University Hospitals Sussex NHS Foundation Trust

Inspection report

Worthing Hospital
Lyndhurst Road
Worthing
BN11 2DH
Tel: 01903205111
www.westernsussexhospitals.nhs.uk

Date of inspection visit: 04 October - 05 October 2022
Date of publication: 15/05/2023

Ratings

Overall trust quality rating	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Outstanding
Are services caring?	Outstanding
Are services responsive?	Requires Improvement
Are services well-led?	Inadequate

Our findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Overall summary

What we found

Overall trust

University Hospitals Sussex NHS Foundation Trust provides clinical services to people in Brighton and Hove, parts of East Sussex and West Sussex. The trust came into existence as a result of an acquisition by Western Sussex Hospitals NHS Foundation Trust of Brighton and Sussex University Hospitals NHS Trust on 1 April 2021.

The trust is now one of the largest organisations in the NHS employing nearly 20.000 staff and serving a population of around 1.8 million people in Sussex. The trust runs 7 hospitals across Brighton and Hove, West and Mid Sussex and parts of East Sussex. The trust provides 24 hour accident and emergency and maternity services on 4 hospital sites, with Royal Sussex County Hospital in Brighton being a centre for major trauma and tertiary specialist services. The trust also provides specialist services for patients from across the wider South East region.

The Care Quality Commission (CQC) carried out 7 core service inspections in the past 18 months at University Hospital Sussex NHS (UHSx) Foundation trust. These included maternity, surgery (general surgery, upper gastrointestinal (UGI) cancer services, neurosurgery), and urgent and emergency care. In September 2021 we carried out focused inspections of the maternity services at St Richards Hospital, Worthing Hospital, Princess Royal Hospital and Royal Sussex County Hospital. These inspections found safety concerns raised by staff to CQC were valid. The ratings for all 4 maternity services went down. CQC took enforcement action by serving a warning notice that asked the trust to make significant improvements. We inspected the maternity services again in April 2022 and found the trust had complied with the terms of the warning notice. However, we asked the trust to make additional improvements by issuing requirement notices.

We also inspected the surgical core service at the Royal Sussex County Hospital in September 2021 because we received safety and leadership concerns from whistle-blowers. This inspection also found the concerns to be valid. The service was rated as inadequate. CQC took enforcement action and asked the trust to make significant improvement. We carried out another inspection to check on the improvements in April 2022. Our findings showed little improvement had been made. We took additional enforcement action and placed conditions on the trust's CQC registration.

Our findings

CQC then received concerns about the UGI surgical service from staff and other stakeholders. We carried out an inspection of the elective UGI surgical service in August 2022 and found serious safety and leadership concerns. This resulted in CQC urgently imposing conditions on the registration of the trust, suspending the UGI elective surgical service to protect patients from the potential risk of harm.

We have continued to receive concerns from staff about the safety of the surgical services at the Royal Sussex County Hospital. We have escalated these concerns to other key stakeholders to ensure there is oversight and support for the trust to make the necessary improvements at pace.

We inspected the emergency and urgent care services at the Royal Sussex County Hospital in April 2022. The rating for this service went down from good to requires improvement. We provided the trust with a list of actions they must and should take to drive the changes needed to improve the service.

Due to the ongoing safety concerns identified by our inspections and the contacts from staff, we carried out a well-led inspection. This was to review our concerns about the quality of the trust's leadership, organisational culture and the lack of progress against the enforcement action taken in the surgical core service at the Royal Sussex County Hospital. At the same time, in response to concerns, we carried out a focused inspection of the neurosurgical service at Royal Sussex County Hospital.

CQC policy details that when a trust acquires or merges with another service or trust to improve the quality and safety of care, we do not aggregate ratings from the previously separate services or providers at trust level for up to two years. However, CQC can aggregate ratings at any time during that 2 year period if it is considered in the best interest of the provider and people using the service.

Following this current inspection, we have aggregated ratings, including core service rating, location/hospital ratings and the well led rating to give an overall rating for the trust. This has resulted in a deterioration in the overall trust rating.

CQC had contact with approximately 120 staff during the well-led inspection. Although this was a small proportion of the trust's total workforce we found consistent trends and themes from these contacts. As part of the inspection process staff 'drop-in' sessions were arranged rather than traditional focus groups to ensure clinical areas were not depleted of high numbers of key staff during a widely recognised period of high demand and staffing pressures. A letter was sent to all staff making them aware of the various ways to contact CQC should they wish to share their experience of working at the trust drop- in sessions across the trust's sites to give staff opportunity to talk to the inspection team. 120 staff took this opportunity to meet with CQC and share their experiences. These themes and trend matched information CQC had received from members of the trusts staff in the 18 months prior to the well led inspection. We spoke with staff from all hospital sites. However, it is worth noting the majority of contacts came from the Royal Sussex County Hospital and Worthing Hospital locations. We continue to have repeated contact from staff who tell us feel unable to raise concerns through the trust's own internal escalation processes.

CQC continues to work with system partners and key stakeholders to support the trust make the necessary improvements for patients and staff.

Trust wide

- Current communication and engagement methods were ineffective.

Our findings

- Staff felt leaders were not visible and felt unsupported by senior leaders.
- Some staff did not feel respected, supported and valued.
- Staff reported low levels of satisfaction and high levels of stress and work overload.
- Not all staff felt they could raise concerns without fear of reprisal. Others experienced 'concern fatigue' from raising the same concerns repeatedly with no action taken.
- We found some examples of bulling and harassment.
- Staff were not able to identify the Freedom to Speak Up Guardian (FTSUG). Staff were unable to tell us how they would access the guardian or raise a concern.
- There was no substantively appointed guardian of safe working hours for the Royal Sussex County hospital and Princess Royal hospital from April 2022.
- Risk, issues and poor performance and behaviours were not always dealt with quickly enough.

However,

- The majority of leaders had the experience, capacity and capability to lead effectively
- There was improved collaborative working between the trust and the Integrated Care System.
- There was good collaborative working between local patient advocacy groups.
- The refreshed trust strategies appeared to be sufficient to improve quality for patients and staff.
- All staff were committed to continually learning and improving services.

Neurosurgery

- The service did not always have enough staff to care for patients and keep them safe. Shortage of radiography staff resulted in delays of surgical procedures.
- Some staff had not completed trust mandated training in key and essential skills. Some staff had not received appraisals.
- Staff did not always work well together for the benefit of patients. Some consultants did not engage with patient discharge processes or with sharing prognoses with patients.
- The environment and availability of equipment did not always support safe and effective patient care and treatment. There were incidents of surgery being delayed due to lack of imaging equipment. Lack of an emergency theatre capacity meant planned surgery was often cancelled to accommodate emergency cases.
- People could not always access the service in a timely manner. Some patients were waiting over a year for their planned surgery.
- Staff did not always feel respected, supported and valued. Some consultants did not demonstrate respectful behaviours.

However:

- Managers used local and national audits and reviews to monitor the effectiveness and safety of the service. They used the results to make changes and improvements to the service. Leaders supported staff to develop their skills. Most staff were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Our findings

- Where safety incidents were reported, the service managed them well and learned lessons from them.

How we carried out the inspection

- We looked at information such as staffing numbers and rotas, staff training, clinical stack management.
- We looked at medicines management, checked equipment, medical devices and consumables.
- We reviewed information provided by the service following the inspection.

You can find further information about how we carry out our inspections on our website: www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

Most patients praised the care, treatment and support they received from the service. However, we also saw concerns about waiting times in the emergency departments, long waiting times for access to services and staff attitude.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

Trust wide

- The trust must ensure it publicises the Freedom to Speak up function so staff can raise safety concerns safely. (Regulation 17)
- The trust must ensure good quality FTSUG records are kept identifying trend and themes and used for to improve services for patients and staff. (Regulation 17)
- The trust must ensure all staff report incidents via the trust reporting systems. (Regulation 17)
- The trust must ensure the risks associated with reported safety concerns are mitigated promptly. (Regulation 17)
- The trust must ensure it seeks and acts quickly on feedback from staff for the purposes of continually evaluating and improving services. (Regulation 17)
- The trust must ensure it collates staff feedback is used for trend and theme monitoring and used to improve governance and risk oversight. (Regulation 17)
- The trust must ensure it takes account of the Workforce Race Equality Standard and NHS staff survey to ensure staff from ethnic minority groups are not disproportionately disadvantaged by working in the organisation. (Regulation 17)
- The trust must ensure it reviews the current medical staffing levels in the surgery division at the Royal Sussex County hospital to ensure the service can deliver safe and responsive care. (Regulation 12)

Surgery – Neurosurgery services

Our findings

- The trust must ensure that all staff complete training about how to interact with people with a learning disability and with autistic people. (Regulation 18)
- The trust should ensure that staff compliance with mandatory training meets the trust target. (Regulation 12)
- The trust must ensure completion of staff appraisals meets the trust target. (Regulation 18)
- The trust must ensure there are enough neurosurgery theatres to meet the needs of the local population, including availability of theatres for emergency cases. (Regulation 15)
- The trust must ensure leaders and managers have protected time to effectively carry out their role. (Regulation 18)
- The trust must ensure there is enough equipment to manage patient care in a safe and effective manner. (Regulation 15)
- The trust must ensure the culture of the service means that staff are treated with respect by all staff. (Regulation 17)
- The trust must make sure that all staff work together in a manner that promotes the safe and effective care of patients. (Regulation 12)
- The trust must ensure that multidisciplinary meetings are attended by the required number and mix of healthcare professionals. (Regulation 12)

Action the trust SHOULD take to improve:

Trust wide

- The trust should consider reviewing current staff engagement processes to ensure they are effective. (Regulation 17)
- The trust should review how incidents are being graded to ensure the severity levels are graded appropriately. (Regulation 17)
- The trust should ensure staff with long-term health conditions are protected in line with the Equality Act 2010 and have meaningful personal adaptation plans to ensure they are treated fairly, with dignity and respect they deserve. (Regulation 17)
- The trust should ensure it recruits to the Guardian of safe working hours post to oversees the Royal Sussex County Hospital and Princess Royal. (Regulation 12)
- The trust should ensure the Freedom to Speak up Guardian and the Freedom to Speak up champions have sufficient resources to support staff to raise concerns.

Surgery – Neurosurgery services

- The trust should consider improving the facilities for relatives.

Is this organisation well-led?

Our rating of well-led went down. We rated it as inadequate.

Leadership

Our findings

Leaders understood the priorities and issues the trust had but did not always take appropriate action to resolve them. Some executives were visible and approachable in the service, but most staff reported a disconnect between the board and the floor.

The majority of leaders had the experience, capacity and capability to lead effectively. However, some staff had been promoted into leadership roles but were not provided with the necessary training to do the job. There was a wealth of healthcare knowledge and leadership experience in the executive team, but there were also different challenges that managing one of the country's largest and newly merged teaching trusts entailed. The executive team were consistent in their view of the challenges facing the organisation. The board consisted of a number of experienced executives some of whom were part of the predecessor organisation leadership team and others who were new to the trust. The executives were supported by 10 Non-Executive Directors from a wide range of sectors. There was a significant amount of support available from system partners and key stakeholders to support the trust in delivering the best care possible for patients in Sussex.

Staff were empathetic towards the challenges the executive team faced in leading a trust of its size in the current healthcare economy. However, from the conversations in our drop-in sessions and contacts from staff, they felt the management style, was 'autocratic,' 'bureaucratic' and did not demonstrate commitment and adherence to the trust's own Patient First Quality Improvement methodology. Some staff felt their clinical areas lacked senior leadership and executive oversight and support which left them feeling 'neglected' and 'forgotten.'

