Annual Report and Accounts

2017 to 2018

NHS
Sussex Community
NHS Foundation Trust

Excellent care at the heart of the community

Sussex Community NHS Foundation Trust

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You can view this report online at: www.sussexcommunity.nhs.uk/annualreport

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Introduction

Chair and Chief Executive's welcome

Welcome to our 2017/18 Annual Report. As the NHS enters its 70th year, at Sussex Community NHS Foundation Trust (SCFT) along with the rest of the NHS, we face significant pressures and an ever-increasing demand for our services. The population is growing, people are living longer, there are higher levels of ill-health and more people living with long-term conditions. The people who make up SCFT continue to rise to these multiple challenges.

As the largest community health and care provider in Sussex we provide a wide range of medical, nursing and therapeutic care to over 9,000 people a day. Our expert teams help people to plan, manage and adapt to changes in their health to help keep them in their own homes for longer, prevent avoidable admissions to hospital and minimise any necessary stays in hospitals.

Workforce

Our focus is on supporting our staff to do a great job by strengthening our teams to provide more care to more patients across the communities we serve, whilst ensuring that the quality of that care remains our top priority. Providing high quality healthcare is predominantly about teamwork and at SCFT we recognise this and prioritise giving our staff the support they need to work in collaboration with their colleagues both internally and in other organisations.

Recruiting the staff needed to deliver high quality services is one of the biggest challenges facing the whole NHS. At SCFT this remains a key area of focus and in the face of national shortages of nurses, doctors and therapists we have been working hard to find solutions. For example, our *'Career as Individual as You'* recruitment campaign helped us reach our target of hiring new nurses, healthcare assistants and therapists and our new apprenticeship scheme is helping us bring in new staff and develop and retain our existing workforce.

The work we are doing to invest in the health and wellbeing of our existing staff – including the launch of the annual 'Wellbeing@Work' festival in May 2017 – is also helping us to build a strong, stable, happy, and supported workforce and reduce our reliance on expensive temporary agency staff.

National drive

Increasing demand for our services also comes from the continuing national drive for more and more health and care services to be provided in the community – in and as close to people's homes as possible. This includes services which, just a few years ago, would only have been provided in hospital. Our *Hospital at Home* service, for example, supports many acutely unwell patients in the community, allowing them to leave hospital sooner than they would otherwise have been able to.

We would like to acknowledge the support we have received throughout 2017-18 from our partners across the communities we serve. Our commissioners have demonstrated their commitment to providing more high quality, community services in Sussex than ever before. We are also working much more in partnership with primary and social care, and voluntary services, to ensure we meet all the needs of each person we come into contact with.

Quality focus

Finally, during 2017/18 we were inspected by the Care Quality Commission (CQC), the independent regulator of health and social care in England. In January 2018 the chief inspector of hospitals published his report and we achieved an improved Good rating, with Outstanding features. Ratings across all CQC domains for the areas inspected were Good with the exception of the '*caring'* domain for our community inpatient services and the *'responsive'* domain for our community end of life care which were both rated Outstanding.

These CQC ratings are independent recognition of the quality of care we provide and our staff can be immensely proud of this positive acknowledgement of the standard of the care and support they provide to thousands of people across Sussex every day.

With best wishes

Siobhan Melia
Chief Executive

Peter Horn
Chair

Our year of achievement and success

Spring

2017 Patient Safety Award Finalists

SCFT was nominated for a Health Service Journal Patient Safety Award 2017 for our success in reducing pressure damage (sores) in local communities. Reducing levels of pressure damage is a proxy for high quality clinical care and this is an area we have been hugely focused on with some fantastic results thanks to the hard work, dedication and skill of our clinical teams.

Last year we reduced the number of pressure damage incidents in our organisation by 57% by dramatically increasing the number of risk assessments we undertook with patients and by making sure that all at-risk patients had an individual prevention plan.

Mothers graduate to become breastfeeding supporters

10 mothers in Crawley, West Sussex graduated to become MILK! breastfeeding peer supporters. Breastfeeding peer supporters help other women to breastfeed their babies to give them the best start in life.

The peer support course covers all aspects of breastfeeding management and equips peer supporters with the skills and knowledge to support mothers and families to achieve their breastfeeding goals. This 12-week intensive course is run by Sussex Community's Infant Feeding Team and for this group was supported by Children Centre's in the Crawley area.

Over 700 young people use virtual school nursing messaging service

A year ago SCFT launched the ChatHealth service, which allows young people in Brighton & Hove and West Sussex to get confidential support and advice from their school nurse via text messaging, through a new video. The service received more than 2,830 messages from over 700 11-19-year-olds seeking support in its first year.

SCFT welcomes new Chair

In May 2017 SCFT announced the appointment of Peter Horn as its new Chair. Peter joined the Trust at the beginning of June having, for the past six years, chaired a community interest company providing high quality NHS community health services in Medway and North Kent.

Summer

Midhurst Macmillan Service marks 10 years of pioneering Palliative Care

A pioneering service supporting people with cancer and other life-threatening diseases at the end of their life marked 10 years of care. In the last decade the Midhurst Macmillan Specialist Palliative Care Service, provided by SCFT in partnership with Macmillan, has supported thousands of local individuals and their families with its holistic approach focusing on hands on care.

The service has been so successful, in both improving the care for people living with cancer and life limiting conditions and delivering financial savings, that it has inspired six additional "Macmillan Specialist Care at Home" projects across the country.

Expansion of Time to Talk service in West Sussex

The West Sussex Improving Access to Psychological Therapies (IAPT) service, known locally as Time to Talk, was expanded to provide more support to people living with diabetes, heart disease and/or chronic obstructive pulmonary disease (COPD)/lung disease. Provided by SCFT the Time to Talk Health service offers talking therapies for people who are finding it difficult to manage their long-term health conditions. It is part of a national initiative to provide psychological therapies to people with physical health conditions who have become worried, anxious or low in mood.

SCFT shortlisted for Patient Safety Award

SCFT was shortlisted for the Patient Safety in the Community Award at the prestigious Patient Safety Awards, held on Tuesday 4 July 2017 in Manchester. SCFT was shortlisted for the work which led to a 57% reduction in the incidences of pressure damage in the community and in people's own homes since 2014/15. Pressure damage is a form of damage to the skin and underlying tissue. It is also known as 'pressure ulcers', 'pressure sores', or 'bed sores'. If untreated it can get worse and seriously affect a person's health and delays their recovery.

1st year Anniversary of 'Diabetes Care for You'

July 2017 marked the first-year anniversary of the community diabetes service known as Diabetes Care For You. In the last decade the number of people living with diabetes has increased by 60% (Diabetes UK). This is expected to rise further coupled with an increase in complication rates and poorer outcomes. A move away from the traditional hospital centric model to allow more flexibility and accessibility into specialist diabetes services in the community was needed. SCFT won the contract to provide this new community diabetes service and took on the huge challenge of designing and delivering a new model of care. July 2016 saw the launch of the 'Diabetes Care For You' service in Brighton & Hove and the High Weald, Lewes and Havens area of East Sussex - a consultant-led multidisciplinary team, based in the community, with a clear focus on ensuring that all patients receive both the basics of diabetes care – the so-called nine key care processes (which include blood pressure checks, glucose control monitoring and foot assessments) – as well as the best aspects of specialist care, for all patients with type 1 and complex type 2 diabetes.

Launch of partnership study with Brighton and Sussex Medical School

Brighton and Sussex Medical School and SCFT joined forces with the other local NHS providers, Guy's and St Thomas' NHS Foundation Trust and national universities to build research and inform clinical practice to improve health outcomes for people living with high blood pressure in a community setting. The purpose of the study is to build on the international HYVET – Hypertension in the Very Elderly Trial. This innovative and prestigious research study, which is expected to last 3-4 years, involves close working with SCFT community services, GPs, universities and local patients who live with high blood pressure (hypertension) who are cared for in the community/in their own homes.

Research at SCFT top 5 nationally

SCFT is progressing towards its aim of becoming 'a leading NHS trust for research in community settings' after being named in the top five community NHS trusts nationally for research activity by the National Institute of Health Research (NIHR). The research activity league table, published in August 2017, shows that the Trust's research projects involved 663 participants, in 26 studies and a 169% increase on the previous year. Clinical research improves the quality of care and treatment for patients, particularly those with progressive

conditions. Research at SCFT gives patients access to the latest treatments in development and improves clinical effectiveness. Our studies include work with adults who have neurological conditions like Multiple Sclerosis or dementia, advanced cancer and Chronic Fatigue Syndrome. Our work with children involves those with complex disabilities and focuses both on the young person and their family.

Crawley Hospital Urgent Treatment Centre is transformed

In August 2017 we completed an £8 million project to transform urgent care at Crawley Hospital. The final stage of the work was the refurbishment and upgrade of the Urgent Treatment Centre (UTC), a vital part of NHS Crawley Clinical Commissioning Group's plan to provide care closer to home. The upgrade of the UTC included:

- A larger, modern adult waiting area.
- An open plan reception desk to improve communications.
- New, separate waiting areas for young children and for teenagers, to give greater privacy.
- A baby change room in the children's waiting area.
- Two sets of doors to improve access.
- A drop-down point at the reception desk for wheelchair users.
- A Changing Places toilet facility, to allow people with profound and multiple learning disabilities to use the toilet safely and comfortably.

Nursing Times Award Finalist

SCFT's OneCall service in Coastal West Sussex was nominated for a Nursing Times award in their 'care for older people' category. The One Call team's work behind the scenes is a vital part of our work to prevent avoidable hospital admissions. They do that by providing rapid assessment over the phone of each patient's needs and then work with all the urgent care options in the area to help keep the patient out of hospital. The service operates 24/7 365 days a year with calls handled by nurses and other experienced staff.

Grand opening of the new memorial garden at Crawley Hospital

A new memorial garden at Crawley Hospital was unveiled by the mayor. The 'Jim Smith Memorial Garden' provides an increased seating area, a music facility, shrubs and flowers and a mural depicting Jim's life. The garden is dementia friendly and helps to improve the experience for both patients and staff. The garden was possible thanks to a £12,000 'Tesco Bag of Help' community grant and a £700 donation from the Jim Smith memorial fund. On the garden fence is a mural to Jim's life and service to the local community. Jim was a Crawley councillor for 39 years, who was instrumental in the build of the Hawth Theatre and Mayor for a record four times. Jim died in 2016 and lived with dementia in later life.

Local service achieves UNICEF 'Baby Friendly' accreditation

SCFT's services for mothers and babies in West Sussex, were awarded full 'Baby Friendly' accreditation by UNICEF (United Nations Children's Fund). The prestigious award was made to the West Sussex 'Healthy Child Programme' following a rigorous assessment which included interviews with parents. In making the award UNICEF's assessment team said it was "clear that pregnant women and new mothers receive a very high standard of care." The Baby Friendly Initiative, set up by UNICEF and the World Health Organisation, is a global programme which provides a practical and effective way for health services to improve the care provided for all mothers and babies.

Autumn

SCFT's three nurseries rated OUTSTANDING AND GOOD by Ofsted

Hilltop Nursey at Brighton General Hospital achieved an OUTSTANDING Ofsted rating; Butterfly Nursery at Hove Polyclinic achieved OUTSTANDING for personal development, behaviour and welfare of the children and an overall GOOD Ofsted rating; and Rainbow Nursery at Crawley Hospital received a GOOD Ofsted rating.

SCFT shortlisted for an HSJ Award

SCFT's work on staff engagement was shortlisted for this year's prestigious HSJ (Health Service Journal) Awards for the programme of work undertaken to improve staff health and wellbeing – including a 'Wellbeing@Work Festival' in May this year, which was created as part of its ongoing 'Dare to Care' engagement programme. 'Dare to Care' aims to help staff do things differently for a better working life and a greener NHS.

Annual Leadership Conference

In November 2017 SCFT hosted its annual leadership conference in Crawley. Over 200 members of staff took part in this hugely valuable event, with fantastic contributions in workshops and from guest speakers Professor Michael West and Professor Jonathan Warren. The theme of the day reflected perfectly our vision as an organisation – and was all about the links between compassionate leadership, looking after our staff, and freeing up teams to make decisions and improve quality of care.

Winter

More than 50 staff achieve Care Certificate

More than fifty SCFT healthcare support workers became the latest to achieve the Care Certificate – an assessment which demonstrates their competency and skill in providing safe, high quality care. SCFT gained the Skills for Health Quality Mark for its Care Certificate programme in April 2016. The Care Certificate assesses the skills and knowledge required to provide safe, effective and compassionate care. It is awarded to staff in healthcare roles who have demonstrated they meet each of the 15 Care Certificate standards, including caring with privacy and dignity, awareness of mental health (including dementia and learning difficulties), safeguarding and infection control. Since 2014 SCFT has supported over 300 healthcare support workers to progress in their careers and obtain the Care Certificate qualification.

SCFT nurses recognised by Queen's Nursing Institute

In November 2017 the Queen's Nursing Institute honoured eight SCFT nurses with prestigious awards at their annual awards ceremony. Christine Morris, a Children's Community Nurse based at Crawley Hospital, was awarded the prestigious Queen Elizabeth, the Queen Mother Award for Outstanding contribution to community nursing.

The award recognises Christine's pivotal role in creating and developing the Children's Community Nursing service in the north area of West Sussex (Crawley, Horsham and Mid Sussex). Christine, a Children's Community Nurse with SCFT, was one of the founders of the service in 1997 when it was set up as one of the first services of its type in the country.

A total of seven nurses were also awarded the prestigious title of Queen's Nurse. The title was awarded to Gary Brigden, Heart Failure Nurse Specialist; Jo Harrison, Proactive Care Clinical Nurse Lead; Toni Hayes, Rehabilitation and Reablement; Wendy McCarthy, Practice Education Facilitator; Jane Mulcahy, Matron for Children and Young People's

Community Nursing; Evelyn Prodger, General Manager Community Hospitals & Urgent Care; and Ruth Silverman, Locality Manager.

SCFT receives IQIPS accreditation

SCFT was praised by the National Deaf Children's Society for becoming one of the first community NHS trust in England to receive prestigious accreditation for its children's audiology service across West Sussex and Brighton & Hove. The children's audiology team achieved IQIPS (Improving Quality in Physiological Services) status. This badge of quality shows they are meeting standards set by the United Kingdom Accreditation Service (UKAS) and providing deaf children with the very best care.

Staff Achievement Awards

We held our 2017 Staff Achievement Awards on Wednesday 22nd November at the American Express Community Stadium, Brighton. With over 220 members of staff attending we celebrated achievement across the Trust. Awards were presented by Trust Chair Peter Horn, and Chief Executive Siobhan Melia, to individual winners, and to over 80 staff for long NHS service of 20, 30, 40 years; and to Enid Chamberlain, Leg Ulcer Nurse Clinic and Susan Dewar, Clinical Nurse Specialist with 50 years' service. We also recognised more than 90 Health Care Support Workers and Therapy Technicians who have successfully achieved the Care Certificate.

Achievement awards were presented in a number of categories to the following:

- **Compassionate Care Award** – Phillip Miles, Case Manager
- **Inclusive Leader Award** – Cara Mitchell, Nurseries Business Manager, Nurseries – Brighton, Crawley and Hove
- **Making a Difference - Individual Award** – Barney Bristow, Data Analyst, Time to Talk and Time to Talk Health, West Sussex
- **Making a Difference - Team Award** – School Nurses, Healthy Child Programme, Brighton & Hove
- **Outstanding Newcomer Award** – Joanna Lightfoot, Healthcare Assistant, Inpatient Unit, Crowborough War Memorial Hospital
- **Quality Improvement Award** – Physiotherapy Musculoskeletal Outpatient Teams, Crawley and Horsham Hospitals
- **Research and Innovation Award** – Catherine Evans, Director of Research and Innovation
- **Working in Partnership Award –** Barbara Graham and Christine Ramsbottom, Community Liaison Matrons, Integrated Discharge Team, Central Area
- **Volunteer of the Year Award** – Service by Emergency Rider Vehicles (SERV), Sussex
- **Chair's Award** – Deidre Gumbrell and Sheila Hughes, Toy Library, Conway Court, Hove
- **Chief Executive's Award –** Christine Morris, Community Children's Nurse, Children's & Young People's Community Nursing Team, West Sussex

SCFT rated GOOD with OUTSTANDING features by Care Quality Commission (CQC)

In January 2018 SCFT was rated as GOOD overall and OUTSTANDING in some areas following an inspection by England's chief inspector of hospitals. Inspection teams led by the independent CQC visited services in Autumn 2017 and noted improvement since services were last inspected in 2015. The improved rating reflected the hard work and dedication of SCFT teams who have a positive culture where *"managers and staff embraced an improvement culture and tried hard to improve the quality and sustainability of services."*

Carers Health Clinician in West Sussex wins Carers Award

Mike Dixon, a Carers Health Clinician, who works as part of the Carers Health Team in West Sussex, won the Carers Award at the Sussex Armed Forces Network Military Awards. The Carers Health Team is a community service provided by SCFT which supports informal carers to maintain their own health and wellbeing whilst caring for others. The awards were held at the American Express Community Stadium in January 2018 as part of the Sussex Armed Forces Network event: *Together we can make a difference* – a multi-disciplinary conference to demonstrate the work taking place across Surrey, Sussex and Kent & Medway for the Armed Forces Community.

Positive Staff Survey results show further improvement

The national 2017 NHS staff survey published in March 2018 showed just how much there is to be proud of at Sussex Community NHS Foundation Trust. More than 2,300 staff (50%) responded to tell us what they love about working here and what they would like to see improved. The positive results are important in terms of staff wellbeing and morale and also because research shows that high levels of staff engagement in the NHS leads to better patient care. We will be looking at ways to improve this even more over the coming year. Our highest scores include our staff saying:

- their work makes a real difference to patients and the people who rely on our services
- they are able to contribute towards improvements at work
- that they work effectively in teams
- that they are supported by their managers.

Our staff are also more likely than the national average to say that:

- they would recommend the trust as a place to work or receive treatment
- they are recognised and valued by managers and the organisation
- that they look forward to going to work and are motivated by their jobs
- and that the organisation provides support for staff health and wellbeing.

SCFT to help improve GP services in East Brighton

From 1 April 2018 SCFT will be helping to improve GP services in the East of Brighton. The Trust will be working with Wellsbourne Healthcare Community Interest Company to improve vital GP services from the Wellsbourne Health Centre, Whitehawk Road, Brighton. The new service will offer improved primary medical provision, delivered by a multi-disciplinary team, including GPs, Advanced Nurse Practitioner, Practice Nurse, Healthcare Assistant, Pharmacist and Health Engagement Worker and provide more opportunities to be seen and treated, with an 8am to 6.30pm service provided Monday to Friday.

SCFT recognised for work to make the NHS more green and sustainable

SCFT has been praised for 'pioneering' ways to make the NHS in Sussex more green and sustainable. It has developed a programme called 'Care Without Carbon' (CWC), which is leading the way in delivering more sustainable healthcare. The Trust was highlighted in the Chief Medical Officer's annual report on pollution. The CWC team has helped the organisation cut its carbon footprint by 24% since 2010 – this equates to powering 200 local homes for a whole year. The Trust's travel bureau has been instrumental in encouraging staff to make greener travel choices for both commuting to work, and patient visits. This has helped towards the reduction in our carbon footprint, and in tackling local air pollution.

Performance report

Overview of our Trust

The purpose of the Overview is to give a short summary which includes sufficient information for a reader to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Sussex Community NHS Trust was successful in achieving authorisation as an NHS Foundation Trust on 1 April 2016, following a rigorous assessment of all elements of the Trust's care and business including the quality of its services, its financial performance, leadership and governance.

As a Foundation Trust SFCT is accountable to Parliament and regulated by NHS Improvement. We are still part of the NHS and must meet national standards and targets but we have more financial freedom to retain surpluses and choose how we reinvest this money. Our governors and members ensure that we are both accountable and listen to the needs and views of our patients.

The Trust is a public benefit corporation and its principal purpose is the provision of goods and services for the purposes of the health service in England. Before becoming a Foundation Trust the organisation was known as Sussex Community NHS Trust, which was established in October 2010 through the integration of West Sussex Health and South Downs Health NHS Trust.

We are the main provider of NHS community health and care services across West Sussex, Brighton and Hove and the High Weald, Lewes and Havens area of East Sussex, covering a population of around 1.3 million.

We provide a wide range of medical, nursing and therapeutic care to over 9,000 people a day. Our expert teams help people to plan, manage and adapt to changes in their health to help keep them in their own homes for longer, prevent avoidable admissions to hospital and minimise any necessary stays in hospitals.

Following a Care Quality Commission (CQC) Inspection in Autumn 2017, the quality of the care we provided was rated as Good overall, and Outstanding in some areas.

What we do

From our health visitors supporting families with new-born babies, to our community practitioners (nurses and therapists) caring for the frail elderly and people nearing the end of their life, we look after some of the most vulnerable people in our communities.

Our aim across all our services is to give people the certainty that when they need us, wherever they are, we will meet their needs with services of a high quality that are safe, effective and compassionate, and provided with respect.

We provide:

- Community rehabilitation and support for people with complex health needs and long-term conditions or people needing end of life care.

- Community rapid response to assess and care for patients with urgent care needs, helping to keep them out of hospital.

- Intermediate care, offering short-term recovery and rehabilitation, keeping patients out of hospital where we can, or helping them to leave hospital when that is in the patient's best interest.

- Integrated discharge, working with patients, carers and hospital staff, to help a patient return home from a hospital stay as soon as possible.

- Health promotion, supporting people to improve their health and wellbeing, for example through our prevention assessment teams.

- Coordinated and flexible services for families and children through our health visitors, for example our breastfeeding support teams and our care for children with complex health needs.

Our vision

Our vision is of a health and care system that has excellent care at the heart of the community.

To move us in this direction, the Trust Board has set three strategic goals which explain what we need to do to achieve our vision:

- We will provide excellent care every time to reinforce wellbeing and independence.

- Working with our partners we will personalise services for the individual.

- We will be a strong sustainable business, grounded in our communities and led by excellent staff.

To guide our work, as we seek to achieve our goals, we will remain true to our core values:

- **Compassionate care** caring for people in ways we would want for our loved ones.

- **Working together** as a team forging strong links with the people we care for, the wider public and our health and care partners, so we can rise to the challenges we face together.

- **Achieving ambitions** for our users, for our staff, for our teams, for our organisation.

- **Delivering excellence** because the people we care for and our partners deserve nothing less.

How we do it

With quality as our top priority, we care for most people in their own homes or as close to home as possible including at our community hospitals, or in our bases at clinics and health centres. We put the people we care for at the centre of everything we do, wrap care around them and work closely with GPs, hospital trusts, local authority social care partners, voluntary organisations, other providers and commissioners to ensure people get the support they need.

In total, we employ nearly 5,000 people (including both full and part-time staff). We employ nurses, doctors, dentists and therapists, supported by experts in areas such as infection control, medicines management, information technology, human resources, service experience and finance.

Many of our staff work in multidisciplinary and multi-agency teams combining a range of specialisms and backgrounds and linking closely with our health and social care partners to offer integrated, seamless services to our patients.

Communities of Practice

'Communities of Practice' is the name we give to the vision of how our organisation will work in the future. We will bring together our own teams, and those from our partner organisations, to deliver services that are built around the needs of the patient. It is about creating a better way of working so that we can focus on the most important thing – the individual needs of the patient.

The aim is to deliver person-centred, co-ordinated care by asking the people we serve 'what matters to you' rather than 'what's the matter with you'.

Communities of Practice will be multi-agency and multi-disciplinary. They will bring together health, care and third sector professionals, including GPs, acute hospital colleagues, mental health and social care, to provide the right personalised care for each person. They will be based around communities which means a much more localised approach than we might be used to, and people will receive the care they need, as close to home as possible.

Our partnerships

We work with a range of different people and partner organisations to offer the right care, in the right place, at the right time, provided by the right professional. As part of our strategy to deliver Communities of Practice, we are working together in more partnerships to deliver our strategic goals, to personalise care and achieve better health outcomes. Foremost, of course, are the people who use our services, their families and/or carers.

A new approach to sustainability and transformation

We continue to be committed to the development of a new approach to health and care services in our region through our local Sustainability and Transformation Partnership (STP). The Trust is fully engaged in the key STP governance and planning to ensure that our plans address the scale of the challenges we face as a health system over the coming years.

The Sussex and East Surrey STP aims to make practical improvements – such as making it easier to see a GP, speeding up the diagnosis of cancer and offering help faster to people with mental health problems. The STP also aims to encourage the public to take more responsibility for their own health and wellbeing. The STP brings together all organisations involved in delivering health and care services and represents a real shift in the way that the NHS works, with organisations collaborating to respond to the challenges facing local services and communities.

Clinical Commissioning Groups

Every General Practice in England is part of a Clinical Commissioning Group (CCG). CCGs commission (plan and buy) the majority of health services, including emergency care, elective hospital care, maternity services, and community and mental health services. There are five principle CCGs that commission care from SCFT, as set out in table 1 below.

Table 1: CCGs that commission care from SCFT

Clinical Commissioning Group (CCG)	Areas covered
Brighton and Hove CCG	The City of Brighton and Hove
Coastal West Sussex CCG	Arun, Adur, Bognor Regis, Chanctonbury, Chichester and Worthing
Crawley CCG	Crawley
Horsham and Mid Sussex CCG	Burgess Hill, East Grinstead, Haywards Heath, Horsham and the surrounding area
High Wealds, Lewes and Havens CCG	Crowborough, Lewes, Uckfield and the surrounding area

NHS England and local authorities also commission services from the Trust and we work in partnership with a number of providers. In addition, we provide services to people living outside of these areas, including other parts of East Sussex.

Other key partners in 2017/18 include:

- NHS England

- NHS Improvement

- Local authority partners: West Sussex County Council; Brighton & Hove City Council; and East Sussex County Council

- GPs across our area

- Local NHS Trusts: Brighton and Sussex University Hospitals NHS Trust; East Sussex Healthcare NHS Trust; Maidstone and Tunbridge Wells NHS Trust; Surrey and Sussex Healthcare NHS Trust; Sussex Partnership NHS Foundation Trust; South East Coast Ambulance NHS Foundation Trust and Western Sussex Hospitals NHS Foundation Trust

- Higher education organisations

- Other care organisations including local hospices, residential and nursing homes

- Sussex Musculoskeletal Partnership Centre and HERE (formally Brighton and Hove Integrated Care Services – BICS)

- Third sector organisations including Age UK East Sussex, Diabetes UK, Macmillan and the Martlets

- Groups that can speak on behalf of the people who use our services, including local Healthwatch organisations, patient groups and scrutiny committees.

We thank them all for their continued and committed support in helping us deliver quality services to the communities we jointly serve.

Engaging with our MPs

We keep regular contact with our local MPs across the areas we serve in Sussex. Our MPs receive the weekly message from our Chief Executive with latest news from across the Trust. We also communicate and engage with our local MPs with regards to service change and improvements.

Scrutiny Committees

We have built strong relationships with our three Health Overview and Scrutiny Committees – West Sussex Health and Adult Social Care Select Committee (HASC), Brighton and Hove Overview and Scrutiny Committee (HOSC) and East Sussex Health Overview and Scrutiny Committee (HOSC). These bodies consist of elected local councillors and hold NHS organisations to account for the quality of their services on behalf of their local public.

Healthwatch

Healthwatch England is the independent consumer champion for health and social care in England – to ensure the voice of the consumer is heard by the people that commission,

deliver and regulate health and care services. Healthwatch England supports the range of local Healthwatch bodies across the country. We work closely with our local bodies, Healthwatch West Sussex, Healthwatch Brighton & Hove, and Healthwatch East Sussex, welcoming their input as 'critical friends'. As part of our ongoing relationship:

- Local liaison representatives from Healthwatch attend our regular meetings with patient representatives.

- We welcome Healthwatch to our events, such as our Annual General Meeting and meetings of the Trust Board which are held in public.

- We send regular news items about the Trust for inclusion in their communications.

- We engage with Healthwatch about service changes and seek their comments.

Key issues and risks in delivering our goals and objectives

Risk assessment

Monitoring of issues and risks is a fundamental part of the Trust's governance structure. To do this effectively the Trust holds a single risk register containing directorate specific risks, operational risks and strategic risks as described in the Board Assurance Framework (BAF). The risk register forms the main repository for all risks within the Trust. Risks are reviewed by the trust-wide governance group to gain assurance that controls and mitigating plans are suitable, sufficient and being appropriately monitored.

Significant risks are reviewed, on a monthly basis, by the executive leadership team and where they are deemed to be a high risk to service delivery or patient care (15+), the risk will be escalated to the Board as part of the Integrated Performance Report. Any risk which is likely to impact on the delivery of the Trust's strategic goals and objectives is captured in the BAF.

The BAF is a key assurance tool that ensures the Board has been properly informed about the totality of risks to achieving the Trust's strategic goals and objectives. It is reviewed by the executive leadership team on a monthly basis and quarterly but the Trust Board.

The three key risks to delivering our strategic goals are:

- Workforce - The Trust continues to face high vacancy levels, particularly in relation to registered nurses and especially at inpatient units.

- Finances - Despite achieving a financial surplus in 2017/18, the Trust continues to face a number of financial risks. The challenged financial position of our main commissioners could affect our income and may lead to contract challenges. Cost improvement plans will be challenging to implement while maintaining operational capacity and quality of care, particularly during winter pressures.

- Sustainability and Transformation Partnerships - The potential for significant service redesign that impacts negatively on the Trust remains a key strategic risk as STPs evolve and the wider health economy continues to face substantial financial deficit and quality concerns.

Financial performance summary

After making enquiries, the directors have reasonable expectations that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Key operational and performance highlights

Key performance metrics are reported monthly to the Board and public through an Integrated Performance Report. The Board constantly challenges and adapts the performance measures it scrutinises to provide the best possible assurance that the Trust is well-managed, patients well cared for and that early warning signs of issues are identified and action taken. The Integrated Performance Report highlights performance against a range of measures. These include those set out in NHS Improvement's Single Oversight Framework but also a number of other indicators, agreed by the Board, which reflect performance against the organisational objectives and the Care Quality Commission (CQC) domains of Safe, Caring, Effective, Responsive and Well-led.

Metrics supporting the Single Oversight Framework

The NHS Improvement Single Oversight Framework is used to assess the performance of both NHS Trusts and NHS Foundation Trusts. There are five themes within the Oversight Framework: Operational Performance; Finance and Use of Resources; Quality of Care; Strategic Change and Leadership; and Improvement Capability.

Single Oversight Framework – Operational Performance

Domain	Metric	2017-18 Performance (%)	Year End Target (%)	Variance to Target (%)
Responsive	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	97.7% (Apr17-Mar18)	92%	+5.7%
	Maximum 6-week wait for diagnostic procedures in aggregate	99.8% (Apr17-Mar18)	99.5%	+0.3%
	A&E maximum waiting time in aggregate for 4 hours from arrival to admission/transfer/discharge	98.1% (Apr17-Mar18)	95%	+3.1%

Single Oversight Framework – Use of Resources

We report metrics that indicate the Trust's financial performance in the monthly Integrated Performance Report. There is further detail on the Trust's Use of Resources metrics in the Financial Performance and Use of Resources section of the report on page 18.

