathways as well as the impact of changes to national RTT rules. As a result, the incomplete standard has not been achieved since December 2016 and annual performance being 0.3% below the 92% standard.

Following a significant loss of endoscopy capacity, the six week diagnostic standard was not achieved from August 2016 to December 2016 before returning to expected levels in Q4. As a result, the standard was not achieved for the year as a whole with performance of 4.1%.

Well-led
We aim to: Be a high quality employer of choice and deliver financial and clinical sustainability around a patient centred, clinical led leadership model

Coding
Clinical coding is the translation of medical terminology, as written by the clinician, to describe a patient’s complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format which is nationally and internally recognised.

The process is bound by National Standards issued by the Health and Social Care Information Centre (HSCIC). The mechanism for receiving payment is called Payment by Results (PbR).

The Information Governance Clinical Coding Audit (IG Audit) in 2016-17 looked at 200 finished consultant episodes (FCEs) for accuracy of both diagnosis and treatment:

<table>
<thead>
<tr>
<th>Information governance clinical coding audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary diagnosis correct</td>
</tr>
<tr>
<td>Secondary diagnosis correct</td>
</tr>
<tr>
<td>Primary diagnosis correct</td>
</tr>
<tr>
<td>Secondary diagnosis correct</td>
</tr>
</tbody>
</table>

These accuracy levels mean the Trust achieved Level 2 in the Information Governance Assessment Requirement 11-505 for 2016-17.

Improvement aims for 2017-18: We will continue to train one new trainee coder using the clinical coding standards course and help our experienced coders work towards accreditation by supporting them to sit the National Clinical Coding Qualification (NCCQ). Our aim is to continue to deliver 100% coded activity at post-inclusion ensuring no loss of income to the Trust due to uncoded or miscoded episodes.

The depth of coding is steadily increasing (6.7 diagnosis codes per FCE) still maintaining the green RAG (red, amber, green) and we will continue to work with clinicians to ensure coding accurately reflects clinical diagnosis.

Ongoing training programmes for clinical coders are planned for continuous professional development. Clinical coding this year has achieved level 3 status in information governance toolkit 14-510 which involves designing training programmes for clinical coders, encouraging career progression to become qualified coders and auditors.
Data quality
Data quality measures whether we record patients’ NHS and GP numbers in their notes as well as ethnicity and other equality data.

The chief operating officer has overall accountability for the quality of data provided to the Trust Board and executive committee. The Trust has a data quality strategy which describes the agreed strategic actions to improve data quality, many of which are aligned to the Trust’s EPR (Electronic Patient Record) deployment over the next 18 months.

We have a data quality team that is responsible for the day to day management of data quality. The team undertakes national data checks, reviews data challenges from CCGs (Clinical Commissioning Group).

During the year the Trust has also undertaken a major piece of work to provide assurance on referral to treatment data using external experts to review a number of patient pathways and support improved patient care.

Staff survey
Results from the national NHS Staff Survey have ranked Surrey and Sussex Healthcare NHS Trust in the top 20% of hospitals nationally as a place to work and receive treatment and also as somewhere patients receive quality treatment and care.

Our staff also rated highly that they felt their role makes a difference to patients and that they were part of a strong team delivering excellent healthcare.

The national NHS Staff Survey took place between October 2016 and December 2016 and 66% of Trust staff responded. This is the Trust’s highest annual response, and was the second highest nationally for Acute Trusts. All NHS organisations are required to participate in the survey. The results contribute to the Trust’s registration with the Care Quality Commission (CQC). Responses are analysed by the Survey Coordination Centre (Picker Institute) and the results and NHS Benchmark Reports are published in February each year.

We are very proud of our improvements in the Staff Survey results. Of the 32 Key Findings in the 2016 Survey, SASH were placed in the Top 20% nationally for 22 of these. We recorded positive statistical improvement in 22 of the Key Findings, and we recorded no deterioration in any of the others.

In our Quality Account we are expected to report the percentage for the following indicators from our most recent staff survey.

- Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion (92%)
- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (18%)

Our overall staff satisfaction score improved for the sixth consecutive year. Our results put Surrey and Sussex Healthcare NHS Trust in the top 20% nationally for:

- Staff motivation
- Staff recommending the Trust as a place to work or receive treatment
- Staff satisfaction with the quality of work and patient care they are able to deliver
- Staff agreeing that their role makes a difference to patients and service users
- Recognition and value of staff by managers and the organisation
- Staff reporting good communication between senior management and staff
- Staff able to contribute towards improvements at work
- Staff satisfaction with level of responsibility and involvement
- Effective team working
- Support from immediate managers
- Quality training, learning or development
- Using feedback from patients inform decisions about the care provided
- Managers being interested in the health and well-being of staff
- Satisfaction with resourcing and support
- Staff confidence and security in reporting unsafe clinical practice
- Quality of appraisals
- Staff believing the organisation provides equal opportunities for career progression/promotion
- Staff satisfied with the opportunities for
- flexible working patterns
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Staff feeling unwell due to work related stress
- Staff experiencing harassment, bullying or abuse from other staff
- Staff reporting most recent experience of harassment, bullying or abuse