While some staff believed they worked in cohesive and dynamic teams at service level that generally managed their own issues this brought its own challenges because these areas felt they were not provided with senior leader/executive support or oversight because of a 'lack of noise'. Consequently, whilst these areas appeared to be self-sufficient, they were not without their challenges which went unaddressed due to the lack of senior support. Clinical and nursing leaders did not have the autonomy to solve all their own issues and a lack of senior support and leadership turnover meant staff felt 'nothing ever got resolved.'

Staff knew who their leaders were. Most staff felt well supported by their immediate line managers and teams at a local level. However, staff said they had concerns about the leadership turnover which left them feeling unsupported and exhausted from telling leaders the same concerns repeatedly without resolution. Some staff described their experiences of bullying and harassment. These staff felt this went largely unaddressed because of the seniority of the staff allegedly carrying out the bullying and because they saw historical working relationships with senior executives as a deterrent to raising their concerns.

The leadership team said decisions were always made in the best interests of patients using the Patients First and True North methodologies. The trust website describes Patient First as their long term approach to transforming services for the better. It describes it as a process of continuing improvement which allows staff to identify opportunities for positive and sustainable change and gives staff the skills and support to make those changes. True North is defined as the very top of the patient first triangle which was is to represent the patient. The patient is set as a constant and must always set the direction of travel for the care delivered.

However, the trends and themes from our conversations with staff indicated they did not believe the leadership team always made decisions in the best interest of patients. Based on our conversations with whistle-blowers and focus groups common themes from these conversations included but were not restricted to: poor communication, fear of speaking truth to power, lack of dedicated time for clinical leads and lack of senior leadership support, senior leadership unable to make decisions, patient first improvement programme in conflict with top-down management style, new ideas resisted rather than implemented, poor business case processes resulting in cases being ignored, not considered

Our findings

and no feedback, poor Human Resources support and the Freedom to Speak Up Guardian function was unknown. There was also a perception from staff that data was 'made to look better' because the senior leadership team did not like 'bad news'. We raised data quality as a concern with the trust and as a result an independent review was commissioned. Staff felt key decisions were made in an autocratic way which meant their expertise, experience and clinical knowledge was not always considered when developing service improvements and problem-solving. Staff said their senior leaders were not always empowered to make decisions or lead in a progressive or constructive way. They felt frustrated when they were not given the autonomy or support to solve their own problems. Staff were also concerned about the prevalence of racism in the organisation. A number of staff from ethnic minority groups contacted CQC to raise concerns about their experience of bullying harassment and discrimination.

Communication methods were not effective. Whilst the trust used many methods of communication which included but were not restricted to hot topics, topic of the week, staff huddles, emails, newsletters, pc screen savers, staff still felt they were not kept up to date with what was happening within the trust. Staff felt the executive team's communication was not focused on subjects that were meaningful, relevant or reflective of the empathy and support they longed for. Staff felt the current 'all staff' calls lacked authenticity and meaningful dialogue and the 'controlled' question format being used was seen very much as closed communication. Staff expressed a wish for more open, informative and productive forums to have meaningful two-way conversations.

The executive team told CQC they were open, listening and modelling a fair and just culture in the organisation. They felt staff could raise concerns openly and honestly and have these responded to appropriately.

Staff attending drop-in sessions shared their concerns and worries about raising concerns. Their comments described two themes about raising concerns. Some staff some staff said they continuously raised concerns, but no action was taken to address them, and others told us they were afraid to raise concerns because they felt it would be career limiting. It was clear from the trends and themes from contacts with staff during the inspection that their concerns correlated with the issues staff raised with CQC before our recent maternity and surgery inspections. Our recent inspection activity also identified safety concerns that went unaddressed, and that patients were at risk of harm. During our recent inspection activity CQC found the safety concerns raised by staff were legitimate and took enforcement action as a result.

Although leaders were clear about their roles and their accountability for quality, our recent inspection findings showed there may be insufficient challenge and assurance at executive and senior levels. We saw a wide range of committee and subcommittee meeting minutes. Most non-executive directors felt assured that the information they were provided was a true and accurate reflection of the organisation. The trust governors held the executive team in high regard and expressed confidence in the trust assurance processes. However, CQC's recent repeated inspection activities and associated enforcement action showed that trust assurance processes may not be as robust as previously thought, as there were recurring trends and themes in our inspection findings. There findings were also similar to other independent reviews including but not restricted to the Dawson report.

Staff were not always supported to develop. The recent pandemic, staff sickness and vacancies had a significant impact on the trust ability to support staff to train and develop. Many staff were promoted into leadership roles but were not provided with the necessary training to do the job. Some senior leaders were experienced but their individual styles may not be conducive with getting the best out of their workforce. However, mandatory training rates continued to improve, and annual appraisal rates were also within the expected range. The trust recognised the importance of training, development and annual appraisals and were trying to balance this with the current staffing challenges.

Our findings

Leaders were not visible and did not always respond appropriately when staff raised concerns. CQC were aware of the geographical challenges associated with executive visibility in a trust the size of University Hospitals Sussex NHS Foundation Trust. However, staff told us executive and senior leadership teams were not visible and some went as far to say some leaders were not approachable. Many staff described a 'disconnect' between the executive and senior leadership team and the staff delivering care. Others stated the 'churn' of senior leaders was also part of the reasons for poor leadership visibility. Some staff felt raising concerns was futile and would negatively impact their future careers if they continued to bring concerns to the attention of the senior leadership team. CQC were provided with a formal list of executive walkarounds that occurred weekly. This document listed all the clinical areas visited and the named executive. A review of board minutes showed information from some visits, but not all, were shared with members of the executive team.

Some staff contacted CQC to raise concerns about the trust's human resources department. Staff concerns were about pay and the general support from the human resources department. Some staff had received incorrect pay, with some receiving more and some less than they should have done. The trust explained this had occurred during a change of payroll system. The hospitals on the east side of the trust (Royal Sussex County Hospital and Princess Royal Hospital) had moved from a paper-based payroll payment system to a more advanced IT system. The trust said it was during this transfer of systems that the errors had occurred. The trust said the salary issues had now been resolved. However, some staff said they were still receiving an incorrect salary. There was a perception from the senior leaders that the pay issues only affected junior doctors, however this was not the case. Staff felt the trust had not acknowledged the emotional and financial impact this had had on them. Many staff told us about additional concerns with HR which included a lack of consistent support and responsiveness.

Fit and Proper Person

We reviewed the personnel files of 4 members of the executive team. Appropriate checks had been carried out in accordance with 'Fit and Proper Person' requirements. The executive team had an appropriate range of skills, knowledge and experience.

Vision and Strategy

The trust had a clear set of values and had refreshed all the key strategies in September 2022. The trust had also implemented a clinical operating model to aid the consistent delivery and high standards in the services it provided.

The trust values were Compassion, Communication, Teamwork, Respect, Professionalism and Inclusion. Staff we spoke with were aware of and felt aligned to the trust values. The values were underpinned by the trust mission statement which was 'Excellent care, every time, where better never stops'.

The trust had undertaken a detailed strategy refresh during June-July 2022. The project resulted in in an updated set of strategic aims including the trust True North goals and targets, breakthrough objectives, strategic Initiatives and corporate projects.

The executive team agreed there would be no significant change to the strategic themes or initiatives. The trust had six strategic themes in total: Patient, Sustainability, People, Quality, System and Partnerships, Research and Innovation. Each theme was aligned to a strategic initiative.

Our findings

For example: 'Patient' was aligned to the strategic vision Patient First Improvement Programme with a vision to providing outstanding compassionate care for patients and their families every time. The trust's strategic goal was to ensure all patients have a positive experience of the care they receive. The trust theme had a current target to be in the top quartile nationally for patients rating their experience as good or very good for all touchpoints.

'Sustainability' was aligned to the strategic vision of living within our means and providing high quality accessible services to patients and staff through optimising the use of trust resources. This theme had a strategic goal to consistently live within the resources available.

'People' was aligned to the strategic vision of being the employer of choice and have the most highly engaged staff within the NHS, passionate about delivering the best care. This theme had a current target to be the top acute trust for staff engagement within 3 years.

'Quality' was aligned to the strategic vision of excellent outcomes ensuring no patient comes to harm and no patient dies who should not have. This theme had a current target which included a reduction of 5% in preventable harms and a Summary Hospital Mortality Indicator (SHMI) equally to or less than 100 for the test and individual hospital sites.

'Systems & Partnerships' was aligned to the strategic vision of delivering timely, appropriate access to high quality planned, cancer and emergency acute care as University Hospital Sussex and part of the wider integrated care systems. This theme had a current target to achieve the constitutional standards for planned, cancer and emergency care.

Research and innovation were aligned to all patients and staff having the opportunity and equality of access to high quality researchable innovation which was relevant to them. This theme had a current target to be in the top 10% of acute trusts nationally for the total numbers of patients contributing to portfolio research.

The trust aimed to deliver their strategic objectives in a 12-18 month timeframe, alongside a suite of longer term strategic initiatives to ensure the delivery of a quality, patient focused service.

The Clinical Operating Model used at the trust was also newly implemented. It was introduced just before our well-led inspection. Therefore, CQC were unable to assess its effectiveness or how well it was embedded in practice. Despite it being in its infancy the new operating model appeared to provide clear structures and evidenced multi-disciplinary leadership both across hospital sites and divisions through a consistent triumvirate model. Whilst there were still some outstanding vacancies and interim posts that the trust was trying to recruit to, the vacancies could be a potential risk to the overall implementation of the model.

The new clinical operating model appeared to be designed and based on best practice from other multi-site trusts and with engagement from stakeholders. The key principles of the trust model included the triumvirate structure, consistency in roles and bandings across divisions and sites. The model ensured clear clinical leadership within the divisions through the triumvirate structure, with clinical leads having accountable lines to both the Chief Medical Officer and Chief Nursing Officer and Managing Directors as required. The triumvirate structure was replicated throughout divisions into directorates and services which ensures appropriate multi-disciplinary representation across the trust.

The new patient experience strategy's aim was to achieve a 95% good or very good experiences for the majority of patients who used the trust services. The strategy had 8 principles: Data and Insight led, Patient-centred, Active listening, Place-orientated, Fairness and equality, Solution focused, Prevention and early action, Accountable. Each of these aims was underpinned by three main ambitions: Better engagement – nothing about me without me, addressing

inequality - voice and influence for the least heard, learning and action on patient experience. This strategy had eight measurable outcomes to assess success which included but were not restricted to: Improved Friends and Family scores and improved engagement scores, complaints, reduced discharge time, improvement in the number of staff recommending the trust as a good place to work.

CQC reviewed a draft copy of the trust winter plan which outlined the capacity objectives for 2022 - 2023. The plan had five main objectives, safely avoid admissions, safely create more capacity, safely reduce the length of stay, maintain operational grip and control and participate in the system wider plan of development and implementation. The plan also included 3 enhanced system workstreams for out of hospital response, frailty, respiratory pathways and discharge. Each workstream had a clinical lead responsible for the delivery of workstreams. Many staff told us during the inspection they were not aware of the trust winter plan. It was widely circulated with staff when it was approved at the trust board meeting after our inspection.

There was a significant investment in the trust laundry services at St Richard's Hospital. This included a five million pound investment to ensure new equipment to provide sustainable green benefits. These include minimising electricity and gas by using new efficient equipment, cutting water use by using improved technology to recycle and re-use water, reduction in the use of chemical and detergent usages and reducing and eventually eliminating the use of plastic packaging through the use of washable reusable canvas or water soluble bags. The key initiatives for the green strategy for the next three years focused on the reduction of Desflurane and Nitrous Oxide (anaesthetic gases), trialling reusable surgical instruments that could be re-sterilised on site.