Single Oversight Framework – Quality of Care:

Domain	Metric	Annual Performance	Year End Target	Variance to Target
Safe	Never Events	0 (Apr17-Mar18)	0	0 (favourable)
Caring	Complaints: inpatient complaints per 1,000 occupied bed days	0.2 (Apr17-Mar18)	No Target	N/A
	Patients Friends and Family Test Star Rating	4.8 (Apr17-Mar18)	4.75	+0.05 (favourable)
	Patients Friends and Family Test - % likely to recommend	96.2% (at end Mar 18)	90%	+6.2% (favourable)
	Patients Friends and Family Test - % unlikely to recommend	1.1% (Apr17-Mar 18)	1%	-0.5% (adverse)

Workforce	Temporary workforce (agency, bank and locum costs) as % of pay bill	7.3% (as at end Mar18)	11%	-3.7% (favourable)
	Annualised turnover rate – 12 month rolling average	14.4% (as at end Mar18)	13.5%	+0.9% (adverse)
	Sickness rate	6.9% (as at end Feb 17)	4%	+2.9% (adverse)

Quality of Care Performance

On an annual basis the Trust is required to publish a 'Quality Report' on achievement of both key priorities for quality improvement, as well as showing performance in relation to the maintenance of essential standards for quality and safety. This section is a high-level summary of this, and further detail can be found in the separate Quality Report document appended to this report.

The Trust has a five-year Quality Improvement Plan (2014-2019) and performance against the key objectives for 2017/18 against that Plan has been good. The table on page 17 shows the summary of our achievements:

Safe Care	Outcome	RAG status
Sepsis understanding in Children's services– improving availability of information for parents	Developed key information for parents which is now in use	
Safe transfer of care – improve information on discharge	Multi-agency focus this year resulting in drive to implement 'let's get you home' policy	
Effective care		
Making safeguarding personal	Better understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs) in adults & focus on voice of the child in children's services	
Staff wellbeing – improving psychological support tools for staff	Increased occupational health clinical psychology available positively evaluated	
Patient-centred care		
Equality & diversity – improving vocational and volunteering opportunities for people with learning disabilities	Three work trials leading to recruitment of people with identified learning disabilities & placement co-ordinator now in HR	
Carers – establishing links with external carer groups to ensure carers are supported	Formal links established locally and nationally	

In all of the priorities good progress has been made and it is intended that these areas will continue into next year as part of sustained improvement. New priorities are currently being finalised for 2018/19 and these are articulated in the Quality Report.

Compliance with Quality and safety standards and indicators

As part of the Trusts governance processes there is a review of quality indicators from service level through to the Board. The level of detail is informed through various specialist groups and committees and high-level summaries are provided in the Trust's Integrated Performance Report.

There is a good level of assurance in relation to the Trusts compliance with all areas of quality and safety. Key areas are reviewed against the 5 key lines of enquiry used by the CQC i.e. Safety, Effectiveness, Responsiveness, Caring and Well-Led. Detail is reviewed and includes reference to:

- Clinical audit – National and local audits that inform and improve practice.

- CQUIN – delivery against key priorities in conjunction with commissioners.

- Learning from deaths through regular mortality reviews.

- Learning from patient experience both negative and positive through complaints, compliments and other feedback.

- Infection control – compliance with hygiene code and reduction in health care associated infections.

- Patient safety incidents review and learning from themes.

- Staffing levels and actions to mitigate issues.

- Effectiveness/responsiveness in services – key KPI's e.g. 18-week compliance, urgent care response times etc that inform service delivery.

- Harm free care reviews and analysis of safety thermometer data.

- Compliance with NICE guidance and policies.

Between September and October 2017, the Trust was inspected by the Care Quality Commission and three groups of services were covered – community inpatient services, community dental services and sexual health services. The outcome of this inspection maintained our current 'GOOD' rating, with an improvement to OUTSTANDING in the Caring domain for community inpatient settings.

This inspection had built upon the previous inspection in March 2015, and work is ongoing to look at achieving outstanding in all of the domains.

Evidence used through oversight of performance and indicators, as well as other feedback mechanisms (such as the CQC inspection) allow us the ability to rate our services and have confidence in the RAG status applied for this year.

Fuller detail on the indicators notated above are found in the full Quality Report.

Financial Performance and Use of Resources

The Trust continues to demonstrate strong financial management and financial resilience. We made a surplus of £2,667k in 2017/18 compared with a surplus of £103k in 2016/17. In doing so we delivered an ambitious programme of efficiency savings of £11,423k, continuing our strong track record from the previous year when we achieved £10 million efficiencies. This is a notable achievement against a backdrop of severe financial pressures in the health economy at both a local and national level.

The £2,667k surplus is calculated in a different way to the position set out in the Trust's *Statement of Comprehensive Income* in its accounts. The table below sets out the difference between the two figures.

Accounts heading	Value 17/18 £ 000s	Value 16/17 £ 000s	Comment
Surplus / (Deficit) for the year	2,772	(2,712)	The reported position in the annual statement of accounts
Adjustments	(105)	2,815	The impact of impairments and other accounting adjustments excluded from the control total
Surplus / (Deficit) on a control total basis	2,667	103	The reported surplus following relevant adjustments

Our surplus is lower than that planned of £4,658k, which we agreed with NHS Improvement for 2017/18. In common with other NHS organisations during the year we experienced significant operational pressures around staffing and activity levels.

We received £1,639k of Sustainability and Transformation Funding (STF). This compared with a plan for 2017/18 of £1,718k STF funding. Operational pressures meant that we were unable to meet the eligibility performance criteria for the full funding. However, this is a significant improvement over the previous year when we were not able to access any STF funding.

The table below compares our surplus to last year before and after the receipt of STF funding.

Accounts heading	Value 17/18 £ 000s	Value 16/17 £ 000s	Comment
Surplus on a control total basis	2,667	**103**	Our financial performance against our control total
Sustainability and Transformation funding	(1,639)	0	Performance-based funding received in 2017/18
Underlying recurring surplus	1,028	103	This is our financial performance compared on a like for like basis.

Cash remains an area of focus and risk for the Trust, because of the financial challenges faced by our neighbouring providers and commissioners in the local health economy. We ended the year with a cash balance of £5,663k.

As an organisation we understand the financial challenges of the wider health economy and we are committed to working with our local partners through the Sussex and East Surrey Sustainability and Transformation Partnership (STP). We recognise the crucial role that we have as a community services provider in addressing the system wide challenges of managing demand and patient flow.

NHS Improvement measures our performance against five '*Use of Resources'* indicators. For 2017/18 our overall performance was '2', with the best possible performance being '1' and the lowest performance '4'. The Trust was also rated overall as "2" in 2016/17.

Use of Resources indicators		
Indicator	Target	Actual
Capital Service Cover rating	1	1
Liquidity rating	1	2
I&E Margin rating	1	2
Variance From Control Total Rating	1	3
Agency Rating	1	1

Summary Financial Sustainability Risk Rating	1	2

The main reason we received an overall score of two was that our surplus of £2,667k is lower than our planned surplus of £4,658k.

Around 70 per cent of our expenditure relates to our workforce. Recruiting and retaining sufficient staff to fill all our vacancies is one of the key operational risks and challenges for us, in the context of a shortage of clinical staff in the labour market both nationally and locally. We have implemented a range of schemes to improve recruitment and retention of staff, and this has resulted in a significant reduction in our use of agency staff. The amount we spent on agency staff in 2017/18 was £4,961k compared to £8,470k in 2016/17, a reduction of £3,509k (41%). Getting the right balance between our substantive and flexible workforce will continue to be an area of focus in 2018/19.

We continue to plan for a strong financial position for the year ahead. We have agreed a budget with NHS Improvement that we will deliver an increased surplus of £3,144k in 2018/19, which includes £2,416k Provider Sustainability Funding (formerly STF funding). While this target is challenging, we have been through a robust financial planning process to set a budget to achieve this target.

Delivery of our financial plans next year will require the Trust to continue to address its workforce risks and deliver greater efficiencies in procurement, estates and back office functions, working collaboratively with partners wherever possible. The continued drive, both nationally and locally, towards healthcare services increasingly being provided in the community rather than within hospital settings gives the Trust ever greater opportunities to grow and thrive as a financially sustainable organisation.

Better Payments Code of Practice

The Trust's measure of performance in paying suppliers is the Better Payment Practice Code (BPPC). The code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

Better Payments Practice Code	Current Year to Date	
	Number	Value £000s
Non NHS		
Total bills paid in the year	34,702	52,880
Total bills paid within target	32,535	46,603
Percentage of bills paid within target	**93.8**	**88.1**
NHS		
Total bills paid in the year	1,849	15,945
Total bills paid within target	1,013	11,676
Percentage of bills paid within target	**54.8**	**73.2**
Total		
Total bills paid in the year	36,551	68,825
Total bills paid within target	33,548	58,279
Percentage of bills paid within target	**91.8**	**84.7**

Care Without Carbon – delivering sustainable healthcare

What is Care Without Carbon?

Care Without Carbon (CWC) is our vision and strategy for a more sustainable health and care system. It directly addresses one of our core strategic objectives – to be a strong, sustainable business, grounded in our communities and led by excellent staff.

To us, being a sustainable organisation simply means "effective management of our essential resources – from people and time, to money and materials." It means reaching our vision to provide the best possible patient care while at the same time balancing our efforts with three key aims in mind:

1. Working towards long-term financial sustainability.
2. Minimising our impact and having a positive impact on the environment and natural resources.
3. Supporting staff wellbeing to enable a happy, healthy and productive workforce.

Since the Trust was formed in 2010 we have been developing a programme of work to ensure we're making progress on these priorities. This work programme is defined and led by our Sustainable Development Management Plan (SDMP), which we have called "Care Without Carbon".

It comprises a seven-step action plan that is designed to ensure that we are taking a co-ordinated approach and integrating sustainable development principles into our core operational activities across the Trust. Further information is available online: www.sussexcommunity.nhs.uk/sustainability

Programme governance - how we deliver CWC at Sussex Community

Our Environment and Transformation Team is responsible for designing, implementing and reporting the CWC programme across the Trust. The team reports on progress directly to the Trust Board twice a year through the Trust's Executive Lead for Sustainability, Mike Jennings (Director of Finance and Estates and Deputy Chief Executive). Each of the seven action areas is led by a named senior manager, who oversees the delivery of the action plan for their area and ensures the work is aligned with their department's own strategic priorities and work plans.

CWC beyond Trust borders

Pioneering new and innovative ways of delivering sustainable healthcare in the NHS is key to delivering our sustainability goals, both internally and beyond Trust borders.

Externally, CWC has become an established framework for creating SDMPs, with all of the main NHS providers in Sussex and East Surrey now using our model. As such, we have the opportunity to work collaboratively and measure progress across Trust borders.

In addition, we have incorporated some key sustainability commitments in the Sussex and East Surrey STP. STPs are all about fostering collaboration and joint working to create a more sustainable health and social care system. Within Sussex and East Surrey, the healthcare system's overall annual carbon footprint (including the seven NHS provider trusts) is around 100,000 tonnes CO_2e, which costs the system an estimated £32 million per annum. We believe that by working collaboratively we can advance our sustainability goals in ways that would not be possible or as effective if we worked alone. An STP Sustainability Working Group has been established, which reports into the STP Estates Programme Board. That group draws representation from across the system, as well as from neighbouring STPs, NHS Property Services (NHSPS) and the NHS Sustainable Development Unit. Three collaborative projects have been initiated to date:

1. Energy Performance Contract (EPC). Running a joint EPC procurement through the Carbon & Energy Fund (CEF). This aims to procure EPCs for each STP partner organisation and NHSPS through a single procurement process. As well as delivering a better value procurement, this should also enable us to start to take a system-wide approach to energy management and innovation.
2. Courier Services Review. Identifying opportunities for efficiencies and a reduction in CO_2 and emissions of other air pollutants, through a review of the courier services across the STP area.
3. Waste Tender. Tendering for new waste contracts collectively, with five of the STP trusts (SCFT, Sussex Partnership Foundation Trust, East Sussex Healthcare Trust, Surrey and Sussex Healthcare and Queen Victoria Hospital) taking part. This aims to deliver economies of scale which, as well as giving better value, should allow us to progress a number of collaborative waste reduction opportunities that would otherwise not be possible, e.g. food waste recycling and localised treatment of non-infectious healthcare waste.

We're also starting to explore the opportunity to roll out a staff engagement and behaviour change programme across the system based on the successful *Dare to Care* programme that has been running at SCFT since 2015 (www.carewithoutcarbon.org).

As well as creating economies of scale, these projects are about sharing best practice, encouraging innovation and improving system-wide planning and management of sustainability impacts.

How did we perform on sustainability in 2017-18?

We measure the overall impact of CWC against three key performance metrics:

1. Absolute (overall) CO_2 reduction;
2. Cost improvement (related to CO_2 reduction across our services);
3. Improvement in workplace health and wellbeing.

Between 2010/11 and 2017/18 we have reduced our absolute carbon footprint by 2348 tonnes CO_2e (28%), meaning we are still on course to meet our 2020 target of 34% reduction in carbon footprint against our 2010/11 baseline. This is despite taking on new community services in the High Weald, Lewes and Havens area of East Sussex in 2015, including three new community hospital sites: Lewes Victoria, Crowborough and Uckfield. Since 2016/17 we have included these sites in both our carbon footprint baseline and in-year calculation, as well as incorporating the increase in business mileage associated with a growth in staff and services.

SCFT Carbon Emissions
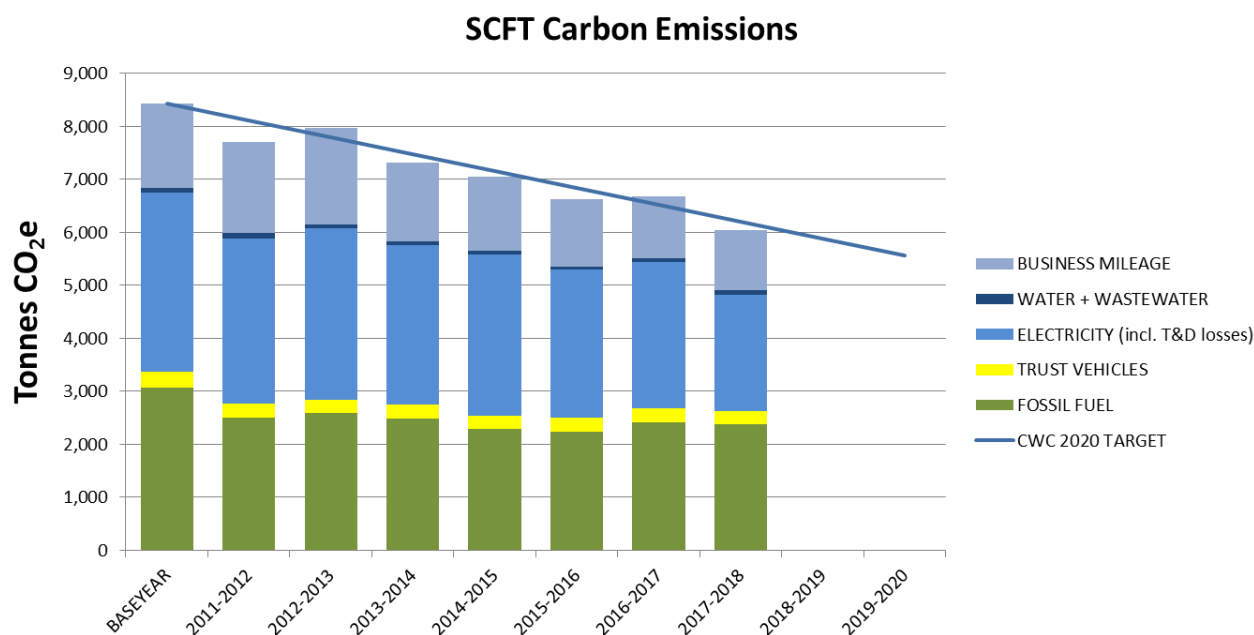
The total estimated net financial saving associated with the CO_2 reduction reported above between 2010/11 and 2017/8 is £7.13m (against a total investment cost of ca. £1.22m).

Further detail concerning our sustainability performance are included in the sections that follow.

NOTE: Due to the date of publication of the annual report, we have estimated some of the data reported here. We will publish a full sustainability report, including a complete data set for 2017/2018, in the summer of 2018. We obtain annual external assurance each year to validate the accuracy of all the data. Assurance reports from 2011 can be downloaded from our website: www.sussexcommunity.nhs.uk/sustainability

Key Performance Indicators (KPIs) and performance in relation to environmental matters

In addition to measuring and reporting on our total CO_2 emissions we also measure progress against a series of specific environmental KPIs. These have been chosen because they represent the Trust's primary direct environment impacts, as identified by our Environmental Management System (EMS) Impacts Register. These impacts also contribute to our overall carbon footprint and so by measuring our performance against these indicators throughout the year we are able to track progress towards our annual CO_2 reduction targets, as well as manage any environmental compliance obligations.

The environmental performance dashboard on page 24 provides a high-level summary of progress towards our specific environmental goals for 2020. Where the in-year figure is marked green, this indicates we are on or ahead of our target performance for that measure. Amber indicates we are within a 5% margin of the target performance for the year. Red indicates that we are behind where we want to be in order to achieve the 2020 target for that measure. As above we have included in our carbon footprint performance data from our three new community hospital sites, which transferred to the Trust in 2015. We are working to implement improvement actions that will see a significant improvement in performance across all environmental impact areas during 2018/19.

There are two areas where progress falls below the 5% performance margin – reducing the grey fleet mileage (staff using their own vehicles for work) and waste recycling. As outlined in the detailed summaries below, we are embarking on new programmes for both waste and travel in 2018 that we are confident will bring performance within target.

INDICATOR		KPI	2020 Target	BASEYEAR Value	2020 Target Value	2017-2018 Target Value	2017-2018 Value
CO₂	Carbon Footprint	tonnes CO₂e	34%	8,435	5,567	6,204	6,087
	Energy Efficiency	kgCO₂e/m²	34%	59.3	39.1	43.6	45.7
	Water Efficiency	m³/m²	34%	1.36	0.90	1.00	0.87
	Trust Vehicle Emissions	gCO₂e/km	34%	151.0	99.6	111.0	108.1
	Grey Fleet Mileage	miles claimed	34%	4,693,757	3,097,880	3,452,519	3,850,603
	General Waste Recycled	% recycled	75%	50%	75%	70.0%	64%
	Clinical & Offensive Waste	% offensive	75%	0%	75%	55%	56%

Summary of performance against our seven action areas

1.Buildings

Providing the workspace for low carbon care delivery with wellbeing in mind

2020 target: 34% reduction in CO_2e from our buildings

The Trust has reduced absolute CO_2 from building related energy consumption by 28% between 2010 and 2017/18 (1,852 tonnes CO_2 per annum). That means the Trust is on course to achieve its 2020 target of 34% reduction from buildings. Alongside this we have achieved a 23% improvement in per m² energy efficiency and a 36% improvement in per m² water efficiency against our 2010/11 base year.

As indicated previously, we have included emissions from our three new community hospital sites in the figures reported here. This has had an impact on our carbon reduction performance and has necessitated a recalculation of our baseline emissions. As a significant proportion of the healthcare estate we occupy is owned and managed by NHS Property Services (including these new facilities) this remains a key partnership for us going forward in our efforts to reduce carbon usage from our estate.

During 2017 we have conducted high-level energy surveys across SCFT owned properties to identify energy reduction projects and determine their potential carbon and cost savings. We have also undertaken several capital projects to reduce environmental impact and produce cost savings. This includes boiler replacements, building repair works and lighting updates.

This in addition to the work on developing an STP-wide energy performance certificate (EPC) offering for partner trusts, which will continue into 2018-2019. Further projects for 2018/19 include renewing our automated metering (AMR) system, allowing us to better monitor and manage our energy use in buildings, and moving back to 100% renewably backed power.

2. Journeys

Maximising the health benefits of our travel and transport activity whilst minimising the environmental impacts

2020 target: 34% reduction in all measurable travel CO₂e

As a community provider travel is a significant and necessary part of our business activity. Transporting staff and materials around Sussex contributes over 20% to our direct carbon

footprint and is a significant cost for the organisation – so encouraging smarter and more active travel has clear all-round benefits, including staff health and wellbeing.

The Travel Bureau, now entering its fifth year, continues to act as the hub for travel planning and advice and support to our services to reduce travel and adopt more sustainable travel modes/options. Highlights from 2017/18 include:

- The Trust has now 28 low emission pool vehicles which operate from 11 different sites. We also have two electric bikes in use by community teams in Brighton and Hove.
- We are continuing to promote cycling through our electronic Bicycle Users' Group, with the Trust participating in several Love To Ride challenges throughout the year and hosting Dr Bike events (a free bike mechanic service) in 2017 for staff in Bognor, Horsham and Brighton. We have also installed new cycling storage at the front of Chailey Clinical Services, and with support from NHS Property Services, also have covered cycling storage at Horsham Hospital.
- 500 staff are now using lease cars instead of their own vehicles for work, a scheme which provides a new vehicle of their choosing for staff whilst delivering a cost and carbon saving to the Trust.
- The Travel Bureau team has increased to six to keep up with the demand for support with sustainable and active travel.

Since our base year we have reduced our travel carbon footprint by 26%, which means we're on track to meet our 2020 target of 34%. Our grey fleet mileage is down to 3.85 million miles and we've reduced the tailpipe emissions from our owned and leased fleets by 28.4% down to 108.1 gCO_2/km.

In 2018 we will be extending our electric vehicle charging network with the first two installations planned at Bognor Regis War Memorial Hospital and Crawley Hospital. This will enable us to increase the number of electric pool vehicles we operate, with users having the option to charge their vehicles during meetings and training, thereby increasing the opportunity of cross-Trust electric travel.

As indicated by our KPI dashboard, grey fleet mileage (staff using their own vehicles for Trust business) has remained at the same level for the past two years, which makes this one of the only areas where we are behind target. The new "Travel Light" travel transformation programme we designed during 2017 will be ready to launch in 2018. This will drive a number of key policy changes designed to minimise avoidable travel and encourage more staff to use the range of lower-carbon, lower-cost alternatives we make available through the Travel Bureau. The work will also be supported by the Trust's new Digital Strategy, which should facilitate new ICT-based solutions that should support a reduction in grey fleet mileage.

3.Procurement

Creating and supporting an ethical and resource efficient supply chain

2020 target: 34% reduction in CO_2e from procurement & waste

Our forecasted recycling rate for this year is 64% (recycled waste expressed as a proportion of all non-healthcare waste by weight). This is below our target for 2017/18 of 70%. Our priority focus for the year has been our joint waste contract tender, working with four other local trusts through the STP. This will help to ensure we can meet our targets to 2020, as well as delivering economies of scale and allowing us to progress a number of collaborative waste reduction opportunities (e.g. roll out of food waste recycling).

We met our non-hazardous healthcare waste target of 55% (volume of non-hazardous healthcare waste as a proportion of total bagged healthcare waste) with a forecasted rate of 56%. This was also a key cost improvement initiative for us this year.

Work has progressed to bring waste management practices at the Trust's new services in High Weald, Lewes and Havens up to the standards achieved across the rest of the Trust's facilities. This has included replacing bins and improving signage across the board.

Developing our sustainable procurement programme has been a complex challenge, largely due to the difficulty in gathering accurate and detailed supply chain data. At the time of writing, we are still working to achieve our ambition of measuring our procurement emissions. During 2017/18 we have:

- Completed a high-level analysis of procurement spend and identified hotspot areas of carbon emissions – including pharmaceuticals, medical devices and continence products.
- Introduced a new re-use programme launched at the beginning of 2018 – Warp-It. This online network allows staff to advertise unwanted items and claim other people's items that they need. This aims to reduce costs and the environmental impact of the Trust's procurement activities. In the first month over 100 staff signed up and the first items have been claimed.
- Supported ad hoc procurement projects around the Trust. These include a scheme at Bognor Regis War Memorial Hospital sending 1.1 tonnes of curtains that were no longer required to a hospital in Syria, and the removal of polystyrene cups across the Trust in favour of reusable or recyclable alternatives.

We are now working closely with our Procurement Team to develop this work into a more strategic and integrated programme, and in particular to engage, build trust and collaborate with our suppliers to develop more accurate data and develop carbon reduction opportunities together.

We intend to provide a more detailed update on our sustainable procurement work in our Annual Sustainability Report, due to be published later in the summer.

4.Culture

Informing, empowering and motivating people to achieve sustainable healthcare

2020 target*: 100% staff engagement across the Trust on sustainability and wellbeing with measurable benefits*

Our engagement programme, Dare to Care, encourages and supports staff to work together towards a common goal – a better working life and a greener NHS.

Since launching Dare to Care, over 1,200 members of staff (25% of the workforce) have signed up to 5,600 'dares' – actions supporting staff wellbeing, environmental improvements and financial sustainability. The campaign continues to reach beyond Trust boundaries, with nearly 200 people from outside the Trust taking over 700 dares. This includes our STP partners and Foundation Trust members.

This year our focus has been to keep our core darers engaged in the programme and find a way to reach out to staff that have not yet taken part. As such, we have:

- Consolidated and simplified dares to a set of core actions which directly align with Care Without Carbon's strategic objectives.
- Developed a network of Care Without Carbon Envoys across the Trust aiming to drive further grassroots participation and action. So far, 11 staff have been recruited from across the Trust, to spend 4 hours per month more actively supporting the delivery of sustainable healthcare within Sussex Community.
- Launched our Back-to-Basics campaigns, encouraging more environmentally conscious behaviours at work. This year these focussed on activities to support our 'Buildings' step – water use and energy saving. As well as posters voted for by staff,

a series of podcasts were recorded to support the key messages, enabling mobile staff to access information more easily.

- Continued to attend staff events including inductions and staff exchange events to talk to staff informally about sustainability and how to get involved.

In the next twelve months we aim to support our CWC Envoys to create positive change in their areas, as well as growing the network to cover each Community of Practice/Local Community Network. This will further empower staff to create their own change for a greener NHS and a better working life. The Back-to-Basics campaign will continue over the next year with a focus on waste to support our 'Procurement' step, aiming to improve waste segregation and increase reuse of items through our new Warp-It scheme. We also aim to develop our offering to new staff, including CWC within the formal induction programme for 2018/19 to demonstrate the Trust's commitment to sustainable healthcare.

5.Wellbeing

Creating a better working life for our people

2020 target: *maintaining workforce wellbeing above the national average of 5/10*

Enhancing wellbeing through sustainability is one of CWC's three key aims. As such all our work has this as a goal, but the Dare to Care campaign in particular focuses on ways to improve wellbeing across the Trust.

In 2016 we worked with the New Economic Foundation (NEF) to develop a metric for wellbeing, enabling us to create a mechanism for measuring progress towards achieving improved workplace health and wellbeing as well as a providing a benchmark for the Trust.

Our work to support wellbeing has continued in 2017:

- We ran the first Wellbeing@Work Festival in May, with 4 roadshows across 4 different sites and a broad programme of additional events across the Trust. This was very well received by staff, who not only attended the events, but also volunteered their time to run workshops including happiness workshops, yoga, crochet classes, alexander technique and eating psychology.
- We launched 'lunch & learn' sessions for staff, offering a bite-sized opportunity to hear a guest speaker talk about ways to improve mental and physical wellbeing and to be more sustainable.
- A new Dare Challenge was launched at the start of 2018, Hydrate Yourself. This aims to encourage staff to drink more water throughout the day, supporting physical and mental health.

For the coming 12 months we aim to improve the wellbeing score across the Trust through a number of initiatives including a second Wellbeing@Work Festival, Lunch & Learn sessions and developing our relationship with active travel team at Brighton & Hove City Council to offer staff more support on cycling to work.

6. Future

Working together to build a strong local health economy that serves our community now and in the future.

2020 target*: reduce the carbon footprint of our Foundation Trust membership by 10%*

SCFT is part of an increasingly interconnected health and care system that is seeking to meet the needs of an ageing population with more complex conditions and make the best use of medical advances in the most effective and efficient way possible. This transformational change creates two key opportunities for CWC.

Firstly, we must find ways of integrating sustainability into the clinical design and decision-making process and demonstrate the value of sustainability to quality improvement initiatives.

During 2017-2018 we have been joined by a Darzi Fellow working as our Clinical Sustainability Lead. A key part of the role has been working with clinical teams to identify opportunities for quality improvement and sustainability, specifically in relation to resource use (now and in the future) and care pathways.

Through this work we have developed a new sustainability tool for clinical teams and services, identifying specific opportunities for action. This aims to ensure that sustainability is considered at every opportunity from small scale quality improvement projects to new service design, development and delivery.

Secondly, through the STP we see an opportunity to work with our local partners to drive the sustainability agenda more effectively across the system. This work is discussed below in more detail.

7.Leadership

Leading the way for sustainable healthcare policy and practice

2020 target*: to be recognised as a leading NHS service provider for sustainable development policy and practice*

Providing leadership – both internally and externally – is key to delivering our sustainability goals.

Internally this means ensuring effective governance for our CWC programme, maximising the benefits for every area of Trust operations, and therefore our staff and patients. We've outlined how we have achieved this through our internal programme governance model earlier.

Externally we aim to pioneer new and innovative ways of delivering sustainable healthcare in the NHS and working beyond Trust borders. We've already described our work locally to reach out to the wider NHS through our work with the Sussex wide STP. On a national level we've had several key achievements this year including:

- The Sustainable Development Unit rated our sustainability reporting as 'Excellent' for the second year running. We're proud of this as it gives stakeholders – from patients and staff to our wider community – the confidence that SCFT takes its commitments to sustainability seriously and demonstrates the wider value that sustainability delivers within healthcare.
- CWC at Sussex Community was represented in the Chief Medical Officer's 2017 annual report to highlight the links between health and air pollution.
- The Health Minister Stephen Barclay highlighted the Trust's pioneering work in sustainability. He said: "We all have a responsibility to reduce our environmental impact and the NHS, world-leading in many other aspects, is certainly capable of becoming a shining example of sustainability. Schemes like the one pioneered in Sussex will pave the way for a truly green NHS in the years to come, and I look forward to seeing similar projects across the NHS."

Care Quality Commission (CQC) Inspection and Outcome

In January 2018 SCFT was rated GOOD overall and OUTSTANDING in some areas following an inspection by England's chief inspector of hospitals. CQC inspection teams visited services in Autumn 2017 and noted the improvement from when the services were previously inspected in 2015.

The improved ratings reflect the hard work and dedication of our teams who have a positive culture where *"managers and staff embraced an improvement culture and tried hard to improve the quality and sustainability of services."*

This report confirms that we are continuing on our journey of continuous improvement. All our teams have been working really hard to make sure that we are always focused on doing everything we can to improve what we do for the benefit of patients and the public. Ratings across all CQC domains are now **Good** and we have two areas where we are **Outstanding** – caring in our community inpatient services and responsive in our community end of life care.