**NHS Digital – Data Quality Maturity Index**
The Data Quality Maturity Index (DQMI) is a new quarterly publication by NHS Digital intended to highlight the importance of data quality in the NHS. As shown in the table below, the Trust performs well with a score of 97% which is in line with other local Trusts.

```
<table>
<thead>
<tr>
<th>Acute Trusts in NHS England south region</th>
<th>DQMI (%)</th>
<th>Data set score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oct 16 - Dec 16</td>
<td>Jan 16 - Mar 16</td>
</tr>
<tr>
<td>Ashford and St Peter’s Hospitals NHS Foundation Trust</td>
<td>95.3</td>
<td>99.8</td>
</tr>
<tr>
<td>Brighton and Sussex University Hospitals NHS Trust</td>
<td>91.2</td>
<td>94.9</td>
</tr>
<tr>
<td>East Sussex Healthcare NHS Trust</td>
<td>98.4</td>
<td>98.6</td>
</tr>
<tr>
<td>Frimley Park Hospital NHS Foundation Trust</td>
<td>98.8</td>
<td>98.8</td>
</tr>
<tr>
<td>Royal Surrey County Hospital NHS Foundation Trust</td>
<td>97.9</td>
<td>97.7</td>
</tr>
<tr>
<td>Surrey and Sussex Healthcare NHS Trust</td>
<td>97.0</td>
<td>99.3</td>
</tr>
</tbody>
</table>
```

“I am proud of the commitment of all our staff to making a difference to the people we care for and delighted that this is reflected in how motivated they feel and in their recommendation of SASH as a place to work and to receive care.”

Michael Wilson CBE
Chief executive
NHS number and GP practice code validity
Surrey and Sussex Healthcare NHS Trust submitted records during 2016-17 to the secondary users service for inclusion in hospital episode statistics, which are included in the latest published data. The percentages of records in the published data are:

<table>
<thead>
<tr>
<th>NHS Number compliance</th>
<th>IP</th>
<th>OP</th>
<th>ED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS valid</td>
<td>134,370</td>
<td>556,302</td>
<td>94,688</td>
<td>785,360</td>
</tr>
<tr>
<td>All</td>
<td>135,046</td>
<td>557,271</td>
<td>96,149</td>
<td>788,466</td>
</tr>
<tr>
<td>%NHS valid</td>
<td>99.5%</td>
<td>99.8%</td>
<td>98.5%</td>
<td>99.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GP practice compliance</th>
<th>IP</th>
<th>OP</th>
<th>ED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP valid</td>
<td>134,029</td>
<td>546,350</td>
<td>94,039</td>
<td>744,418</td>
</tr>
<tr>
<td>All</td>
<td>135,046</td>
<td>557,271</td>
<td>96,149</td>
<td>788,466</td>
</tr>
<tr>
<td>%GP valid</td>
<td>99.2%</td>
<td>98.0%</td>
<td>97.8%</td>
<td>98.2%</td>
</tr>
</tbody>
</table>

Staff Friends and Family
The Staff Friends and Family Test (FFT) is a quarterly temperature check of the organisation. There are two mandatory questions asking staff if they would recommend the Trust as a place to work and receive treatment and these are benchmarked nationally. The Trust also has an opportunity to ask additional questions related to local priorities.

At SASH, the Staff FFT is undertaken as an online survey in quarters 1, 2 and 4, with the National Staff Survey asking the two mandatory questions in quarter 3. The table below shows the Trust results for 2016-17. These benchmark well against the national scores.
### Staff friends and family test

<table>
<thead>
<tr>
<th>Survey period</th>
<th>Topic</th>
<th>Surrey and Sussex Healthcare NHS Trust</th>
<th>National average</th>
<th>Surrey and Sussex Healthcare NHS Trust rank order - Acute Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr – Jun 2016</td>
<td>Quarter 1 – Staff Friends and Family Test</td>
<td>84%</td>
<td>64%</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Likely to recommend as a place to work</td>
<td>91.2%</td>
<td>80%</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Likely to recommend the Trust as a provider of care/treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul – Sept 2016</td>
<td>Quarter 2 – Staff Friends &amp; Family Test Test</td>
<td>77.4%</td>
<td>64%</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Likely to recommend as a place to work</td>
<td>88.7%</td>
<td>80%</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Likely to recommend the Trust as a provider of care/treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct – Dec 2016</td>
<td>Quarter 3 – National Staff Survey</td>
<td>66%</td>
<td>43%</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Overall Response Rate</td>
<td>4.05</td>
<td>3.76</td>
<td>Joint 2nd</td>
</tr>
<tr>
<td></td>
<td>Likely to recommend the Trust as a provider of care/treatment</td>
<td>3.97</td>
<td>3.81</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Staff Engagement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan – Mar 2017</td>
<td>Quarter 4 – Staff Friends and Family Test Test</td>
<td>81.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Likely to recommend as a place to work</td>
<td>90.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Likely to recommend the Trust as a provider of care/treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I work on a ward full of the loveliest and caring members of staff. I would feel lucky if one of my relatives were able to be looked after by them. I know the same care and compassion is seen throughout the whole hospital.

Member of staff

**Our achievements**

We are proud of the commitment and contribution that our staff make to our achievements and the difference this makes to patient care, which we see reflected in the positive feedback we receive from the people we care for.

Our staff take an active role in initiating and implementing service improvements to further enhance the quality of care we provide for local people, and this is evidence in our staff survey scores.

Our SASH+ work puts staff at the heart of our improvement journey and we are already seeing the benefits in all staff working together to make changes to our processes for the benefit of our patients.

This year we received more applications than ever for our annual staff SASH Star Awards ceremony which celebrates and acknowledges the valuable contribution made by individuals and teams.