We also reviewed the trust's updated five year digital strategy which was in draft form at the time of inspection. The aim of this strategy was to improve access and continuity of care for patients through collaboration with a wider range of acute NHS and community services. It aimed to improve recruitment and retention for staff creating greater scope and flexibility to deploy staff. The size of the trust was an opportunity to make significant improvement to the environment using economies of scale and to offer a wider range of services across Sussex. The strategy also noted improved quality by ensuring people get the right care, in the right place, at the right time through improved innovation and specialist support. The fifth aim focused on systems and partnerships, greater flexibility and improved information flow.

CQC requested the trust's mental health strategy for review. We received two documents, a commentary of the service level agreement between University Hospital Sussex NHS Foundation Trust and a local mental health trust and the terms of reference for the strategy group. The trust had set up a multi trust bimonthly Mental Health Strategy and Quality Group. This document described the acute trust mental health strategy, operational delivery and service development, workforce, and quality. It also outlined the governance arrangements to manage incidents and risks and the process the strategy group followed to report to the board. The group was set up in response to the local challenges to provide care for patients with mental health care needs experiencing long waits for acute adult and children's mental health beds.

The trust had developed a green strategy in line with the NHS commitment to deliver the first net zero carbon health services. The strategy was developed in line with the patient first improvement methodology. To date the trust had achieved a 37% reduction in its carbon footprint since 2010, reduced anaesthetic emissions by 87% since 2014, undertaken 1500 remote consultations in 2022, had joined a green travel network and recruited over 300 green ambassadors trust wide. The trust was continuing to deliver on the strategy by providing a £3million investment plan to improve food and drink for patients and reduce food miles, a new menu with more plant-based options, using electronic

devices instead of paper to capture individual food preferences, reduce energy efficient kitchen equipment and food delivery trolleys. The trust strategies were rightfully ambitious and focused on the delivery of high-quality care. However, it was clear from our repeated contact with staff, our inspection activity and enforcement action, quality, safely and culture improvements were required at pace to realistically achieve the organisational strategic ambitions.

Culture

Not all staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care. Not all staff felt they could raise concerns without fear of reprisal. The organisation needed an improved focus to fully embrace the equality and diversity agenda.

The executive team told us there was a fair and just culture at the trust. Executives felt they role modelled a compassionate leadership style. The executive team described the culture of the organisation as 'good' with some local areas that required additional oversight and support to improve.

We spoke to over 120 staff during the well-led inspection. A total of 118 staff raised a concern and 2 provided positive feedback. However, it is important to note CQC continued to receive ongoing contact from staff wishing to raise concerns after the inspection. There were trends and themes identified from contact with staff that indicated their perception of the organisation was different to the executive team. Some staff feared reprisal for raising concerns and others had simply given up because of 'concern fatigue.' This group of staff felt there was little point raising concerns because no action was taken when they did. When we asked staff to describe the culture of the trust, the feedback was mostly negative. Staff also felt the trust was a 'hierarchical' organisation which made it hard to get their voice heard.' However, most staff remained very committed to their patients, their colleagues and their purpose in the organisation. Some described that their family members received good care from the trust. They told us they were very proud to work at the trust and wanted to be part of the new trust legacy. During the well-led inspection, 2 staff provided positive feedback about working at the trust, the support from senior leaders and their positive perception of the leadership team.

Conversations with the executive team indicated they believed that most staff who attend the drop-in sessions and spoke with CQC inspectors worked at the Royal Sussex County Hospital. However, this was not the case. An equal number of staff from Worthing Hospital also came forward. The number of contacts from St Richard's, the Royal Alexandra Children's Hospital, Southlands and Princess Royal Hospital were small in comparison. However, this did not make their concerns any less significant. The themes of concerns expressed by staff were the same across all the hospitals.

There were low levels of staff satisfaction and high levels of stress and work overload. Much of this related to the burn out from the pandemic and the current staffing crisis. However, staff also felt it related to the challenges they felt when trying to raise concerns. Staff spoke about their frustration and disappointment when potentially serious concerns went unheard and unaddressed. Staff also told us about the fatigue they felt from escalating their concerns repeatedly to senior leaders who then left the organisation or moved division. The lack of continuity and consistency at senior leader level compounded the perception that concerns went unresolved. Staff provided CQC with email trails to evidence they had raised concerns. This was felt more significantly at the Royal Sussex County Hospital, Worthing Hospital and Royal Alexandra Hospital.

Although the trust had responded to the cultural concerns in surgery at the Royal Sussex County Hospital, it has had a limited impact. There was poor medical engagement and some consultants continued to display poor behaviours which meant a lot of staff felt undervalued, unsafe, and unsupported. This view was supported by our conversations with staff during our well led inspection.

Our findings

Most staff did not know who the Freedom to Speak Up Guardian was, or how to contact them. The guardian had been an interim post for a considerable time. The trust had only recently recruited a full-time guardian and identified a large number of freedom to speak up champions. However, the trust employed in excess of 20,000 staff but only had one full time Freedom to Speak up Guardian. The trust had recently appointed 200 FTSU champions. There was no assurance that the FTSUG and champions had enough resource and time and support to deliver their role. We were concerned there was not enough resource to meet the needs of staff given the number of trust employees and the significant culture concerns raised with CQC over the last 18 months. The last three Freedom To Speak Up Guardian reports were of a poor quality with an inconsistent format, with little evidence that trends and themes were monitored, or actions taken to address specific concerns. The 2021 NHS staff survey asked if the organisation acted on concerns raised by patients/ service users'. The scores for this question showed results were worse than the 2020 survey.

Staff believed there was a culture of bullying and harassment which pressured staff towards unsafe decision making. We asked staff at what level they felt this culture existed. Staff perceived this was being driven from the top down and there was a concern that poor behaviour was role modelled at a senior leadership level and went unaddressed. They felt a lack of skilled senior management meant good engagement and driving change was a challenge. National engagement scores have decreased across England. However, the trust scores had declined more than the national average for every question. The national average decrease for each Engagement question was 4%, whilst for the trust it was a decrease of 7%. CQC recognised that the national average included both acute and community trusts and that this impacted on the average score. It is also acknowledged that there was a potential impact of the recent merger. However, it is important to note the trust staff survey data was broken down into the historic Western Sussex location and Brighton and Sussex University hospital location levels, so a trend and themes analysis was possible when reviewing this data. Staff also provided positive feedback about some senior leaders who were viewed as 'excellent, hardworking and effective' role models who demonstrated compassion and actively listened and addressed concerns.

CQC continued to receive contact from whistle blowers which indicated ongoing concerns about the safety and culture of the organisation. The ongoing contacts raised questions about reasons why staff felt unable to use the trust's own internal escalations processes. There was evidence that senior clinicians continued to raise patient safety concerns to senior members of the organisation. However, there was lack of evidence to show how these concerns were acted upon. CQC continues to be concerned about a potential culture of 'normalising' safety concerns and conflating these with individual poor behaviours.

The 2021 staff survey asked staff 'if they felt safe to speak up about anything that concerns them in this organisation,'. The results declined by 8% since 2020. The questions asking staff 'If they were able to make improvements happen in their area of work,' also declined by 6% since 2020. These were both driven by higher decreases in staff responses from the East Sussex hospitals versus the West Sussex hospitals locations. The trust also saw a reduction by 6% to the question asking staff about 'their level of confidence the organisation would address their concern, which' was lower than average score by 5%. The question asking 'If I spoke up about something that concerned me, I am confident my organisation would address my concern,' also saw a deterioration that was 6% lower than the baseline score for the comparative sector. The staff survey showed a continued decline.

Two staff staff contacted us to share their stories of how the organisation supported them to continue working whilst having a long-term health condition. There was evidence of three trust employees who would have benefited from a more personalised approach around their long term health condition. However, data from the 2021 staff survey showed disabled staff scored lower on all questions (between 5-8 per cent lower) compared to non-disabled staff. The largest negative disparity related to the question 'During the last 12 months have you felt unwell as a result of work related

stress? Non-disabled staff scored 47%, whilst 20% more disabled staff (67%) reported they felt unwell as a result of work related stress. When staff were asked if they felt valued by their teams, non-disabled scored 70% but disabled staff scored 10% lower at 60%. When staff were asked if people they worked with showed appreciation to one another, non-disabled scored 86% while disabled staff scored 28% lower (58%).

However, 72% of disabled staff believed the trust supported them with adjustments. This was 1% above the average sector score for this question. A health passport to aid those with a long term health conditions move around the organisation easily was introduced in 2020, raising awareness and training of reasonable adjustments. However, the staff we spoke with did not have a health passport.

The trust recognised the increased risk of violence towards staff particularly those working in the emergency departments. The trust took a zero-tolerance stance to violence and aggression towards staff. Additional training was provided to security staff, (including but not restricted to restraint, dementia, mental health) and bodycams were worn. Security staff were now included in incident debriefs and provided with trauma counselling.

The trust's Equality, Diversity and Inclusion policy was in draft form at the time of inspection. There was ongoing work required to ensure the trust met all its requirements and priorities to ensure alignment with the NHS 2022/23 Priorities & Operational Planning Guidance, NHSE/I Six National Actions for Closing the Gap in Recruitment and the Health Inequalities Leadership Framework – Board Assurance Tool (2022) and the NHSE Equality Delivery System 2022 (August 2022) – 'Implementation of the EDS' was a requirement on both NHS commissioners and NHS providers.

The 2021 staff survey showed poor engagement scores for staff with particular equality characteristics and staff with a long-term disabilities. The trust had identified five areas it needed to work on to improve the experiences of marginalised staff groups. This included debiased recruitment, improve workplace experience, enable career development, equitable patient care, community engagement and reputation. The plan had identified measurable metrics to assess its success. The plan was developed in collaboration with the integrated care systems. As the plan was in its infancy, we were unable to judge its effectiveness.

The Annual Gender Pay Gap Report for 2021, which summarised the legacy East and West Gender Pay Gap (GPG) as of 31 March 2021, demonstrating the difference in average hourly pay and bonus payments between men and women. As documented in the people committee minutes, the trust was aware there was more work to do to harmonise the various elements of pay across the trust, and this would be undertaken as part of the pay strategy workstream.

A number of staff from ethnic minority groups contacted CQC to raise concerns about their experience of bullying harassment and discrimination. We were aware of a number of current legal challenges on the grounds of racial discrimination. The NHS survey suggested 22% of staff at the trust identified as being from an ethnic minority group. A total of 17% of staff identified as being from an ethnic minority group on the 2021 staff survey.

Workforce Race Equality Standard (WRES) data from the 2022 report showed there was a higher than expected representation of ethnic minority staff in Bands 2-5 and all medical grades. However, within bands 6-9 and very senior management group there was a lower than an expected representation of staff from ethnic minority groups. In band 5, medical: non-consultant and trainee grades there was a much higher than expected representation of ethnic minority staff.

Our findings

The Diversity and Equality section of the NHS staff survey also showed a decline in scores. Staff were asked if their 'organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age'. Scores for this question have dropped nationally between 2020 and 2021 from 85% to 56%, with the best national scores for a trust standing at 70%. The scores for the trust were slightly worse than the national average, dropping from 85% in 2020 to 53% in 2021.

Survey results showed that staff from ethnic minority groups were more likely than their White colleagues to experience poorer outcomes with regard to pay, autonomy and time pressures, team working and burnout. The Workforce Race Equality Standard (WRES) data provided by the trust showed the relative likelihood of staff from ethnic minority groups entering a formal disciplinary process compared to White staff was 1.7 times greater. Trust data also showed staff from ethnic minority groups were more likely to experience harassment, bullying and abuse than White staff. When compared to the acute sector average UHSx staff were more likely to experience harassment, bullying and abuse by almost 10% When legacy trust data from 2020 was reviewed it showed *t*his figure had increased across the board, whether this was from other staff groups or patients, relatives and the public.