The CQC inspected three out of six core services. This included our community inpatient services, community dental services and sexual health services. The CQC's overall rating of the Trust has not changed. However, ratings have been upgraded at our community inpatient services. Community dental services and sexual health services were rated **Good** overall and this was the first time these services have been inspected. The grid below provides the Trust's overall ratings across the CQC domains for safe, effective, caring, responsive and well-led:

Community health inpatient services	Good ↑ Sept 2017	Good →← Sept 2017	Outstanding ↑ Sept 2017	Good →← Sept 2017	Good →← Sept 2017	Good →← Sept 2017
Community end of life care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Outstanding Mar 2015	Good Mar 2015	Good Mar 2015
Community dental services	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017
Community sexual Health Services	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Overall*	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Community health services for children and young people	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015

Caring services

One of the biggest areas of success noted by inspectors are seen in our inpatient units which are now rated as **Outstanding** for providing 'caring' services. Inspectors noted that *"Staff delivered outstanding care to patients. We saw numerous examples where staff had gone the extra mile. Staff consistently demonstrated patients at the centre of everything they did."*

Well-led

Inspectors highlighted that the Trust has *"an open and honest culture which reflected throughout all levels of the organisation."*

They also noted that there are *"Staff at all levels were clear in their roles and responsibilities in the delivery of good quality care. Leaders were dedicated, experienced and staff told us they were visible throughout the organisation."*

Patient Safety

Our overall rating of safe stayed GOOD however improvements were identified at our inpatient units. Inspectors stated, *"Safety had improved overall and managers closely monitored staffing issues and addressed them as required. Medicines management and audit had improved."*

Areas for improvement

As part of the CQC's recommendations, the inspectors advised the Trust to:

- Display consistent advice on how to complain throughout all locations.
- Improve referrals to mental health services and the monitoring and administration of pain relief.
- Ensure consistent management and quality of medical records applies across all locations.

The Trust is committed to learn and continue to improve based upon the chief inspector's feedback. The full CQC report is available from the CQC website: www.cqc.org.uk/provider/RDR

The Brighton General Community Health Hub Redevelopment

In November 2017 we announced our intention to redevelop the East Brighton site of the former Brighton General Hospital into a 21st century Community Health Hub for local patients.

The Brighton General site, which is owned by SCFT, was originally built as a workhouse in the 1860s. It became a general hospital in 1948 but by 2009 the wards no longer met the relevant standards and there have not been hospital/inpatient services on the site since.

The site currently houses a range of community, mental health, rehabilitation and outpatient services. It also accommodates service administrative and support staff. However, only 50% of the estate is currently utilised and many of the buildings are so rundown that they have been left empty for a number of years. The cost of maintaining the site in its current state is extremely high and these higher overall running costs divert funds from frontline NHS service delivery and patient care.

In September we appointed a consortium of expert advisors led by Rider Levett Bucknell (RLB) to undertake an assessment of the services currently located on the site and, working with the many stakeholder organisations involved in the proposed redevelopment, draw up a series of options for further consideration. A formal appraisal process is then undertaken to narrow down the number of options being considered, and to eventually select one preferred option on which an Outline Business Case can be developed.

Alongside the options appraisal process we are also undertaking a rolling programme of staff, patient and public engagement. The overall aim of this is to ensure that the views, needs and experience of staff, patients and the wider community remain a key priority and are taken into account throughout the development and delivery of the Brighton General Community Health Hub project. This engagement has so far included a number of staff briefing sessions; patient and public engagement events; surveys aimed at staff and patients; and the setting up of a Patient Reference Group which will meet regularly for the duration of the project. The views and information gathered during these engagement activities have been used to inform and feed into the options appraisal process.

Our overall timeline for this project includes having an Outline Business Case for the redevelopment submitted and approved in the latter half of 2018 and for the new facilities to be handed over to SCFT early in 2022 and up and running as soon as possible in 2023.

Signed:

Siobhan Melia, Chief Executive

Date: 25 May 2018

Directors' Report

How the Trust is governed

The Trust's governance structure comprises its Board of Directors, Council of Governors and the membership. The Board of Directors consists of the Chair, Non-Executive and Executive Directors, and its primary role is to lead the Trust and set the Trust's strategic direction and objectives and ensure delivery of these within the available resources. The Trust also has a Council of Governors, which has defined statutory responsibilities and duties, including holding the Non-Executive Directors (NEDs) to account, individually and collectively, for the performance of the Board. The Council of Governors consists of elected and appointed representatives from members of the Trust, staff and stakeholder organisations. The membership of the Trust elects the Public and Staff Governors and it is part of the elected Governor role to represent the members of their constituencies and communicate their views to the Board. The Trust has a duty to ensure that its members are engaged in and kept up to date with developments within its services.

The Trust's governance arrangements are strengthened by its close collaboration with key local health partners, including Clinical Commissioning Groups (CCG); NHS South (South East); NHS Improvement (South East Region); Health Education England Kent; Surrey and Sussex; HealthWatch; Sussex acute providers; GPs; mental health services providers; local authorities; Health and Wellbeing Boards, and charitable and voluntary sector organisations working in the healthcare sector. The Trust also plays an active leadership role in the Sussex and East Surrey Sustainability and Transformation Partnership (STP) programme and participates in local system resilience groups established to collectively deal with system pressures.

Board of Directors

Details of Board membership are given below. The Board comprises a Chair, five Non-Executive Directors (NEDs) and five Executive Directors, including the Chief Executive. Other Executive Directors are:

Director of Finance and Estates

Medical Director

Chief Nurse

Chief Operating Officer

The Chair and NEDs come from a range of professional backgrounds and succession planning is kept under review to ensure that NED skills and experience reflect the evolving needs of the Trust. The Chair and NEDs meet the independence criteria laid down in Monitor's Code of Governance (updated in July 2014).

The Trust's previous Chair resigned in February 2017. The Deputy Chair assumed the role of Acting Chair and the Council of Governors immediately commenced a selection process to recruit a new Chair, which culminated in the appointment of Peter Horn with effect from 1 June. All other NEDs have been in post throughout 2017/18.

The Trust's Executive Directors (Board members) have all been in post throughout 2017/18. The Medical Director's secondment to South East Coast Ambulance Service (SECAmb) NHSFT ended in April 2017 although he continues to work with SECAmb one day a week on behalf of NHS Improvement. The Chief Operating Officer (COO) started a part-time secondment to Royal Surrey County NHSFT in September 2017 but retained responsibility for his Board-level duties at the Trust during the secondment. His operational responsibilities have been covered by the creation of a Director of Operations role. Other non-Board level

Executive Director appointments made during the year include a Director of Performance and Improvement and a Director of HR and Organisational Development (OD).

The Board has in place a scheme of delegation and a schedule of powers and decisions reserved to the Board to ensure that decisions are taken at the appropriate level. Governors are provided with full details of the decision-making responsibilities of the Council of Governors at induction and are regularly reminded of them.

During 2017/18, the Board's Committee structure remained the same as it was during the Trust's FT application, as it was considered to be robust and to meet the Board's needs. The Board periodically reflects on its own performance, to ensure that meetings remain effective, constructive and relevant.

Responsibilities of the Board of Directors

The Board of Directors' main responsibilities are to:

- Provide active leadership of the Trust within a framework of prudent and effective controls which enables risk to be assessed and managed.
- Ensure compliance with the Trust's Licence, Constitution, and mandatory guidance issued by NHS Improvement (NHSI), all relevant statutory requirements and contractual obligations, and maintain registration with the Care Quality Commission (CQC).
- Set the Trust's strategic aims, taking into consideration the views of the Council of Governors, and ensure financial and human resources are in place to meet its aims.
- Ensure the delivery of safe healthcare services, high quality clinical outcomes, and a positive patient experience.
- Develop and maintain high standards of education, training and research.
- Set the Trust's culture, values and behaviours and maintain its position as a learning organisation.
- Uphold the NHS Constitution.
- Cooperate with health partners and other stakeholders.

The Trust's income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purpose.

Board of Directors' Appointment, Tenure and Appraisal

NED appointments, including that of the Chair, are made by the Council of Governors. Executive Director appointments are made by a Committee comprising the Chair and all other NEDs. The Council of Governors approves the appointment of the Chief Executive. All Board-level appointments are made using fair and transparent selection processes, with specialist HR input and external assessors utilised as required.

Executive Director contracts do not have fixed terms. In accordance with Monitor's Code of Governance and good corporate governance practice, the Chair and NED positions have a fixed tenure with staggered terms in place to assist succession planning. NED tenure is subject to an annual review and satisfactory performance appraisal and is generally for a period of 6 years maximum (served in two 3-year terms). With the agreement of the Council of Governors, it can be extended to a maximum of nine years in total. Tenure beyond six years must be deemed to be in the interests of the organisation and take into account the need to regularly refresh the composition and skill-set of the NED element of the Board. Early termination of NED appointments is a matter for the Council of Governors. The circumstances in which a NED contract may be terminated early are set out in the Trust's Constitution and included in NED Terms and Conditions.

Both Executive and Non-Executive Directors are subject to an annual performance review, which is a formal process carried out against agreed objectives. The Chief Executive appraises other Executive Directors, the Chair appraises the Chief Executive and Non-Executive Directors, and the Senior Independent Director appraises the Chair having taken into account the views of the Governors and other Directors. The outcomes of Executive Directors' appraisals are shared with the Board of Directors' Nominations and Remuneration Committee, and those of Chair and NED appraisals with the Council of Governors' Nominations and Remuneration Committee.

Board of Directors' Profiles

Chair

Peter Horn – appointed 01/06/17.

Peter joined the Trust in June 2017. For the previous six years, he chaired a community interest company providing high quality NHS community health services in Medway and North Kent. He has broad experience of the NHS working in both executive and non-executive roles.

Chief Executive

Siobhan Melia – appointed 01/9/16.

Siobhan has a clinical background having worked as a podiatrist, before moving into senior clinical leadership and managerial roles within the NHS, including a board level position as professional executive committee chair at Berkshire East Primary Care Trust. She moved into a strategic business leadership role and became deputy managing director/director for business and strategy at Berkshire East Community Health Services, before gaining commercial experience in the private sector. Siobhan returned to the NHS in 2013, and has a particular interest in improving outcomes for patients through new commercial developments, developing strategic partnerships and enabling staff to innovate.

Non-Executive Directors

Maggie Ioannou – appointed 01/12/13. Also Senior Independent Director.

Maggie is a nurse by background, and has extensive professional leadership experience in community nursing, including at board level. In her last post she was director of nursing, quality and safety for Surrey Primary Care Trust (PCT). In this role she provided leadership on clinical quality and safety during a time of significant change, spanning the separation of the PCT's responsibilities to commission as well as providing community services, through to the transition to the new system of clinical commissioning groups, established in April 2013.

Stephen Lightfoot – Acting Chair 1/3/17 – 31/5/17. (Deputy Chair and NED, first appointed 01/09/13).

Stephen started his working life as a nutritionist with Colborn-Dawes Nutrition, a subsidiary of the Roche global vitamin business. In 1986, he moved to the global pharmaceutical company Schering AG, rising to become commercial director with Schering Health Care in the UK. He then became UK managing director with the global pharmaceutical company, Daiichi Sankyo, before becoming general manager of the global medical diagnostics business GE Healthcare.

Stephen is also currently a non-executive director of the Medicine's and Healthcare Products Regulatory Agency.

David Parfitt – appointed 01/07/14.

David is a chartered accountant, with broad commercial experience in complex and customer-orientated organisations undergoing significant change including the Granada Group, TSB Group and Lloyds Banking Group, where he became risk, control & and accounting director (retail). He brings strong experience in finance, human resources, organisational development, strategic and change management and governance. In addition, he has direct experience of the NHS, first as a non-executive director of Luton primary care trust (PCT) and then as a lay member (audit and governance) of NHS Luton clinical commissioning group.

Elizabeth Woodman – appointed 01/02/15.

Elizabeth brings legal knowledge and experience of working on strategy at senior and board level in large organisations. Elizabeth qualified as a solicitor in a large City law firm and then moved to an accountancy firm where she requalified as a chartered tax advisor. Elizabeth then became an executive remuneration consultant for a firm of actuaries specialising in executive incentive schemes and board governance. She has spent much of her career in professional publishing and online information businesses, bringing to market a number of successful online best practice products aimed at professionals. Elizabeth was vice president accountable for revenue and strategy at Thomson Reuters Legal, UK & Ireland, until September 2014. Elizabeth is currently chief executive of a well-known barristers' chambers in London that specialises in public law.

Janice Needham – appointed 08/09/15.

Janice is an independent management consultant working primarily in the not-for-profit sector, with notable clients including the Big Lottery Fund and the Carers Trust. She brings extensive and wide-ranging management and senior level experience gained across government, local council and the voluntary sectors. She has served on the management boards of three national charities, held a director level position with Voluntary Services Overseas (VSO) and worked as a statistician with the Department of Health.

Executive Directors

Director of Finance and Estates: Mike Jennings – appointed 10/10/16.

Mike is a qualified accountant, who has lived in Brighton for 19 years. He began his accountancy career working in the financial services industry and joined Western Sussex Hospitals NHS Foundation Trust from Sussex Partnership NHS Foundation Trust in 2009. At Western Sussex he was Deputy Director of Finance and interim Finance Director before joining the executive team permanently in 2014. Mike joined SCFT in October 2016.

Medical Director: Richard Quirk – appointed 02/04/12.

Richard is a GP practicing in West Sussex, with special interests in child health and safeguarding, family planning, obstetrics and gynaecology. He trained in London and has most recently been clinical governance lead at the Trust's urgent treatment centre in Crawley. Richard has experience in governance in the education field and spent ten years providing medical advice to a television production company. Richard was seconded to South East Coast Ambulance Service as Improvement Director from October 2016.

Chief Operating Officer: Richard Curtin – appointed 09/01/12.

Richard is a registered nurse with qualifications in leadership and business administration. He worked at Guy's & St Thomas' NHSFT (GSTT) from 1997, where in his last role he led the clinical services strategy that underpins the successful integration of community services in Lambeth and Southwark into GSTT.

Chief Nurse: Susan Marshall – appointed 01/04/14.

With 30 years' experience in both acute and community settings, Susan previously worked at the Black Country Partnership NHSFT, where she was director of nursing & professional practice. Susan is a registered general nurse, with qualifications in midwifery and health visiting. She offers a record of achievement in clinical leadership, operational management and governance, including the development of a clinical competency framework to strengthen nursing standards and enhanced professional leadership to drive patient safety. Susan brings particular interests in safeguarding, infection prevention and control and patient, carer and public engagement. Sue is a Queen's Nurse.

Board of Directors and Council of Governors: Declarations of Interest

The Trust maintains a Register of Interests of Directors and Governors, which is available for inspection on application to the Company Secretary.

Compliance with the Code of Governance Provisions

Sussex Community NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012

Attendance at Board Meetings

NAME	TITLE	CURRENT TENURE DETAILS	ATTENDANCE AT BOARD OF DIRECTORS
Non-Executive Directors			**Number of possible attendances / 10**
Peter Horn	Chair	Appointed 01/06/17	8 (out of 8)
Stephen Lightfoot	Acting Chair 01/03/17 – 31/5/17. NED, Deputy Chair / Chair Finance and Investment Committee	Appointed 01/09/13	10/10
Elizabeth Woodman	NED	Appointed 01/02/15	10/10
Janice Needham	NED	Appointed 08/09/15	9/10
Maggie Ioannou	NED, Chair, Quality Committee / SID	Appointed 01/12/13	8/10
David Parfitt	NED, Chair Audit Committee	Appointed 01/07/14	9/10
Executive Directors			
Siobhan Melia	Chief Executive from 01/09/16	Commenced 01/09/16	10/10
Mike Jennings	Director of Finance and Estates	Commenced 10/10/16	8/10
Richard Curtin	Chief Operating Officer	Commenced 09/01/12	9/10
Susan Marshall	Chief Nurse	Commenced 01/04/14	10/10
Richard Quirk	Medical Director	Commenced 02/04/12	10/10

Council of Governors

NHS Foundation Trusts are required to have a Council of Governors (CoG). CoGs have specific statutory duties as follows:

- Appoint and, if appropriate, remove the Chair.
- Appoint and, if appropriate, remove the other NEDs.
- Decide the remuneration and allowances and the other terms and conditions of office of the Chair and the other NEDs.
- Approve the appointment of the Chief Executive.
- Appoint and, if appropriate, remove the Trust's external auditors.
- Receive the Trust's annual accounts, any report of the auditor on them, and the annual report.
- Give views on the Trust's forward plans.
- Approve (or not) any increase by 5% or more the proportion of the Trust's total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England.
- Hold the NEDs to account, individually and collectively, for the performance of the Board.
- Approve (or not) any proposal for merger, acquisition, separation or dissolution.
- Approve (or not) any significant transaction (as defined in the Trust's Constitution).
- To represent the interests of FT members and the public as a whole.
- Approve (jointly with the Board of Directors) any amendments to the Trust's Constitution.

Further key functions for Governors are to:

- Act in the best interests of the Trust and adhere to its values and code of conduct.
- Feedback information about the Trust, its vision and its performance, to the members or stakeholder organisations that either elected or appointed them.
- Communicate with members and relay members' views to the Board.
- Develop and review the FT Membership Strategy, ensuring representation and engagement levels are maintained and developed in line with strategy.

How the Board of Directors and the Council of Governors work together

Governors are invited to attend and observe all public Board of Directors meetings as part of their ongoing engagement and development with the Trust generally and Board specifically. A Governor also sits as a lay member on the Patient Experience Group and two Governors alternate to attend the Audit Committee as observers. The Trust encourages its Governors to engage with the public and members through the circulation of regular membership newsletters to which Governors contribute and by holding membership engagement events on Trust sites. Governors are allocated time at each Board meeting to ask questions of the Board on behalf of members or to relay members' views to the Board. In addition, Governors are able to contact Trust officers outside formal meetings in relation to members' feedback and/or questions. Governors provide the Trust with an independent quality assurance mechanism through the inspections of services that are carried out in conjunction with Board members and Trust staff. Governors also meet jointly with the Board every six months, to discuss areas of joint interest and promote closer working arrangements. These joint meetings facilitate the Governors' duty to hold NEDs, individually and collectively, to account for the performance of the Board and provide NEDs with a medium for ascertaining and understanding Governors' and members' views. NEDs are also invited to attend formal Council of Governor meetings, Governor Committee meetings and membership events as additional opportunities to further these relationships.

In the event of disagreement between the Council of Governors and Board of Directors, the Dispute Resolution process referred to in the Trust's Constitution (Annex 8) will be invoked.

During 2017/18, the Council of Governors maintained two committees to progress various aspects of the Council's work:

- Nominations and Remuneration Committee – to deliver the selection and recruitment process for a new Chair, to review levels of Chair and NED remuneration and to review succession planning for the Board and the terms of existing NEDs. Further details of this Committee are set out below.

- Membership Task and Finish Group – to review the Membership Strategy, to identify and pilot membership recruitment activities and to propose communications and engagement mechanisms with the membership.

Council of Governors' Elections and Tenure

The Council of Governors consists of 22 Governors (12 Elected Public Governors, 5 Elected Staff Governors and 5 Appointed Governors). Staff and Public Governors are elected in accordance with the Trust's Constitution Election Rules. Initial elections to the shadow Council of Governors were held in November 2015 and further by-elections to fill vacant seats are held as required. The Council currently has one Public Governor vacant seat for the Adjacent Communities constituency.

Attendance at Council of Governor Meetings 2017/18			
Members and Constituency		Current Tenure	Attendance at Council of Governors
ELECTED GOVERNORS			
Andrew Partington	Brighton and Hove	Commenced 05/11/15	4/4
Vacant	Adjacent Communities		
Wayne Hoban	Worthing	Commenced 05/11/15	2/4
David McGill	Arun	Commenced 09/09/16	4/4
David Romaine	Brighton and Hove	Commenced 05/11/15	4/4
Stan Pearce	Brighton and Hove	Commenced 05/11/15	4/4
Lilian Bold	Horsham	Commenced 05/11/15	3/4
John Nicholson	Chichester	Commenced 05/11/15	2/4
Edward Belsey	Mid Sussex	Commenced 05/11/15	3/4
Ratnam Nadarajah	Crawley	Commenced 01/06/17	1/2
Tim Sayers	HWLH	Commenced 01/06/17	2/2
Martin Osment	Adur	Commenced 01/06/17	2/2
STAFF GOVERNORS			
Anita Sturdey	Admin and Clerical	Commenced 09/11/16	4/4
Ngaire Cox	Nursing	Commenced 05/11/15	3/4
Julie Warwick	Nursing	Commenced 05/11/15	3/4
Jennifer Parry	Doctors and Dentists	Commenced 05/11/15	3/4

Richard Gorf	Therapists. AHPs and HCAs	Commenced 01/06/17		2/2
APPOINTED GOVERNORS				
Pinaki Ghoshal	Brighton and Hove City Council	Commenced 05/11/15		3/4
Hilary Flynn	West Sussex County Council	Commenced 01/07/17		1/2
Paula Kersten	Universities	Commenced 01/08/16		3/4
Lily Parsons	Youth Governor	Commenced 01/03/17		0/4
Governors who left the CoG during the year				
Andrew Halliday	Adjacent Communities			
Morwen Millson	West Sussex County Council			
Geraldine Hoban	Horsham, Mid Sussex Clinical Commissioning Group			

Nominations and Remuneration Committee of the Council of Governors

The Nominations and Remuneration Committee (NRC) is a Committee of the Council of Governors. Its duties are to make recommendations to the CoG in respect of the following:

- Agreement of the terms and conditions, including remuneration, job description and person specification, of the NEDs.
- To receive details of the annual appraisals of the NEDs.
- To agree the selection processes for NED positions and implement them in order for them to make recommendations for appointment for approval by the Council of Governors.
- To agree any extensions of NED terms, subject to satisfactory annual performance appraisal and taking into account the needs of the Board.
- To regularly review the NED skills-set and succession planning arrangements.

The NRC comprises the Chair, Lead Governor, one further Elected Public Governor, and one Appointed Governor. The Chief Executive, the Director of OD and HR and Company Secretary are also in attendance as required. The NRC was convened twice in the year and reported to the CoG after each meeting. The NRC meetings took place on 21 April and 23 May 2017 and related to the selection of a new Chair.

Attendance at Nominations and Remuneration Committee

Nominations and Remuneration Committee	Number of meetings attended
Stephen Lightfoot – Acting Chair (01/03/17 – 31/05/17)	1/1
Maggie Ioannou (NED, Senior Independent Director)	2/2
Pinaki Ghoshal – Appointed Governor	2/2
David McGill – Lead Governor (from January 2017)	2/2

Wayne Hoban – Public Governor	1/2

Membership of the Trust

Foundation Trusts have a responsibility to engage with the communities that they serve and listen to community views when planning services. The Trust has two types of membership: public and staff. All staff automatically become members and the Trust encourages people who live within its constituency boundaries to register as public members. Membership demonstrates support for the Trust and the services it provides as well as giving members the opportunity to share their views with the Trust to help it best meet patients' needs.

Becoming a Member

Registering as a public member is easy, free of charge and open to anyone aged over 16 years who lives in one of the Trust's public constituencies by completing an application form available from community hospital reception areas or by applying online at www.sussexcommunity.nhs.uk/get-involved/ft/become-member.htm, emailing SC-TR.SCTMembership@nhs.net or calling 01273 696011 ext. 1530 for an application form.

Developing and Engaging the Membership

Financial constraints in recent years have restricted the resources the Trust has been able to devote to both membership recruitment and engagement, consequently its membership base has remained broadly static. The Council of Governors has established a Membership Task and Finish Group to keep the Membership Strategy under review and oversee membership communications, events and recruitment. Progress towards increasing membership numbers has been slow despite considerable efforts by Trust staff and Governors. It is considered that the demographic profile of the population and the large geographical area served by the Trust contributes to the challenges in recruiting new members and maintaining a steady state in membership numbers. Membership engagement, rather than size, is the Trust's key focus, with future plans including membership events, electronic membership newsletters, and several Governor-led membership recruitment events held on Trust premises.

The Trust's Annual Members Meeting (AMM) was held in September 2017. The AMM fulfilled the requirements of presenting to the CoG the 2016/17 Annual Report and Accounts and Quality Report and also showcased services to members through displays and stands.

Analysis of Membership at 31 March 2018

The following Analysis of Public Membership provides details of the composition of the Trust's current public membership by constituency.

Constituency	2016/17	2017/18
Out of Area/Rest of England	64	125
Adjacent Communities	100	102
Adur	253	243
Arun	800	782
Brighton and Hove	1059	1049
Chichester	675	664
Crawley	439	434
High Weald Lewes Havens (HWLH)	147	150
Horsham	602	594

Mid Sussex	503	497
Worthing	393	388
Total Public Constituencies	5035	5028
Total Staff Constituencies (headcount)	5726	5028

Contacting Governors

Governors' names are available on the Trust's website: http://www.sussexcommunity.nhs.uk Correspondence for the attention of the Board of Directors or Council of Governors, or concerning membership issues, can be sent to SC-TR.SCTMembership@nhs.net or to the Company Secretary, Sussex Community NHS Foundation Trust, Trust HQ, Jevington Building, Elm Grove, Brighton BN2 3EW.

Auditors

The Trust's audit services during 2017/18 were provided as follows:

- Internal Auditors: TIAA

The internal audit plan is risk-based and is developed annually by the internal auditors in conjunction with Executive Directors. The draft plan is then presented for agreement to the Audit Committee and any changes to the agreed plan in the course of the year also require the Committee's agreement. The plan covers areas which are considered by Executive Directors and/or auditors to be high risk or of concern. The Audit Committee reviews the performance of internal audit and their reports. In addition, a clinical audit plan is prepared by the Trust for approval by the Quality Committee and is also reviewed by the Audit Committee.

- External Auditors: Ernst & Young

The Audit Committee receives regular reports from the external auditors and monitors their performance. If the external auditors are requested to provide non-audit services, this has to be agreed by the Council of Governors and completed in line with the Trust's policy for External Audit Additional Services. In June 2016, the Council of Governors agreed to extend the Trust's existing contract with Ernst & Young for a further three years to 2018/19.

Audit Committee

The Audit Committee's purpose is to provide assurance to the Board regarding the effectiveness of the Trust's systems of governance and control across the full range of the Trust's responsibilities. It does this by receiving and testing assurance provided in relation to the establishment and maintenance of effective systems of governance, risk management, finance, counter-fraud and internal control across the whole of the Trust's activities, and assures itself regarding the Trust's compliance with regulatory, legal and other requirements. The Audit Committee's remit encompasses healthcare assurance as well as the more traditional audit areas of finance and corporate governance. The Committee have regular meetings with both internal and external auditors without the presence of the Executive Directors.

External auditors prepare and implement an annual plan of work to review the financial management and reporting systems of the Trust and provide assurance that the annual accounts and supporting financial systems are operating effectively. Internal auditors assist the Audit Committee by providing clear statements of assurance regarding the adequacy and effectiveness of internal controls. The Director of Finance and Estates is professionally responsible for implementing systems of internal financial control and is able to advise the Audit Committee on such matters.

At its meetings of 3 April and 25 May 2018, the Committee considered the financial statements and agreed that they contained no significant issues that required addressing under the terms of the UK Corporate Governance Code 2012.

The Committee regularly reviews its own performance. Representatives from the Council of Governors are routinely invited to attend and observe Audit Committee meetings.

Membership and Attendance of Audit Committee

Name	Position	Meetings Attended (out of a possible 6)
David Parfitt	Chair	6/6
Stephen Lightfoot	NED	6/6
Maggie Ioannou	NED	5/6

Remuneration Report

All figures within the Remuneration Report are extracted from the Annual Accounts 2017/18 and are subject to audit.

Remuneration Committees

The Trust operates two separate Committees to make recommendations with regard to the remuneration of Executive and NEDs. They are:

- Board of Directors Nominations and Remuneration Committee – for Executive Director appointments.
- Council of Governors Nominations and Remuneration Committee – for NED appointments.

Non-Executive Director Remuneration

The Council of Governors is responsible for determining and approving the remuneration of the Chair and Non-Executive Directors and is based on the recommendations of its Nominations and Remuneration Committee. In May 2017, the Committee reviewed NED performance and remuneration for 2017/18 and agreed increases to remuneration in line with those applied in the wider NHS.

Executive Director Remuneration

Remuneration and Terms of Service for the Chief Executive and Executive Directors is considered by a Board of Directors Nominations and Remuneration Committee, with membership consisting of the Chair and Non-Executive Directors. During 2017/18, the Committee met in July 2017 to review appraisals and remuneration of the Executive Directors. The Committee's attendance record is set out below. The Combined Code of Corporate Governance, the NHS Foundation Trust Code of Governance and NHS Policy requires remuneration committees ensure levels of remuneration are sufficient to attract, retain and motivate directors of the quality needed to run the organisation successfully, but to avoid paying more than is necessary for this purpose. In order to fulfil this requirement, Executive Director salary levels are nationally benchmarked against similar trusts and this benchmark is used to inform the deliberations and decisions of the Committee. At the Committee's 2017/18 meeting, benchmarking data was reviewed and it was agreed to increase the remuneration of the Executive Directors to bring these in line with peer organisations.

All Nominations and Remuneration Committee meetings are formally minuted.

Board of Directors Nominations and Remuneration Committee		
Name	Position	Meetings attended (out of a possible 1)
Peter Horn	Chair	1/1
Stephen Lightfoot	NED/Deputy Chair	1/1
Maggie Ioannou	NED	1/1
David Parfitt	NED	1/1
Elizabeth Woodman	NED	1/1
Janice Needham	NED	1/1

Policy on Remuneration of Senior Managers

With the exception of Executive Directors, the remuneration of all staff is set nationally in accordance with NHS Agenda for Change (for non-medical staff) or Pay and Conditions of Service for Doctors and Dentists. The Board of Directors Nominations and Remuneration Committee approves any changes to the pay and terms and conditions of Executive Directors. Performance Related Pay (PRP) is not applicable for any Trust staff, including Executive Directors.

NHS Improvement Segmentation

Segmentation

The Trust's current segmentation is 1.

Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Use of Resources indicators		
Indicator	**Target**	**Actual**
Capital Service Cover rating	1	1
Liquidity rating	1	2
I&E Margin rating	1	2
Variance From Control Total Rating	1	3
Agency Rating	1	1
Summary Financial Sustainability Risk Rating	**1**	**2**

Health and Safety

Responsibilities

The Medical Director is the executive lead for risk and safety and reports in this regard to the Chief Executive, Board, Audit Committee and Quality Committee. The Head of Patient Safety and Risk Management is responsible for the management of risk, health and safety and safety alert bulletins.

The Trust's Health and Safety Group (HSG) is in place and is supported by a number of reporting groups, including the Medical Devices Group, the Resuscitation Group, and the Radiation Protection Group. All health and safety incidents are monitored through HSG, which reports to the Trust-wide Clinical Governance Group (TWCGG) and, through the Quality Committee, to the Board on an exceptions basis.

Training

All members of staff must attend Trust induction, which includes the management of risk and health and safety, with a particular focus on how to report incidents or near misses. Level 1 health and safety courses are run for managers. Risk assessment training courses are run regularly. Control of Substances Hazardous to Health (COSHH) assessor courses are delivered throughout each year. Conflict Resolution Training together with refresher training is mandatory for all frontline staff.