The nominations recognise the high level of staff engagement and their involvement in developing and transforming the culture of our organisation and improving our patients’ experience of care.

**Our focus**

Our engagement work supports our work to ensure that all SASH staff maintain a strong connection with the vision and values of the
organisation. We have focused on the following areas which continue to have a positive impact throughout the Trust:

- health and wellbeing for all staff
- supporting personal development through the achievement review (appraisal) process
- developing supportive management and leadership
- involvement of staff in decision making
- ensuring every role counts
- inclusion

Our staff engagement activities continue to provide staff with opportunities to learn and share their views and suggestions. These activities include:

- TeamTalk briefings
- chief executive’s weekly message
- annual NHS Staff Survey - the response rate for the Trust was 66% in 2016, which is in the highest 20% when compared against other acute Trusts and an improvement on the 62% response rate in 2015
- quarterly Staff Friends and Family Test
- division led briefings and team meetings

**Care Quality Commission**

The Care Quality Commission (CQC) regulates and inspects health organisations across England and the Trust continues to remain registered with no conditions. The Trust is required to be registered with the Care Quality Commission under section 10 of the Health and Social Care Act 2008.

The Chief Inspector of Hospitals visited SASH in May 2014 to determine whether services provided were safe, effective, caring, responsive and well led. The Trust was rated as good overall. All inspected services were rated as good in the caring domain with End of Life care receiving an outstanding rating for responsiveness. This was a significant milestone for the Trust and the inspection team commented that the culture and engagement in the organisation was excellent. There were some recognised areas for improvement in outpatients and significant progress is being made.

At that time the out-patient service was rated as requires improvement and the Trust was required to implement a number of actions. In January
2016 the CQC carried out a focused follow-up inspection of outpatients and confirmed that the Trust had met the required regulations. No must do recommendations were identified and the Trust were given six should do recommendations. The report was published at the end of March 2016. There are currently no areas that require improvement or are inadequate. The Trust is on a journey to become an outstanding organisation.

**Intelligent monitoring:**
The CQC ended Intelligent Monitoring in June 2015 when we were rated at Band 6. The CQC will begin to produce Hospital Insight data over 2017-18.

**Information governance**
Information governance ensures that information held about patients and staff is kept safe and secure. The information governance toolkit is the way in which we demonstrate our compliance with information governance standards. The Trust’s information governance steering group oversees the annual submission.

SASH’s information governance toolkit overall score for 2016-17 was 79% and graded satisfactory, the highest level available:

<table>
<thead>
<tr>
<th>IG score 1/17</th>
<th>IG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>79%</td>
<td>Satisfactory</td>
</tr>
</tbody>
</table>

During 2016-17, an internal audit of information governance toolkit found the Trust’s procedures for managing IG Toolkit improvement plans, including monitoring, reporting, and compliance with the three-stage reporting timescale set by NHS Digital, to be robust.

All staff are mandated to undertake information governance training on an annual basis to increase awareness of responsibilities in relation to safeguarding confidentiality, protecting data and preserving information security.

The Trust did not report any significant personal data breaches in 2016-17 and all incidents were graded as causing minor level or no harm to patients. Incidents which do occur are fully investigated and practice is changed where appropriate.
Making a difference

Sue Jenkins, director of strategy and Kaizen Promotion Office (KPO) lead, updates us to the SASH+ transformation partnership with the Virginia Mason Institute.

In March 2015 the NHS Trust Development Authority, now part of NHS Improvement, invited expressions of interest from NHS Trusts to be part of a five year development programme, which aims to fundamentally improve the quality, performance and financial sustainability of the organisations selected to take part as well as share learning with others.

The programme is a partnership with the Virginia Mason Institute (VMI) in Seattle in the USA who has developed a transformational management system that have successfully helped them to deliver better care by reducing waste and variation, improving quality. After a highly competitive selection process, Surrey and Sussex Health NHS Trust was one of the five Trusts chosen to participate in the development program.

Virginia Mason has a medical centre (hospital) and also delivers general primary and specialist services to the people of Seattle. Following a visit to the Toyota car manufacturing factory in Japan, VMI adopted and adapted Toyotas production system to develop the Virginia Mason Production System, which is based on lean methodological improvement techniques. Reflecting the Japanese history of the program some of the references and language used are Japanese in origin, for example:

Kaizen
Continuous incremental improvement

Genba
Where the work is done

Sensei
One who has gone before

Over the last 15 years, the Virginia Mason Medical Center has become one of the safest and highest rated hospital organisations in the USA.

Our aim at Surrey and Sussex Healthcare NHS Trust is to pursue perfection, putting our patients at the forefront of everything we do, improving safety and quality by reducing variation and waste in every process. Our SASH+ work supports an accelerated transformation in quality by providing us with a structured approach to continue our improvement journey taking us from a good to an outstanding organisation.

Nationally, the chief executives from each of the five participating Trusts have formed the Transformation Guiding Board (TGB), which oversees and provides strategic direction for the programme.

Locally, the Trust has a Trust Guiding Team (TGT) which meets monthly and is responsible for oversight and delivery of the improvement work. Led by the chief executive, our SASH+ TGT has strong clinical leadership involvement. Membership of the TGT includes:

- Medical director
- Chief nurse
- Chief of medicine
- Chief of surgery
- Chief of education
- Chief operating officer
- Director of organisational development and people
- Director of strategy and KPO (Kaizen Promotion Office) lead
- Head of communications
- VMI executive sensei

Our kaizen promotion office (KPO) team lead the transformation work; they provide the structure, methods and rigor behind the successful implementation of the SASH+ improvement methodology, alongside training and developing others to lead using the new methods.