The 2021 NHS staff survey saw the trust ranked 104 out of 126 Acute and Acute and Community Trusts staff for the engagement score. The trust had a strategic aim to increase the number of staff recommending the trust as a place to work. However, the survey results reported a decrease of 13% from the trust baseline in the last survey. The average national sector score also decreased by 9% from 2020 to 58%. The trust was 24% below the best trust score. Staff engagement within the divisions showed a variation in survey theme scores. Six legacy west divisions (Western Sussex NHS Foundation Trust) scored above the trust theme score of 6.6 and legacy east (Brighton and Sussex NHS Foundation Trust) all scoring below, with the Surgical division scoring worst at 6.2.

The survey asked staff if they would be happy to have a friend or relative treated in the trust. This had also decreased by 10% to 65%. The average trust score decreased by 7% from 2020 to 67%, the trust was 2% worse than the national average. The survey also asked staff if they were able to make improvements happen in their area of work'. This question saw a decrease of 6% to 51%.

The morale section of the survey was made up of 13 questions. The trust saw decreased results in all questions when compared with the 2020 survey. The survey asked staff if 'There was enough staff at this organisation to do their job properly. This question saw a 14% decline from the previous year. This reduction was seen across both legacy east and west sites. The National sector results also followed this trend and evidence a significant 11% decline. The questions relating to the care of patients/service users is my organisations top priority' decreased by 7% to 72% and was 3% worse than the national sector average of 75%.

According to trust Electronic Staff Record (ESR) data 5% of 16,387 the trust's staff had declared a disability. However, 23% of 7,960 staff who answered the NHS staff survey in 2021, reported having a long lasting health condition or illness. This large variance to the trust data showed there were more staff identifying as having a long-term condition/illness than was captured through on the ESR workforce data. The differences in information is to be expected given the different approaches of the ESR and the survey to capturing information. This wasn't an issue specific to the trust, as nationally there is an under-reporting of disability information on ESR. Senior leaders at the trust told us the high level of responses to the staff survey enabled them to gain a good insight into the needs of disabled staff.

A high number of nursing and medical staff told us about the significant value and invaluable support Healthcare Assistants (HCA) provided to clinical teams. There was a consistent theme in our conversations with staff relating to the potential loss of HCAs to other sectors due to the low pay, particularly the Band 2 grades. Staff were very worried about

the impact this would have on patient safety. Staff expressed a sincere wish the organisation could make this staff group feel more valued and recognised for the substantial contribution they make to the organisation. The health care assistants we spoke with shared the same concerns. The staff survey results were used to develop the trust's 'People' strategy.

The trust had recognised the cultural issues at the trust and there was detail in the new strategy about how the trust intended to address them. The people's strategy included plans to support and realise cultural improvements. The strategy included, but was not limited to, staff being able to raise concerns which were addressed, a health and wellbeing plan, and an equality, diversity and inclusion plan.

Governance

The trust changed its governance processes to strengthen the organisational oversight on safety in its services just before our inspection.

The governance systems were new which meant CQC were unable to assess the quality of the systems and risk oversight. However, our previous inspections clearly identified concerns the historic systems and processes did not operate in a way that always protected patients or staff.

The trust had introduced new strengthened governance systems and processes with an aim of standardising and improving processes trust wide. There were a range of sub-committees, with good representation by non-executive directors that fed into the governance system. We were unable to assess the quality of these systems because they were in their infancy and not embedded in practice.

However, in relation to the surgical services, the Royal College of Surgeons neurosurgery review (September 2019) and the Health Education England (HEE) Urgent Concern review (2020) reports all made reference to similar recommendations in terms of governance, risk oversight and culture. Surgical trainee doctors were withdrawn and currently remain withdrawn. The findings from CQC inspections carried out in the last 18 months indicated that trust governance processes had not been able to identify problems in some of the trust's services and so had not been able to support improvements in those areas. Concerns included but were not restricted to: a lack of administration roles to support the governance function, insufficient job planning for clinical staff to undertake governance and risk roles, lack of independence and scrutiny over data collection, meaningful audit processes that improve quality, poor morbidity and mortality (M&M) processes, incidents reporting, and a lack of central governance oversight and support from the central governance team resulting in poor oversight at board level for some divisions. This meant there was an impact on the trust's ability to effectively scrutinise and escalate to the lead directors as required.

Whilst we saw significant improvement in our recent maternity inspections, we saw little or no improvement in surgery since our first visit in September 2021. Our last two inspections of general surgery resulted in conditions being placed on the trust registration in May 2022. Our recent inspection of the elective upper gastrointestinal cancer services resulted in part of the service being suspended in August 2022.

The trust commissioned a Royal College of Surgeons review of the Neurosurgery service in 2019. The report highlighted ten key recommendations which included reviewing consultant job plans, addressing interpersonal difficulties, improving theatres utilisation, listening to staff, equipment review, and identification of need and the on-call rotas and improving the effectives of mortality and morbidity meetings. Whilst our inspection of Neurosurgery recognised the improvements made, we also noted the similarities in the 2019 findings with CQC's inspection findings in surgery at the Royal Sussex County Hospital in September 2021, April 2022 and August 2022. We also note the similar findings in the

Our findings

2020 Health Education England Quality review. This report identified several areas that required improvement and included but were not restricted to patient safety, record keeping, particularly in relation to clinical governance, a lack of leadership and ownership of the of the problems in the surgical department, poor supervision, support and teaching opportunities for trainee doctors, who also reported a 'toxic' culture in the department. The report also raised concerns about the quality of morbidity and mortality meetings which did not meet Royal College of Surgeons' guidelines. The report stated 'when asked, trainees confirmed the medical director and chief executive were aware of the concerns.' CQC have received evidence from senior staff that they also raised similar concerns between 2019 and 2022. CQC's recent inspection surgical inspection findings showed little improvement against the recurrent concerning themes. The 2022 Dawson report reiterates the same findings which means there was little progress made to address the governance, risk, leadership and culture concerns over a four-year period.

The deanery withdrew surgical trainees from the Royal Sussex County Hospital as a result of the ongoing and unresolved problems in the surgical directorate. Whilst their recent quality assurance visit in October 2022 showed some improvement, trainees will not return for the foreseeable future.

We continue to receive concerns about governance and risk processes in general surgery at the Royal Sussex County Hospital. The ongoing concerns we have received relate to individual poor behaviours, data validity, poor mortality and morbidity processes preventing learning, and the safety culture. These concerns are still being reviewed.

However, since our last inspection of the elective upper gastrointestinal cancer services, the trust had taken steps to address the concerns we found. Actions taken include a new clinical director, audit lead, improved administration support and better central governance oversight and independence in the division. The trust has also commissioned an independent review into the data validity concerns we raised. The trust carried out its own diagnostic review of governance in 2022 which highlighted key areas for improvement including the lack of a robust business intelligence function to support metrics and oversight. The trust scorecard (which collates trends and performance data across divisions and sites and provides assurance to the Quality Committee and Board) was also under review. There were known challenges with some of the data indicators which include a review of the coding function which was potentially affecting the trust SHMI indicator. The highest values were seen in the Royal Sussex County Hospital and Princess Royal Hospital sites.

The review also indicated the Quality Governance Steering Group (QGSG) had insufficient time to effectively cover all aspects of quality related to divisions in this meeting. The review found little evidence that best practice guidelines were used regularly for divisional or site level quality and safety forums. The trust had refreshed all board reports structure in line with Patient First programme to put patients first. The quality committee also revised their format resulting in a minimum of 10 meetings a year to improve oversight and efficiency.

NHSE carried out a review of the trust finances as part of the well-led process. As of 1 April 2021, all general ledger and financial services are now provided in-house through a newly upgraded ledger. The Trust Internal Audit Report for 2021/22 flagged a moderate risk around a small number of system controls during the implementation and noted that the gaps had been addressed during the audit and are now operating as required.

The trust used internal audit to support it to drive to improvement and this was referenced in the Annual Internal Audit report. Several the areas for attention were aligned to areas that had been subject to significant change during the merger of the 2 trusts. The report concluded the trust continued to perform strongly in areas of core assurance and the trust received an overall conclusion of moderate assurance

Our findings

A theme raised in the Internal Audit Report and that came through in interviews, relates to the challenge of harmonising information and reports, addressing manual data processes and aligning data policies across all trust sites. This was necessary to ensure management has information that can be used to confirm and contrast performance information effectively. The trust executive has recognised this challenge and the trust was in the process of strengthening its business intelligence team and the outputs produced for management.

An external audit carried out an unqualified audit opinion and Value for Money (VFM) conclusion in 2021/22 and did not identify any significant weaknesses in the trust's financial systems. The external audit report notes that the trust's finance team was responsive and engaged throughout the audit process. The review found evidence of good financial governance discipline in respect of financial performance. The trust used the Patient First Improvement Programme as a framework for achieving its objectives. Sustainability was one of a small number of "True North" goals that embeds achievement of the trust's breakeven financial plan as a key metric against which performance was managed. A layered framework of oversight was in place to oversee financial performance including a formal quarterly Board Sustainability Committee (with interim monthly sessions) and Divisional Strategy Deployment Reviews (SDRs). Standardised escalation processes that include intervention and support are enacted if key financial metrics are not routinely achieved by divisions.

The trust submitted its financial plan for 2022/23 on 20 June 2022 at breakeven in the context of an overall breakeven plan for the Integrated Care System. The process to develop the plan was discussed during interviews and follows a sound methodology involving internal and external stakeholders. Risks to delivery of the plan were consistently recognised through interviews, notably workforce challenges (recruitment & retention), managing cost pressures related to extra escalation capacity (linked to addressing high agency expenditure) and delivery of the efficiency programme.

The trust described a "road map" to rectify the year to date variance to plan and achieve the breakeven financial plan; targeting agency expenditure and implementing workstreams to reduce costs relating to excess length of stay & escalation capacity. The risks to achieving the trust's financial sustainability duties are flagged as red/amber on the Board Assurance Framework.

The trust has recently undertaken a self-assessment audit for financial governance as recommended by NHS England. The trust has concluded that there are 9 areas (of 72) that required action. Three of the 9 areas related to increasing financial training and development and the need to enhance financial acumen of staff across the newly merged trust, particularly where staff have taken up new roles and responsibilities. The need to enhance general financial training was recognised in interviews held and it is recommended that the trust takes action to make improvements in this area to improve core financial stewardship.

Management of risk, issues and performance

Leaders and teams used systems to manage performance, but at times this was not effective. While known risks were identified and high-level risks escalated with identified actions to reduce their impact, there was variability and a lack of pace in the trust response to mitigate and manage these in some core services.

Risk, issues and poor performance were not always dealt with appropriately or quickly enough.

Our findings

There were many examples of key concerns raised by that were not dealt with or not given necessary priority in our previous inspection reports. CQC highlighted serious concerns with the governance and risk oversight of the surgery services at the Royal Sussex County Hospital in surgery in September 2021 and there has been little improvement in the last twelve months. Similar findings were identified by stakeholder reports in 2019 and 2020. Although the trust was addressing these concerns, the pace of the action to our initial findings was slow given the significant risks identified.

There was a similarly a prolonged approach to resolving the suspension of junior doctor trainees at the Royal Sussex County Hospital. However, the trust had now trust strengthened its senior educational leadership and had improved oversight of education. An Education Board and a sub-committee of this board now focused on statutory and mandatory training to improve the trust educational provision. Although there was improved feedback from junior doctors and stronger engagement with educational bodies, there were still significant challenges to be overcome before the junior doctors returned to general surgical training at Royal Sussex County Hospital.

During the onsite inspection CQC looked at 10 serious incident reviews completed by the trust. All were of good quality and clearly identified the learning from each case. As part of the off site inspection process we reviewed a sample of incident reports/investigations for the 18 months preceding the inspection. This showed the trust did not always allocate an accurate harm score to the incident. This meant that there was a risk that the levels of harm were incorrectly categorised, and therefore not investigated or learned from. It also indicated there was a lack of effective oversight of incident handling in the trust. This issue also had a potential impact on the trust's ability to uphold the duty of candour (DOC) regulations. The trust reported being 100% compliant with the duty of candour regulations. However, CQC were aware of one case where DOC was not discharged in a timely way in line with trust policy or national guidance, which the trust had subsequently addressed.