Developments

Work is ongoing to continually improve the Trust's health and safety. Each area of the Trust is required to report on their health and safety audit findings to HSG on a rolling programme. The Trust has implemented on-line incident reporting which allows for the immediate reporting of all incidents and supports the efficient production of risk management reports for managers. There is a health and safety page on the Trust's intranet, which is regularly updated and contains a range of resources and information to help support and advise staff on safety issues.

Information Governance

Information Governance (IG) ensures necessary safeguards for, and the appropriate use of, patient and personal information. The Board ensures that all information used for operational purposes and financial reporting purposes is encompassed by, and evidence maintained of, effective information governance processes and procedures with risk based and proportionate safeguards. In order to demonstrate compliance with relevant information governance guidance and the Data Protection Act 1998, the Trust needs to be able to demonstrate that:

- information governance policies and procedures are understood by all relevant staff and are operating in practice;
- reliable incident reporting procedures are in place, with appropriate follow up;
- there have been no material breaches in data security (including personal data in transit) resulting in actual data loss;
- risk assessments are undertaken and updated on a regular basis;
- proper levels of security and access controls operate; and
- an information lead, with appropriate access to the Board including the delivery of periodic reports on governance issues, is in post.

The Trust's preparations for compliance with the General Data Protection Regulations (GDPR) brought into force in May 2018 were progressed during the year and, as at May

2018, the Trust is compliant with GDPR. The action plan for GDPR was subject to an internal audit to provide the Board with assurance that the Trust would be compliant by the due date and a reasonable assurance conclusion was given, with audit recommendations made to be implemented before May 2018. The Board was given a full briefing on GDPR at its meeting in February 2018, with a further update to the Audit Committee in April 2018. Ongoing monitoring of compliance will be on a 6-monthly basis to the Quality Committee.

The Information Governance Toolkit is a performance tool produced by the Department of Health (DH). It allows NHS organisations to assess their compliance against relevant legislation, Government directives and other national guidance.

The following table summarises the Trust's self-assessment with achieving compliance against the 39 requirements of version 14 of the Toolkit.

Initiative	No of Requirements assessed below level 2	No of Requirements assessed at level 2 or above	Total no of Requirements within the Initiative	Overall Score
Clinical Information Assurance	0	5	5	80%
Confidentiality and Data Protection Assurance	0	9	9	74%
Corporate Information Assurance	0	3	3	77%
Information Governance Management	0	5	5	93%
Information Security Assurance	0	15	15	77%
Secondary Use Assurance	0	2	2	66%
Overall Result	0	39	39	78%

There were three IG Serious Incidents Requiring Investigation (SIRI) during the year. Below is a summary of all non-serious IG incidents reported within the Trust:

INCIDENT CATEGORIES	TOTAL
Patient Information Sent Incorrectly/Inappropriately	107
Patient Documentation Lost	53
Patient Information Received Incorrectly/Inappropriately	66
Patient Documentation - misfiled	57
Other Datix categories	136
Patient Documentation Inadequate / illegible / incorrect / wrong	44
Breach of Patient Confidentiality	48
Inappropriate Use of IT/Security Issues and Breaches	16
Patient Documentation Incomplete	6
Staff Information Lost	15
Patient Referral letter - missing / inadequate / wrong	4
Staff Information sent Incorrectly/Inappropriately	17
Patient incorrectly identified	15
Staff Info Received Incorrect/Inappropriate	7

Patient Documentation - delay in obtaining	3
Loss of IT Equipment	12
Patient Documentation - mislabelled	7
Patient Documentation - no access to	6
Patient Documentation Stolen	0
Staff Information Inadequate / illegible / incorrect / wrong	0

Remuneration Report

The following tables detail the salaries, allowances and pension benefits of directors and senior managers within the Trust.

The remuneration and terms and conditions of executive directors are determined by the Remuneration Committee which consists of all the non-executive directors and the chair. It is the responsibility of the Council of Governors to decide the remuneration and allowances and other terms and conditions of office of the chair and other Non-Executive Directors. They do not receive pensionable remuneration. Senior managers are subject to nationally determined pay scales and all executive director employment contracts include six months' notice periods.

Pay increases of senior staff are limited to those agreed in the national pay circular for staff covered by the Agenda for Change agreement. From April 2016, the Trust introduced an element of performance related pay for Executive Directors. The Trust's pension policies are detailed in note 8 of the Trust's published annual accounts.

Senior managers remuneration

The table below describes the components which make up the remuneration packages of senior managers, and how these offer support for the short and long term strategic objectives, how the component operates, the maximum payment, the framework used to assess the performance, performance measures, the performance period, the amount paid for the minimum level of performance.

	Basic Salary	Performance Related Bonuses	Pension Benefits
Support for long and short-term Trust objectives	Ensuring recruitment and retention of high quality senior managers	Payment based upon delivery of Trust objectives	Ensuring recruitment and retention of high quality senior managers
How the component works	Through monthly payments	Payment based on agreed criteria	Through monthly payments
Maximum payment	Equal to basic salary	Based on a maximum value of £45k to be shared between all Directors	Equal to basic salary
Framework used to assess performance	Appraisal process	Appraisal process	Appraisal process
Performance measures	Individual objectives agreed with Chief Executive and Board	Individual objectives agreed with Chief Executive and Board	Individual objectives agreed with Chief Executive and Board
Performance Period	Financial year	Financial year	Financial year
Amount paid for minimum level of performance	Equal to basic salary, no performance related element	Zero	Equal to basic salary, no performance related element

Policy on payment for loss of office

Notice of termination for Directors is made in writing as follows:

- Notice of termination by the Trust six months

- Notice of termination by the post holder six months

Statement of Consideration of Employment Conditions Elsewhere in the Foundation Trust

In considering any decision on Senior Managers' pay the Remuneration Committee takes note of both the organisational and national context.

Expenses of Governors and Directors

At the 31 March 2018 there are 14 Executive and Non-Executive Directors in office. There have been a number of changes of personnel at Board level during the year. A new substantive Trust Chair took up post in June 2017. The former Director of Performance and Improvement left in June 2017 and a new Director was appointed in October 2017. A new Director of Operations has been in post since August 2017, covering the secondment of the substantive Chief Operating Officer. A new HR Director has been in post since November 2017.

There have been a number of resignations amongst Governors during 2017-18, with by-elections held to fill vacant posts. The number of Governors in office has therefore fluctuated in-year but the average number in office has been 20 (out of 22) posts.

Total Expenses for Directors paid in the year was £25,229 and for Governors was £294.

Expenses paid to Directors and Governors		
	Number Claiming (including directors who have now left post)	Total (£00)
Directors	16	252
Governors	5	3
Total	19	255

Salary and Pension entitlements of senior managers (subject to audit)

Non- Executive Directors 2017-18

Name and title	(a) Salary (bands of £5000)	(b) Expenses payments (taxable) to nearest £100*	(c) Performance pay and bonuses (bands of £5000)	(d) Long term performance pay and bonuses (bands of £5000)	(e) All pension-related benefits (bands of £2500)	(f) TOTAL (a-e) (bands of £5000)
	£000	£	£000	£000	£000	£000
Peter Horn (Chair)	30-35	400	0	0	0	30-35
Maggie Ioannou	10-15	100	0	0	0	10-15
Stephen Lightfoot	15-20	300	0	0	0	20-25
Janice Needham	10-15	0	0	0	0	10-15
Elizabeth Woodman	10-15	100	0	0	0	10-15
David Parfitt	10-15	300	0	0	0	10-15

Non-Executive Directors 2016-17

Name and title	(a) Salary (bands of £5000)	(b) Expenses payments (taxable) to nearest £100*	(c) Performance pay and bonuses (bands of £5000)	(d) Long term performance pay and bonuses (bands of £5000)	(e) All pension-related benefits (bands of £2500)	(f) TOTAL (a-e) (bands of £5000)
	£000	£	£000	£000	£000	£000
Sue Sjuve (Chair)	30-35	400	0	0	0	30-35
Maggie Ioannou	10-15	100	0	0	0	10-15
Stephen Lightfoot	10-15	200	0	0	0	10-15
Janice Needham	5-10	100	0	0	0	10-15

Name						
David Parfitt	10-15	400	0	0	0	10-15
Elizabeth Woodman	5-10	100	0	0	0	10-15
Prof Chakravarti Rajkumar (Board Advisor)	0-5	0	0	0	0	0-5

Executive Directors 2017-18

Name and title	(a) Salary (bands of £5000)	(b) Expenses payments (taxable) to nearest £100*	(c) Performance pay and bonuses (bands of £5000)	(d) Long term performance pay and bonuses (bands of £5000)	(e) All pension-related benefits (bands of £2500)	(f) TOTAL (a-e) (bands of £5000)
	£000	£	£000	£000	£000	£000
Siobhan Melia	155-160	0	0	0	155 – 157.5	315 – 320
Susan Marshall	120-125	0	0	0	72.5 – 75	195 – 200
Michael Jennings	125-130	0	0	0	77.5 – 80	205 – 210
Richard Curtin	110-115	0	0	0	0	90 - 95
Gareth Baker (until 1/6/17)	15-20	0	0	0	0	15 – 20
Dr Anuschka Muller (from 31/10/17)	40-45	0	0	0	0 – 2.5	40 - 45
Dr Richard Quirk	125-130	0	0	0	60 – 62.5	185 - 190
Dr Susan Stone (Acting Medical Director)	60-65	0	0	0	0	60 - 65
Kate Pilcher (Director from 29/8/17 - employed by the Trust for the full year)	75-80	1300	0	0	45 – 47.5	120 – 125
Caroline Haynes (Director from 1/11/17 - employed by the Trust for the full year)	70-75	0	0	0	37.5 - 40	110 - 115

Executive Directors 2016-17

Name and title	(a) Salary (bands of £5000) £000	(b) Expenses payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5000) £000	(d) Long term performance pay and bonuses (bands of £5000) £000	(e) All pension-related benefits (bands of £2500) £000	(f) TOTAL (a-e) (bands of £5000) £000
Siobhan Melia	125-130	0	0	0	210-212.5	335-340
Susan Marshall	115-120	0	0	0	152.5-155	270-275
Richard Curtin	110-115	0	0	0	80-82.5	190-195
Michael Jennings (from 10/10/16)	55-60	0	0	0	37.5-40	95-100
Gareth Baker	95-100	0	0	0	27.5-30	125-130
Dr Susan Stone (Acting Medical Director)	35-40	0	0	0	0	35-40
Richard Quirk (on secondment from 1/11/16)	110-115	0	0	0	47.5-50	155-160
Paula Head (left 31/8/16)	70-75	0	0	0	27.5-30	100-105
Jonathan Reid (left 12/6/16)	20-25	0	0	0	97.5-100	120-125
Ed Rothery (Acting Director of Finance and Estates 13/6/16-9/10/16)	40-45	0	0	0	30-32.5	70-75

Pay multiples (subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. These comparisons are based on the full-time equivalent (FTE) remuneration i.e. part-time remuneration is grossed up to full-time equivalent.

The mid -point of the banded remuneration of the highest paid director in SCFT in the financial year 2017-18 was £157,500 (2016-17 £ 147,500). This was 5.7 times (2016-17 6.2 times) the median remuneration of the workforce, which was £27,635 (2016-17 £24,304). Total remuneration includes salary, non-consolidated performance related pay, benefits in kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. In 2017-18 no (2016-17 zero) employees

received remuneration in excess of the highest paid director. Remuneration ranged from £15,404 to £160,000 (2016-17 £15,251 to £150,000).

Pension Benefits

Name and title	(a) Real increase in pension at pension age (bands of £2500) £000	(b) Real increase in pension lump sum at pension age (bands of £2500) £000	(c) Total accrued pension at pension age 31 March 2018 (bands of £5000) £000	(d) Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5000) £000	(e) Cash equivalent transfer value at 1 April 2017 £000	(f) Real increase in cash equivalent transfer value £000	(g) Cash equivalent transfer value at 31 March 2018 £000	(h) Employer's contribution to stakeholder pension £000
Siobhan Melia (Chief Executive)	7.5 - 10	15 – 17.5	35 - 40	90 - 95	399	141	540	0
Susan Marshall (Director of Nursing)	2.5 – 5	10 – 12.5	40 - 45	120 - 125	779	126	905	0
Richard Curtin (Director of Operations)	0	0	20 - 25	60 - 65	442	23	465	0
Michael Jennings (Director of Finance and Estates)	2.5 - 5	5 - 7.5	25 - 30	55 - 60	290	75	365	0
Dr Susan Stone (Acting Medical Director)	0	0	0	0	0	0	0	0
Gareth Baker (Director of People and Strategy)	0 – 2.5	0	5 - 10	0	58	1	65	0
Dr Anuschka Miler (Director of People and Strategy)	0 – 2.5	0	0 - 5	0	n/a	3	6	0
Richard Quirk (Medical Director)	2.5 - 5	2.5 - 5	20 - 25	40 - 45	201	40	241	0
Kate Pilcher (Director of Operations)	2.5 - 5	2.5 - 5	10 - 15	20 - 25	130	35	165	0

Caroline Haynes (Director of HR)	0 - 2.5	2.5 - 5	10 - 15	20 - 25	114	29	143	0

Cash Equivalent Transfer Value (CETV)

This the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Signed:

Siobhan Melia, Chief Executive
Date: 25 May 2018

Public and Stakeholder Engagement Report

Friends and Family Test (FFT) – SCFT Ratings

SCFT currently uses a card-based system in services. Patients are given a card to complete, either on discharge (in bedded unit, minor injury units and urgent treatment centre) or periodically, for long term community patients. There is also an online option to complete the FFT, accessed through our Trust website.

The FFT comprises of two questions

1. If a friend or family member needed similar care or treatment would you recommend the service to them? (This is rated from Extremely likely to extremely unlikely)
2. Why have you given the rating you have? (This is a free text box)

During 2017/18 the Trust received 25,009 which is a decrease of over 4,000 responses from last year. SCFT response rates and percentage of people who said they would recommend our services or unlikely to recommend our services are tabled below.

Nationally aligned categories of reporting	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Community In-Patients	90	99	231	225	194	347	120	154	182	166	136	216
Community Nursing	99	77	252	95	114	93	107	107	65	83	72	73
Rehab & Therapy Services	124	150	210	165	106	268	186	305	209	291	103	126
Specialist Services	225	180	500	379	410	285	233	389	227	239	212	301
Children & Family Services	190	202	350	119	247	197	215	218	170	185	169	244
Community Healthcare Other	1164	897	1834	1052	1216	823	852	848	683	751	1321	1842
Total FFT Submitted	**1892**	**1605**	**3377**	**2035**	**2287**	**2013**	**1713**	**2021**	**1536**	**1715**	**2013**	**2802**
Likely to recommend Percentage	96.2%	96.4%	95.8%	95.4%	95.4%	97.2%	96.8%	96.9%	96.2%	96.9%	96.6%	95.5%
Unlikely to recommend Percentage	0.8%	0.7%	1.9%	1.2%	1.3%	0.4%	1.0%	0.4%	0.9%	0.8%	0.8%	1.5%

Source Scholar reporting system and Healthcare Communications Spreadsheet 25/04/2018

Benchmarking

149 Trusts submit FFT data to NHS Digital on a monthly basis. SCFT constantly feature in the top 15 Trusts, submitting the most data in terms of numbers of FFT. Below is a snapshot of the top performing 21 (of 149) Trusts from February 2018, which is the most up to date information available.

The latest available figures from NHS digital were produced in April 2018 reporting on February 2018's data and are as follows. Of the comparable 149 Trusts:

- 16 Trusts scored 100% recommendation rate with an average 91 FFT submissions per Trust.
- 16 Trusts scored 99% recommendation rate with an average 932 FFT submissions per Trust.
- 23 Trusts scored 98% recommendation rate with an average of 638 FFT submissions.
- 26 Trusts (including SCFT) scored 97% recommendation rate – SCFT submitted 2013 responses.
- 51 of the 149 Trusts, including SCFT, scored a 'would not recommend' rate of 1%.

FFT Developments

In 2016, SCFT signed a contract with Healthcare Communications (HCC) to provide the administrative and reporting of the SCFT FFT, via the HCC system Envoy Messenger. The contract was priced to include the use of SMS messaging, which has proved to increase response rates in NHS trusts significantly. The contract with HCC was defined in two phases.

Phase 1 – From commencement of contract date - Provide the level of existing service (provided by former FFT contractor 'Iwantgreatcare') of administrative services and reporting for the return of FFT cards.

Phase 2 – To provide a Short Messaging Service (SMS) and Interactive Voice Messaging (IVM) service for the FFT question, reporting on results as well as continuing to administer and report on the cards submitted by patients not choosing to use the SMS method of feedback.

Phase one of FFT was implemented on 1st March 2016. It was anticipated that phase two would commence in the following Quarter 2 in 2016/17.

There was a delay in implementing phase two of the Friends and Family Test due to unforeseen circumstances, not least the work required to align SCFT systems with an external provider.

During these negotiations an audit was undertaken in operational services, the outcome of which was reported to the Executive team in November 2017. To summarise:

- Services and their patients' preference was to continue with the card based FFT system.
- The FFT system should just contain the two questions as opposed to all the additional patient experience measures which were included.

- The service by service level was too wide and not giving meaningful results therefore consideration should be given to clustering the areas i.e all community nursing West Area as opposed to reporting on the 8 individual teams within that area.

The FFT contract was due or renewal on 1st March 2018 and therefore a 6-month extension was requested to allow time to progress plans with simplifying FFT collection and reporting across SCFT. These plans are in progress.

Examples of Positive/Negative Feedback from Q4 2017/18

The Envoy messenger system provides themes of positive and negative comments. The image below is a screen shot of the Envoy report for the top 10 positive words and themes, from Q4 of 2017/18 (where less than 10 are provided 10 themes have not been identified).

Top 10 Words

Positive		Negative	
Staff	1531	Wait	28
Good	1520	Good	28
Friendly	1451	Long	28
Helpful	1186	Care	28
Care	1002	Time	27
Service	992	Staff	25
Efficient	457	Hours	24
Time	450	Doctor	23
Kind	450	Waiting	21
Improved	439	Friendly	16

Top 10 Themes

Positive		Negative	
Staff attitude	4268	Staff attitude	76
Implementation of care	2561	Waiting time	61
Environment	1481	Implementation of care	53
Communication	1257	Environment	40
Waiting time	1188	Communication	36
Patient Mood/Feeling	1028	Patient Mood/Feeling	28
Clinical Treatment	861	Clinical Treatment	23
Admission	830	Admission	20
Staffing levels	177	Staffing levels	12
Catering	88	Catering	6

Where a person completes an FFT giving a negative rating, of unlikely or extremely unlikely to recommend, any positive comments written on the same card shows up as a negative theme. The data inputting process cannot differentiate between these incongruences. For example, where the word 'good' has been cited as a negative comment this relates to feedback where the experience overall was not rated as positive although there was a balanced comment using the word 'good'.

Positive Themes from FFT

For the second year 'Staff Attitude' features as the highest positive theme for FFT feedback, some examples from 2017/18 are on page 58.

Examples of positive comments received through FFT in 2017/18

''Extremely helpful (even on Xmas day), courteous, knowledgeable and always a quick and prompt visit. The staff here at Uckfield are very genuine.''
''My daughter enjoyed the sessions and therapist was very good. The way communication with my daughter was brilliant.''
''Caring, efficient and listened to my problem. Clean and safe environment. Trusted guidance. Wonderful.''
''The nurses were very friendly and treated me quickly and efficiently.''
''I found it wonderful to be positive and specific when discussing treatment and instructions about aftercare.''
''All the staff are very caring, kind and professional giving the impression that nothing is too much trouble for them. Every patient is kept clean and is spoken to regularly using their preferred name. This adds to the very safe environment here.''
''Consistent service, great care given by the team. Relationship built with father. I have no complaints about the service. Great team.''
''All staff extremely efficient and friendly. Dealt with very quickly from the moment I got here. A big thank you to all staff. Dealt with quickly. Spoken to like a human being. Told simply what was wrong and dealt with.''
''The service provided was very quick and efficient. I liked that I did not have to wait for a long time to be seen by a nurse. Both nurses I saw were helpful and caring. Nothing to be improved.''
''Fantastic, so helpful and encouraging. Without the help and explanation. I would not have progressed anything like as much as I feel I have. I feel very encouraged to continue with the program I have been given and feel very grateful for the expertise.''

Source Envoy Messenger data selected 23/4/2018

Complaints

The Trust received and responded to, or is responding to, 211 formal complaints in 2017/18 which is a 7.5% decrease from 2016/17, where 228 complaints were received and an 18% decreased from 2015/16 where 256 were recorded. The breakdown for complaints received each month from April 2015 to March 2018 is shown in table 1.

Table 1: Number of Complaints Received by Month for April 2015 to March 2018

April 2015 – March 2016	No. of complaints	April 2016 – March 2017	No. of complaints	April 2017 – March 2018	No. of complaints
Apr 2015	18	Apr 2016	28	Apr 2017	16
May 2016	15	May 2016	24	May 2017	13
June 2015	33	June 2016	24	June 2017	21
July 2015	22	July 2016	13	July 2017	22
Aug 2015	16	Aug 2016	20	Aug 2017	23
Sept 2015	22	Sept 2016	16	Sept 2017	19
Oct 2015	27	Oct 2016	19	Oct 2017	15
Nov 2015	20	Nov 2016	15	Nov 2017	17
Dec 2015	15	Dec 2016	14	Dec 2017	12
Jan 2016	22	Jan 2017	18	Jan 2018	14
Feb 2016	29	Feb 2017	16	Feb 2018	17
Mar 2016	17	Mar 2017	21	Mar 2018	22
	256		228		211

Source: Datix and Disbanded Safeguard Database (16/04/2018)

We use complaints as an opportunity to continuously learn and improve. We take the feedback from complaints seriously.

Complaint Themes

Categories of complaint are recorded on Datix recording system and align to national reporting as well as assisting to identify themes where improvements may be necessary.

Table 2 shows the number of complaints received by categories in 2017/18.

Complain category/theme	No. of Complaints
Clinical Provision	91
Communication	33
Attitude of staff	30

Appointments	**18**
Patient Care	**17**
Equipment and supplies	**11**
Access to treatment or drugs	**2**
Waiting times	**2**
Estates and facilities	**1**
General Procedures	**1**
Information & Requests	**1**
Consent	**1**
Customer Care	**1**
Discrimination	**1**
Cleanliness	**1**
Total	**211**

Source: Datix 16/4/2018

The highest number concerned aspects of clinical provision (97), communication (33) and staff attitude (30).

Clinical provision covers a broad category of complaints. National data (KO41) is collected under this broad category. For internal use, to enable more accurate trend analysis, sub categories are used in line with our incident reporting categories. This enables us to identify areas that have high numbers of incidents and complaints and provide targeted support. Clinical Provision sub-categories are:

- Clinical Treatment
- Access to Medication
- Discharge
- Diagnosis problems
- Duty of Care
- End of Life
- Incorrect Treatment
- Medication Error
- Nursing Care
- Falls in Wards
- Operation–Adverse Outcome

The chart below shows the breakdown of the 91 complaints received under the category of clinical provision.
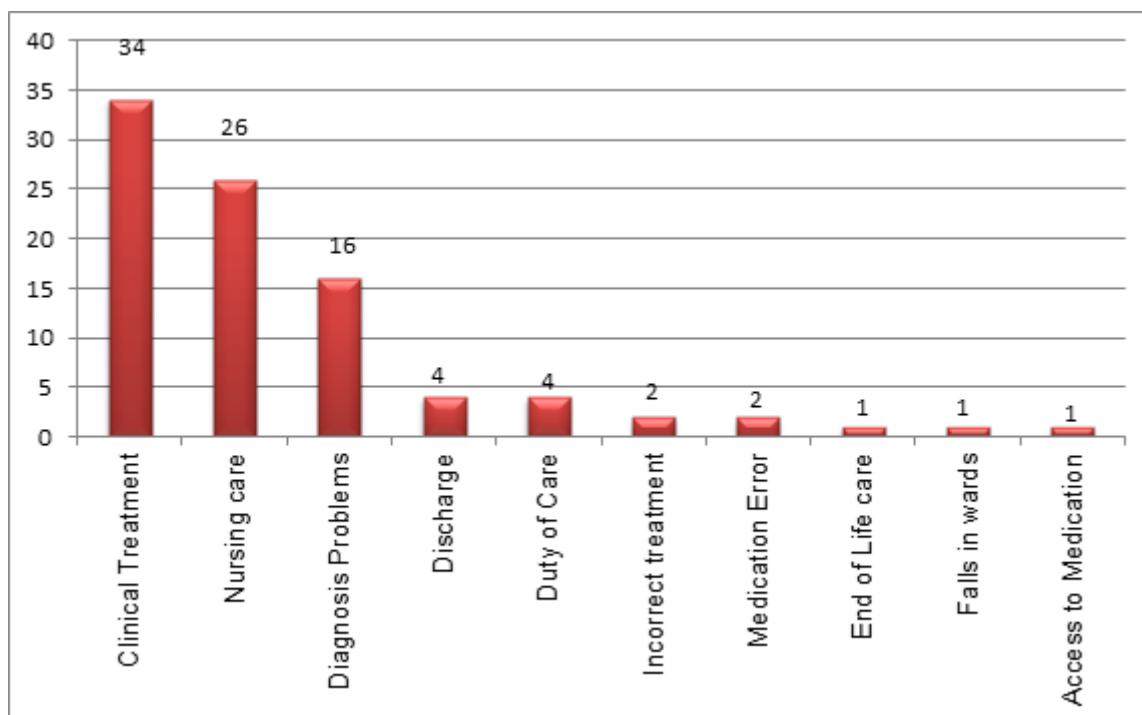
Source: Datix 16/4/2018

Risk Assessment

A risk assessment is carried out for each complaint received. This helps to understand the range of risks that may be present to the Trust, the level of ability to control those risks, the likelihood of occurrence and the potential impact.

Complaints are risk assessed initially by the complaints team and then by the service involved. SCFT uses the Department of Health risk assessment matrix to risk assess complaints. The rating may be adjusted based on further investigation.

Current complaint regulations do not state the length of time a complaint investigation should take, as there is an expectation that target dates for completion are agreed between the complainant and the complaints team.

There is an expectation that the complaint should be concluded within six months from receipt where possible. The key reason for extended response times can be due to concurrent processes taking place. For example, a Serious Incident Investigation or a Safeguarding Investigation. During this reporting year, we have reviewed our response times in an effort to provide complainants with a response as soon as possible. Currently we aim to respond to different risk rated complaints within the following response times. This reflects the complexity of investigation required.

- Level 1 – within 15 working days
- Level 2 – within 35 working days
- Level 3 – within 60 working days

Chart below shows the initial risk ratings of complaints received in 2017/18
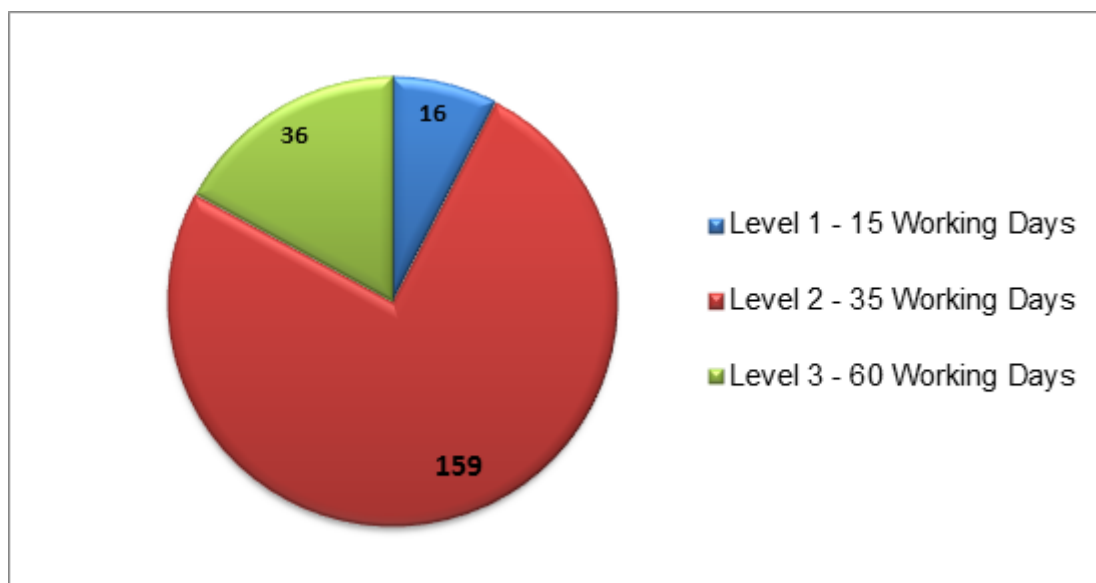
Complaint Response Times

Complaint response timeframes was an area of concern in 2015/16 where on average only 25% of complaints were being responded to within the initial stated timeframes. Improvement within this area continued to be one of our key initiatives for 2017/18. Processes were therefore reviewed and complaint target response times have improved significantly since. However, whilst the team will always strive to support services to achieve a 100% on target response rate, this is not always possible. The reasons for this include:

- Operational pressures which delay an investigation.
- Hindrance to investigations, such as absent staff to be interviewed.
- The investigation evidence has revealed that another process is required, such as a safeguarding or serious incident investigation.
- The complainant wishes to have a meeting to close the complaint which cannot be scheduled until after the official closing date.

With this in mind, on average 75% of all complaints in 2017/18 were responded to within the initial stated timeframe during Q1 and Q2 and 100% of complaints were responded to or are on target to be responded to, within the stated timeframes for Q3 and Q4.

Outcome of complaints

In 2017/18, of the 211 level 1, 2 and 3 risk rated complaints received, 193 were closed and at the time of writing this report 14 are still open and on target to be resolved within the allocated target response time.

Following investigation, complaints will be determined to have been upheld, partially upheld or not upheld.

Not Upheld Rationale

Complaints recorded as 'not upheld' indicate that the patient received the appropriate level of clinical care within the confines of the service specification, so there was no lapse in care. Learning from these complaints would be around managing service user expectations by providing leaflets and discussion at the point of engagement with the service. Ensuring

other organisations who refer to SCFT are aware of the extent of the SCFT service also assists service users.

Where a complaint is not in relation to clinical care and the allegations are investigated and unfounded the complaint will be deemed as not upheld.

Upheld Rationale

Complaints recorded as 'Upheld' are where the complainants' allegations are investigated and found.

Partially Upheld Rationale

Partially upheld is a category recognised by NHS England and reported on in NHS Trusts quarterly report submissions (Known as KO41a). Partially upheld complaints are where allegations made in a complaint are investigated and where elements of the concerns raised are upheld and where other aspects of the complaints are not.

Within the reporting period of 2017/18, 60 complaints were not upheld, 87 complaints were partially upheld and 46 complaints were fully upheld.