The Trust has three established value streams (workstreams), which have been the focus for the SASH+ work over the last year, that have been specifically selected to help deliver the organisations priorities, they are:
Inpatient flow – cardiology
This value stream starts from when the patient is referred to the cardiology team and ends when the patient is discharged or transferred from the cardiology ward.

Outpatients
This value stream starts from when the decision to refer for an outpatient appointment is made, usually done in primary care and ends when the patient has attended their first follow up appointment or been discharged (whichever is sooner).

Management of diarrhoea
This value stream starts at the onset of symptoms and ends when symptoms have resolved.

The addition of a fourth value stream is planned for later in 2017-18.

Each of the value streams has a value stream sponsorship team (VSST) consisting of senior clinical and non-clinical leaders from across the Trust. The sponsorship team is led by an executive sponsor who is a member of the TGT.

The role of the VSST is to lead the work of each value stream by:

- Setting high level metrics through which progress can be monitored
- Developing a kaizen plan which includes identifying and prioritising specific processes within the value stream which would benefit from a Rapid Process Improvement Workshop

A Rapid Process Improvement Workshop (RPIW) is a five day workshop focused on a particular process in which a multidisciplinary team of staff who do the work come together, empowered to improve the work flow and patient care. To ensure the perspective of the patient remains the priority during each workshop, patient representatives are invited to become a team member for the week working in partnership with staff to redesign processes.

Prior to each RPIW an extensive planning period is undertaken this involves:

- Selecting a sponsor (a member of the VSST) whose role it is to guide the work setting the scope for the workshop
- Data collection on the genba so that a current state value stream map can be built. A value stream map is a visual tool which illustrates the flow of a specific process.
- Selecting baseline metrics which can be measured during the RPIW week and again at 30, 60 and 90 days post the workshop to assess the effects of changes implemented
- Identifying a process owner whose role it is to prepare the home team, these are the staff who are not members of the RPIW team but whose work is affected by the changes; they are encouraged to participate by providing real time ideas and feedback during event planning, the RPIW itself and during the implementation phase. The process owner is also responsible for implementation of changes trialled during the RPIW and re-measure of the metrics

At the end of every RPIW the RPIW team present their successes, challenges and learning to staff across the Trust. This is known as a Report Out.

Nine RPIWs have been undertaken focussing on a variety of different processes across the Trust these include:

Cardiology value stream:
- Inpatient referral to the cardiology team
- Discharge from the cardiology ward

Outpatient value stream:
- Ophthalmology appointments
- Breast Clinic
- Medical records preparation
- Management of diarrhoea value stream:
- Identification and diagnosis of diarrhoea
- Treatment of diarrhoea
- Isolation for patients with diarrhoea

Some of our key RPIW successes include:

Cardiology
- FFT scores for cardiology patients maintained at 100%
- Cardiology patients knowing expected discharge date prior to date of discharge has improved from 50% to 88%

Outpatients
- Time from the patient arriving at the hospital to the end of their consultation with the breast clinician reduced by more than half from 52 mins to 25 mins
- The number of breast patients seen after their allocated appointment time has reduced from 94% to 0%
- Time from receipt of urgent ophthalmology referrals to date of first appointment has gone from 28 days and 3 hrs to 10 days (64% improvement)
- Time from receipt of routine referrals to date of first appointment has improved from 107 days 18 hrs to 32 days (67% improvement)
- Number of referral letters in the system waiting to be processed has reduced from 1331 to 296
- The reduction of processing time for medical records to prepare clinic lists for the day from 41 minutes to 9 minutes (78% improvement)

Management of diarrhoea

- The time it takes for a patient to be told the potential cause/s of their diarrhoea from the identification of their symptoms in hospital has reduced from two days and nine hours to nine hours which is 91% improvement
- The time spent by nurses gathering supplies to attend to the personal care needs of a patient has reduced from 7.5 minutes to 1.5 minutes
- The number of times a nurse is interrupted whilst undertaking the drug round has reduced from 25 times to zero

To continue our journey of improvement, RPIWs focusing on wide variety of processes across the Trust are planned on a seven week basis over the next year.

Education and training

To spread and embed a sustainable culture of continuous improvement across the Trust staff from the Board to ward are undertaking a variety of SASH+ training and development programs, these include:

- SASH+ taster sessions
  An introduction to the SASH+ improvement methodology.
- Lean for Leaders
  A nine month development programme
during which leaders learn about the SASH+ improvement methodology supported by an extensive range of tools and techniques which help them to transform the services they deliver on a daily basis. The first two cohorts finished their course at the beginning of March 2017. There are a further four cohorts due to commence their training this year.

Advanced Lean Training

An intensive learning experience which enables staff to deepen their knowledge of the SASH+ improvement methodology, refine their skills and build the capacity to teach, coach and mentor others in the tools and techniques. Two cohorts are due to commence this program later in the year.

A variety of stakeholders have visited the Trust to see first-hand the SASH+ transformation work that is taking place, these include Chris Wormald, Permanent Secretary at the Department of Health, Professor Jane Cummings, chief nursing officer for NHS England and Roy Lilley, broadcaster and commentator. They have been hugely impressed by the high levels of staff engagement and commitment to the work and the positive benefits the transformation program is bringing to patients across the Trust.