There was potential risk to the effectiveness of the trust's new governance process. The electronic incident reporting system was one of the key tools which fed into the new governance risk management system. However, staff did not report all incidents because they either had no time or felt it was "pointless.". Medical staff said they rarely reported incidents. Staff continued to say learning from incidents was not embedded into usual practices. This meant not all incidents were reported, investigated or learned from which could result in harm to people using services at the trust. However, the trust had identified this as a risk to managing and learning from incidents and were acting to reduce this risk. This included a trust wide Patient Safety Group aimed to improve trust wide reporting and learning from incidents as well as work towards implementing the new national Patient Safety Incident Response Framework.

There was no substantively appointed guardian of safe working hours for the Royal Sussex County hospital and Princess Royal hospital from April 2022. Whilst a process of oversight of this work had been determined it was undertaken weakly and therefore this process required improvement The guardian of safe working hours ensures that issues of compliance with safe working hours are addressed by the doctor and the employer as appropriate. It provides assurance to the board of the employing organisation that doctors' working hours are safe. This meant junior doctors did not have easy access to guardian support should they wish to raise concerns.

Trends and themes from complaints were monitored and discussed at board level. These were also used to drive service improvement.

The pharmacy service was working on an integration plan post-merger. This work involved retaining the preferred practice and guidelines, procedures and policies from one trust and rolling it out across the other. Medicines optimisation and pharmacy governance processes were integrated into the trust's quality and safety structures. Pharmacy services had undertaken several audits which were used to monitor quality and improve the service. They department was in the process of publishing an audit related to omitted medicines doses within the emergency

departments. The pharmacy service was working locally and with other NHS trusts across the ICS area to improve the consistency of medicines optimisation within the ICS area. The service was also planning on developing the recently created roles for healthcare undergraduates including the development of pharmacist apprenticeship roles. However, the chief pharmacist role was an interim post and there was no succession planning to ensure continued quality leadership of the pharmacy service.

The trust ran a clinical area peer review programme. This meant staff visited clinical areas outside of their own setting to do visual observations. Information from these visits was fed back to staff and used for service improvement.

The trust recognised the risk of the differences between hospitals and the additional complexity of the new governance systems as well as the new Clinical Operating Model for frontline teams. To address this, the trust had set up improvement boards across the divisions with the aim to identify and support cross-division improvement programmes.

The trust maintained a corporate RAG (red, amber, green) rated risk register which was reviewed regularly. Leaders confidently told us the frequency and process used to review the risks and they showed good knowledge of what the recorded risks were.

The trust operated a Board Assurance Framework (BAF). A BAF brings together the information relating to the organisational risks and strategic objectives. The BAF accurately captured the organisational risks and the strategic priorities. There was a board reporting schedule which the trust adhered to. BAF risks were reviewed at board meetings.

The Board Assurance Framework (BAF) identified 13 strategic risks. The trust assessed each risk against the trust's risk appetite when setting their target score. Each risk had a dedicated lead executive and lead oversight committee allocated. Of the 13 documented risks 12 were rated as high risk and one as moderate. Two of the highest risks recorded related to workforce and the trust not to deliver and demonstrate consistent compliance with operational and NHS constitutional standards. A risk relating to system and partnership working had reduced to a moderate risk when last reviewed in July 2022.

Trust risk registers did not demonstrate the trust identified all risks and took action to lessen risks. Risks documented on the risk registers were rated as to their level of risk (Red, Amber, Green) and reviewed. However, there was lack of evidence on the risk registers that the trust had mitigation or control measures in place to manage many of the risks. There were no entries about the poor governance, risk management and poor leadership risk in the surgery services at the Royal Sussex County Hospital. There was no entry about the recognised poor behaviours and culture issues which had a significant relevance to ensuring safe and effective care and fundamental to staff welfare. There were a number of historic entries which dated back as far as 2012 and 2016 on the 'specialist' register that remained current and unresolved. The women's and children register did not reference the low numbers of nursing staff or the outdated staff template currently being used.

There were a number of acute risks the organisation faced. All staff, from ward to board shared the same worries about staffing levels, capacity, flow and care of patients with mental health conditions, long waiting lists and access to theatre, particularly for emergency patients. There were still local mitigations the trust could take to improve safety. The trust was supported by the ICS and system partners to make improvements. However, it is also important to acknowledge the challenges the trust faced in the context of both system and national challenges. These included staff shortages, COVID-19 absence, long-term sickness and absence, an increased number of more acutely unwell patients requiring care, reduced access to primary care, social care and community care provision.

Our findings

Documentary evidence showed insufficient numbers of medical staff in the Surgical Division at the Royal Sussex County Hospital. Surgical consultants and their juniors continued to raise concerns about the medical staffing and the impact it had on their ability to provide a safe service and poor patient experience. The evidence showed medical staffing in the surgical directorate was a significant problem every day. This affected patient safety, ward rounds, discharge planning, theatre effectiveness, out of hours on call cover and was not indicative of a rota that supported FY2 and registrars. Medical staff shortages had a negative effect on consultants and junior doctors' wellbeing and nursing staff's ability to get timely medical reviews. It also negatively impacted the quality of training, support and supervision provided to junior doctors. Consultants continued to raise concerns daily.

There was a lack of evidence the trust was taking an opportunity to share best practices between directorates. An example of this was the lack of sharing of the innovative and award winning approach to digital workforce planning in the Urgent and Emergency Department at the Royal Sussex County Hospital to address workforce pressures. Although the Emergency Department required an increase in their consultant template to deal with the increase in clinical demand, the team had developed a hybrid consultant rota which met the Royal College staffing guidelines for emergency medicine. Some of the benefits of the initiative included staff feeling happier, with more leave preventing burn out, a more flexible working environment, improved training opportunities and a positive working environment. Administration time was also reduced, and the department had a greater pool of resource to call upon when required. A second example was the successful recruitment of staff to roles in the Estate and Facilities team and a positive staff engagement score for this team of staff. However, there was no evidence to indicate the trust had learnt from this success to support improvements elsewhere in the trust.

The trust had undertaken a successful international recruitment drive for clinical staff. A recent maternity recruitment drive saw most of the trust's newly qualified student midwifes recruited into full time positions. However, these actions alone may not be sufficient to safeguard the organisation from workforce pressures.

The other significant risk related to care and welfare of mental health patients (adults and children) awaiting acute mental health beds. The trust worked well with the local Mental health trust and the Integrated Care System to support safe care and treatment for these patients. However, there was still a significant risk to patients who experienced severe delays and were in an inappropriate care setting. The number of patients awaiting mental health beds had increased significantly and this put additional pressure on trust bed availability and staffing levels. It also put additional pressure on the staffing numbers because patients experiencing mental health illnesses required an enhanced level of monitoring and supervision to ensure their safety. Emergency department staff told us they felt an increased risk of patient on staff aggression and violence from patients with mental health illnesses who were in an inappropriate care setting. Staff spoke about their frustration at the long waits for acute mental health beds.

Due to emerging concerns about data management the trust has commissioned an external review to explore this, and other safety concerns brought to our attention after the well led inspection. The trust has commissioned an independent review to explore these concerns and will respond to CQC in due course.

Information Management

The trust collected data and analysed it and used it to improve services. Data was used to understand performance and make decisions.

The trust collected data and used it to inform key decisions. Leaders understood that using technology brought cost and outcome benefits for the organisation, staff and patients.

Our findings

There was recorded investment in IT infrastructure to future proof the organisation. Information was kept confidential and stored securely.

Information technology (IT) incidents were not always reported via the trust incident reporting system. Staff told us these incidents were currently informally captured in two ways. For example, there was a presumed expectation clinical staff reported IT problems as incidents as well as an expectation they were discussed locally in the project management teams. This meant there was potential the board did not see the totality of the challenges, frequency of or impact these types of incidents had on services. As the organisation improves its digital maturity and relies more heavily on technology and data to drive improvement, there is potential to miss trends and themes from IT issues that may directly impact patient care and cause additional pressures for staff.

Engagement

The trust had improved how it collaborated with partner organisations to help improve services for patients in the wider healthcare system.

The trust used and evidenced multiple formats and platforms to communicate with staff. However, staff still told us they did not feel engaged with or felt these methods worked. Staff reported feeling disconnected from the senior leadership team.

Maternity listening events were rolled out in October 2021. These well attended listening events meant staff could raise concerns directly with senior trust staff. These events had a meaningful impact on service delivery, staff welfare and executive visibility.

A similar approach was currently being taken in the emergency department at the Royal Sussex County Emergency Department so executives and senior leaders could get to the heart of staff concerns in the department. Information we received following the inspection suggested these were starting to make some impact.

University Hospital Sussex was seen as a valuable member of the wider healthcare economy. The executive team described continuous engagement with system partners with the aim of improving services for patients and staff. Whilst some system partners benefited from a close working relationship with the trust, other relationships were still in their infancy. This meant the trust was not currently benefiting from the depth and breadth of support that could be provided from all stakeholders and regulators.

The trust ran a staff awards programme to reward staff excellence. In May 2022 the trust received over 1,300 nominations from staff. Winners included the Estates team who won the governor's award for getting the hospital ready for COVID-19 at short notice and the Infection, Prevention and Control team who won team of the year for the support they provided during the pandemic.

Patient experience reports from local Healthwatch groups evidenced improved engagement with both Brighton and Hove and West Sussex branches. It was clear from reviewing the commentary in the Healthwatch reports there was a degree of commonality in their report narratives and the trust's own data. The ongoing engagement work with Healthwatch meant there was a useful external and independent patient experience review process that could be used as a 'sense check' against the trust's own data.

The pharmacy service was working locally and with other NHS trusts across the Integrated Care System (ICS) are to improve the consistency of medicines optimisation within the ICS area.

Our findings

The trust had a 'true north' objective to be in the top 20% of NHS trusts in the country for recommendation by patients responding to the Friends and Family Test (FFT). Friends and family data shows the majority of patients were satisfied they had a good experience of services. The inpatient satisfaction scores at St Richard's and Worthing Hospitals was above the national average at 97.8% compared to 94% and Outpatient satisfaction across the trust was better than the current national average. However, the trust saw an increase in the number of concerns being raised (57% since Quarter 2 2021/22).

There were a number of support networks and clubs at the trust. These included the armed forces community, carers support for West Sussex, carers hub, disabled staff network, LGBTQi network, religious and believe network.

The trust celebrated all cultures with numerous network groups and initiatives such as the Workforce Race Equality Standard (WRES) Working Group; BAME Celebrating Cultures Network and Diversity Matters Group.

Coaching support was also available for ethnic minority staff.

Learning, continuous improvement and innovation.

All staff were committed to continually learning and improving services.

There was improved participation in research. The trust has recruited over 3,500 patients to 217 non COVID-19 studies in the disease areas including cancer, cardiovascular disease, dermatology diabetes, gastro, infectious diseases, haematology, pathology, HIV & sexual health neurology, ophthalmology and children medicines.

There was an innovative and award winning approach to digital workforce planning in the Urgent and Emergency Department at the Royal Sussex County Hospital to address workforce pressures. Whilst the department required an increase in their consultant template to deal with the increase in demand the team have developed hybrid consultant rota which meets the Royal College staffing guidelines for emergency medicine.

The trust was working to reduce its environmental impact. A total of 450 staff signed up as green ambassadors to champion the ongoing work on reducing the trusts environmental impact. The estates team had developed a state-of-the-art laundry facilities on the St Richard's site. This improved the effectiveness of laundry provision in the trust and reduced the trust's carbon footprint and environmental impact.