Chart below shows the outcome of complaints closed within the past three years.
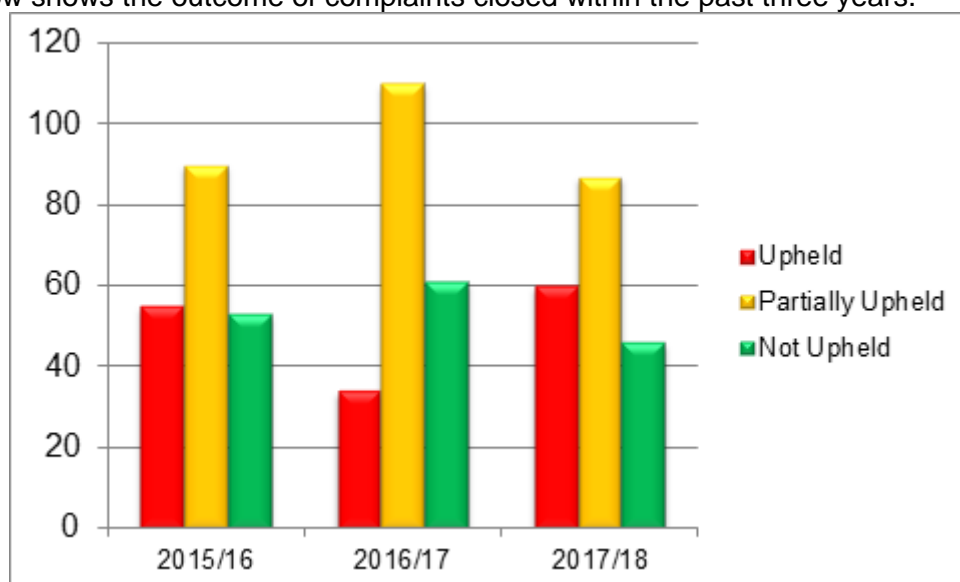
Source: Datix Reporting System 16.4.18 Please Note: the figures have been based on the number of complaints closed as of 31st March each year and not the number of complaints received in the year.

The SCFT investigator initially rates the outcome of each section, dependent on their findings and described their rationale for the decision. This is reviewed/challenged by the complaints team and further reviewed/challenged by the Senior Operational Management. The outcome therefore is not determined by one individual.

Benchmarking Complaint Outcomes

In September 2016 NHS Digital produced the National statistics on complaint data, which is submitted by all NHS Trusts quarterly through the KO41a. (Information for 2017/18 is not yet available).

When comparing SCFT data for complaint outcomes against NHS England, as a whole, and against NHS England South East, there are some variants. These are detailed in the table below. As the national complaints data is not yet available for 2017/18 comparisons have been used for SCFT 2017/18 against national 2016/17 data.

2016/17 National Data on percentages of complaints outcomes						
	Across All NHS England	SCFT 2017/18	Variant	NHS England South East	SCFT 2017/18	Variant
Upheld	35.8%	31%	- 4.1%	41.6%	31%	-10.6%
Partially Upheld	28.9%	45%	+16.1%	23.3%	45%	+21.7%
Not Upheld	35.3%	24%	-11.3%	35.1%	24%	-11.1%

Source: NHS Digital and Datix 23/04/2018

Possible Rationale for Differences in SCFT Outcomes

SCFT have introduced a complaints toolkit which breaks a complaint down into sections and each element is investigated and judged as to its outcome independently of the other elements. This may be the rationale for why SCFT are showing a higher percentage of partially upheld complaints as opposed to an outcome being assigned for the whole complaint.

Learning from Complaints

The Trust seeks to make improvements based on the identified learning from complaints, incidents, claims and PALS contacts. Complaints are discussed at the Area Management Team Meetings and Quarterly reports to the Trust-wide Clinical Governance Group and Quality Committee include a section on learning and actions from complaints. This is included in the Quality Governance Newsletter which is disseminated across the organisation to share ways we can improve our services.

Parliamentary Health Service Ombudsman (PHSO)

Last year it was reported that 4 complaints were with the PHSO for review. The outcome of these have been received within 2017/18 and cases closed. Of the 4 cases 3 complaints were investigated and not upheld by the PHSO and 1 case was upheld, following investigation.

During 2017/18 a further 4 complaints have been referred to the PHSO. Of these 1 has been investigated and not upheld and closed. The remaining 3 are still under review by the PHSO and the outcomes will be reported through the quarterly patient experience reports.

Patient Advice and Liaison Service (PALS) – number of PALS enquires and themes

In 2017/18 784 PALS queries were taken which is an increase by 210 from the previous year. Of the 784:

- 15 were raised by a patient's friend or family member and the patient did not give consent to pursue the query.
- 60 were people providing comments (positive or negative) and feedback which were passed onto the appropriate service.

- 112 were people seeking information regarding health services, these queries pertain to 58 different services with.
- 130 enquiries about contact to the Time to Talk Service.
- 1 resulted in resolution meetings between the enquirer and the relevant service.
- 510 were responded to by the PALS team in conjunction with the service involved.
- 81 were signposted to other NHS Trusts and external organisations

Compliments

There were 2209 compliments were recorded on the Trust's compliments database in 2017/18; a 9.7 % increase on the number of compliments (2013) recorded in 2016/17. Last year we reported the impending introduction a new compliment recording system for 2017/18, which is part of the Datix risk management system used to record incidents within the Trust. We also anticipated an increase in recording of compliments throughout 2017/18 due to this improved system, the benefits of which were more staff can access Datix and were familiar with the system. This is likely to be the reason for the increase of entries made.

The focus on the figures are in relation to the compliments 'recorded' on the system. Further work is needed to increase this as we are aware that many compliments are made across SCFT which remain uncaptured.
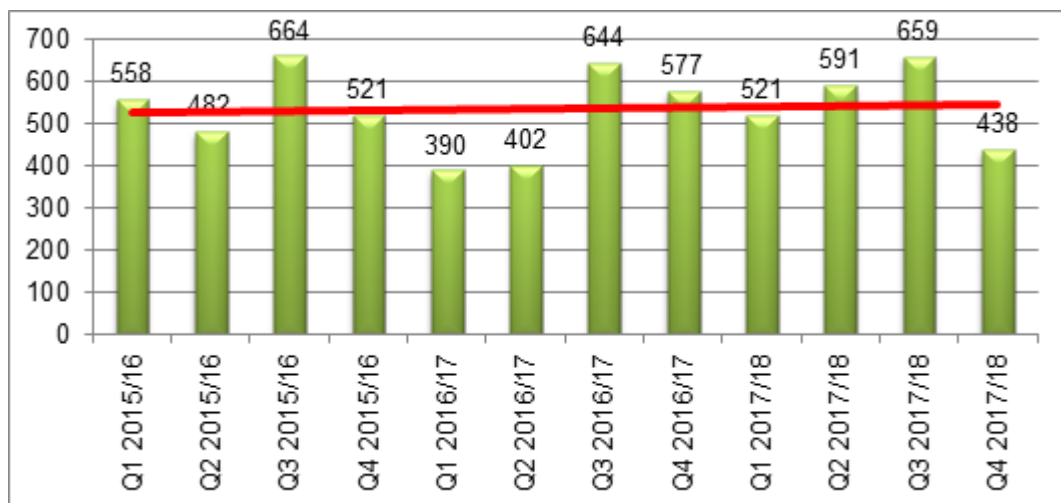
Source – Disbanded compliment data base and Datix 16/3/2018

The red trend line on Chart 1 reflects a small upward trend of compliment recording over the past three years.

Staff Report – Our People

Our workforce

We value our staff and recognise they are our greatest asset. Our overall aim is to develop our staff, give them clear pathways, provide them with the leadership, skills and knowledge they need to deliver the care our patients need now and in the future; to support their wellbeing and to recognise and values their diversity.

Our workforce and the needs of our patients are changing and consequently so is the way we deliver care. Shortages of clinical staff nationally, an older workforce and changes to education pathways means our workforce profile is evolving. Pressures in secondary and social care and the emergence of new ways of working as part of our commitment to Communities of Practice require our staff to have new skills and for our skill mix to see an increased proportion of unregistered clinical staff.

Our workforce strategy describes the pathway to creating the workforce we need to deliver our vision of excellent care at the heart of the community. It sets out our strategic workforce priorities and the approach we will take to deliver those. It builds on our culture of innovation and continuous improvement, of openness and transparency, and of collaborative leadership grounded in our values. The strategy builds on our strong foundations as a good employer and our values and is key to the delivery of our Clinical Care Strategy.

Workforce vision

We are proud of the care we provide our patients and our role in the health and care system. Our vision is to be the employer of choice for clinicians and support staff already employed by us, starting their career in the NHS or looking for a role that will fulfil their professional ambitions and meet their personal aspirations.

We will continue to monitor our performance against other Trusts, through both the national staff survey and the Staff Friends and Family Test. In addition, we will continuously review what we do, what has worked and not worked well, and what improvements and innovation will help us improve in the future. We will monitor our workforce indicators to measure our performance against targets and celebrate success.

Employee health and wellbeing

The Trust has a number of schemes in place to incorporate and develop a culture of wellbeing.

Activity this year included:

- Staff awards followed by a staff ball.
- Wellbeing@work month, consisting of roadshows, tasters and events.
- Lunch and learn sessions.
- Eating psychology course.
- Exercise classes at various venues.
- SalaryFinance being introduced to help staff with financial wellbeing.
- Retirement seminars being relaunched for staff.
- Stay and play sessions available at nurseries for parents on maternity leave.
- Reviewing some induction processes to make a better welcome for new staff.
- Staff support brochure detailing a range of support available.

Staff Benefits

- Our staff benefits lead meets with new staff every two weeks and provides information on staff wellbeing and the upcoming wellbeing events and conferences.
- We promote the 'MyTrust Benefits' website which gives national and local discounts for NHS staff.
- To support parents or carers of children within SCFT we give information on the three nurseries within the Trust. There is further information on Childcare vouchers and childcare information available.
- We provide regular retirement seminars to help staff plan their life after retirement so that we ensure that their wellbeing continues with life after work.
- We run a new starters survey to help us understand the needs of staff and any issues arising. This helps identify the key areas which need improving so that we can improve recruitment and retention.

Staff survey

The National NHS Staff Survey, carried out by all NHS organisations, was sent to 4667 SCFT staff members and of these, 2314 were returned (response rate 50%).

The areas where SCFT performed most favourably were (SCFT v national average):

- KF7. Percentage of staff able to contribute towards improvements at work (76% v 71%)
- KF3. Percentage of staff agreeing that their role makes a difference to patients / service Users (92% v 91%)
- KF9. Effective team working (3.92 v 3.82)
- KF10. Support from immediate managers (3.93 v 3.86)
- KF5. Recognition and value of staff by managers and the organisation (3.61 v 3.53)

The areas where SCFT performed least favourably were:

- KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month (92% v 93%)
- KF24. Percentage of staff / colleagues reporting most recent experience of violence (75% v 76%)
- KF13. Quality of non-mandatory training, learning or development (4.05 v 4.08)
- KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months (8% v 8%)
- KF16. Percentage of staff working extra hours (71% v 71%)

The Trust reviews all findings closely, both to share and celebrates where we are doing well, but also focuses on areas in which we score less favourably than other community trusts to seek improvements. Further work will be undertaken with staff in the coming year to help our understanding and to identify areas for improvement to further improve staff experience.

Staff Communications

To strengthen staff engagement, we continue to improve the ways we communicate with staff and promote good dialogue between staff and the senior team. The Trust's engagement with staff includes:

- The intranet is our main day-to-day communication tool, with real-time information published to help support staff.

- More of our staff are using social media including Facebook and Twitter to receive and engage with the Trust. A key example was our flu vaccination campaign. Many staff liked, shared, commented on and retweeted messages to show their support for our flu vaccination campaign.
- We host many staff Facebook groups with over 600 actively engaged members.
- We provide information in various formats including films and animation. In 2017/18 we produced over 40 videos for staff.
- We deliver a weekly team briefing providing information for frontline staff, encourage discussion in teams and generate feedback.
- We send out a weekly message from our chief executive to all staff, linking what's going on within the Trust and locally to the national picture.
- We deliver a monthly overview of Trust priorities and key news for managers to deliver face-to-face with staff. Managers also use this tool to raise and discuss local issues within their teams and provide feedback to the senior team.
- We have an annual staff awards and an employee of the month scheme, showcasing best practice and recognising achievement. In November we held our first staff ball after the annual staff awards with over 600 staff attending.
- We livestream all staff engagement events, and our Board meetings held in public with up to 400 people viewing each event via Facebook.
- Members of the Board and the executive leadership team regularly visit services across the Trust.

Leadership development

The organisation offers a range of leadership opportunities for all levels of leaders including courses, coaching and mentoring and an annual leadership conference. All staff have access to regular supervision and an annual appraisal. Support is also offered for team development. We have regular engagement events for staff to meet with the senior leadership team and these are now livestreamed.

We are committed to strengthening the skills of our leaders by:

- Providing leadership masterclasses to our senior leaders. These are a combination of theory, engagement opportunities with the Chief Executive/Executive Directors and practical discussion with peers about leadership challenges.

- Promoting coaching and mentoring as a key development opportunity and developing a coaching and mentoring community within SCFT.

- Reviewing our internal leadership development offer which includes leadership development programmes for leaders at different levels and subject specific programmes e.g. supervision, HR management programmes, coaching skills, assertiveness and resilience.

- Delivering the annual Leadership Conference. The 2017 conference was attended by nearly 200 leaders in the organisation. Professor Michael West discussed his research on compassionate leadership and the principles of compassionate leadership will underpin all leadership development programmes in 2018/19.

- Recognising leadership potential in all staff and encouraging staff to have conversations at appraisal about their aspirations and potential.

- Offering tailored support to teams with specific needs, for example, teams where there has been significant change.

Staff Friends and Family

85.6% of staff would recommend the Trust as a place to receive treatment and 68.5% would recommend the Trust as a place to work.

Overall staff numbers

The table below sets out the average staff numbers for 2017/18 (subject to audit). The total number of staff employed was 4,240 whole time equivalents (WTE), made up of 4,145 WTE permanently employed staff and 95 WTE temporary staff.

Staff Group	2017/18 Total Number	2017/18 Permanent Number	2017/18 Other Number
Medical and Dental	75	68	7
Ambulance staff	0	0	0
Administration and Estates	911	895	16
Healthcare Assistants and other support staff	1,043	1,016	27
Nursing, Midwifery and Health Visiting staff	1,390	1,359	31
Nursing, Midwifery and Health Visiting learners	33	33	0
Scientific, Therapeutic and Technical staff	764	750	14
Healthcare Science staff	24	24	0
Social Care staff	0	0	0
Agency and contract staff			
Bank staff			
Other	0	0	0
Total average numbers	4,240	4145	95
Of which			
Number of employees (WTE) engaged on capital projects	35	31	4

Staff Costs

Staff Costs*	Permanent £000s	Other £000s	Total £000s
Salaries and Wages	129,606	0	129,606
Social Security Costs	9,171	1,935	11,106
Apprenticeship Levy	625	0	625
Employer's contributions to NHS pensions	14,260	2,242	16,502
Pension Cost - other	14	0	14
Temporary Staff		5,274	5,274
Total Gross Staff Costs	153,676	9,451	163,127
Of which			
Costs capitalised as part of assets	988	339	1,327

*(Subject to audit)

Gender distribution of our staff (as 31 March 2018)

Headcount (primary assignments only)					
Category	**Total**	**Female**	**Percent (%)**	**Male**	**Percent (%)**
Executive directors	7	3	42.86%	4	57.14%
Other senior managers (Agenda for Change bands 7-9 and senior medical and dental staff)	1054	875	83.02%	179	16.98%
All other employees	3873	3414	88.15%	459	11.85%
Total	4934	4292	86.99%	642	13.01%
Full time equivalent (FTE)					
Category	**Total**	**Female**	**Percent (%)**	**Male**	**Percent (%)**
Executive directors	6.44	3.00	46.6%	3.44	53.4%
Other senior managers (Agenda for change bands 7-9 and senior medical and dental staff)	878.87	716.77	81.56%	878.87	18.44%
All other employees	3072.68	2659.55	86.55%	3072.68	13.45%
Total	3957.99	3379.32	85.38%	3957.99	14.62%

Staff Sickness

Our overall rate for the year was 4.84% of WTE against a target of 4%. This is in comparison to an overall rate of 4.29% for last year.

Total days lost due to sickness

For the period 1 April 2017 to 31 March 2018, our total WTE lost was 59,227.64. The average days lost per employee was 14.96, which was up from 10.7 in 2016/17.

Use of Agency and Bank Staff

We have had great success in reducing the use of agency staff and recruiting more permanent staff. This is set against a background of local and national staff shortages. Reducing the number of agency staff is better for our finances and better for patients and recruiting and retaining a high quality and motivated workforce remains a key challenge and a key priority for the Trust.

We have also minimised our use of agency staff by investing and making the best use of our in-house bank staff, Staff Direct. We have increased our Staff Direct department and number of bank staff to enable us to fill more shifts with our own staff. This has resulted in a decrease in agency use and better quality of care for patients. We have reduced our use of agency figure to 3.2 per cent as a percentage of overall revenue pay expenditure, compared with 5.4% in 2016/17. In doing so we have achieved our target of 3.5%.

Our overall use of temporary workforce (including agency, bank and locum costs) was also better than planned. As a percentage of the total pay bill 7.9% of our staff costs were on temporary staff. This compares with a target of 11% and is also an improvement on our 2016/17 performance which was 9.6% of the total pay bill.

Expenditure on Consultancy

The Trust spent £113k on external consultancy in 2017/18. This compares to £321k in 2016/17. Consultancy spend was primarily incurred in the implementation or roll out of new services such as the Diabetes contract and also on specialist advice on the Trust's clinical care and associated strategies.

Off Payroll Engagements

As an organisation subject to HM Treasury Guidance *'Managing Public Money'*, SCFT has a responsibility in safeguarding public interest.

In May 2012, HMT carried out a review on the tax arrangements of senior public sector appointees. The aim of the review was to ascertain the extent of arrangements which could allow public sector appointees to minimise their tax payments and make appropriate recommendations to address the problem.

The Trust is committed to tackling all forms of tax avoidance and demonstrates a high level of scrutiny around tax arrangements of senior appointees in the Trust.

The Trust operates a policy covering off payroll engagements. This policy provides guidance to ensure compliance with HM Treasury's recommendations on tax arrangements for the following public-sector appointees:

- Board members.

- Senior officials with significant financial responsibility.

- Engagements of more than six months in duration, for more than a daily rate of £220.

The table below relates to all off-payroll engagements as of 31 March 2018, for more than £220 per day, that lasts for longer than six months:

	Number
Number of existing engagements	8
Of which the number that have existed:	
For less than one year at the time of reporting	0
For between one and two years at the time of reporting	6
For between two and three years at the time of reporting	1
For between three and four years at the time of reporting	0
For more than four years at the time of reporting	1

All existing off-payroll engagements have been subject to a risk-based assessment of whether evidence is required that the individual is paying the right amount of tax and, where necessary, assurance has been sought.

The table on page 70 relates to all new off-payroll engagements, or those reaching six months in duration, between 1 April 2017 and 31 March 2018, for more than £220 per day which last for longer than six months:

	Number
Number of new engagements, or those that reached six months in duration	0
Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	0
Of which:	
Assurance has been received	0
Assurance has not been received	0
Engagements terminated as a result of assurance not being received	0

The table below relates to off-payroll engagements of board members and senior officials with significant financial responsibility between 1 April 2017 and 31 March 2018:

	Number
Number of off-payroll engagements of board members and /or senior officers with significant financial responsibility	0
The total number of individuals both on and off-payroll that have been deemed "board members and/or senior officials with significant financial responsibility", during the financial year	17

Exit Packages

Exit Packages for the year totalled £94k for 3 staff (subject to audit).

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Less than £10,000		1	1
£10,000 - £25,000		1	1
£25,001 - £50,000			
£50,001 - £100,000	1		1
£100,001 - £150,000			
£150,001 - £200,000			
>£200,000			
Total Number Exit Packages by Type	1	2	3
Total Resource Cost (£000)	67	27	94

2016/17

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Less than £10,000			
£10,000 - £25,000	2		2
£25,001 - £50,000		1	1
£50,001 - £100,000	1	1	2
£100,001 - £150,000			
£150,001 - £200,000			
>£200,000			
Total Number Exit Packages by Type	3	2	5
Total Resource Cost (£000)	123	92	215

Equality and Diversity

SCFT's strategic ambition for equality is 'equitable care at the heart of all our communities'. During 2017/18 continued to deliver this ambition and examples of progress are highlighted below, including:

- Established the Black, Asian and Minority Ethnic (BAME) staff network to promote inclusion and diversity.

- Showed an increase of 23% towards equitable shortlisting-to-appointment between white and BAME people on the previous year's performance.

- Our first gender pay gap report showed women's median average hourly rate of pay was 3.8% higher than men.

- Accredited as a Disability Confident Employer (level 2).

- Supported eight people with a learning disability and / or autism to either move into employment or be retained.

- Joined the Stonewall Diversity Champion programme.

- Launched a successful rainbow lanyard pledge scheme to promote Lesbian Gay Bisexual Transgender (LGBT+) inclusion.

- Published new staff guidelines on caring for Trans people.

- Audited chaplaincy and prayer rooms arrangements and published information for patients about access.

For more detail please visit www.sussexcommunity.nhs.uk/equality

Policies

Trust policies, procedures, guidelines and tookits are reviewed on a rolling basis. During the year, the executive team met with staffside representatives at the bi-monthly Joint Consultative and Negotiating Committee to ratify a number of updated staff policies.

Giving full and fair consideration to applications made by disabled persons

The Equality and Human Rights policy contains sections on recruitment and selection and on offering and making reasonable adjustments in recruitment and employment to support managers and job seekers. We accept job applications in a variety of formats and operate a guaranteed interview scheme for disabled job applicants who meet the minimum criteria for the job as a disability confident employer.

We lead an Employability Partnership to build relationships with local supported employment services and supported internship colleges. Last year we identified suitable trial roles, supported work trials to these roles and piloted our first working interview.

We fund communication support for disabled people and make reasonable adjustments for job interviews to help overcome unfair disadvantage. Recruiting managers training includes learning outcomes around reasonable adjustments and was recently updated to include supported employment. Disability equality is part of statutory training for all staff, which is monitored by Trust Board monthly.

Policies applied during the financial year for the training, career development and promotion of disabled employees including continuing arranging training for employees who have become disabled persons

Every effort is made to ensure that all our staff are treated fairly and equitably regardless of their individual characteristics and circumstances. All new employees are given training in relation to our values and the principles of treating others with dignity and respect. With specific regard to disabled employees or those who become disabled whilst working for us, we provide support and with advice from our Occupational Health department make reasonable adjustments and training as necessary to ensure these people can enjoy, or continue to enjoy a fulfilling career with us.

Assessment for funding in relation to training has a robust process that requires management approval before funding panel consideration; there is no discrimination in relation to disability as it is assessed based on need in order to carry out the functions and expectations of the role.

Providing employees systematically with information on matters of concerns to them as employees

We have a range of mechanisms that are in place throughout the year to encourage staff members to play a role in the activities and performance of the Trust; we consulted with staff on all changes which affected them through local organisational change processes, team briefings, individual meetings and staff surveys. These processes are detailed within our HR policies which are agreed in partnership at our Terms and Conditions group and Joint Consultative and Negotiating Committee. This group provided the formal mechanism for discussion in relation to pay/terms and conditions of service as well as matters relating to organisational change.

Consulting employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions

The Joint Consultative Negotiating Committee (JCNC) meets on a bi-monthly basis and is the forum through which SCFT brings together Trust executives and senior managers with union representatives to discuss matters of importance to staff relating to employment, terms and conditions of service, working arrangements and policies and procedures. This year, 25 policies were agreed and ratified.

Health and safety and occupational health performance

The Trust has formal policies and procedures in place for Health & Safety and specialists subjects (e.g. physiological wellbeing, Control of Substances Hazardous to Health - COSHH, Display Screen Equipment - DSE, new & expectant mothers, young persons, sharp safety), which set out the roles and responsibilities for implementing the Trust's arrangements, including those for senior managers, line managers, all staff and specialist leads. The policies and procedures are authored and monitored by the specialist leads/departments (e.g. Health and Safety, Fire, Security, Occupational Health) and in the case of health and safety, they present quarterly papers to the Health & Safety Committee. The Health and Safety Committee monitor quarterly performance (e.g. number of incidents, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - RIDDORs, risk assessment actions, audits, chair reports from medical device, medical gas and radiation protection groups) and develops a work plan for the group to implement. Each year an annual health and safety report, on the previous year's performance and plans for the following year, goes to the Board.

Signed:

Siobhan Melia, Chief Executive
Date: 25 May 2018

Statement of the Chief Executive's responsibilities as the Accounting Officer of Sussex Community NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement (NHSI).

Under the NHS Act 2006, NHSI has directed Sussex Community NHS Foundation Trust to prepare, for each financial year, a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Sussex Community NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting Manual* and in particular to:

- Observe the Accounts Direction issued by NHSI, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- Make judgements and estimates on a reasonable basis;

- State whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements;

- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;

- Prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose, with reasonable accuracy at any time, the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed:

Chief Executive
Date: 25 May 2018

Annual Governance Statement

1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Sussex Community NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Sussex Community NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Chief Nurse is the executive lead for risk management and is supported in this by the Heads of Quality Governance and Patient Safety and Risk Management. The Trust has a Trust-wide Clinical Governance Group, which reports to the Executive Committee and the Quality Committee of the Board. The Board and Audit Committee receive regular reports on the key risks facing the organisation at any point in time and also regularly reviews the Board Assurance Framework, which contains a risk assessment of the Trust's principal objectives for each year. The Board reviews and updates the Risk Management Strategy as required. The current strategy sets out the Board's requirement that a systematic approach to identifying and managing risks and hazards is adopted across the Trust and that systems are in place to mitigate those risks where possible. The strategy also stipulates that it is essential that all Trust staff are made aware and have an understanding of the procedures in place to identify, assess, monitor and reduce or control risk. Risk management training is included in all induction programmes and in key development courses. The Board receives risk management training.

The Trust's approach to risk management is proactive and involves the following:

- Identifying sources of potential risk and proactively assessing risk situations, using the agreed Trust Risk Profiling, Assessment and Audit Tools and the Risk Evaluation Matrix;
- identifying risk issues through serious incidents, adverse incidents, near misses, complaints and claims, the business cycle, and internal and external review reports;
- investigating and analysing the root causes of risk events;
- undertaking aggregated root cause analysis (considering risk events, complaints, claims and RIDDOR data);
- taking action to eliminate or at least minimise harmful risks;
- monitoring the delivery and effectiveness of actions taken to control risk;
- learning from near misses, risk events, legal claims and complaints and sharing the lessons learned across the organisation and externally when this would be beneficial.

The Trust has adopted a coordinated and holistic approach to risk and does not differentiate the processes applied to clinical and non-clinical issues. Common systems for the reporting, identification, assessment, evaluation and monitoring of risks have been developed within the Trust and apply to all risk issues, regardless of type.

The effective implementation of the strategy facilitates the delivery of a quality service and, alongside staff training and support, provides an improved awareness of the measures needed to prevent, control and contain risk. To achieve this, the Trust:

- Ensures all staff and stakeholders have access to a copy of the Risk Management Strategy;
- produces a register of risks across the Trust which is subject to regular review at Area level and, corporately, by the Executive Committee, Audit Committee and the Board;
- communicates to staff any action to be taken in respect of risk issues;
- has developed policies, procedures and guidelines based on the results of assessments and all identified risks to assist in the implementation of the strategy;
- ensures that training programmes raise and sustain awareness throughout the Trust of the importance of identifying and managing risk;
- monitors attendance at relevant Risk Management training sessions for all staff and ensures that non-attendance is followed-up;
- ensures that staff have the knowledge, skills, support and access to expert advice necessary to implement the policies, procedures and guidelines associated with the strategy; and
- monitors and reviews the performance of the Trust in relation to the management of risk and the continuing suitability and effectiveness of the systems and processes in place to manage risk.

A training needs analysis has been carried out which reflects the level of risk management training required for all grades of staff, including Board members. Individual staff training records are clearly linked to, and monitored through, the system of performance appraisal in place across the Trust.

The Trust involves its public stakeholders in managing risk in the following ways:

- Regular reporting to the Council of Governors on quality, finance and performance, with an emphasis on the reporting of risks, current concerns and complaints.
- Governor attendance at key meetings pertaining to risk, including the Board and Audit Committee.
- Regular contract meetings with the Trust's commissioners to review performance against and risks relating to delivery of the contract.
- Engaging with public and patients on key strategic direction decisions and any proposed major changes in service delivery.
- Regular attendance at and presentations as required to the local Overview and Scrutiny Committee meetings.
- System working with other local and regional healthcare providers to shape optimum care pathways and mitigate risks associated with financial, safety and/or estates matters.

4. The risk and control framework

Risk Management

All members of staff have an important role to play in identifying, assessing and managing risk. This can be achieved proactively, through risk assessment, or reactively, through review of risk events, complaints and legal claims. The Trust's Risk Profiling, Assessment and Audit guidelines

set out the process for assessing all types of risk. To support staff in this role, the Trust provides a fair, consistent environment that encourages a culture of openness and willingness to admit mistakes. All staff are encouraged to report any situation where things have, or could have, gone wrong. At the heart of the Trust's Risk Management Policy is the desire to learn from risk events and near misses, complaints and claims, in order to continuously improve management processes and clinical practice. The Risk Management Policy was reviewed in 2017/18 and is due to be ratified by the Board in spring of 2018.

The Trust has in place clear policies and systems for identifying, evaluating and monitoring risk. Trust-wide risk profiling is an ongoing process within the Trust and managers are required to ensure that risk assessment and audit is undertaken within their areas of responsibility and that findings are acted upon and adequately monitored. Managers are also responsible for ensuring that all risk assessments are reviewed as required.

The Trust's Risk Event Reporting and Evaluation Policy requires staff to report all adverse incidents, both actual and potential (near misses), and sets out the methodology and responsibilities for assessing and evaluating the risks identified by applying consequence and likelihood criteria to achieve a system of colour coding to prioritise risk by severity. The severity category will dictate at which level of the organisation the risk event is investigated and reported, with the lowest category (green) managed at local level and the highest (red and red +) managed at executive level with reports made to the Board and statutory external agencies. The same method of severity categorisation will be applied to risks identified through complaints and claims and will, with adverse incidents and risks identified from risk assessment and non-compliance with external assessment standards, populate the Risk Register. Risk appetite is also determined by severity category and, whenever possible, all risks require some mitigating action to be taken to reduce or remove the risk. Specific risks identified by the Trust will be shared with any other relevant organisation working in partnership with the Trust. Likewise, the Trust expects that any relevant risks identified by partners will be shared with the Trust, in line with the Management of External Contractors Policy.

In 2017/18, the Trust's main risks related to staffing levels, delivery of its financial plan, and the pressures associated with working in a challenged healthcare system. The Trust ended the year in NHS Improvement segmentation 1. It is anticipated that future risks will broadly remain unchanged from 2017/18. The Trust's long-term plans will be influenced by the outcomes of the Sussex and East Surrey Sustainability and Transformation Plan (STP). The Trust's Operational Plan 2017/19 and 5-year Strategic Plan reflects the risks associated with system fluidity.

Risks to compliance with the NHS Foundation Trust Licence condition 4 (FT governance)

The Board considers that there are no current or anticipated future risks to compliance with the Trust's Licence.