We are on an exciting journey, we are proud of the significant and sustainable transformation changes we have already made and look forward to continuing to improve the high quality of care we provide to local people.
Innovation
The needs of our community continue to grow and the NHS must become more productive and work more effectively with the resources we have, if high quality care is to be sustained. Innovation and transformation are the keys to ensuring we continue to meet these needs.

We know our services perform amongst the best against national standards. However during the last year the Trust saw a 5.4% increase in A&E attendances, with an increase in the number of people who needed to stay with us for two days or more. This suggests a greater and more complex case mix of patients being admitted year on year.

We must innovate and develop services that are fit for the future and will focus on:

- Prevention
- Early intervention
- Support to people with long term conditions
- Increasing effectiveness and productivity of acute services

Innovation by design
We pride ourselves on clinical leadership and have committed to strive towards perfection. An important part of this is to review the effectiveness of our services, benchmark against peers and identify the future complex and growing needs of our local population.

Mortality
More than 1,000 people die at SASH each year from natural causes. Ensuring we understand the cause of death, any concerns the family may have and the lessons which these episodes of care offer is vital in informing local services and national policy. This year we are adopting the structured judgement review methodology from the Royal College of Physicians and will report quarterly in line with NHS Improvement. Over and above this we are trialling medical examiners – this innovative way of using senior clinicians to support the certification of death and increase the ability of families to raise any concerns they have over the death, or care the deceased has received is a significant step change in our ability to learn. We will learn from this pilot ahead of the national introduction of medical examiners in 2019.

Workforce
We recognise the need to innovate and modernise the NHS workforce and champion new models which bring appropriate expertise to the person in need of care. Surrey and Sussex Healthcare NHS Trust (SASH) is the largest employer of Physician Associates (PA) in the region. The predominant reason for employing PAs at SASH is to improve continuity on our wards. Health Education England working across Kent, Surrey and Sussex (HEEKSS) recognised the need to train and develop a non-doctor medical workforce. On behalf of HEEKSS we host the KSS School of Physician Associates, launched in April 2016 under the leadership of Dr Natalie King, consultant in acute and elderly medicine.

Over the last three years, SASH has increased its PA numbers and now has PAs working in orthogeriatrics, emergency medicine and surgery. With the broadening of the Foundation programme (for junior doctors) to include community placements, additional PAs have helped to enhance the medical workforce at the Trust and reduce the need for ad hoc and costly agency locums. The Trust has plans to continue this expansion into obstetrics and gynaecology, paediatrics and dermatology.

People with needs related to their frailty
We recognise the increasing number of people living in our community with complex physical and mental health needs, and that admission to a hospital bed conveys risks around disorientation and loneliness as well as medical benefit. This is a significant focus for the Trust and as such we have developed innovative ways of working to support the need.

We are partners in a number of projects trying to keep people well either without admission, or by keeping admission as short as possible. We have opened the Pendleton Unit allowing ambulatory assessment and senior intervention, resulting in fewer people admitted. We have worked with the KSS academic Health Science network and nursing homes to improve mouth care, hydration and medications and again keep people well outside the hospital. Dr Iain Wilkinson, consultant orthogeriatrician, has developed prize winning pod casts (MDTea) with a modern educational content appropriate to modern care challenges.

Innovation in therapeutics
We are working with a large pharmaceutical company and people with long term conditions, to better understand the effectiveness and impact of drugs on the outcomes that matter to them. This is a new way of working and NHS England
is supporting the governance of a conversation between patients who use medication and industry who need to formulate medicines to maximise outcomes important to patients and their clinicians. We will also explore the development of tools for measuring physical and psychological wellbeing/stress before and after treatment, and whether this methodology might be useful either for measuring improvement in our patient group(s)-of-interest before and after medication.

**Darzi Fellows**

Health Education England, Kent, Surrey and Sussex (HEEKSS), in partnership with the KSS AHSN launched its first cohort of Darzi Fellows across the region. This is a post-graduate leadership opportunity of which 50% of the year is to deliver a stretching leadership project. Of the 26 Fellows, two are working within SASH and a third is part-time between SASH and Dartford and Gravesham NHS Trust. All have projects looking at new models and pathways of care, and innovation within existing pathways and all should bring benefit to people using healthcare services.

**Quality ward round**

A collaboration between Surrey and Sussex Hospitals NHS Trust, Western Sussex Hospitals NHS Trust and Brighton and Sussex Medical School to deliver quality ward round simulation based training was formed in 2013. HEE KSS funded the project to promote multi-professional teamwork and optimal patient experience using a simulated ward round environment.

Over the last year the team have designed an e-learning module, which explores the importance of the ward round on patient outcomes and experience mapping it directly to patient safety agendas. This consolidates the learning from the simulation programme and use filmed ward round footage to highlight areas for learning.

The ultimate aim of this programme will be to promote patient safety and enhance the patient experience of the NHS by strengthening training in the human factors involved in ward rounds and also in strengthening a team responsibility for patient care. The team have presented the ward round work nationally and internationally at acute medical and general medical conferences as well as published their work in the RCP Journal Clinical Medicine. Since 2013 over 500 medical students and foundation year one doctors have undertaken the training.