The team had worked on the 3T's (new hospital) project, a car parking permit scheme, and developed a new staff health and wellbeing programme for staff.

A facilities and estates staff matter focus group was designed for and set up by the team. The group met every four to six weeks to discuss issues that were important to them. Some group meetings had also benefitted from guest speakers covering topics on Financial Wellbeing, Sustainability, Wellbeing Workshops, Waste Management, Functional Skills support for English, Maths and Digital Skills, People First, Planet First Green Ambassador talk.

The trust was an exemplar in the NHS's Food Standards project. The team worked with patients to develop a bite size grazing menu which was available at Worthing and St Richards hospitals.

The trust held the first ever 'Estates and Facilities day' to celebrate, thank and recognise the contribution the team made to the trust. The estates and facilities division have also developed a regular staff newsletter that included personal

reflections or “covid stories” submitted by staff members to be shared with colleagues and “A Day In The Life of” stories in newsletters and Schwartz rounds. Schwartz Rounds can be defined as conversations with staff about the emotional impact of their work. Schwartz Rounds provide an opportunity for staff from all disciplines across a healthcare organisation to reflect on the emotional aspects of their work.

The pharmacy services were planning to continue to develop the recently created roles for the healthcare undergraduates, this included the development of pharmacist apprenticeships roles. The trust held its first University Hospital Sussex Medical education and trainee excellence awards.

.

Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔➔	↑	↑↑	↓	↓↓

Month Year = Date last rating published

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↓↓ May 2023	Outstanding ➔➔ May 2023	Outstanding ➔➔ May 2023	Requires Improvement ↓↓ May 2023	Inadequate ↓↓↓ May 2023	Requires Improvement ↓↓ May 2023

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Sussex County Hospital	Inadequate ↓↓ May 2023	Good →← May 2023	Outstanding →← May 2023	Requires Improvement →← May 2023	Inadequate ↓↓ May 2023	Inadequate ↓↓ May 2023
Princess Royal Hospital	Requires Improvement ↓ May 2023	Good →← May 2023	Good →← May 2023	Good →← May 2023	Requires Improvement ↓ May 2023	Requires Improvement ↓ May 2023
Bexhill Hospital	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Southlands Hospital	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019
St Richard's Hospital	Good →← May 2023	Outstanding →← May 2023	Outstanding →← May 2023	Outstanding →← May 2023	Good ↓ May 2023	Outstanding →← May 2023
Worthing Hospital	Good →← May 2023	Outstanding →← May 2023	Outstanding →← May 2023	Outstanding →← May 2023	Good ↓ May 2023	Outstanding →← May 2023
Hove Polyclinic	Good Aug 2014	Not rated	Good Aug 2014	Requires improvement Aug 2014	Good Aug 2014	Good Aug 2014
Overall trust	Requires Improvement ↓↓ May 2023	Outstanding →← May 2023	Outstanding →← May 2023	Requires Improvement ↓↓ May 2023	Inadequate ↓↓↓ May 2023	Requires Improvement ↓↓ May 2023

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for Royal Sussex County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Jan 2019	Good Jan 2019	Outstanding Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
Services for children & young people	Good Aug 2017	Outstanding Aug 2017	Outstanding Aug 2017	Good Aug 2017	Good Aug 2017	Outstanding Aug 2017
Critical care	Good Jan 2019	Good Jan 2019	Outstanding Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
End of life care	Good Aug 2017	Requires improvement Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017
Surgery	Inadequate →← May 2023	Good →← May 2023	Good →← May 2023	Good →← May 2023	Inadequate →← May 2023	Inadequate →← May 2023
Urgent and emergency services	Requires improvement Jul 2022	Good Jul 2022	Good Jul 2022	Requires improvement Jul 2022	Good Jul 2022	Requires improvement Jul 2022
Maternity	Inadequate Dec 2021	Outstanding Jan 2019	Good Jan 2019	Good Jan 2019	Inadequate Dec 2021	Inadequate Dec 2021
Outpatients	Good Jan 2019	Not rated	Good Jan 2019	Requires improvement Jan 2019	Requires improvement Jan 2019	Requires improvement Jan 2019
Overall	Inadequate ↓↓ May 2023	Good →← May 2023	Outstanding →← May 2023	Requires Improvement →← May 2023	Inadequate ↓↓ May 2023	Inadequate ↓↓ May 2023

Rating for Princess Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Jan 2019	Good Jan 2019	Outstanding Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
Services for children & young people	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Critical care	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
End of life care	Good Aug 2017	Requires improvement Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017
Surgery	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
Urgent and emergency services	Requires improvement Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
Maternity	Requires Improvement ➔➔ May 2023	Outstanding ➔➔ May 2023	Good ➔➔ May 2023	Good ➔➔ May 2023	Inadequate ➔➔ May 2023	Requires Improvement ➔➔ May 2023
Outpatients	Good Jan 2019	Not rated	Good Jan 2019	Requires improvement Jan 2019	Requires improvement Jan 2019	Requires improvement Jan 2019
Overall	Requires Improvement ↓ May 2023	Good ➔➔ May 2023	Good ➔➔ May 2023	Good ➔➔ May 2023	Requires Improvement ↓ May 2023	Requires Improvement ↓ May 2023

Rating for Bexhill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Overall	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014

Rating for Southlands Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016
Outpatients	Good Oct 2019	Not rated	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019
Overall	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019

Rating for St Richard's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Apr 2016	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Services for children & young people	Outstanding Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Critical care	Good Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019
End of life care	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Surgery	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Requires improvement Apr 2016	Good Apr 2016	Good Apr 2016
Urgent and emergency services	Good Apr 2016	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Outpatients	Good Oct 2019	Not rated	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019
Maternity	Requires Improvement →← May 2023	Outstanding May 2023	Outstanding May 2023	Good May 2023	Requires Improvement →← May 2023	Requires Improvement →← May 2023
Overall	Good →← May 2023	Outstanding →← May 2023	Outstanding →← May 2023	Outstanding →← May 2023	Good ↓ May 2023	Outstanding →← May 2023

Rating for Worthing Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Apr 2016	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Services for children & young people	Outstanding Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Critical care	Good Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019
End of life care	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Surgery	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Requires improvement Apr 2016	Good Apr 2016	Good Apr 2016
Urgent and emergency services	Good Apr 2016	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016	Outstanding Apr 2016
Outpatients	Good Oct 2019	Not rated	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019
Maternity	Requires Improvement →← May 2023	Outstanding May 2023	Outstanding May 2023	Good May 2023	Requires Improvement →← May 2023	Requires Improvement →← May 2023
Overall	Good →← May 2023	Outstanding →← May 2023	Outstanding →← May 2023	Outstanding →← May 2023	Good ↓ May 2023	Outstanding →← May 2023

Rating for Hove Polyclinic

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good Aug 2014	Not rated	Good Aug 2014	Requires improvement Aug 2014	Good Aug 2014	Good Aug 2014
Overall	Good Aug 2014	Not rated	Good Aug 2014	Requires improvement Aug 2014	Good Aug 2014	Good Aug 2014

Princess Royal Hospital

Lewes Road
Haywards Heath
RH16 4EX
Tel: 01444441881

Description of this hospital

Princess Royal Hospital was not inspected during this current inspection. However, we have included it in this inspection report in order to aggregate the ratings from the focused inspection of maternity services carried out in September 2021. The aggregation of ratings from that inspection has resulted in a change of rating for Princess Royal Hospital.

Maternity

Requires Improvement ● →←

Is the service safe?

Requires Improvement ● →←

The rating of requires improvement is unchanged from the September 2021 focused inspection of maternity services. Details about the reasons for this rating are in the report of the September 2021 inspection.

Is the service effective?

Outstanding ☆ →←

This rating judgment was made in 2019 and has not been reviewed.

Is the service caring?

Good ● →←

This rating judgment was made in 2019 and has not been reviewed.

Is the service responsive?

Good ● →←

This rating judgment was made in 2019 and has not been reviewed.

Is the service well-led?

Inadequate ● →←

The rating of inadequate is unchanged from the September 2021 focused inspection of maternity services. Details about the reasons for this rating are in the report of the September 2021 inspection.

St Richard's Hospital

St Richards Hospital
Spitalfield Lane
Chichester
PO19 6SE
Tel: 01243788122
www.westernsussexhospitals.nhs.uk

Description of this hospital

St Richard's Hospital was not inspected during this current inspection. However, we have included it in this inspection report in order to aggregate the ratings from the focused inspection of maternity services carried out in September 2021. The aggregation of ratings from that inspection has not resulted in a change of rating for St Richard's Hospital.

Maternity

Requires Improvement ● ➔➔

Is the service safe?

Requires Improvement ● ➔➔

The rating of requires improvement is unchanged from the September 2021 focused inspection of maternity services. Details about the reasons for this rating are in the report of the September 2021 inspection.

Is the service effective?

Outstanding ☆

This rating judgment was made in 2016 and has not been reviewed.

Is the service caring?

Outstanding ☆

This rating judgment was made in 2016 and has not been reviewed.

Is the service responsive?

Good ●

This rating judgment was made in 2016 and has not been reviewed.

Is the service well-led?

Requires Improvement ● ➔➔

The rating of requires improvement is unchanged from the September 2021 focused inspection of maternity services. Details about the reasons for this rating are in the report of the September 2021 inspection.

Worthing Hospital

Lyndhurst Road
Worthing
BN11 2DH
Tel: 01903205111
www.westernsussexhospitals.nhs.uk

Description of this hospital

Worthing Hospital was not inspected during this current inspection. However, we have included it in this inspection report in order to aggregate the ratings from the focused inspection of maternity services carried out in September 2021. The aggregation of ratings from that inspection has resulted in a change of rating for Worthing Hospital.

Maternity

Requires Improvement ● →←

Is the service safe?

Requires Improvement ● →←

The rating of requires improvement is unchanged from the September 2021 focused inspection of maternity services. Details about the reasons for this rating are in the report of the September 2021 inspection.

Is the service effective?

Outstanding ☆

This rating judgment was made in 2016 and has not been reviewed.

Is the service caring?

Outstanding ☆

This rating judgment was made in 2016 and has not been reviewed.

Is the service responsive?

Good ●

This rating judgment was made in 2016 and has not been reviewed.

Is the service well-led?

Requires Improvement ● →←

The rating of requires improvement is unchanged from the September 2021 focused inspection of maternity services. Details about the reasons for this rating are in the report of the September 2021 inspection.

Royal Sussex County Hospital

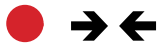
Eastern Road
Brighton
BN2 5BE
Tel: 01273696955
www.bsuh.nhs.uk

Description of this hospital

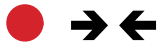
We carried out this unannounced focused inspection of surgery, focusing on the neurosurgical service at Royal Sussex County Hospital, because we had received information of concern about the safety and quality of the service. We did not rate the service at this inspection. The previous rating of inadequate for surgery services at Royal Sussex County Hospital remains the same.

During the inspection we spoke with staff including managers, nursing staff, theatre staff, medical staff of all grades and senior leaders. We observed the environment and reviewed documents and information provided by the trust as part of the inspection process.

Surgery

Inadequate 

Is the service safe?

Inadequate 

Mandatory training

The service provided mandatory training in key skills to all staff. However, the service did not make sure everyone completed the mandatory training.

Some nursing staff were not up to date with their mandatory training. Records showed nursing staff on the ward and in theatres were above the trust target of 90% for completion of mandatory training. However, overall completion of basic life support training for staff working on the ward was 82%, which did not meet the trust target. Staff said the trust had deferred basic life support training until services were relocated into the new hospital building in spring 2023, so they could make the training specific to the new environment and any new equipment.