The Trust is able to assure itself of the validity of its Corporate Governance Statement as required under NHS Foundation Trust condition Licence FT4 through the following mechanisms that have been deployed during 2017/18:

a. The Board has an established Quality Committee to scrutinise any areas of concern arising from the Board's monitoring of a range of safety, quality and patient experience indicators.

b. The Board carries out an annual review of Board members' skills to assist with succession planning and identify when is the right time to bring in additional skills aligned to the next phase of the Trust's strategic development.

c. The Board has maintained a strong emphasis on quality in its meeting agendas to ensure that quality is the focus of decision-making and planning.

d. The Board has an executive lead for quality and clear accountability structures are in place for a quality agenda that is integrated into all aspects of the organisation's work.

e. The Board carries out regular visits to services and inpatient units to meet with staff and patients and get feedback. Governors also carry out assurance visits.

f. Annual workforce planning for clinical and non-clinical staff groups is carried out to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation, who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of the Licence.

g. The Board has driven and overseen delivery of the first year of the 2017/19 Operational Plan, demonstrating that the Trust can operate with efficiency, economy and effectiveness.

h. The Board has maintained appropriate oversight of regulatory and inspection regimes including that of the NHS Improvement, the Care Quality Commission (CQC) and the MHRA and has monitored the management of gaps where any have been identified. The Board encourages close working with regulators and inspectors to ensure that all requirements are met and quality standards are maintained at the highest level.

i. The Board reviewed and refined the format of the Board Assurance Framework to make this a more meaningful document and ensure that Board members' focus was on the key risks to delivery of the organisation's principal objectives at all times.

j. The Council of Governors held a workshop in December 2017 to look at ways of working and its engagement with the Board and developed an action plan for improvement. The implementation of this action plan will commence into 2018/19.

Quality Governance

The Chief Nurse is executive lead for quality governance, supported as appropriate by the Medical Director and Chief Operating Officer. The Board receives an Integrated Performance Report each month, in which areas of good practice, issues of concern, and performance against all CQC Domains and quality metrics are reported. The Board also reviews specific examples of patient and staff feedback, both positive and negative, at each meeting, with a view to learning from this and ensuring that appropriate action is taken to safeguard quality and improve the patient and staff experience. A detailed Safer Staffing Report is presented to the Board every 3 months. The Board has established a Quality Committee to scrutinise the detail of quality governance in the organisation and provide additional assurance to the Board in this regard. The Quality Committee meets bi-monthly and regularly receives reports on progress against both the Trust's Quality Improvement Plan and against its Quality Report priorities. The Committee also carries out "deep dive" reviews of particular aspects of quality that are causing concern and receives exceptions reports from the Trust-wide Clinical Governance Group.

The Finance and Investment Committee generally meets monthly and includes within its remit the monitoring of the Trust's Cost Improvement Programme (CIP). Many CIP schemes contain quality components and the quality aspects of each CIP scheme is assessed by the Executive to ensure patient safety and service quality are not compromised by the actions proposed.

The Board is actively engaged in quality improvement and is assured that quality governance is subject to rigorous challenge through Non-Executive Director engagement and Chairing of the key Board-level committees. The Board agreed to put in place a further quality improvement programme during 2017/18, which will be progressed over the next few years and will be known as

Our Community Way. This programme will be a key priority for the Board in 2018/19 and subsequent years.

Data quality, as it relates to the performance information provided, is monitored in-house by the Data Quality Team and is also subject to internal and external audit reviews. No significant concerns have been raised regarding the accuracy or completeness of the Trust's data. A Director of Performance and Improvement role was created in 2017/18, which includes in its remit the responsibility to drive forward the availability and utility of performance data, including benchmarking data, and the oversight of data quality and data security at an operational and strategic level.

Risks to Data Security

Three SIRIs have been raised and reported to the Information Commissioner's Office (ICO) during 2017/18. The ICO has confirmed that no action will be pursued by the commissioner against the Trust for either of the incidents. The Trust has implemented the NHS Information Risk Management Guidelines by establishing a register of key information assets, allocating each one to an information asset owner who reports to the Senior Information Risk Owner. Information risk management is reviewed and monitored by the Information Governance Group. The Trust has implemented and rigorously enforced the Information Risk and Information Security Policy to control where personal information is stored and to protect personal information that is stored on all portable data storage devices from unauthorised access, through the encryption of all portable devices and remote access personal computers.

Other Control Measures

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5. Review of economy, efficiency and effectiveness of the use of resources

The Trust produces detailed Annual Plans reflecting its service and operational requirements and its financial targets in respect of income and expenditure and capital investments. These plans incorporate the Trust's plan for improving productivity and efficiency in order to minimise income losses, meet the national efficiency targets applied to all NHS providers and fund local investment proposals. Financial plans are approved by the Board, having previously been reviewed by the Finance and Investment Committee.

The in-year resource utilisation is monitored by the Board and its Committees through a series of detailed reports covering finance, activity, capacity, workforce management and risk. Monthly performance reviews are undertaken with each divisional and corporate team where their performance is assessed across a full range of financial and quality indicators, which in turn forms

the basis of the monthly Integrated Performance Report to the Board of Directors. The Trust is committed to the implementation of service line reporting and management as a way to assess and measure effective utilisation of resources.

The Board is provided with assurance on the use of resources through a monthly report, and in addition, the Finance and Investment Committee undertakes a more detailed review monthly. Reports are submitted to NHSI on a monthly and quarterly basis from which segmentation is assigned in line with the Single Oversight Framework (SOF). External auditors annually review the use of resources as part of the annual audit programme. Internal audit resources are directed to areas where risk is attached or where significant issues have been detected. Any concerns on the economy, efficiency and effectiveness of the use of resources are well monitored and addressed in a timely and appropriate manner.

Information governance

Three Serious Incidents Resulting in Injury (SIRIs) have been raised and reported to the Information Commissioner's Office (ICO) during 2017-18. The ICO has confirmed that no action will be pursued by the commissioner against the Trust for either of the incidents. Details of the incidents are as follows:

- Incident 7072 – A ward handover sheet was lost outside a ward whilst a member of staff was administering emergency first aid. The handover sheet was not found following the emergency first aid being administered.
- Incident 7394 – Five ward handover sheets were placed in a member of the public's recycling bin by a member of staff on their way home. The handover sheets were all returned to SCFT by the member of the public.
- Incident 14073 – A clinic list was lost by a member of staff whilst conducting home visits in the community. The clinic list was not found despite searching for it.

6. Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare a Quality Report for each financial year. NHSI has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The Trust's Quality Report priorities, for each year, are selected following consultation with the Board, Council of Governors, clinicians and other relevant parties. Priorities that will require implementation over a period of years are carried forward into the following year, in addition to new priorities selected. The Chief Nurse is the executive lead for the Quality Accounts and preparation of the Quality Report. The Trust's policies, procedures and clinical guidelines provide a robust foundation for and support the delivery of quality care. All policies, procedures and guidelines are stored on databases that are centrally coordinated to ensure the documents are kept up-to-date and only current versions are available to staff.

Data collected to provide assurance of progress against priorities comes from a range of sources both internal and external. These include clinical audit, falls risk assessments, the Global Trigger Tool, performance metrics, and national patient and staff surveys. The data is used to provide the Quality Committee with quarterly reports on progress against the selected current year Quality Accounts priorities and to identify trends and any issues of concern.

The Trust's Quality Report is shared with key stakeholders including the Council of Governors, CCGs, local Health Scrutiny Committees and Health and Wellbeing Boards, all of whom are invited

to comment. The Quality Report for 2017/18 is subject to a limited opinion from the external auditors.

7. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, Finance and Investment Committee and Quality Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust continually seeks to improve the effectiveness of its systems of internal control and put in place action plans to meet identified shortfalls. During the year, the Board has kept under review its governance arrangements and Committee structure, held reflection sessions on the conduct of each Board meeting, and tested and debated the sources and strengths of the various assurance mechanisms available to Board members, particularly with regard to assurance on quality. Board Committees review their own performance and effectiveness annually and report the results to the Board and, in addition, the Committee's minutes are presented to the Board together with a summary of their deliberations. Board meetings are open to the public and Audit Committee meetings are attended by nominated Governor Observers. Board Committees are chaired by Non-Executive Directors. The Board reporting cycle ensures that the Board receives regular reports from its Committees, monthly operational reports from Executives, quarterly Assurance Framework updates and planned half-yearly and annual reports on all issues regarding review, business and other operational issues, including compliance.

The governance structure is as follows:

The Board: The powers reserved to the Board are, broadly, regulation and control; appointments; strategy; business plans and budgets; risk management; financial and performance reporting and audit arrangements.

Audit Committee: provides assurance to the Board as to the effectiveness of the Trust's systems of governance and control across the full range of the Trust's responsibilities. It is authorised to investigate any activity within its terms of reference. It reviews the establishment and maintenance of an effective system of integrated governance, risk management, finance, counter-fraud, security management, and internal control across the whole of the organisation's activities, both clinical and non-clinical. It uses an assurance framework, internal and external audit reports, Board Committees' work, assurances gained from the Board's business and the ability to question the Chief Executive regarding the Annual Governance Statement to support its work. The Committee undertakes an annual self-assessment of effectiveness and reports the outcomes of this to the Board in the Annual Report of the Audit Committee.

Other Board Committees with a Controls Assurance Remit

Finance and Investment Committee: The Finance and Investment Committee provides assurance to the Board but does not replace or remove the requirements for the Board to monitor financial, operational and workforce performance. The Committee provides scrutiny of such issues and makes recommendations to the Board to assist in decision-making. Specific areas scrutinised by the Finance and Investment Committee include financial planning, operational performance,

agency expenditure, cash and treasury management, business case assessments, Estates and Informatics Strategies, and supporting the delivery of efficiency and cost improvement programmes.

Quality Committee: The Committee provides assurance that the Trust has an effective framework within which it can work to improve and assure the quality and safety of services it provides in a timely, cost-effective manner across business areas. This framework includes external validation and assessment; risk management; information governance; clinical governance; health and safety; safeguarding children and vulnerable adults; and medicines management. The Committee assesses, reviews and monitors performance in the following areas: The Trust's Clinical Care and Workforce Strategies, performance against key quality indicators and Quality Account Priorities, clinical audit, patient safety and experience, infection control, external validation and assessment, annual reports and plans, and NICE guidance.

Independent Review

Work has been commissioned from the internal audit service to review the adequacy of the controls and assurance processes in place and to develop improvements within the governance processes. The Trust is committed to the continuous improvement of its risk management and assurance systems and processes, to ensure improved effectiveness and efficiency. My review is also informed by:

- Opinion and reports by Internal Audit, who work to a risk-based annual plan with topics that cover governance and risk management, service delivery and performance, financial management and control, human resources, operational and other reviews. The Head of Internal Audit Opinion for 2017/18 was as follows:
- "Reasonable assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk."
- Opinion and reports from the Trust's external auditors.
- Quarterly performance management reports to NHSI.
- Department of Health performance requirements/indicators.
- Full compliance across all Care Quality Commission domains.
- Information governance assurance framework including the Information Governance Toolkit.
- Results of national patient and staff surveys.
- Investigation reports and action plans following serious incidents.
- Council of Governors' reports.
- Clinical audit reports.

Board Assurance Framework (BAF)

The Trust has proactively recognised the need for ongoing development of the robustness of its systems of control and assurance and the monitoring of its risk registers and assurance framework to ensure they identify the changing impact and likelihood of risk and fully support the delivery of business objectives. During 2017/18, the BAF and governance processes identified key risks in the following areas:

- Financial sustainability.
- Workforce.
- System fluidity.

No significant internal control issues and/or gaps in control were identified.

Conclusion

No significant internal control issues have been identified for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Signed:

Siobhan Melia, Chief Executive
Date: 25 May 2018

Quality Report

Summary

Welcome to Sussex Community NHS Foundation Trust's (SCFT) annual quality report, which outlines the quality priorities that we will focus on during 2018/19 and reviews our progress against the quality improvement programme areas that we set ourselves during 2017/18.

Over the last year we achieved all our priorities for improvement, set out in part 2b.

A highlight of 2017/18 has been an overall rating of 'Good' by the Care Quality Commission. The Trust are particularly proud that 'caring' was rated as 'Outstanding' in Community Hospitals and 'responsive' was rated as 'Outstanding' for our community end of life care. Inspectors noted that there was a good culture among staff for reporting when things went wrong and that lessons were learned from incidents.

As the largest community health and care provider in Sussex, our mission is to provide excellent care at the heart of the community. The Trust achieves this mission through a strategy of focussing on three strategic goals:

To provide excellent care every time to reinforce wellbeing and independence.

Working with our partners, we will personalise services for the individual.

To have a strong and sustainable business, grounded in our communities and led by excellent staff.

Our vision and goals underpin all we do and inspire us to do the best for the people we care for. However, we will only realise our vision by being true to our values at all times, which are:

Compassionate care – caring for people in ways we would want for our loved ones.

Working together – as a team forging strong links with the people we care for, the wider public and our health and care partners, so we can rise to the challenges we face together.

Achieving ambitions – for our users, for our staff, for our teams, for our organisation.

Delivering excellence – because the people we care for and our partners deserve nothing less.

Our teams provide a wide range of services for people of all ages, including:

Health Visitors working with families and young children.

School Nurses caring for school-age children and young people up to 19 years of age and up to 25 years of age for young people with additional needs.

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

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

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

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

With quality as our top priority, we care for most people in their own homes or as close to home as possible, such as in our community hospitals, clinics and other centres. The people we care for are at the centre of everything we do and we work closely with GPs, acute hospitals, local authority social care partners, mental health trusts, charities and voluntary organisations to ensure care is coordinated to meet individual needs.

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

CCGs that commission care from SCFT

CCG	Areas covered
Brighton & Hove CCG	The city of Brighton and Hove
Coastal West Sussex CCG	Arun, Adur, Bognor Regis, Chanctonbury, Chichester and Worthing
Crawley CCG	Crawley
Horsham and Mid Sussex CCG	Burgess Hill, East Grinstead, Haywards Heath, Horsham and the surrounding area
High Weald Lewes & Havens CCG	Crowborough, Lewes, Uckfield and the Havens

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

Introduction

NHS Improvement requires all NHS Foundation Trusts to produce reports on the quality of care as part of their annual report. The quality report helps the Trust to improve public accountability for the quality of care we provide.

Foundation Trusts must also publish quality accounts each year, as required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended[1] ('the quality accounts regulations').

This quality report incorporates all the requirements of the quality accounts regulations as well as NHS Improvement's additional reporting requirements.

NHS Improvement also requires SCFT to obtain external assurance on our quality report. Subjecting the account to independent scrutiny improves the quality of data on which performance reporting depends.

The information to be included in Trust's quality report is set out as part of NHS Improvement's requirements to Foundation trusts[2].

Information on quality accounts can be found on the NHS Choices website.

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

[2] See paragraph 26 of Schedule 7 to the National Health Service Act 2006.

Part 1 – Statement on Quality from the Chief Executive

I am delighted to introduce the quality report 2017/18 for Sussex Community NHS Foundation Trust (SCFT), which provides an opportunity for us to reflect on our quality achievements and successes over the last twelve months. It also allows us to identify areas where improvements to quality can be made. This includes the agreed quality priorities for the coming year – 2018/19.

The Trust has continued to deliver safe, effective, and patient centred care to the people who use our services throughout the year. High quality care is reinforced by an organisational culture that embraces the Trust's values - compassionate care, working together, achieving ambitions, and delivering excellence - all of which are embedded within the Trust's appraisal system for staff. We will continue to work with health and social care partners, as well as third sector organisations and our SCFT volunteers to join up care and improve health outcomes for local people. It is therefore vital that our journey along the quality continuum continues and that we deliver improvements across organisational boundaries.

At the end of 2017 we were inspected by the Care Quality Commission (CQC), the independent regulator of health and social care in England. The report was published in January 2018 and we achieved an improved '**Good'** rating with '**Outstanding'** features. Ratings across all CQC domains for the areas inspected were '**Good'** with the exception of the '*caring'* domain for our community inpatient services and the *'responsive'* domain for our community end of life care which were both rated '**Outstanding'**.

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

- Pressure damage – a refresh of professional standards
- Holistic Assessment – the process of assessment on first contact with patients/service users and their on-going monitoring across all Trust services
- Scoping alternative approaches to enable adult patients to self-administer insulin in the community to promote and maintain their independence
- For all SCFT patients to have their pain identified and treated effectively
- Review adult mental health provision across SCFT with Sussex Partnership NHS Foundation Trust (SPFT) to address dual diagnosis and length of stay in bedded units, MIUs and UTC
- Meeting patients and their families' expectations of individual cultural/religious needs at the end of their life
- Working collaboratively with SCFT volunteers and other agencies to combat loneliness

These priorities were proposed by stakeholders and staff following a series of engagement events and as in previous years I am confident that we will strive to rise to the challenges set.

During the year, the Trust has:

- Received full payment for last year's CQUINs 2016/17.
- Delivered the quality improvement priorities for 2017/18.
- Identified that 96% of those who responded to the Friends and Family Test during the year would recommend the Trust as a provider of care – higher than the national average.

- Continued to reduce the number of falls with harm in our inpatient units.
- Improved participation in clinical research, with SCFT ranked 5th out of 35 Community Trusts for volume of studies.

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

Signed:

Siobhan Melia
Chief Executive
25th May 2018

Part 2a - Looking Ahead - Our Quality Priorities for Improvement in 2018/19

This section of the document outlines the annual key quality priorities outlined by the Trust to improve the quality of our services in 2018/19. We have developed our quality priorities in line with our long term Trust ambitions and Clinical Care Strategy which are based on patient safety, patient experience and clinical effectiveness.

Stakeholder Engagement in Preparing the Quality Report 2017/18

Clinicians, managers, support staff, Governors and Board members have all been invited to contribute to the 2017/18 quality report, and identify priorities for improvement for 2018/19.

External stakeholders who were invited to a workshop to discuss the development of the quality report 2017/18 included:

NHS Healthcare Providers

- Brighton & Sussex University Hospitals NHS Trust
- East Sussex Healthcare NHS Trust
- South East Coast Ambulance NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust
- Western Sussex Hospitals NHS Foundation Trust

Healthcare Commissioners

- NHS Coastal West Sussex Clinical Commissioning Group
- NHS Crawley Clinical Commissioning Group
- NHS Horsham and Mid Sussex Clinical Commissioning Group
- NHS Brighton and Hove Clinical Commissioning Group
- NHS High Weald Lewes Haven Clinical Commissioning Group

Other organisations

- Healthwatch - Brighton and Hove and East Sussex
- Healthwatch - West Sussex
- Crossroads
- Carer Support - West Sussex
- Care for the Carers – East Sussex
- Independent Health Complaints Advocacy Service (IHCAS)
- Red Cross

Quality Priorities 2018/19

This section of the document describes areas for improvement in the quality of relevant health services that SCFT intends to provide or sub-contract in 2018/19.

The Trust is committed to delivering sustainable healthcare. To us, being a sustainable healthcare organisation simply means "effective management of our essential resources – from people and time, to money and materials." It means reaching our vision to provide the best possible patient care while at the same time balancing our efforts with three key aims in mind:

1. working towards long-term financial sustainability;
2. minimising our impact and having a positive impact on the environment and natural resources; and
3. supporting staff wellbeing to enable a happy, healthy and productive workforce.

We have set out how we will achieve this across the Trust in our Sustainable Development Management Plan (SDMP), Care Without Carbon. As such, and with sustainability underpinning the delivery of high quality care, we will actively look for opportunities to achieve against these three key aims in the delivery of each of the Quality Priorities set out in this document.

Safe Care

Pressure damage – refresh of professional standards

Why have we chosen this?

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

How will we achieve this?

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

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

How will we measure this?

As a result of the renewed focus, we will expect to see a reduction in the incidence of category 3 and 4 pressure damage during 2018/19.

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

Why have we chosen this?

Trend analysis of Serious Incidents in the last year, together with soft and hard intelligence, has highlighted that holistic assessments of patients/service users completed within recognised safe time frames is not consistent across Trust services.

Whilst this has not resulted in harm per se, holistic assessment should always be the basis for effective, patient-centred care.

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

How will we achieve this?

Review activity and caseload to determine impact on ability to carry out assessments in a timely way.

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

How will we measure this?

There will be a reduction in incidents citing lack of effective assessment on admission to an SCFT inpatient ward or first point of acceptance to a clinical case load.

The Trust-wide record keeping audit results will show an improvement in the number of holistic assessments conducted within the recognised safe time frames.

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

Why have we chosen this?

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

How will we achieve this?

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

As part of this pilot we will:

- Produce a screening tool for use by community nurses to assess the patient's potential for self-administration of insulin if provided with appropriate information and support.
- Employ a dedicated "Health and Well-being Advisor" who is able to deliver

the appropriate support and education for patients to self-administer insulin, to initially monitor progress and once patients are self-managing be a contact-point for future advice.
- Utilise skills of the Expert Patient Programme lead.
- Develop a screening tool for self-administration of insulin which will be tested and evaluated in pilot area.

How will we measure this?

The completed pilot/review/scoping will be evaluated against pre-determined success factors including the number of patients who were successfully able to self-administer their insulin after they and their family received the appropriate support from a Health and Well-being Advisor.

Effective Care

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

Why have we chosen this?

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

How will we achieve this?

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

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

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

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

How will we measure this?

A re-audit will be undertaken in SCFT bedded units (including Chailey) in Q4 to measure the effectiveness of information and training made available to staff.

An audit of patient experience with regard to pain management whilst under our care will be conducted in Q4.

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

Why have we chosen this?

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

Patients are presenting with more complex physical and mental health interplay where psychological input is key. Analysis undertaken as part of the CQC preparation work and also reported through other channels, showed significant delays in providing the correct

treatment to patients presenting with severe and enduring mental health issues/dual diagnosis in a suitable environment, notwithstanding the provision of a safe room, prompt mental health assessment, together with staff from Sussex Partnership NHS Foundation Trust.

A review of incidents (May 2016 – June 2017) showed that both Crawley Urgent Treatment Centre and the Minor Injury Units had carried out mental health screening and supported patients with mental health issues waiting for transfer. There were significant difficulties with the speed of transfer, together with delayed discharges/transfers in hospital settings which impacted on both patients and staff.

The Trust recognises that it is caring for increased numbers of patients with cognitive difficulties and dementia. Dementia is associated with a 20% - 40% increased risk of depression (Alzheimer's Disease Society, 2017) and depression is also common among those caring for someone with dementia. Patients diagnosed with dementia typically spend a week longer in hospital than other patients with complex needs. Joint working around dementia and mental health needs may therefore support timely discharge for these patients.

How will we achieve this?

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

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

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

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

How will we measure this?

There will be a decrease in Length of Stay (LOS) numbers by quarter 4.

Reducing delays with system partners has a positive effect on patient experience, meeting targets, together with financial benefits.

Support for the transfer of patients already in inpatient beds to an appropriate setting to meet their mental health needs will have a positive effect on patient flow and avoid additional costs associated with staff required to provide enhanced care.

Patient Centered Care

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

Why have we chosen this?

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

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

- Each person is seen as an individual.

- Each person gets fair access to care.
- All staff are prepared to care.
- All staff promote equality and inclusiveness.

How will we achieve this?

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

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

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

How will we measure this?

The above focus groups will be evaluated positively by attendees and information collated will be used to inform future service development.

There will be an increase in the number of people who are actively engaged with their care at the end of their life.

Q1 – 25% of carers approached regarding the survey (asked to participate)

Q2 – 50% of carers approached regarding the survey (asked to participate)

Q3 – 70% of carers approached regarding the survey (asked to participate)

Q4 – 90% of carers approached regarding the survey (asked to participate)

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

Why have we chosen this?

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

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

As part of this initiative the Community Link Workers will launch a series of group

activities and support programmes to encourage peer support and sustainable change management, aiming to reduce social isolation and loneliness and promote the self-management, knowledge, skills and confidence of patients, creating for them an increased connection into the community and an improvement in the quality of their life.

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

How will we achieve this?

Trust volunteers will work alongside the Communities of Practice in Horsham, Crawley & Mid Sussex to provide support to those patients identified as requiring additional assistance either individually, or as part of the programme of support groups.

How will we measure this?

The number of patients who access the support groups/programmes will increase steadily throughout 2018/19.

The number of patients throughout the year accessing the support groups/programmes who consider their input has had a positive influence on their quality of life.

All the priorities detailed above will be monitored quarterly by the specialist Governance groups and the Trust Wide Governance Group (TWGG) and reported to the Board of Directors as part of the Quality Committee report. We will report on our progress against these priorities in our quality report for 2018/19.

Additional quality improvement goals are included in the Trust-wide Quality Improvement Plan available on our website: http://www.sussexcommunity.nhs.uk/about-us/trust-reports/

Part 2b - Looking Back - A Review of Quality Goals and Priorities for 2017/18

A Review of our Priorities for Quality Improvement in 2017/18

The table below summarises progress against improvement priorities set for 2017/18 in the 2016/17 account. Good progress has been made overall in each priority.

Safe Care

Sepsis – improve the availability of information and awareness around sepsis for parents

Why did we choose this?

Improving the recognition and early treatment of sepsis is a national priority and last year we focused on developing the tools and pathways to support early detection within clinical adult services. This year, we want to ensure that parents are informed about sepsis, and are provided with information on signs and symptoms, including advice on what action should be taken.

How will we achieve this?

Clinical staff within Children's Services will receive additional training on sepsis so they can ensure this is communicated as part of the Making Every Contact Count initiative, where preventive information is shared with parents. In addition, information about sepsis will be provided in the Child Health Book.

How will we measure this?

We will measure our success using a survey of parents to understand if they feel informed and aware of sepsis.

How did we do?

Information about sepsis awareness is now included as standard in the Parent Held Child Health Record (Red Books) that SCFT issues to all parents of new babies. This is discussed in the home visit with the Health Visitor.

Clinical frontline staff in children's Healthy Child Programme (HCP) services, child development services and therapies services have been directed to an online sepsis awareness training package, and a significant number of staff across SCFT HCP services have completed this.

Work is also in hand to develop and then roll out an in-house training package to clinical staff, "the management of the ill child" and sepsis awareness will be included as part of this training. This training will become mandatory for role training for our clinical staff within children's services. We expect to start to deliver this later in 2018 and it will be an on-going training session.

The West Sussex Healthy Child Programme service conducted an audit at the end of February 2018, over a 2 week period to check parents felt informed about and aware of sepsis. The audit was a snapshot audit, with a short questionnaire given to parents to

complete during Healthy Child Clinic attendance. Data analysis of the 379 audits completed and returned by parents to the HCP teams showed 340 stated they were aware of sepsis (89.7%). Of those 340, 99 parents/carers stated they had heard about sepsis specifically from health visitors (29%) and these tended to be the youngest children. The majority of parents/carers had heard from more than one source.

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Safe transfer of care – improve the information provided to patients on discharge to support a safe discharge and prevent unnecessary readmission

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Why did we choose this?

Improving safe transfers of care is a national priority and is part of the *Safer Care Bundle*, in which a structured process to improve patient flow in community hospitals and ensure patients are cared for in the right place for their requirements. Part of this work focusses on ensuring patients are discharged with the correct information for them and their carers to enable them to stay well cared for at home and prevent unnecessary readmission.

How will we achieve this?

As part of the Safer Care Bundle, we will review the discharge process checklist to align with best practice and develop patient advice and fact sheets, e.g. "Your care after discharge from hospital", that includes advice if things do not work as expected.

How will we measure this?

We will measure this through the production of patient information, patient feedback and audit of discharge practice that will demonstrate patients have the necessary information to help them stay at home once discharged.

How did we do?

The Trust is committed to improving discharge processes and is an active participant of a multi organisational Discharge Improvement Programme (DIP), membership of which includes representation from local councils, voluntary organisations and the public.

We have been working closely with the voluntary sector to help us support patients on discharge to their own homes. This has included working with Age UK, Guild Care and Carers Support as part of the Discharge Improvement Programme.

All bedded units are using the discharge bundle which is now embedded in practice for all MDT teams. Each unit has an affiliated member of the Capacity and Resilience Team to support complex discharge planning, to promote safe discharges and prevent readmission.

Trusted assessor and 'ward sister to ward sister' conversations are supporting effective and appropriately informed transfers between acute and community to reduce readmissions.

We are working closely with quality leads to ensure we scrutinise any incidents regarding transfers of care and/or discharges of patients into their own home.

'Better at Home' and Discharge to Assess are pathways that ensure wherever possible, people are supported to return to their home for assessment of their short and longer term care needs. This allows assessments to occur outside of hospital, ultimately speeding up discharge and ensuring assessments of support needs take place in the most appropriate setting and at the right time for the person.

The system wide agreed 'Let's Get You Home' Policy, is being used by all partners to promote timely and effective discharges/transfers. Please see https://www.youtube.com/watch?v=ZGgexRGE1bM for a video on how this works.

System partners have been working closely together to implement and embed the shared 'Let's Get You Home' policy across all organisations. Due to the policy being newly embedded across the system, the audit to demonstrate whether the patients have the

necessary information to help them stay at home has not yet been conducted, however, it is planned for April 2018, and will look at discharges completed during quarter 4 2017/18.

Effective Care

Making safeguarding personal – an individualised approach to safeguarding adults within the Mental Capacity Act and Deprivation of Liberty Safeguards and ensuring the voice of the child is heard within the safeguarding children and young people process

Why did we choose this?

Adults – making Safeguarding Personal is an expectation contained within the Care Act 2014, placing a requirement that all providers of healthcare ensure individual wishes and expectations are taken into consideration to safeguard Empowerment, Proportionality, Protection, Partnership Working and Accountability towards those people being safeguarded.

Children's Safeguarding – hearing the voice of the child is paramount. Child centred safeguarding should be considered throughout all processes involving decisions that are deemed in the child's best interests.

How will we achieve this?

We will include the principles of Making Safeguarding Personal in our training and safeguarding supervision, including opportunities for learning from case reviews. We will review our processes to ensure people's wishes are heard.

How will we measure this?

Adults – we will audit Section 42 enquiries, which establish whether action needs to be taken to prevent abuse or neglect, to ensure the principles of making safeguarding personal are evident and achieved where possible throughout the process.

Children – we will audit for the Signs of Safety and Strengthening Families, which is the international approach to ensure the voice of the child is evident throughout the decision making process.

How did we do?

Adult safeguarding Making Safeguarding Personal (MSP)

The adult safeguarding team are currently auditing on a quarterly basis the evidence within the Section 42 health enquiries to support that individual's choices, wishes and outcomes are evident within the safeguarding process in line with the statutory expectations of the Care Act.

In Q1, 11 Section 42 enquiries were undertaken with 10 (90.9%) evidencing MSP.

In Q2, 11 Section 42 enquiries were undertaken with 8 (72.7%) evidencing MSP.

In Q3, 7 Section 42 enquiries were undertaken with 5 (71.4%) evidencing MSP.

In Q4 10 Section 42 enquiries were undertaken, with 7 (80%) evidencing MSP.

The above percentage calculations are based on the number of section 42 enquiries completed within the quarter period. The overall year compliance is a more accurate picture of the process due to fluctuating numbers and percentage of results.