**Innovation at the frontline**

**SASH+**

The SASH+ initiative seeks to embed a continuous improvement culture, based on observation and measurement, innovation, testing and transformation. This has had a significant impact on staff and patients alike. The key to this model is to reduce variation (standard work) and waste which will increase safety and productivity, freeing time to provide more care. We are just over a year into our innovation journey and have seen some fantastic, simple solutions that have improved patient experience and productivity of individual teams.

**Ideas to Innovation**

Our Ideas to Innovation portal is part of this transformation. We believe our staff are a group of 4,000 experts in what they do and as such can all identify issues solutions that can improve safety, productivity or even improve someone’s experience of our care. We welcome all ideas which are all given equal consideration, no idea is too small. In fact it is many of the smallest ideas that have proved the most insightful and easiest to implement.

**Our focus**

Innovation is key to our ongoing success, we seek to encourage and celebrate new ideas, whether created locally or externally, at every opportunity. Through clinical leadership and a culture that permits end encourages innovation we will continue to deliver and develop services that are fit for purpose and adapt to our community’s needs.

**Partnerships**

In order to deliver outstanding care for the people we treat we continue to build partnerships with other providers. Some of these relationships have been reported in previous quality accounts and continue to be embedded and deliver excellent care for patients here on the East Surrey site, notably partnerships for radiotherapy (with Royal Surrey County Hospital NHS Foundation Trust) and long term ventilation support (Guys and St Thomas’ NHS Foundation Trust). For other services patients travel on agreed and audited pathways to tertiary centres, notably to St George’s NHS Foundation Trust for vascular, neurosurgical and trauma emergencies.
We also have increasingly strong partnerships with Health Education England and with the Kent Surrey and Sussex Academic Health Science Network with whom we have worked on staff development and training programmes (Physicians Associates, Mouth Care Matters) and capacity and capability building in chronic illness, and safety and quality programmes in nursing homes. We have worked with commissioners on new projects with new funding models allowing some of our frailest citizens to be assessed and managed through a purpose-built older person facility (the Pendleton Unit) and increasing our capacity for ambulatory care pathways generally.

We continue to work with NHS Improvement and the Virginia Mason Institute on a programme of continuous improvement, referred to in detail in other parts of this quality account.

**Education at SASH**

We were proud that SASH was awarded the Quality Mark for education in August 2016 by Skills for Health following an assessment based upon interviews, documentary evidence and observed education sessions. This was a great achievement for our workforce development team and our multi-professional educators across SASH.

Our education governance group shared skills and best practice in education across SASH and optimised our use of bursary funding and the apprenticeship levy. Our Academy apprenticeship scheme allowed us to offer career development opportunities for our Band 2-4 colleagues and will aim to offer staff apprenticeship programmes from entry level to post-graduate study level in the future. Seven colleagues will start a level 2 apprenticeship programme in September 2017.

Our undergraduate programmes have been finalised and expanded to include nursing students from Portsmouth University, for the first time, who are joining us in May 2017. We now offer a Band 5 development programme to support staff following their preceptorship period and the new nurse in charge course has seen 69 staff complete competencies supporting their leadership skills. We are supporting the University of Surrey bid to become a new medical school by offering medical student placements for years 3-5. We are delighted that 32 staff have completed the SASH+ Lean for Leaders course, learning our lean methodology, and we are starting to see the impact of their course work in clinical and non-clinical areas.

SASH continues to host the KSS School of Physician Associates (PAs) supporting student entry to the three new courses across Kent Surrey and Sussex and is now focussing attention upon PA professional development requirements across the region. Two members of our PA School Board also sit on the faculty of PAs at the Royal College of Physicians supporting their efforts to secure registered status for our qualified PAs. We feel that this is an acknowledgement of our role in developing these valuable new members of the NHS workforce across the KSS region.
Our priorities for 2017-18

Aligned with our SASH+ work our Board decided to create our strategy on a page to link our values and vision with our strategic objectives and priorities in a way that could be widely publicised and understood by staff, and also by patients. In arriving at our annual priorities we consulted widely with clinical leaders across the hospital including medical clinical leads, matrons and senior allied health professionals. We also worked with our shadow governors who support those listed below.

Our Trust wide priorities are:

For safe: we will reduce avoidable harm. It is well known that people who are vulnerable through illness can suffer harm while admitted to hospital. We will work in all areas to reduce the likelihood and incidence of harm to patients be it through falls, or immobility, or infection or drug reactions.

For effective: we will improve our discharge planning and processes, including the information we give patients and way in which we work with our partners

For well-led: we will focus on programmes contributing to staff wellness. This is appropriate for a good employer and will directly benefit the care we give to patients.

For caring: we will focus our efforts on on the physical environment in which we care for people, bringing all our facilities to a high level of functionality and acceptability.

For responsive: we will improve the efficiency by which we carry out the elective treatment plans we agree with patients.

Our five strategic objectives remain to be outstanding in safety and caring about and responsive to the needs and outcomes for patients in our care. We want our care to be effective and we want our organisation, our hospital and the services we provide in it and at other sites to be well-led.
Acute Trust
A Trust is an NHS organisation responsible for providing a group of healthcare services. An acute Trust provides hospital services, for example, Surrey and Sussex Healthcare NHS Trust. But not mental health hospital services, which are provided by a mental health Trust.

Board (of Trust)
The role of the Trust’s Board is to take corporate responsibility for the organisation’s strategies and actions. The chair and non-executive directors are lay people drawn from the local community. The chief executive is responsible for ensuring that the Board is empowered to govern the organisation and to deliver its objectives.