Medical staff were not up to date with their mandatory training. Records showed medical staff across the neurosurgical service was below the trust target of 90% for completion of mandatory training. Overall, their average completion rate was 80%, with completion rates ranging from 65% to 90%. The only topic where they had met the trust target was moving and handling training.

Clinical staff did not complete training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Records showed mandatory training did not include training about meeting the needs of patients with mental health needs, learning disabilities, autism and dementia. Since July 2022 it is a legal requirement for all staff to receive training in how to interact with people with a learning disability and autistic people.

Managers monitored mandatory training and alerted staff when they needed to update their training. The educators and managers monitored staff mandatory training compliance as part of their quality auditing processes. The online mandatory training system alerted staff when mandatory training was due. Staff said if there was no capacity to complete online mandatory training during their shifts, they received additional pay to complete it at home. However, despite this approach, the service could not be assured it was effective as some mandatory training figures were below trust targets.

Environment and equipment

The design and use of facilities, premises and equipment did not fully support the safety of people.

The design of the environment did not fully meet the needs of the service. The physical environment of the ward did not allow for ease of storage of all equipment. Large pieces of equipment, such as special seating, had to be stored in the corridor outside the ward.

The service had limited facilities to meet the needs of patients' families. There was a quiet room on the ward that was used to accommodate families when discussing ongoing care and treatment and breaking bad news. However, this

room was not solely for the use of patients' families. It was used to accommodate patients waiting to be discharged and to facilitate the trust's boarding process. This was when, to reduce patient congestion in the emergency department, patients were allocated from the emergency department to a ward when there was not yet a bed space available for them. The room was also used as a breakout space for staff if they needed it.

The service did not have enough suitable equipment to help them to safely care for patients. Therapy staff said some equipment was old and needed replacing but had been told there were insufficient funds to replace old equipment. They said there was also insufficient specialist seating, which had the potential to affect patients' ongoing recovery and rehabilitation following neurosurgery.

Timely and effective surgical treatment for some patients was potentially compromised by the fact the service had only 1 C-Arm. A C-Arm is a mobile imaging unit used primarily for x-ray imaging during surgical procedures. There was no contingency plan for accessing replacement equipment if the C-Arm developed a fault. Our review of incidents reported by the service to the National Reporting and Learning System showed that from January 2022 to September 2022 there had been 3 reported incidents about the availability and use of the C-Arm. The incidents included occasions where the C-Arm had to be repeatedly moved between 2 theatres whilst surgery was taking place. This increased the risk of infection and cross contamination. One incident detailed that the anaesthetic team complained because the repeated plugging and unplugging of the C Arm affected patient monitoring. Although there were only 3 reported incidents about how having only 1 C-Arm had an adverse effect on the service, one of them detailed "This is a recurring incident to which no one is taking ownership."

Availability of equipment affected the running of theatres. Our review of incidents reported by the service to the National Reporting and Learning System showed that from January 2022 to September 2022 there were 5 incidents reported about the non-availability of equipment. This included no availability of a thoracotomy kit for surgery, no availability of a specialised table for planned spinal surgery and surgery cancelled due to lack of equipment. There were 2 reported incidents about the lack of monitoring equipment to transport patients who were intubated and ventilated. This affected patients who were being transferred from theatres to critical care areas and patients who needed to be transferred to the scanning department whilst intubated and ventilated. Detail in these incident entries indicated that this had been a long-standing issue. However, records of governance meetings and the neurosurgery and spinal steering group meetings showed that the service was taking action to purchase an additional spinal operating table and monitoring equipment to transport patients who were intubated and ventilated. Following the inspection, the trust informed us that both the spinal table and monitoring equipment had been purchased and were in use.

Ward staff said there was always enough equipment to meet the nursing needs of patients on the ward. All patients had access to call bells to seek assistance from ward staff. Patients said staff usually came to them quickly when they called for assistance. Call bells were observed to be answered quickly during the day of the inspection.

Nurse staffing

The service did not always have enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service did not always have enough staff to care for patients and keep them safe. Ward staff said that the actual number of staff working on the ward did not always meet the planned number of staff for a shift. Staffing was one of the risks detailed on the risk register for the service. Staff described the affect this had on patient care. This included patients only having hand and face washes rather than full washes and sometimes patients having to wait for assistance. Some staff said there said there had been a higher number of incidents of patient falls as a result of staffing

shortages. The ward manager had allocated management time in the staff rota, but managers frequently had to be included in the staff numbers to support safe care of patients. An example of this occurred on the day of the inspection, when the divisional lead nurse for neurosciences and stroke services was mostly working on the ward supporting staff with managing patient flow.

The ward staff rota for October 2022 showed a range of staffing levels throughout the month. This ranged from 4 to 8 registered nurses on each shift and for health care assistants from two to six each shift. There was no indication on the staff rota as to what the optimum level of staffing was to maintain a safe service on the ward. Staffing was displayed on the ward, but this did not demonstrate what the planned/optimum levels of staffing were for the ward.

Our review of incidents reported by the service to the National Reporting and Learning System showed that from January 2022 to September 2022 there had been 15 reported incidents about lack of staff that adversely affected the ability to provide safe care and treatment. This included a lack of staff to observe and monitor patients known to be at risk of falls, resulting in patient falls that were potentially avoidable.

Recovery staffing had been increased to 2 nurses overnight, to enable safe care for post-operative patients accommodated in the recovery area overnight. However, the recovery staff rota for October 2022 showed there were 6 weekday shifts that only had 1 nurse rostered to work the night shift.

Our review of incidents reported by the service to the National Reporting and Learning System showed that from January 2022 to September 2022 there were 9 reported incidents about shortage of staff in theatres, with 2 of them detailing that staffing numbers did not meet the national guidelines for staffing published by the Association for Perioperative Practice.

There were shortages of nurses working in the interventional neuroradiology service. Our review of incidents reported by the service to the National Reporting and Learning System showed that from January 2022 to September 2022 there were 5 reported incidents of nursing staff available for this service. This resulted in delays for patients requiring interventional radiological treatments for their conditions.

The service was developing a team of specialist nurse practitioners. There were 2 spinal nurse practitioners and the service was recruiting a vascular nurse practitioner. The service also had clinical nurse specialists for head injury, and brain and spinal tumours. This meant patients were supported by nurses who had the relevant specialist skills and knowledge about their conditions.

Managers made sure all bank staff had a full induction and understood the service. The ward regularly used bank nursing staff. Bank staff said they completed an induction to the trust and to the area they were working in.

Allied health professionals staffing

The service did not always have enough allied health professionals with the right qualifications, skills, training and experience to provide the right care and treatment to patients.

The service did not always have enough allied health professionals to keep patients safe. Physiotherapists and occupational therapists said that although they were staffed to planned levels, they did not have enough capacity to fully meet the needs of all patients. They described that there were no therapists allocated to support neurosurgical patients ready for discharge to the wards from critical care. This meant that some patients did not always receive all their planned therapy as the therapists had provide treatment to neurosurgical patients in critical care.

There was no therapy service at weekends and bank holidays which had the potential to adversely affect patients' ongoing recovery and rehabilitation from neurosurgery. Patients did not receive any focused rehabilitation therapy over weekends or bank holidays. Therapy staff provided therapy plans for nursing staff to follow but acknowledged that nursing staff did not always have time to follow the plans. However, for patients requiring therapy assistance with breathing difficulties, they had access to a respiratory physiotherapist on call at weekends, bank holidays and overnight.

The service did not have enough radiographers to support safe surgery. Our review of incidents reported by the service to the National Reporting and Learning System showed that from January 2022 to September 2022 there were 5 incidents where there were insufficient radiography staff to carry out neurosurgery effectively and safely. This included incidents where emergency neurosurgery was cancelled because of no availability of radiography staff.

Medical staffing

The service did not always have enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service did not always have enough medical staff to keep patients safe. There were sufficient numbers of consultant neurosurgeons and registrars. However, the service did not have of neurosurgeons allocated to subspecialties, which increased the risk of patients being treated by surgeons who were not experienced in that subspecialty. The service was in the process of addressing this concern. Surgeons had been asked to express their preference for subspecialties and this was currently being worked on. Staff said there was no evidence of avoidable patient harm as a result of neurosurgeons not having subspecialties. The registrar rota ensured there was a dedicated cranial and a dedicated spinal registrar on duty each day. There was a junior doctor and a registrar doctor available on site at night.

There were challenges with ensuring there were sufficient junior doctors. Staff said there had been a lack of junior doctors during the summer months in 2022 during which consultants and registrars worked additional hours to ensure the junior doctors rota was covered to keep patients safe.

To assess the effectiveness and safety of medical cover of the neurosurgical service we requested a copy of the medical staff rota for October 2022. However, the trust failed to provide this information.

The service always had a consultant on call during evenings and weekends. Consultant on call rotas supported safe management of all neurosurgical patients. Consultant on call rotas had been revised to promote the safe treatment of patients with cranial conditions and those with spinal conditions. There was now always a cranial consultant and a spinal consultant on call.

Incidents

The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. However, it was not assured that staff reported all incidents or that near misses were reported.

Staff reported incidents and near misses using the trust's electronic incident reporting process. However, our review of incidents reported by the service from January 2022 to September 2022 to the National Reporting and Learning System suggested that not all incidents or near misses were reported. There was one entry about two theatres running concurrently that both required radiology, but the service only had the one portable imaging machine. The incident entry detailed that this event occurred frequently but there were no other similar entries.

Surgery

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Reports of incident investigation showed that verbal and written apologies were given to patients and their families and that copies of investigation reports were shared with them.

Staff received feedback from the investigation of incidents. Staff said they received feedback about incidents through safety briefings and team meetings. Records of ward meetings showed incidents related to the ward, such as the completion of patient observations and patient falls were discussed. There was evidence that staff were trying make changes and improvements to reduce the risk of similar incidents occurring. The ward improvement board showed the multidisciplinary ward team were looking at how to reduce the number of patient falls on the ward.

Staff used mortality and morbidity meetings to learn from events and identify where improvements could be made. Mortality and morbidity meetings are a recognised and recommended process to support a systemic approach to the review of patient deaths or care complications in order to improve patient care. The neurosurgical service held mortality and morbidity meetings every other month. Records showed they were well attended. The meetings followed a standard structure with all deaths and poor outcomes following surgery reviewed to identify any learning.

Managers investigated incidents thoroughly. Records of incident investigations showed investigations were comprehensive, identified the cause, confirmed involvement with the patient and resulted in actions to reduce similar occurrences.

Patients and their families were involved in these investigations. Reports of investigations showed patients and their families were invited to contribute to the investigation process. Their questions and concerns were considered and explored during the investigation process.

Is the service effective?

Good 

We have not carried out a full inspection of the effective domain and this good rating is from the inspection of surgery out in 2019.

Competent staff

The service made sure staff were competent for their roles. Managers provided staff with support to develop. However, managers did not always appraise staff's work performance.

Managers did not always support staff to develop through yearly, constructive appraisals of their work. The trust policy required staff to receive yearly appraisals. At the time of inspection only 73% of the nursing staff on the ward had received an appraisal in the last 12 months. Of the nursing staff working in theatres, 93% had received an appraisal in the past 12 months. However, all medical staff had received an appraisal.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. Junior medical staff said they received good support from their clinical supervisors. Records showed that all medical staff had received an annual appraisal.

Surgery

The clinical educators supported the learning and development needs of staff. There was a dedicated nurse clinical educator who supported staff training and development on the ward. There was a structured training programme for staff to equip them with the knowledge and skills to effectively care for patients on the ward. The training programme was multidisciplinary, including therapy and nursing staff. Ward staff commented positively about the support and training received.

Medical staff had dedicated training time once a week and all medical staff we spoke with spoke positively about the training they received.