As the following charts illustrate, the Compliance with Making Safeguarding Personal (MSP) has improved considerably since 2015/16. This has mainly been due to the safeguarding team members of staff ensuring the referrer has liaised with the individual being safeguarded to assess their choices, wishes and outcomes as a result of a section 42 enquiry.

MSP 2015-2016 Compliance	MSP 2016-2017 Compliance
■ Met ■ Not Met	■ Met ■ Not Met
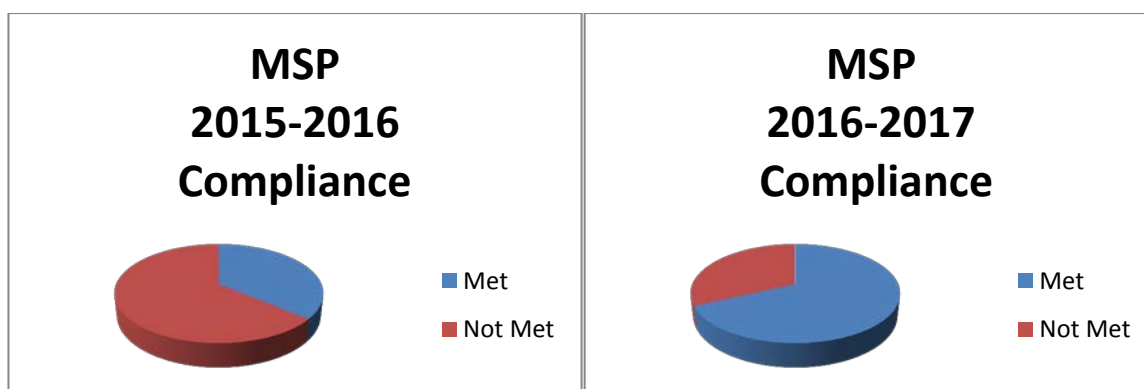
Children Safeguarding Voice of the Child

Work is currently being undertaken within this quality objective. An audit tool to assess safeguarding has been devised and audit undertaken using risk assessment paperwork completed during safeguarding supervision of Healthy Child Programme (HCP) practitioners. There are currently 140 HCP staff who are safeguarding caseload holders, and paperwork for 87 individual supervisions were audited over this six month period.

The audit reviewed the paperwork to focusing on three areas.

1. Was the child's view evidenced in the body of the risk assessment?
2. Was there reference to the child's behaviour and/or development?
3. Are the views/behaviours of the child brought through to inform the plan of care?

The results have been split into Quarter 2 and Quarter 3 to enable progression to be shown.
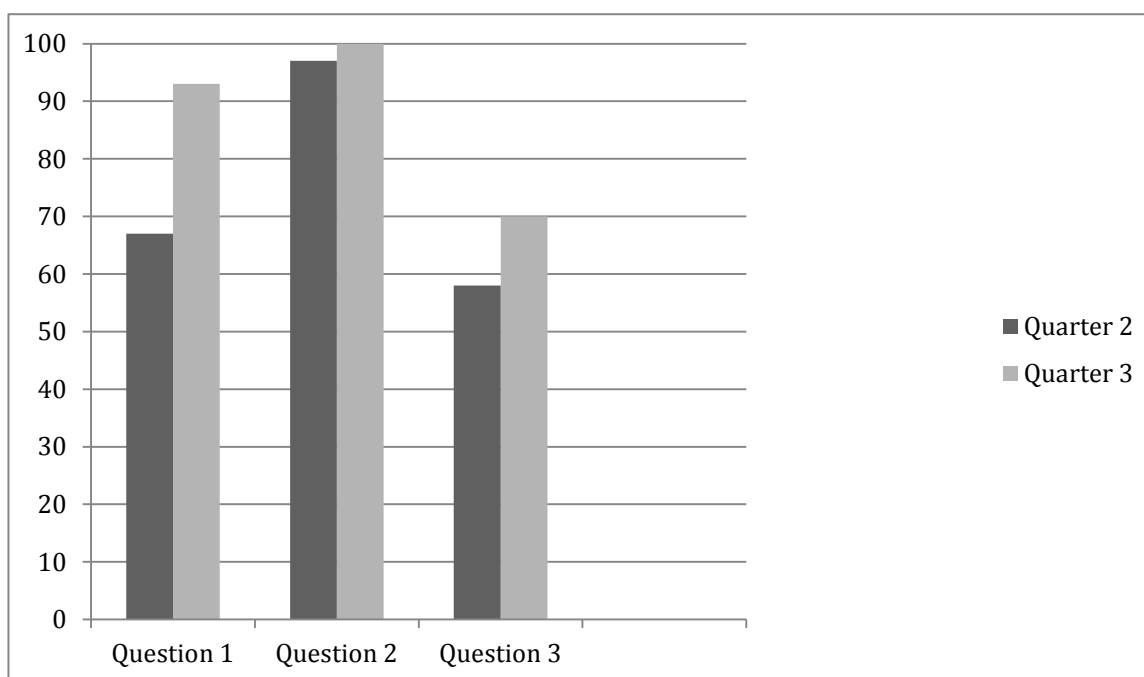
It is encouraging to see the increase in all three areas of the documentation of the voice of the child. The anecdotal evidence from practitioners has been that whilst they felt they always considered the voice of the child within supervision this was not easily evidenced within previous records. The increase in recording has been encouraged during supervision sessions and will continue to be audited on an ongoing basis. The main focus for further improvement is in the area of care planning. Plans were present in virtually all supervision and the child's voice specifically informed 70% of cases. However, there is scope for this percentage to continue to increase. This could be

achieved by ensuring practitioners record reasons for actions, rather than just the actions alone.

The audit will be recommenced in 2018/19 year once work has been done with practitioners specifically regarding writing plans of care to evaluate progress.

Staff well-being – improving psychological support tools for staff and caring for our staff so that they can care for others

Why did we choose this?

We recognise the importance of health and wellbeing for staff and the positive impact this has on delivering patient care. Psychological ill health is one of the top reasons for staff sickness absence and its effects can be far reaching for staff, their families and colleagues.

How will we achieve this?

We plan to double our occupational health clinical psychology input from April 2017; the role has a dual focus, supporting the operational delivery of the staff health and wellbeing strategic actions around prevention and providing a more seamless referral and treatment route for staff who are unwell.

How will we measure this?

Measurements will be individual evaluation from 1:1 support; absence will be monitored and reported in relation to reduction in absence due to psychological ill health.

How did we do?

Since April 2017 Occupational Health Clinical Psychology input has increased from 1 day/week to 2.5 days/week. Service provision currently allows for up to 10 individual sessions per week. Referrals have been steadily increasing, and the psychologist is now at capacity. 44 referrals have been received, averaging 5 referrals per month.

The psychology service is assisting the 'Managing Stress' training directed at team leads and managers and is currently in the process of booking 8 training sessions for the upcoming year across a range of sites.

The service has been well received and feedback states that clients have found the input very helpful. As the increased input is still in its early stages there are limited preliminary statistics available, but these suggest that almost all clients reported a reduction in how much their problem impacted on their ability to work and on their daily life at post-treatment. PHQ9 is a depression screening tool and the majority of clients' scores were at a level deemed to be indicative of 'remission' at post-treatment. GAD7 is an anxiety screening tool and the majority of clients' scores were in the healthy non-clinical range at post-treatment. They are similar screening tools, but give different indicators on depression and anxiety and are often used in conjunction with each other for an overall picture.

The extension to Occupational Health Clinical Psychology availability has enabled a review of the stress management training for leaders both in terms of content and number of sessions delivered each year. The revised sessions began in Autumn 2017 and have received positive feedback from those attending. The Occupational Health Psychologist is now working with the Trust's Health and Safety Lead to review how many taught sessions should be delivered in the next year (based on need) as well as the development of a workbook (or similar) for managers until they can attend face to face training.

Although much has been achieved by the Trust in the last year regarding staff well-being, to ensure the momentum and progress is maintained, we will continue to monitor progress in our year 5 Quality Improvement Plan.

Patient Centred Care

Equality & diversity - improving vocational and volunteering opportunities for people with learning disabilities, autism and other socially marginalised groups

Why did we choose this?

Employing people with learning disabilities, autism and from other socially marginalised groups can support positive health outcomes; employment and a sense of belonging promotes individual independence, personal security and routine to people's lives and a sense of belonging; it builds confidence and provides the opportunity to make friends and build a social life. It can provide a largely untapped resource for an employer – with a high proportion of people who want to work and also provide wider positive benefits to the community and economy.

How will we achieve this?

The Trust will increase the number of people with a learning disability, autism or from other socially marginalised groups who are in successful employment by a range of reasonable adjustments and positive action, including providing work placements, working interviews, job carving and other vocational opportunities.

How will we measure this?

We will see an increase in the number of people with a learning disability, autism or from other socially marginalised groups participating in Trust schemes to promote vocational opportunities, including those transitioning into employment, through placement and recruitment data.

How did we do?

The employability project within the Trust's equality programme has led to three work trials and one defined role for people with a learning disability or autism since it began this year in the East area. Additionally, one member of staff has been retained with the input of specialist external support.

The pilot work trial led to one person in full time employment and the other two work trials in Estates and Facilities led to recruitment for two people to the staff bank in Brighton & Hove. The defined role was within the nurseries service and the retention case was within the East area.

The work has subsequently expanded into the West area where a further four individuals are being supported. The work has been delivered as part of the Trust led Employability Partnership, including our local supported employment agencies: Brighton and Hove City Council and the Aldingbourne Trust in West Sussex and others.

Other tangible deliverables include changes to the Trust's recruitment management system (TRAC) to identify potential roles, the drafting of a staff handbook in the accessible 'Easy Read' format and the creation of patient information in 'Easy Read' for staff within Occupational Health.

Intangible deliverables include improved staff awareness about learning disabilities for recruiting managers involved in the programme, closer relationships between the services in the partnership and an improved experience at work for those people placed or supported.

Further options regarding the role of a placement coordinator are currently being considered within HR. A post responsible for looking after work experience and

supporting employment for people with Learning Disabilities or autism will continue

Carers - establishing our links with external carer groups to ensure carers are supported

Why did we choose this?

The contribution of carers is growing, yet many carers struggle to get support from health and care services, often seeing their own health and wellbeing suffer. Building on the success of our Carers Health Team (CHT), we want to ensure we support carers at a point of contact that meets their needs. Therefore, in addition to our support groups, we want to improve our links and presence with external carer groups to improve carer access to our health service expertise.

How will we achieve this?

We will develop formal links with local and national networks/groups that support carers and provide them with a direct contact into our services such as the Carers Health team and our Dementia Lead.

How will we measure this?

We will see an increase in the number of groups on which SCFT has a representative and seek carer feedback to ascertain the difference this has made for carers.

How did we do?

The Carers Health Team (CHT) work in partnership with local voluntary sector services and have formed the "Carers Services Network". The services meet every four months to discuss service developments and common issues that may need further discussions.

The CHT has a clinician, who is available daily to answer any queries from other services which may support to facilitate early discharge from hospital, avoid hospital admission, or need intervention from other services.

The CHT continues to promote the service to other health care professionals - both within the NHS and private/voluntary sectors.

The CHT was a finalist in the National RCNi nursing awards – Commitment to carers award category and has recently presented an overview of the service at the Carers UK National conference in London. CHT continue to receive feedback via the Friends and Family Test (FFT), service survey and plaudits which we use to make changes to develop and improve the service.

The CHT has been actively involved in supporting SCFT staff via wellbeing roadshows.

Part 2c - Mandatory Statements relating to the Quality of NHS Services Provided

Statements of Assurance from the Board

During 2017/18, Sussex Community NHS Foundation Trust provided and/or sub-contracted over 100 relevant health services.

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

The income generated by the relevant health services reviewed in 2017/18 represents 84.6% of the total income generated from the provision of relevant health services by SCFT for 2017/18.

Clinical Audit (National and Local) and National Enquiries

Clinical audit measures the quality of care and services against agreed standards, and suggests or makes improvements where necessary. During 2017/18, seven national clinical audits covered relevant health services that SCFT provides. SCFT did not participate in any National Confidential Enquiries over this period.

During 2017/18 SCFT participated in 100% of national clinical audits for which it was eligible and relevant to participate in.

The national clinical audits SCFT were eligible to participate in, and for which data collection was completed during 2017/18, are listed below:

- Falls and Fragility Fracture Audit Programme (NICE Guidance CG 161)
- National Chronic Obstructive Pulmonary Disease Programme (COPD)
- Sentinel Stroke National Audit Programme
- National Diabetes Audit – Adults (NAIC)
- The National Audit of Intermediate Care (and Community Benchmarking Project)
- Stage 1, Physiotherapy Hip Fracture Sprint Audit
- Diabetes - SGLT-2 National audit

These national clinical audits SCFT participated in, and for which data collection was completed during 2017/18 are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits and National Enquiries 2017/18	Participation	% cases submitted
Falls and Fragility Fracture Audit Programme (NICE Guidance CG 161)	39	N/A
National Chronic Obstructive Pulmonary Disease Programme (COPD)	48	N/A
Sentinel Stroke National Audit Programme	522	N/A
National Diabetes Audit – Adults	20	N/A
The National Audit of Intermediate Care	401	N/A

National Clinical Audits and National Enquiries 2017/18	Participation	% cases submitted
(and Community Benchmarking Project)		
Stage 1, Physiotherapy Hip Fracture Sprint Audit	23	N/A
Diabetes - SGLT-2 National audit	141 GLP-1 61 SGLT	N/A

National audit reports published during 2017/18 and relevant to SCFT services are reviewed by the provider. The reports of four national clinical audits with actions identified to improve the quality of healthcare provided are shown in the table below.

Examples of actions taken in response to National Clinical Audit / Confidential Enquiries outcomes	
Title	**Actions**
Falls and Fragility Fracture Audit Programme (NICE Guidance CG 161)	Learning from this National Audit demonstrated that; - All patients who have been assessed as having a cognitive impairment have a care plan to support this. - Any patient at risk of falling have their blood pressure measured whilst in a supine and standing position; these are monitored regularly. - Any patient who has been assessed as needing help with their vision has a care plan in place. - Any patient who has been assessed as being at risk of falling, are offered information verbally and in writing - as are their carers.
Sentinel Stroke National Audit Programme	The process of data collection for the Sentinel Stroke National Audit Programme leads to Community Services being reliant on the systematic inputting of data by the Acute Services. It is noted that due to operational pressures within the acute services, there is often an administrative delay in SCFT services being advised of the patient's registration details which can result in a delay in our data entry. The agreement is that our services will aim to maintain data locally in anticipation of the detail coming through later; however this has resource implications for SCFT.
National Diabetes Audit – Adults	Learning from this National Audit resulted in; - SCFT (West) team will develop a link Diabetes Specialist Nurse (DSN) for each of the five community hospitals. The relevant DSN will progress a series of short educational sessions to the inpatient units and act as named point of contact. - Subjects for short educational sessions will focus on: classifications of diabetes, safe targets for frail elderly persons, appropriate medications and de-prescribing, and foot care. - Continued work with SCFT Tissue Viability Nurses will promote safe foot care across the community inpatient units. - Diabetic related inpatient incidents are reported back to the DSN team via the Datix electronic database.

Examples of actions taken in response to National Clinical Audit / Confidential Enquiries outcomes	
The National Audit of Intermediate Care (and Community Benchmarking Project)	Whilst the National Audit of Intermediate Care has relevance at a national level, there were no specific outcomes identified for SCFT. Key themes which would improve the quality of care provided to our patients could not be extrapolated.

SCFT has identified eight National audits scheduled to occur in 2018/19 in which the Trust may be eligible and appropriate to participate. These will be confirmed in April 2018 when eligibility criteria have been published.

Audit Type
Falls and Fragility Fracture Audit Programme – Inpatient Units
Learning Disability Mortality Review Programme (LeDeR)
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme
National Clinical Audit of Care at the End of Life (NACEL)
Sentinel Stroke National Audit Programme (SSNAP)
UK Parkinson's Audit: (incorporating Occupational Therapy, Speech and Language Therapy, Physiotherapy, Elderly care and neurology)
National Diabetes Audit – Adults (Foot Care)
National Diabetes Audit – Adults (NADIA)

SCFT develops an annual schedule of Trust-wide clinical audits which is driven by national best practice guidance; monitoring effectiveness of changes introduced associated with quality improvements, lessons identified from investigations and audit, and assurance review outcomes. The schedule is agreed via the Trust's governance committee structure. There were 21 Trust-wide audits undertaken during 2017/18, which were approved by the Quality Committee in March 2017.

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

Some examples are included in the table below:

Audit Description	Outcomes and recommendations
Inpatient unit DNACPR snapshot audit	100% compliancy is evidenced by contemporaneous records. No identified areas for improvement. Quarterly re-auditing will be programmed.
Pressure Damage Framework- Application	Purpose T is used within clinical practice by all professionals. Internal training provision was considered adequate, with respondents reporting positively on the tool. Areas for improvement include:

	Reviewing current training provision and promoting short educational sessions. Provision of access to the Purpose T tool on the electronic records system, re-launching the pressure damage framework and promotion of Purpose T during National pressure damage awareness day.
Safer Sharps - Implementation of the new guidance around safer sharps	A minor number of observations evidenced incorrect assembly or incorrect disposal of items within sharps containers. Areas for improvement include: Embedding correct assembling of containers and correct disposal of items during SCFT induction and statutory training. This audit will be repeated bi-annually.
Medical Devices Servicing Report	Audit outcomes identified an inconsistency with servicing labels on medical devices. Raising the profile of medical device management and provision of accurate data will provide the Medical Device Group with assurance that the medical devices used to promote patient care are checked and maintained as per national guidance. Areas for improvement include: Servicing labels will highlight the next due date, with recommendations made on the requirements for servicing. Annual audit will be incorporated within bedded units and walk-in centres with three-yearly scheduling for community teams.
Patient Experience Audits: 1. Gathering and responding to Patient Feedback 2. Quality metrics	Audit outcomes identify consistent monthly responses to patient experience surveys. Patient involvement and patient information reflect marginally lower ratings than feedback received on dignity and respect/kindness and compassion; however ratings remained consistently high in those areas. Quality metric outcomes reveal a wide variety of local systems in place to capture feedback on service users' needs. Areas for improvement include: Reviewing options for capturing qualitative patient feedback as part of the wider patient experience strategy and reviewing levels of FFT participation to ensure all eligible services are involved. Future consideration; rotate additional questions to support evidence within the Quality Improvement Plan, quality report priorities or CQUIN related benchmarks and broaden SCFT understanding of patient experience. The Patient Experience Group will receive regular summary reports of any additional question outcomes.
Mixed-Sex Accommodation (MSA) – South East Audit	Audit outcomes reflect nil MSA incidents. Monthly reporting of status is via the performance team. Areas for improvement include: Ensuring local standard operating systems are maintained and staff are aware of these.

Trust-wide audits for 2018/19 will be presented to the Quality Committee in April 2018 for approval.

Research

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

SCFT were ranked 5th out of 35 Community Trusts in 2017/18 for volume of studies.

The number of patients receiving relevant health services provided, or sub-contracted, by SCFT in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 651. In addition, 33 carers and 80 clinical staff and health professionals were recruited to studies approved by the Health Research Authority, making a total of 764 participants to 26 studies.

See the chart below for a breakdown of our research by clinical service.
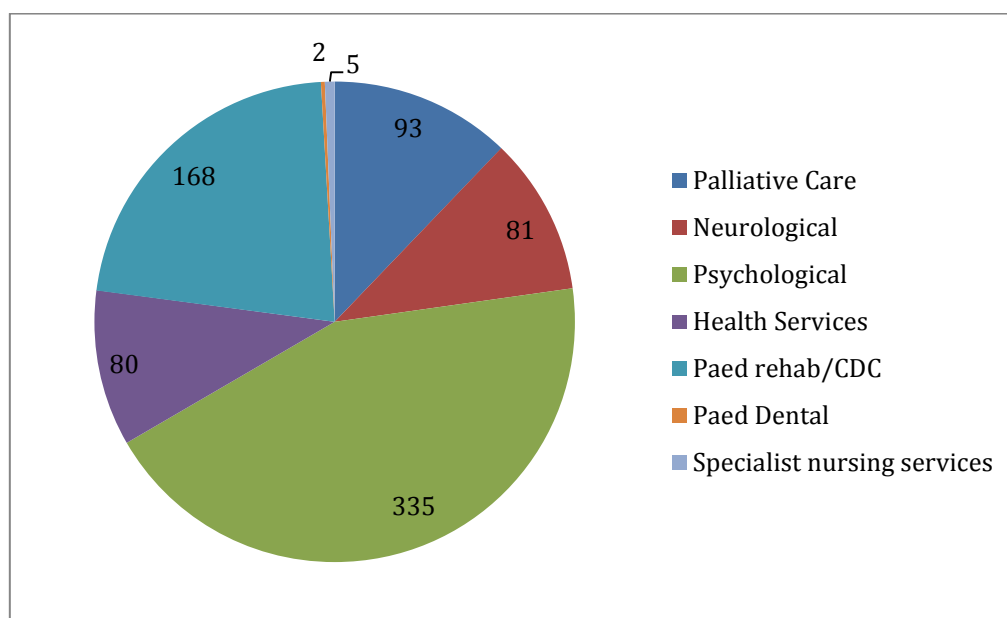
The Trust continues to build research capacity with a growing number of staff leading research studies as chief investigators, as co-applicants on research grants, and as site principal investigators leading the implementation of our research studies. This growth is reflected in increasing publications – both as a lead or co-author, conference presentations and awards received by SCFT research staff. See Appendix 2 for more information on our research activity, which includes 26 studies open in 2017/18, 14 published articles, 2 published conference abstracts written, or contributed to by SCFT research and other staff and 15 occasions where staff were invited to present research findings as an invited speaker or through poster presentation. Our dissemination demonstrates our commitment to improving patient outcomes and experiences across health and social care locally, regionally and nationally.

SCFT worked successfully with our local partners (INVOLE, Rockinghorse and Brighton and Sussex University Hospitals NHS Trust) to set up a Young Persons' Advisory Group. This is a Patient and Public Involvement Group for young people to give their opinion on potential research being designed for their peers. Several meetings have now taken place at the Royal Alexandra Hospital for Children, Brighton.

SCFT continues its ground breaking work around the Eating and Drinking Ability Classification System pioneered by our SaLT/Senior Research Fellow Dr Diane Sellers. She has now started work on a version of the system for very young children.

Our outstanding patient impact project was our Music and Dementia Study conducted by our Community Hospital team at Arundel Hospital. Please watch a video made by the study team which highlights the success of the project and the positive impact on patients and staff. Follow this link: https://www.youtube.com/watch?v=wfd_oFcoKX4&t=3s.

A Patient and family with Rhythmix musicians during a music session

A staff participant said "…because they're not in their own home environment they're kind of restrained to what they can normally do, their normal activities, their likes and dislikes, it is literally worse than a prison being in hospital because we've got limited equipment such as televisions...music helps everybody not just patients with memory problems. It evokes memories, helps the ward harmony better, brings people together, music therapy is a brilliant thing... it brings the patients and staff and visitors all together. If they hear a song it encourages discussion and it helps us also know a little bit about the patient because to every point in somebody's life they often have a song about it."

Commissioning for Quality and Innovation (CQUIN)

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

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

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

CQUIN 2017/2018

The amount the Trust will receive for 2017/18 will remain at 2.5% of the actual contract value. The estimated value of this for 2017/18 is approximately £3.5m.

CQUIN Indicators

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

In addition, NHS England has set 4 separate CQUINs for Children and Wellbeing Services which increase the value to approx. £3.6m:

- AAA CQUIN

- CHIS CQUIN

- School Age Immunisation Programmes

- Child Health Information System

- AAC CQUIN

We received full payment for last year's CQUINs 2016/17.

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

Next year's CQUINs will build on this year's as all the agreed CQUINs are all 2 year national schemes.

Within its contract with the main CCGs, the following schemes were agreed for this year and next:

PATIENT SAFETY	2016/17	2017/18	2018/19
Improving patient care and flow - Safer Care Bundle to support safe discharge and transfer.	✓		
Increase Abdominal Aortic Aneurysm Screening Programme uptake and screening uptake and improve access for hard to reach groups.	✓	✓	✓
School Aged Immunisation Programmes 2016-2017 - develop an action plan to increase uptake for school aged immunisation programmes outside of primary care.	✓	✓	✓
Supporting proactive and safe discharge.		✓	✓
Preventing ill-health by risky behaviours – alcohol and tobacco.		✓	✓
PATIENT EXPERIENCE			
Patient Activation and Collaborative Care Planning: Develop knowledge and confidence needed for patients to self-manage long term conditions and improve their	✓	✓	✓

	2015/16	2016/17	2017/18
outcomes and experience.			
Develop and implement improvement plans that support the delivery of integrated care across organisations for specified pathways.	✓		
Specialised Commissioning of Communication Aids – Augmentative and Alternative Communication (AAC) - demonstrate patients have access to information, receive timely assessment and treatment and learning is shared with other national providers.	✓	✓	✓
Personalised care and support planning.		✓	✓
CLINICAL EFFECTIVENESS			
Introduction of staff health and wellbeing initiatives.	✓	✓	✓
Quarterly highlighting of unimmunised children to GP practices - introduce an improved alert system to GPs to increase uptake.	✓	✓	✓
Improving the assessment of wounds that have failed to heal.		✓	✓

CQC

Sussex Community NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is GOOD with **Outstanding** features. Ratings across all CQC domains for the areas inspected were **Good,** with the exception of the '*caring'* domain for our community inpatient services and the *'responsive'* domain for our community end of life care which were both rated **Outstanding**.

SCFT has no conditions on its registration and the CQC has not taken any enforcement action against SCFT during 2017/18. SCFT has not participated in any special reviews or investigations by the Care Quality Commission relating to the following areas during 2017/18.

NHS Number and General Medical Practice Code Validity

SCFT submitted records during 2017/18 to the Secondary User Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. See tables below.

The percentage of records in the submission file that included the patient's valid NHS number between 2014/15 and 2017/18.

	2014/15	2015/16	2016/17	2017/18*
For admitted patient care	100%	99.6%	99.9%	99.8%
For outpatient care	99.8%	99.8%	99.9%	99.9%
For accident & emergency care	99.3%	81.0%	88.8%	98.1%

Source: Latest published Secondary User Service data* up to Month 11 January 2018

The percentage of records in the submission file that included the patient's valid General Medical Practice Code between 2014/15 and 2017/18.

	2014/15	2015/16	2016/17	2017/18*
For admitted patient care	99.3%	99.5%	99.5%	99.7%
For outpatient care	99.3%	99.4%	99.4%	99.2%
For accident & emergency care	100%	91%	97.1%	100.0%

Source: Latest published Secondary User Service data up to Month 11 January 2018*

Information Governance Assessment Report

Sussex Community NHS Foundation Trust's Information Governance Assessment Report overall score for 2017/18 was 78% and was graded 'green', giving a satisfactory score. We are constantly working on improvements, e.g. exploring different approaches to learning and sharing, such as case studies and responses to incidents, to enhance staff understanding. This score is an increase on the 77% reported in 2016/17.

Payment by Results

SCFT was not subject to the Payment by Results clinical coding audit during 2017/18 by NHS Improvement.

Data Quality

The table below sets out the trust's four strategic objectives for data quality and associated actions for the period 2014/19.

Objective	Further Information	Actions
To enable data to be generated as close to 'at source' as possible.	Data quality is best when it is captured directly by the person who performs the activity, at the time the activity takes place.	Deployment of a new clinical information system throughout the trust, enabling staff to record accurate, timely and complete data against the patient record. Roll out of a mobile working solution to community-based staff, significantly improving data quality by enabling data to be recorded wherever possible at the point of patient contact.

Objective	Further Information	Actions
To ensure continuous improvement occurs in the quality of data.	Ensure all staff are actively aware of the importance of data quality and understand their responsibilities for data quality in relation to their services. Ensure staff have the tools to enable them to monitor and improve their own performance. Ensure that staff are trained and supported to use electronic data capture.	Raise awareness of data quality via management awareness days, intranet, user groups, and increased use of Business Intelligence (BI) tools and data quality reports. Provide feedback to managers and leaders on data quality in relation to recorded activity and key performance indicators captured via electronic systems. Develop and promote use of dashboards and self-serve reporting to empower staff to review and make corrections to data for their services. Develop standard operating procedures and provide a range of training options and materials, tailored to service and staff roles, to support staff in the use of all trust IT systems. Includes: formal and refresher training for clinical information systems; basic computer skills training; understanding of data and use of BI tools; e-learning and self-teach; inbuilt help and access to Frequently Asked Questions (FAQs).
To ensure that data collection and use is matched to business requirements.	Sometimes data is collected but not used effectively, for instance poor quality data may render it useless; it may be collected for historical reasons but no longer used; it may duplicate other data; it may be badly analysed and presented.	Work with commissioners to ensure that service specifications only contain relevant and measurable activity and key performance metrics. Work with services to develop metrics that add value and provide meaningful ways of evaluating quality of service. Continuously review data captured and reported to ensure that it remains appropriate, meaningful, relevant, timely and accurate.
System changes must be communicated in an effective and timely manner to ensure those collecting data are as informed as possible.	The trust will devise and document a robust change control process in a new policy.	A change advisory board meets weekly to discuss and approve any system changes. All clinical changes are directed to the clinical information assurance group for ratification.

Learning from Deaths

27.1 During 2017/18, 3.31% of patients in SCFT bedded units died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

2017/18	Q1	Q2	Q3	Q4
Number of patient deaths	27	22	26	31

27.2 By the end of March 2018, 94 case record reviews and 9 investigations have been carried out in relation to 100% of the deaths included in the table above.

87% of deaths in SCFT bedded units were subjected to a case record review. All unexpected deaths were subjected to an investigation. The number of deaths in each quarter for which a case review, or an investigation was carried out was:

2017/18	Q1	Q2	Q3	Q4
Number of patient deaths subjected to a case record review	27	22	26	19
Number of patient deaths subjected to an investigation	1	0	3	5

27.3 None of the patient deaths during 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

None in the first quarter;

None in the second quarter;

None in the third quarter;

None for the fourth quarter.

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

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

Learning Q1

- That mortality reviews are not at times, taking place in a timely manner.
- Pre-emptive prescribing for end of life care (EOLC) could be improved.
- Completion of EOLC forms could be improved.

Learning Q2

- Chest infection symptoms need to be recognised and diagnosed earlier in EOLC patients.
- The recently introduced "buddy system" (where we ask professionals from outside the service to undertake the mortality reviews so that they give independent scrutiny), needs further embedment.
- There is ongoing work for standardising process and familiarisation of the contents of the resuscitation trolley for all staff – including HCA's – and carrying out 'mock' arrests.

Learning Q3

- As we are seeing more and more complex discharges from the acute sector, SCFT staff need further input to manage those subacute conditions.
- Deteriorating Patient training should be recorded in the Trust's training records.
- No communication pathway regarding patients attending the Renal Unit.

Learning Q4

- Recording of NEWS scores inconsistent across the Trust.
- How basic life support is provided on our wards (adhering to UK ALS guidelines) should be communicated consistently to SCFT staff (including bank staff), together with external agency staff.
- How communication between different teams, i.e. inpatient units and ambulance services could be improved.
- The importance of embedding the induction process for agency staff regarding NEWS escalation process when they are in charge of a unit.