Care Quality Commission
The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: www.cqc.org.uk

Clinical audit
Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

Clinical Commissioning Group
Clinical commissioning groups are predominantly GP-led groups of local healthcare professionals that commission the local health services for their catchment population, based on the needs of the patient population.

Commissioners
Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Commissioning Groups are the key organisations responsible for commissioning healthcare services for their area. They commission services, including acute care, primary care and mental healthcare, for the whole of their population with a view to improving the health of their population.

Commissioning for Quality and Innovation
High Quality Care for All included a commitment to make a proportion of providers’ income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Community services
Health services provided in the community, for example health visiting and podiatry (footcare).

Department of Health
The Department of Health is a department of the UK government but with responsibility for government policy for England alone on health, social care and the NHS.

Foundation Trust
A type of NHS Trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS Foundation Trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS Foundation Trusts have members drawn from patients, the public and staff and are governed by a board of governors comprising people elected from and by the membership base.

Hospital Episode Statistics
Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.

National Institute for Health and Clinical Excellence
The National Institute for Health and Clinical Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Visit: www.nice.org.uk

National patient surveys
The National Patient Survey Programme, coordinated by the Care Quality Commission, gathers feedback from patients on different aspects of their experience of recently received care.
care, across a variety of services/settings.
Visit: www.cqc.org.uk

**NHS Choices**
The first port of call for the public for all information on the NHS. www.nhs.uk

**NHS Information Centre**
The NHS Information Centre is England’s central, authoritative source of health and social care information. Acting as a hub for high quality, national, comparative data for all secondary uses, they deliver information for local decision makers to improve the quality and efficiency of frontline care. Visit: www.ic.nhs.uk

**Providers**
Providers are the organisations that provide NHS services, for example Surrey and Sussex Healthcare NHS Trust.

**Registration**
From April 2009, every NHS Trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC).
Appendices

Statement of directors’ responsibilities
The content of this report was agreed with the Trust’s Executive Team, Senior Clinical Staff (Executive Committee for Quality and Risk), the Safety and Quality Committee and the Trust Board. Our priorities for quality improvement in 2016/17 are based on our Quality Strategy and follow consultation through our clinical divisions with staff, and with our other stakeholders, including patients and their carers.

The report has been reviewed by:

✦ Crawley, Horsham, Mid Sussex Clinical Commissioning Group
✦ East Surrey Clinical Commissioning Group
✦ Surrey Downs Clinical Commissioning Group
✦ Surrey Health Scrutiny Committee
✦ West Sussex Health and Adult Social Care Select Committee
✦ Healthwatch Surrey
✦ Healthwatch West Sussex

They have been invited to review the report and their comments are included.

Statement of directors’ responsibilities in respect of the Quality Account
The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011)).

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

✦ the Quality Account present a balanced picture of the Trust’s performance over the period covered
✦ the performance information reported in the Quality Account is reliable and accurate
✦ there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
✦ the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review
✦ the Quality Account has been prepared in accordance with Department of Health guidance

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

By order of the Board

Alan McCarthy    Michael Wilson CBE
Chair       Chief executive
30 June 2017    30 June 2017
What our partners say

We invited our stakeholder partners to review this Quality Account and have received the following responses and comments from them. Please note that, in response to their feedback, we have included additional information in this report.

Crawley, Horsham and Mid Sussex, East Surrey and Surrey Downs Clinical Commissioning Groups (CCGs)

Crawley, Horsham & Mid Sussex, East Surrey and Surrey Downs Clinical Commissioning Groups (CCGs) welcome the opportunity to comment on the 2016/17 Quality Account for Surrey and Sussex Healthcare Trust.

All commissioners have been working closely with the Trust during the year, in order to gain assurance of the delivery of safe and effective service. A range of indicators in relation to quality, safety and performance are discussed in regular meetings between the CCGs and the Trust.

We acknowledge the increasing reporting of incidents with lower harm demonstrating an improved learning culture. We commend the work around SASH + and the development of a strong culture of leadership, and the trust improvements in a number of areas. This shows a clear infrastructure to deliver improvements across a range of services and noted success with the trust awarded the Quality Mark by the Skills for Health for the trust educators.

It is encouraging seeing the quality improvement work on falls in particular and the reduction across the trust. The commissioners would like to have had a more balanced presentation of the current stroke service and to foresee the key priorities highlighted in this report on how this service is to be improved in 2017-18. We would want to see the sustained focus on infection control to meet zero tolerance on MRSA and sustaining a lower level of C.difficile. We would like to have seen the presentation in a more public friendly format with more data and graphs so that quality improvements could be visualised more clearly within the report.

We are committed to working with the trust to support its improvement and achieve the 2017-18 quality priority targets. In addition to the agreed priority areas listed in the Quality Account we will continue to work with the trust to assure services across the quality domains of patient safety, clinical effectiveness and patient experience.

The commissioners are pleased to endorse this quality account for 2016-17 and we look forward to continuing our relationship so we can all drive forward the improvements and ensure excellent services for our local populations.

Surrey Wellbeing and Health Scrutiny Board

The Board welcomes the quality account, which highlights many of the Trust’s strengths in terms of innovation and looking to improve through meaningful staff engagement. It received a report on the work the Trust has undertaken in collaboration with the Virginia Mason Institute on 3 May 2016. The Trust has some clear evidence of where these initiatives are making a meaningful impact, and the Board would welcome an update as to how learning can be shared across the Trust’s partners in Surrey.