Managers identified poor staff performance promptly and supported staff to improve. Concerns had been raised about the skill set of the consultant neurosurgeons. This related to the number of subspecialties in neurosurgery and concerns that some surgeons were carrying out surgery of a subspecialty type they had limited experience and skills in. The service was in the process of addressing this by allocating subspecialties to them following surveying which subspecialties they had experience in and which they preferred.

Multidisciplinary working

Doctors, nurses and other healthcare professionals did not always work together as a team to benefit patients.

Staff said there was sometimes a lack of contribution from consultants in multidisciplinary meetings held on the ward with patients and their families to discuss ongoing care, rehabilitation and discharge plans. Therapy staff said this sometimes resulted in them having to discuss recovery and outcomes with patients and their families, rather than medical staff, including if it involved giving bad news.

Staff held multidisciplinary meetings to discuss patients and improve their care. A multi-disciplinary team meeting is a weekly or monthly meeting that takes place between health care professionals, to discuss individual patient cases. Every patient with a new diagnosis of cancer is discussed and their scans and biopsies are reviewed by the team. Using the combined expertise of each team member and taking into account the specific needs of each patient, the multi-disciplinary team meeting will recommend a treatment plan. Multidisciplinary meetings were held for different neurosurgical subspecialties. Named neurosurgical consultants for each subspecialty attended the relevant meeting and were listed as a core member of the multidisciplinary meeting. The trust required core members of the multidisciplinary meeting to attend 66% of the meetings each year. However, records showed that most consultants listed as a core member of the multidisciplinary meeting did not meet this target, with attendance ranging from 0% to 77%. This increased the risk that there were insufficient numbers and mixes of health care professionals at the meetings to ensure effective discussions and challenges about the care and treatment of patients with complex healthcare needs took place.

Is the service caring?

Good 

This rating judgment was made in 2019 and has not been reviewed.

Surgery

Is the service responsive?

Good 

This good rating is from the inspection of surgery out in 2019. We have not carried out a full inspection of the responsive domain and this good rating is from the inspection of surgery out in 2019.

Access and flow

People could not always access the service in a timely manner. There were significant delays in waiting times from referral to treatment.

The neurosurgery service experienced challenges with patient flow. There were multiple reasons for this.

Theatre capacity did not meet the needs of the patient population. There were two neurosurgical theatres and no dedicated emergency theatre. This meant elective surgery was frequently disrupted to meet the needs of patients requiring emergency surgery. Data provided by the trust showed that between October 2021 and September 2022, 51 patients had their surgical procedure cancelled on the day of surgery due to a more urgent case being added to the list. Staff said that cancelling patient's operations was one of the worst things about the service.

Challenges with discharges resulted in patients not being able to be admitted to the ward. Staff said that reasons for delayed discharges included long waiting lists for rehabilitation inpatient services and some consultants not fully engaged with planning for the discharge of patients.

Staff said theatres were frequently delayed in starting, with often the first surgical procedure of the day not starting until 11am. Reasons for this were attributed to bed availability, both on the ward and in critical care. Surgery was not able to start until there was assurance a bed was available for the patient following their surgery. To overcome the lack of post-operative beds, the service used the theatre recovery area to accommodate 2 patients post operatively overnight with a planned ward bed available for them the day after surgery There was a structured process for this. Patients suitable to be accommodated in recovery were identified by the anaesthetist the day before surgery and informed they would be cared for in recovery. Additional recovery staff had been recruited to ensure patients could be cared for in recovery overnight. However, there was not always a bed available for patients the day after surgery. Our review of incidents reported by the service from January 2022 to September 2022 to the National Reporting and Learning System showed there had been 4 reported incidents where there were no beds allocated for patients after an overnight stay in recovery.

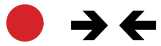
Patients also experienced cancellation of their surgical procedures due to lack of bed availability. Data provided by the trust showed that between October 2021 and September 2022, 41 patients had their surgical procedure cancelled because there was no critical care bed available for them after their surgery and 5 patients had surgery cancelled because there was no ward bed avaible.

Managers monitored waiting times and took some action to improve the timeliness of when patients could access services. However, many patients did not receive treatment within the time frames set out in national targets. Waiting times and lists were reviewed at the clinical governance meetings. Data provided by the trust for October 2022 showed that for urgent neurosurgery 54 patients had been waiting for over 52 weeks, with 8 patients waiting over 100 weeks for their surgery. For routine neurosurgery 45 patients had waited over 52 weeks, with 4 patients waiting over 100 weeks.

Surgery

For urgent spinal surgery 33 patients had been waiting over 52 weeks for their surgery, with 2 patients waiting over 100 weeks. For routine spinal surgery 25 patients had waited over 52 weeks, with 3 of those waiting over 100 weeks. To address the waiting list, the service, with the support of NHS England, had arranged for some patients to have their spinal surgery at other independent hospitals.

Is the service well-led?

Inadequate 

Leadership

Leaders had the skills and abilities to run the service. They understood the priorities and issues the service faced and were taking actions to manage them. However, some leaders were not always visible and approachable in the service for staff.

There was a clearly defined leadership structure for the neurosurgical service. This included a matron, clinical lead for neurosurgery and a divisional operations director. The trust was undergoing a restructure and the neurosurgery service was soon to be part of the neurosurgery, spinal, major trauma, plastic and burns division.

Leaders demonstrated an understanding about the priorities and issues the neurosurgical service faced. The Neurosurgery and Spinal Clinical Outcomes Steering Group that was set up in May 2020 in response to the findings of an external review of the service, included a range of clinical and non-clinical leaders from the neurosurgery service. This ensured leaders understood and contributed to the actions to address those issues and priorities. However, some of the changes that needed to be made were reliant on the move into a new hospital build. Leaders were aware of some of the challenges this move would pose, including the fact that at the time of the inspection there was still uncertainty about the number of theatres that neurosurgery would have in the new building and there was uncertainty about the location of radiology services to support the service. They were in the process of developing business cases to support the increase in theatres, staffing and facilities.

Staff views were mixed about the visibility and how approachable trust leaders were. Staff spoke highly of their immediate leaders, saying they could approach them with concerns and issues and that their immediate leaders were supportive. However, some staff felt removed from the senior leaders and felt senior leaders did not fully understand the issues faced by the service on a day to day basis. Some staff said they did not see the senior leaders, such as the managing director for planned care and cancer and the divisional director for specialist services. During the inspection these two leaders were on the ward and several staff commented they did not know who they were.

Vision and Strategy

The service had an informal vision for what it wanted to achieve.

There was no current formalised strategy for the neurosurgery service. However, the strategy had been to follow and complete the actions from the plan developed in response to an independent review of the service. The clinical lead for the service said the strategy going forward would be based on the key elements of that action plan but was currently not formalised.

Surgery

Culture

Not all staff felt respected, supported and valued by all members of the neurosurgical team. The service did not have a culture where all staff felt able to raise concerns without fear. However, most staff were focused on the needs of patients receiving care.

Some medical staff commented that staff shortages in the medical team sometimes meant that staff were not supported as well as they could be. However, most staff felt respected, supported and valued by their immediate leaders. This included nursing staff who felt supported by their nurse leaders and junior medical staff supported by their senior medical staff.

The service had a recent history of poor culture and behaviours from consultant medical staff. To address the previous poor behaviours of consultants, all neurosurgical consultants had signed a behavioural charter. This set out the expected behaviours that the consultants should demonstrate in their work and in their interactions with colleagues. To measure progress and improvements in the culture and behaviours of the consultants and other staff, the neurosurgical service carried out behavioural surveys every three months. Staff results of the surveys showed improvements in the behaviours of consultants and other staff. Theatre staff said that whereas it used to be a common occurrence that consultants would speak to colleagues in theatres in a disrespectful manner, this very rarely happened now.

However, results from the behavioural surveys did not demonstrate those improvements. We asked the trust for copies of the behavioural survey results for the 12 months prior to the inspection. They provided copies of results for October 2020, January 2021, April 2021, July 2021 and January 2022, not the 12 months prior to the inspection. It was not clear whether the behavioural surveys had continued after January 2022 or whether the service had continued to monitor any changes in staff behaviours from that date. Results up to January 2022 showed that just over half of staff responding to the survey consistently responded they had witnessed or been on the receiving end of unacceptable behaviour from a colleague or colleagues. Across the survey results most staff (74% - 82%) consistently responded that they were not able to approach the individual or individuals to discuss their behaviour.

The behavioural survey gave opportunities for staff to describe any positive behaviours they had witnessed. The survey in January 2022 detailed that staff thought the administration team worked well together and detailed the positive behaviours of some named consultants. They were described as committed to teaching both medical and nursing staff, an asset to the trust with their continued support and extra work and their generally behaviour was very collegiate and mutually supportive. However, there were also negative comments which included “it’s been business as usual - there is no trust between certain consultants” and “ sometimes you have to admit defeat and start afresh – I don’t think this lot can work together as a group.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was a defined governance process in the neurosurgical service with a named clinical lead for governance. This included governance meetings, team meetings and safety huddles. Records of governance meetings showed the clinical effectiveness of the service was reviewed. This included a review of performance, safety, incidents, infection control, complaints, training and staffing.

Staff were clear about their roles and accountabilities. The service had a reporting structure that identified who staff were accountable to. Staff showed they knew who they directly reported to.

The service had processes to share information with staff. Staff said they received information about what was happening in their service and an overview of what was happening in the hospital and trust through the daily safety huddles and in team meetings.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

Processes to monitor and manage performance were included in the governance processes where patient outcomes, patient flow and referral to treatment times were reviewed. The service took part in national and local audits to support the monitoring of and plans to improve the performance of the service. National audits included submission to the Neurosurgical National Audit Programme which showed mortality rates for the neurosurgical service at the trust were similar to national average performance. The nationwide Getting it Right First-Time review of neurosurgical services in 2018 identified areas for improvement across all neurosurgical services. The service had developed an action plan in response to address the identified areas for improvement. However, many of the actions were currently on hold until the service moved into the new hospital build in spring 2023. It was evident from review of governance records and this action plan that there was a significant reliance on the move into the new build to support improvements to the service. However, it was clear from governance meeting records it could not yet be assured that this would bring improvements to the patient flow. There was still debate and negotiation around what the provision for neurosurgical theatres would be.

Management of risk was supported by a risk register. Risks were recorded at department, division and trust level. The top risks recorded on the neurosurgery risk register concerned staff relationships, capacity for spinal surgery and risk of patient harm due to lack of emergency theatre sessions. There was evidence the risks were reviewed. There was detail of actions to lessen the risks and each risk had a nominated member of staff who was responsible for managing the risk. Staff followed a process to escalate risks onto the risk register and to escalate high level risks to the trust board. The risk register mostly reflected what staff considered to be the main risks for the service. This included staffing, patient flow, lack of theatre capacity and culture of the service. However, therapy staff identified their top risks as not being able to provide effective therapy to some patients because there was insufficient specialist seating for patients and no rehabilitative therapy for patients over the weekend. There was no detail about these risks on the risks register.

The service had completed waiting list harm reviews. Senior leaders said no harm had been identified to those patients waiting a long time on waiting lists for treatment. However, there was some detail in incident reviews that some patients may have been exposed to risk of harm or may have experienced harm due to their extended time on waiting lists.

Following an independent review of the trust's neurosurgical services in 2019, changes were being made to the service to improve performance and reduce risks to the service. This included the recruitment of specialist nurse practitioners, improvements in the culture of the service, improvements to the leadership and governance of the service, changes to the consultants on call rotas and structure subspecialty roles of the consultants.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Staff had an understanding of quality improvement methods and how to use them.

Surgery

Staff were committed to improving services. There was evidence on the ward that staff were using quality improvement methods to support a reduction in the number of patient falls on the ward. Ward meeting records, governance meeting records and the Neurosurgical and Spinal Clinical Steering Group meeting records demonstrated that staff were taking actions to make improvements to the service and improve patient experience.