The Trust also attended a Board meeting on 13 March 2017, alongside other acute Trusts to discuss the impact of winter pressures. The Board noted that the Trust had experienced high A&E attendance figures and ambulance conveyance figures were also at a record high, however the Trust had only narrowly missed delivering the 4 hour standard.

The Board notes several key areas of success, including the

- The implementation of the SAFER flow bundle to improve patient flow and maximise bed occupancy;
- The achievement of staff survey results- in the top 20% nationally;
- Patient experience- positive inpatient survey scores (not dipping below 93%);
- A decrease in the percentage of patient safety incidents.

The Board welcomes the launch of the falls project aimed at reducing falls in pilot wards by 20%
within 12 months. It does note the high levels of C. diff. cases - which were twice the set target. The Board recognises the introduction of the antimicrobial stewardship programme will make a contribution to improving infection control.

The Board congratulates the Trust on its clearly presented Quality Account. It notes the challenges and priorities for the year ahead, however it would suggest the role of the Trust in delivering the Sussex and East Surrey Sustainability and Transformation Plan (STP) needs to take a greater priority. It is recognised that there are several challenges faced by the STP in the coming years, and it is important for the Board and the wider community to understand what impact this may have on the delivery of care by the Trust.

Healthwatch Surrey

As the independent consumer champion for health and social care, Healthwatch Surrey is committed to ensuring the people of Surrey have a voice to improve, shape and get the best from their health and social care services by empowering local people and communities.

For several years now, local Healthwatch across the country have been asked to read and comment on Quality Accounts produced by NHS providers, as required by the legislation. In Surrey this involves at least nine Quality Accounts working to similar deadlines, often to tight timescales. Each document is lengthy and involves many hours work by our staff and volunteers to digest and comment in a meaningful way. Last year we attempted, with the help of volunteers, to comment on the Quality Accounts and to provide a perspective based on the evidence we collect from the public, however we are not convinced that it was a good use of our resources. We do not believe that this process is an effective way of getting our information out to the public; nor an effective way of using our evidence to improve services.

This year our Board has decided that we will not to get involved in commenting on the Quality Accounts. With limited resources we do not believe this is the best way to use our time to make a difference for the people of Surrey. We know that this issue is under discussion at a national level and that other local Healthwatch are adopting a similar approach. We have chosen to concentrate this year on ensuring we feedback what we’ve heard on NHS and social care services to commissioners on a regular basis; and that we have the processes and relationships in place to escalate any cases of particular concern to the providers involved and seek outcomes.

Healthwatch West Sussex

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.

For several years now, local Healthwatch across the country have been 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. 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.

Each year, 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 on this for over two years. We have reducing resources and we want to focus our effort where it has the most effect on patient care and we do not believe quality accounts have this impact.

This year we have been more proactive in our own engagement with local people in their communities, more direct in our influencing work and more critical of how commissioners and providers are communicating with local people. These activities have been a positive process and we feel a better use of our resource.

We remain committed to providing feedback to the Trust through a variety of channels to improve the
quality, experience and safety of its patients.
Healthwatch West Sussex 2017

West Sussex HASC

Thank you for offering the Health & Adult Social Care Select Committee (HASC) the opportunity to comment on Surrey and Sussex Healthcare NHS Trust’s (SASH) Quality Account for 2016-17.

HASC agreed last year that formal responses from the committee to Quality Accounts, from last year onwards, would only be forwarded to NHS providers where HASC had undertaken formal scrutiny within the previous financial year. Therefore, as the committee did not scrutinise any services directly provided by SASH in 2016-17, the committee will not be making any comments this year.
Surrey and Sussex Healthcare NHS Trust provides emergency and non-emergency services at:

**East Surrey Hospital**
Redhill
Surrey
RH1 5RH
01737 768511

Surrey and Sussex Healthcare NHS Trust provides non-emergency services at Crawley Hospital which is managed by NHS Property Company.

**Crawley Hospital**
Crawley
West Sussex, RH11 7DH
01293 600300

We also provide a number of services at four community sites:

**Caterham Dene Hospital**
Church Road
Caterham
Surrey, CR3 5RA
01883 837500

**Horsham Hospital**
Hurst Road
Horsham
West Sussex, RH12 2DR
01403 227000

**Oxted Health Centre**
10 Gresham Road
Oxted
RH8 0BQ
01883 734000

**The Earlswood Centre**
Royal Earlswood Park
1 Anderson Court
Redhill
Surrey
RH1 6TP
01737 768511

**Headquarters**
Surrey and Sussex Healthcare NHS Trust
Trust Headquarters
Canada Avenue

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Need help or advice?
The Patient Advice and Liaison Service (PALS) focuses on improving services for NHS patients. It aims to:

- advise and support patients, their families and carers
- provide information on NHS services
- listen to your concerns, suggestions or queries
- help sort out problems quickly on your behalf

You can contact PALS by:

- telephone: 01737 768511 x 6922 or 6831 (for all sites)
- e-mail: pals@SASH.nhs.uk
- writing to: PALS, c/o East Surrey Hospital, Redhill, Surrey RH1 5RH

You can ask a member of staff to contact PALS on your behalf

This information is available in other languages and formats including audio tape, large print and braille. For further information please contact PALS (Patient Advisory Liaison Service) on 01737 231958 or email: enquiries@SASH.nhs.uk