27.5 A description of the actions which SCFT has taken during 2017/18, and proposes to take following 2017/18, in consequence of what the Trust has learnt.

Actions Quarter 1

- The Trust is promoting, encouraging and training inpatient staff to complete a mortality review within one week of death, for every patient who dies in our care. In line with National Quality Board (NQB) recommendations, the SJR on each death will be conducted using a "buddy system" between the wards from the next quarter onwards.
- Pre-emptive prescribing for EOLC has now improved through the use of a bespoke form.
- Training on the completion of EOLC forms is being encouraged for all inpatient staff.
- SJR forms for community teams are now in place and staff are being encouraged to undertake mortality reviews.

Actions Quarter 2

- A Deteriorating Patient Policy will be drafted and available to staff in the next quarter.
- Further training on completion of EOLC forms and embedment of the "buddy system".
- Targeted training to improve recognition of chest infection symptoms in end of life care patients.
- Processes put in place to ensure agency staff are inducted to know where resuscitation trollies are located.

Actions Quarter 3

- Information enabling staff to better manage more complex discharges from the acute sector is included in the Deteriorating Patient policy, available to staff via the intranet.
- Extra training places have been made available to staff in the East area regarding DNACPR process and guidelines.
- Staff completed Deteriorating Patient and Resuscitation training.
- Deteriorating patient group to explore viability of combining deteriorating patient and resuscitation training.
- Deteriorating patient group to discuss potential need for training support for community staff caring for dialysis patients.

Actions Quarter Q4

- Modified SystmOne to ensure NEWS scores are accurately recorded.
- Bespoke basic life support training has been delivered to the ward staff involved and regular spot checks are being undertaken to ensure embedment.
- "Buddy system" (where we ask professionals from outside the service to do the mortality reviews so that they give independent scrutiny) introduced, which removes the subjective bias team members may have. This has also improved the sharing of good practice across different inpatient units.

Follow up on patients who die post-discharge, or on admission to acute hospitals is problematic and we hope that with the leverage from NQB and NHS Improvement this will improve in the future.

27.6 An assessment of the impact of the actions described in item 27.5 which were taken by SCFT during 2017/18 will be achieved through clinical audit activity.

27.7 It is not possible to attribute the number of case record reviews and investigations that have been completed after March 2018 which related to deaths which took place before the start of the reporting period as the data was not being collected.

27.8 It is not possible to attribute the number of patient deaths before the reporting period which are judged to be more likely than not to have been due to problems in the care provided to the patient as the data was not being collected.

27.9 It is not possible to attribute the number of patient deaths during the previous reporting period which are judged to be more likely than not to have been due to problems in the care provided to the patient as the data was not being collected.

Unexpected Deaths

SCFT's Mortality Review Group reviews the deaths of inpatients in our community hospitals. Those deaths which were unexpected each undergo a detailed review, known as 'root cause analysis' through the serious incident investigation process. In 2017/18 there were four unexpected deaths in our community hospital inpatient units, all of which were investigated, with none having a cause of death that was a result of a lapse in our care.

Reporting Against Core Indicators

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

For each indicator the number, percentage, value, score or rate (as applicable) for at least the last two reporting periods is presented in a table. In addition, where the required data is made available by NHS Digital, the numbers, percentages, values, scores or rates of each of the NHS foundation trust's indicators is compared with:

- the national average for the same and
- NHS trusts and NHS Foundation Trusts with the highest and lowest for the same.

The core indicators relevant to community services appear below.

Hospital Readmissions (Indicator 19)

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

the trust during 2017/18.

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

The table below shows community hospital readmission numbers and % readmissions within 28 days of discharge, for each 6 month period from 2015/16 to 2017/18. These figures include our 16 bedded units on 11 different community sites.

	Apr – Sept 15	Oct 15 – Mar 16	2015-16	Apr– Sept 16	Oct 16 – Mar 17	2016-17	Apr- Sept 17	Oct 17-Mar 18	2017-18
No of readmissions within 28 days of discharge	138	210	**348**	225	156	**381**	218	146	**364**
Total number of discharges	1,592	1,773	**3365**	2,059	1,920	**3,979**	2089	1723	**3812**
% readmissions within 28 days of discharge	8.67%	11.84%	**10.34%**	10.93%	8.13%	**9.60%**	10.4%	8.5%	**9.55%**

Source: SCFT Inpatients MDS

SCFT considers that this data is not a useful indicator in relation to demonstrating the quality of community services. The number of readmissions for throughout 2017/18 is slightly lower than the previous year.

Friends and Family Test - Staff (Core Indicator 21)

The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

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

The table below shows that (84%) would recommend the Trust as a provider of care to their family or friends. This is a slight drop from last year, although it remains higher than the national average for community trusts.

Staff Friends and Family Test (FFT) 2017/18	SCFT rate 2017/18	National average Community	Best performing Community Trust	Worst performing Community Trust
Percentage who recommend the Trust as a provider of care.	84%	82%	95% Liverpool Community Health NHS Trust	66% Central London Community Healthcare NHS Trust

Source: NHS England Q1 and Q2 2017/18

Staff Friends and Family	SCFT rate	National	Best performing	Worst performing

Test (FFT) 2016/17	2016/17	average Community	Community Trust	Community Trust
Percentage who recommend the Trust as a provider of care.	85.5%	82%	95% Wirral Community NHS Foundation Trust	73% Central London Community Healthcare NHS Trust

Source: NHS England Q1 and Q2 2016/17

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

Friends and Family Test - Patient (Core Indicator 21.1)

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

SCFT considers that this data is as described for the following reasons: it is collected and inputted by an independent provider. SCFT currently rates as one of the top 11 Community Trust reporters of FFT, although we would like to improve this by increasing the uptake of patients who offer their recommendation rating and their reasons for doing so. Plans are in place to further promote FFT to those using our services and explore options of alternative data collection methods.

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

The feedback gathered through the FFT is being used across the Trust to stimulate local improvement and empower staff to carry out changes that make a real difference to patients and their care. Services are using the information to produce a ''you said, we did'' poster which describes feedback gained through FFT and what the service has done to address the issue.

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

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

SCFT overall rating for 2017/18 was 4.83. Percentage of people likely to recommend 96.2%

SCFT overall rating for 2016/17 was 4.83. Percentage of people likely to recommend 95.8%.

SCFT overall rating for 2015/16 was 4.82. Percentage of people likely to recommend 95.5%.

Overall Star Rating

2017/18											
Total %	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4.83	4.83	4.73	4.81	4.82	4.83	4.87	4.86	4.86	4.85	4.86	4.78	4.83

2016/17												
Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4.83	4.85	4.86	4.87	4.77	4.72	4.82	4.85	4.82	4.84	4.84	4.84	4.85
2015/16												
Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4.82	4.83	4.83	4.80	4.82	4.81	4.78	4.83	4.83	4.83	4.81	4.80	4.83

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

% Likely to Recommend

2017/18												
Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
96.3%	96.2%	96.4%	95.8%	95.4%	95.4%	97.2%	96.8%	96.9%	96.2%	96.9%	96.6%	96.2%
2016/17												
Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
95.9%	97.5%	97.2%	95.7%	96%	91.1%	95.8%	96.1%	94.7%	95.6%	96.7%	96.8%	96.5%
2015/16												
Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
95.5%	96.2%	96.3%	94.6%	95.1%	95.9%	94%	94.1%	95.2%	96.3%	95.6%	95.8%	97.2%

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

VTE Assessments (Core Indicator 23)

The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

	2016/17	2017/18
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism	97.1%	93.6%

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

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

SCFT has identified an issue within the data collection process. This is currently being reviewed and the process will be updated to ensure robust data collection for 2018/19. Spot checks have identified 100% compliance.

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

C. difficile (Core Indicator 24)

***Clostridium difficile*, also known as *C. difficile* (or *C. diff*), is a bacterium that can infect the bowel and cause diarrhoea.** The bacteria often live harmlessly because the other bacteria normally found in the bowel keep it under control. However, some antibiotics can interfere with the balance of bacteria in the bowel, which can cause the *C. difficile* bacteria to

multiply and produce toxins that make a person ill. This occurs mainly in elderly and other vulnerable patient groups especially those who have been exposed to antibiotic treatment, but it can spread easily to others.

In order to continually improve, each *C. diff* case is investigated and the results reviewed to determine whether the case was linked with a lapse in the quality of care provided to patients.

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

Cdif cases reported by 100,000 occupied bed days

2016-2017

Fin Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
OBDs	9074	9109	8818	9139	8573	8467	9209	9045	9116	9868	9021	9828	109267
Cdiff cases reported	0	0	0	0	1	1	1	2	0	0	0	0	5
Cdiff cases per 100k bed-days	0.00%	0.00%	0.00%	0.00%	11.66%	11.81%	10.86%	22.11%	0.00%	0.00%	0.00%	0.00%	4.58%

2017-2018

Fin Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
OBDs	9149	9120	9218	9630	8906	8636	9138	8967	9050	9952	8961	9795	110522
Cdiff cases reported	0	0	0	0	1	1	1	0	1	0	1	0	5
Cdiff cases per 100k bed-days	0.00%	0.00%	0.00%	0.00%	11.23%	11.58%	10.94%	0.00%	11.05%	0.00%	11.16%	0.00%	4.52%

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

SCFT has taken the following actions to improve this. Our *C. diff* reduction plan continues and our Antimicrobial Pharmacist reviews the Medicines Safety Thermometer in relation to compliance with antimicrobial prescribing to support any improvements required. We also continue to work closely with other members of the local health economy to reduce the occurrence of this infection.

The quality of our service is continually reviewed. Full RCA investigations have identified some learning points which have been incorporated into the statutory training programmes. This includes new practical skills training and sharing learning with agencies on the need for prompt isolation of patients, clarity when sending stool samples and choice of antibiotic.

During 2017/18, our Infection, Prevention and Control team led on the Root Cause Analysis (RCA) of five patients who were identified as having *C. diff* infection whilst in our bedded units.

2017/18

Domain	Indicator Description	2017/18												
		1	2	3	4	5	6	7	8	9	10	11	12	YTD
Safe	Clostridium Difficile in inpatient unit identified in SCFT care, RCA led by SCFT	0	0	0	0	1	1	1	0	1	0	1	0	5
Safe	Clostridium Difficile in inpatient unit due to SCFT lapse in care	0	0	0	0	0	1	1	0	1	0	1	0	4

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

2016/17

Domain	Indicator Description	2016/17												
		1	2	3	4	5	6	7	8	9	10	11	12	YTD
Safe	Clostridium Difficile in inpatient unit identified in SCFT care, RCA led by SCFT	0	0	0	0	1	1	1	2	0	0	0		5
Safe	Clostridium Difficile in inpatient unit due to SCFT lapse in care	0	0	0	0	1	0	0	2	0	0	0		3

Source: Public Health England Data Capture system and Sussex Community On-Line Analysis and Reporting (Scholar)

2015/16

Domain	Indicator Description	2015/16												
		1	2	3	4	5	6	7	8	9	10	11	12	YTD
Safe	Clostridium Difficile in inpatient unit identified in SCFT care, RCA led by SCFT	1	0	0	0	3	1	0	0	0	2	1	1	9
Safe	Clostridium Difficile in inpatient unit due to SCFT lapse in care	0	0	0	0	0	0	0	0	0	0	0	0	0

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

Patient Safety Incidents (Core Indicator 25)

This indicator measures the number and, where available, the rate of patient safety incidents that occurred within SCFT during 2017/18, plus the number and percentage of patient safety incidents that resulted in severe harm or death.

SCFT has an established and robust system of internal control for reporting all incidents that have resulted in injury, damage or loss (or had the potential to do so) in a timely manner.

The main objectives of the system have enabled the Trust to:

- Improve patient and staff safety through the monitoring and analysis of reported incidents.
- Improve the quality of care and patient experience provided through the reduction of avoidable incidents.
- Respond to trends and themes in incident reporting, undertaking root cause analysis or deep dive to enable lessons to be identified.
- Monitor the outcome of patient safety initiatives through incident reporting.
- Develop a culture of open reporting, focused on improving patient and staff safety and not blame.

During 2017/18, there were a total of 8,637 incidents reported on the SCFT risk management system; this was in comparison to 7,862 reports during 2016/17.

According to the National Learning Reporting System in their report published March 2018, '*NRLS national patient safety incident reports: commentary*' incident reporting is increasing nationally, however "increases in the number of incidents reported reflects an improved reporting culture, and should not be interpreted as a decrease in the safety of the NHS". Rather it's seen as a positive finding as it reflects a maturing of the reporting culture and maximises the potential for learning. The thorough reporting and analysis of patient safety incidents within SCFT provides an opportunity to improve the safety of services, promote higher quality and more efficient services, choice and accountability.

All patient safety incidents are triaged daily. A weekly review of incidents of moderate harm or higher is led by the Patient Safety and Clinical Effectiveness Manager, Area Heads of Nursing and Governance, representation from adult safeguarding and the Quality and Patient Safety Improvement Nurses. These reviews also provide opportunities to identity patient safety themes across the organisation. Additionally this data is used to inform decisions for clinical and local audits and the need to facilitate assurance visits to services. Furthermore harm free meetings to discuss patient safety incidents and levels of harm are held monthly in each area.

The data in the table below is extracted from information supplied by the National Learning and Reporting System. Given the significant variation in service provision and contract specifications of different Community Trusts, the data shows for comparison two Community Trusts with the highest and lowest numbers of incidents reported by NHS Community Trusts submitting data over the same reporting period.

Indicator	Performance	2015/16 Q1 & Q2	2015/16 Q3 & Q4	2016/17 Q1 & Q2	2016/17 Q3 & Q4	2017/18 Q1 & Q2
Number of Incidents reported	**SCFT**	**1,778**	**1,194**	**1,165**	**1803**	**1980**
	National Av	1,779	1908.5	1,825	1918	1901
	Highest	5,344	5,866	5,190	6042	6717
	Lowest	542	430	443	555	475
Severe PSI (Number of incidents	**SCFT**	**2**	**2**	**0**	**0**	**0**
	National Av	11.0	**11.05**	**9.5**	**8.8**	**8.6**
	Highest	42	**9**	**5**	**52**	**35**

reported)	Lowest	0	**0**	**0**	**0**	**0**
Severe PSI	**SCFT**	**0.1**	**0.2**	**0**	**0**	**0%**
(% of incidents reported)	National Av	0.7	11.05	0.5	0.5	0.5
	Highest	0.2	9	0.1	3.3	2.1
	Lowest	0.4	0	0	0	0.1
Death PSI	**SCFT**	**2**	**4**	**0**	**0**	**0**
(Number of incidents reported)	National Av	4.9	4.94	2.9	3.9	3.4
	Highest	35	24	7	40	20
	Lowest	0	0	0	0	0
Death PSI	**SCFT**	**0.1**	**0.3**	**0**	**0**	**0.0%**
(% of incidents reported	National Av	0.2	0.25	0.2	0.2	0.2
	Highest	0.2	0.4	0.1	1.5	0.8
	Lowest	0	0	0	0	0
Death/Severe PSI	**SCFT**	**4**	**6**	**0**	**0**	**0**
(Number of incidents reported)	National Av	15.9	15.99	12.4	12.7	12
	Highest	77	31	12	92	55
	Lowest	0	0	0	0	0
Death/Severe PSI	**SCFT**	**0.2**	**0.5**	**0**	**0**	**0.0%**
(% of incidents reported	National Av	0.92	0.83	0.7	0.7	0.7
	Highest	0.37	0.56	0.2	4.8	2.9
	Lowest	0.36	0	0	0	0

Source: NRLS website 23.3.18

Reporting to the National Reporting and Learning System (NRLS) is largely voluntary, to encourage openness and continual increases in reporting.

National increases in the number of incidents reported reflects an improved reporting culture and should not be interpreted as a decrease in the safety of the NHS.

The number of incidents reported to the NRLS by English NHS organisations has increased between April and September 2017 compared to April to September 2016. This is seen in both the number of incidents reported (3.1% increase) and the number of incidents reported as occurring (4.3% increase). SCFT shows a consistency in reporting patient safety incidents.

The average (median) time to report incidents nationally was 23 days. This is a small reduction from 25 days compared to April to September 2016. SCFT's average for reporting incidents to NRLS was 27 days in 2017, which is slightly higher than the national average, but still falls into the recognised time frame stipulated by NRLS. See table below:

Timeliness of incidents* reported by SUSSEX COMMUNITY NHS FOUNDATION TRUST, Feb-17 to Jan-18
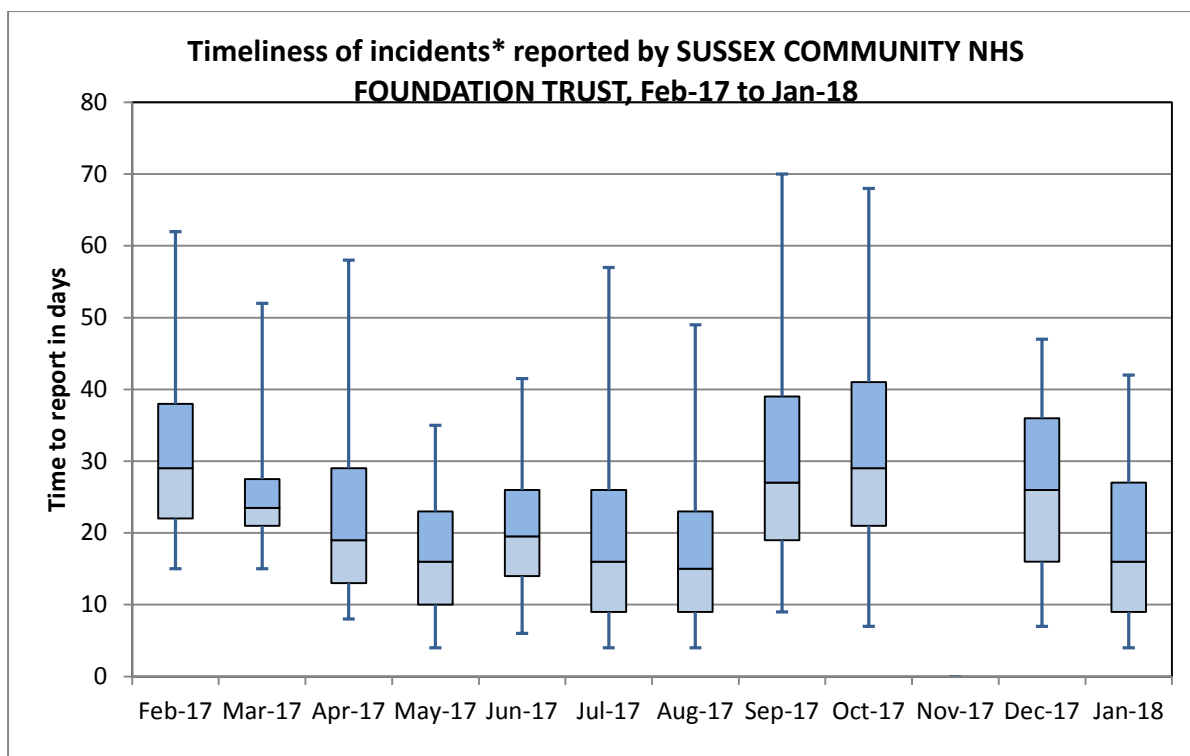
SCFT considers that this data is as described for the following reasons: the overall number of reported patient safety incidents sits within range of other community trust providers. The stable level of SCFT reporting indicates a consistent Trust wide approach to reporting standards. The implementation of Datix the new incident reporting system in July 2016 saw a drop in the number of incidents being reported. However since the roll out of further training and the Datix team visiting operational teams to support them with the system, incident reporting has returned to figures that reflect the national average and are more consistent with incident numbers prior to the implementation of Datix.

The low level of harm demonstrates SCFT's ongoing commitment to strengthen the delivery of harm free care, sustaining and building on previous successes in reducing the incidence of pressure damage and falls. SCFT intends to continue to provide ongoing analysis of incident reports through Harm Free Care meetings and clinical governance committee structures enabling both local and Trust wide shared learning alongside the development and promotion of quality improvement initiatives.

Serious Incidents

Since 2017 a three year plan has been implemented to modernise and upgrade both the National Reporting and Learning System (NRLS) and the Strategic Executive Information System (STEIS).

This is ongoing work by NHS Improvement to create a system that will:

- meet both local and national needs in terms of accessibility to both staff and patients/carers
- integrate with other systems
- strike a balance of confidentiality and transparency
- support an open and honest NHS culture devoted to continuous learning and improvement of patient safety

The Development of the Patient Safety Incident Management System (DPSIMS) will have the ability to collect and analyse information about patient safety.

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

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

In 2017/18, 52 SIs were raised; so far 9 of these have been downgraded by the CCG, leaving a total of 41. This is in comparison to 2016/17 year where 39 SIs were reported and four were downgraded leaving a total of 35. At the time of this document, 12 of the 52 incidents are currently under investigation. An increase in SIs reflects SCFT's open and transparent culture when patient and staff safety has been compromised. The Trust is assured that robust systems are in place for reporting, investigating and responding to serious incidents so that lessons are learned and appropriate action taken to prevent future harm.

The chart below shows a breakdown of the top seven SI categories reported during 2017/18 in comparison to those reported in 2016/17:
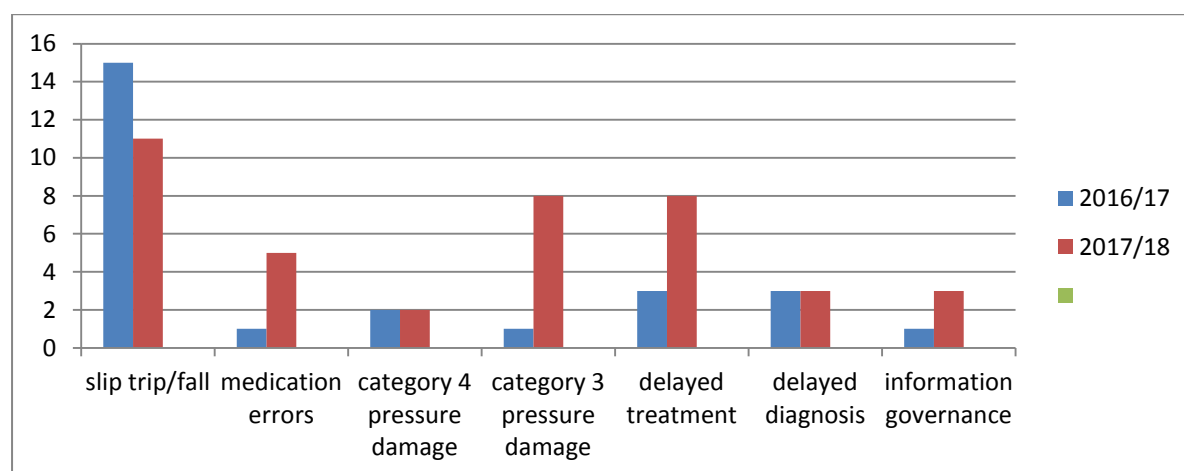
There were 11 falls-related SIs declared in 2017/18, compared to 15 in 2016/17. This year has seen a significant drop in the number of falls where harm has occurred. The falls work stream together with the harm free care meetings has made a considerable impact on lowering the number of falls on SCFT inpatient units. Initiatives included a review of the falls sensor devices being used, a review of the falls risk assessment document and a greater vigilance by ward staff to monitor patients who have any changes in their wellbeing which may increase their falls risk.

During 2017/18 SCFT reported eight category 3 pressure damage incidents, compared to two in 2016/17. The key themes being highlighted by SI investigations include limited risk assessment, lack of holistic assessment, and the delay in provision of pressure relieving equipment. Reducing the numbers of pressure damage incidents is a quality improvement priority for SCFT during 2018/19, details of which can be found at the beginning of this document.

The Serious Incident Framework discusses whether all incidents of category three and four pressure damage should be reported. Careful consideration is given to the circumstances of each case since the category of a pressure ulcer does not always indicate the severity of the wound. A weekly triage of all category 3 and 4 pressure damage incidents is held in the Trust before declaring them as SIs.

The increase in a delay in treatment was reviewed for this document. Of the 8 incidents, 2 were downgraded, 2 are currently under investigation and 2 are with the CCG. The recurrent themes found with these SIs were a delay in escalation when the patient's condition had altered and the management of possible sepsis.

Of the 5 medication incidents, 1 was downgraded by the CCG. The remaining 4 had similar themes regarding medication administration, including a lack of understanding in the process to safely administer medication and checking the patient's allergy status before administration of medication.

The information governance incidents all related to the loss of patient handover sheets, in both inpatient and community services. The investigations highlighted that a safe system and process was not embedded within services regarding the management of such data. The Information Governance team have worked with services to ensure all use a safe standard for the disposal of such data.

It is important that whilst investigating a Serious Incident the process is used for the purpose of learning and not to apportion blame. The Serious Incident investigation focusses on identifying the learning, i.e. contributing factors and root causes and subsequent actions that, once implemented, would prevent a similar incident occurring again.

Part 3 – Other Information

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

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

Mandatory Indicator (Effectiveness)

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

CLINICAL EFFECTIVENESS

Incomplete pathways within 18 weeks

Why did we choose this measure?

The Trust continues to perform significantly better than the national average, though the number of people waiting has decreased during the year.

The table below shows the numbers of patients waiting from referral to start their elective treatment (incomplete patient pathways) up to M12 / March 2018 for our consultant-led services.

	SCFT rate Apr 16 – Sep 16	SCFT rate Oct 16 – Mar 17	**SCFT rate at end Mar 2017**	SCFT rate Apr 17 – Sep 17	SCFT rate Oct 17 – Mar 18	**SCFT rate at end Mar 2018**
Total number of patients waiting to start their treatment (incomplete patient pathways).	*22,935*	*23,560*	**3,904**	24452	22448	**3659**
% of patients who were waiting less than 18 weeks from referral to treatment (against target 92%).	*99.4% National average: 91.3%*	*98.7% National average 90.1%*	**97.5% National average: 90.3%**	97.4% National average: 89.8%	98.1% National average: 88.4%	**97.9% National average: 87.2%**
Number of patients who were waiting over 18 weeks from referral to treatment.	*139*	*297*	**96**	647	434	**76**

Referral to Treatment (RTT) Waiting Times, England Unify2 data collection – RTT, National average up to Mar'18 https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times

SCFT is taking the following actions to improve the percentage of patients who wait less than 18 weeks from point of referral to treatment, and so the quality of its services:

- weekly monitoring of electronic records by the performance team;

- circulation of figures to services, indicating which patients do not have appointments booked / outcomes recorded;

- follow up with the services to ensure that electronic records are updated to give accurate reflection of the position;

- recording of exceptions / reasons for any actual breaches, retained as evidence and to promote understanding of reasons;

- reducing reporting errors.

Mandatory Indicator (Person Centred and Responsive Care)

2) Percentage of patients with a total time in Minor Injury Units (MIU) and Urgent Treatment Centres (UTC) of four hours or less from arrival to admission, transfer or discharge – selected to report on an aspect of the Trust's person centred care and responsiveness.

As the Trust does not provide accident and emergency services, the Governors, in consultation with the auditors, elected to audit the same type of measure, but for our MIUs and UTC.

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

Why did we choose this measure?

Delivering care in the right place, at the right time, is a key priority for SCFT and whilst not having Accident and Emergency (A&E) Departments, the Trust plays a valuable part in preventing unnecessary A&E attendance in our neighbouring acute trusts. SCFT operates five

Minor Injuries Units (MIUs) and one Urgent Treatment Centre (UTC) at Crawley Hospital. The hours of opening depend on what has been commissioned locally.

The table below shows attendance numbers and percentage of patients seen within 4 hours, by month in 2017/18 up to M12/March 2018 at our 5 Minor Injuries Units and 1 Urgent Treatment Centre on 6 different community sites.

	SCFT rate Apr 16 – Sep 16	SCFT rate Oct 16 – Mar 17	SCFT rate at end Mar 2017	SCFT rate Apr 17 – Sep 17	SCFT rate Oct 17 – Mar 18	SCFT rate at end Mar 2018
Total attendances in Type 3 Departments – Other A&E/Minor Injury Unit	55,246	49,343	**8,981**	54,316	53,290	**9,341**
% Percentage of patients seen in 4 hours or less (against target 95%).	98.6% National average: 99.5%	97.6% National average: 99.3%	**95.7%** **National average:** **99.2%**	97.2% National average: 99.3%	99.0% National average: 99.1%	**98.7%** **National average:** **98.9%**
Number of patients who were waiting 4 hours or more	792	1,166	**388**	1,525	541	**120**

A&E Attendances and Emergency Admissions, NHS England - National average up to Mar' 18

https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/

The percentage of patients seen at our five Minor Injuries Units and one Urgent Treatment Centre within 4 hours has increased during the last six months.

Local Indicator (Safe and Sustainable Care)

The Trust Governors selected to audit the percentage of inpatients that fell in our community hospital inpatient services – as an indicator of safe care and sustainable improvement.

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

Falls

Why did we choose this measure?

Patient falls have both human and financial costs. For individual patients, the consequences can range from distress and loss of confidence, to injuries that cause pain and suffering, loss of independence and, occasionally, death.

These incidents can also bring about feelings of anxiety and guilt for the patients' relatives and hospital staff. NHS organisations can incur additional costs relating to extra treatment, increased lengths of stay, complaints and, in some cases, litigation.

We have been working to reduce falls within SCFT as part of our quality priorities, focussing in 2016/17 on reducing total falls occurring in our care and, in 2017/18 we had continued success in reducing falls with harm in our inpatient units. We have achieved this by reviewing the inpatient falls risk assessment, the use of falls sensor equipment, the introduction of the ' call don't fall' posters which are displayed on walls within in patient areas and the introduction of safety huddles which highlight to teams those patients who are at risk of falling. This has been achieved as a result of Quality and Patient Safety Improvement groups such as Harm Free care, the Falls Work Stream and In Patient Task Force meetings. We reported on our reduction of falls with harm in section 2; however in this section we have provided the falls data against the national benchmark.

Falls: total inpatient falls per 1,000 occupied bed days for SCFT was 5.54 compared with the national benchmark of 7.5. There has been a slight reduction in the comparison metric for falls per 1000 occupied bed days for the previous year 2016/17 which was 5.95.

Source Datix Data as of Month 12, 2017/18.

Medication Safety Thermometer – average number of missed doses per patient in 24 hours

Why did we choose this measure?

Delivering the right medicine at the right time underpins best practice in medicines administration and improves patient experience and outcomes. As part of our improvement journey, SCFT developed and implemented a Medicines Safety Thermometer as a measuring tool for improvement focussing on missed doses. Sharing information directly with staff improves responsibility and accountability in medicines administration and has led to a continued reduction in the number of missed doses.

Medication Safety Thermometer (inpatients)

Average number of missed doses in 24 hours per patient in 2017/18 was 0.11.

Average number of missed doses in 24 hours per patient in 2016/17 was 0.15.

Average number of missed doses in 24 hours per patient in 2015/16 was 0.21.

Source: Medication Safety Officer, Medicines Management Team

Complaints

Why did we choose this measure?

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

Number Of Complaints

Year	Number
2014/15	245
2015/16	256
2016/17	228
2017/18	211
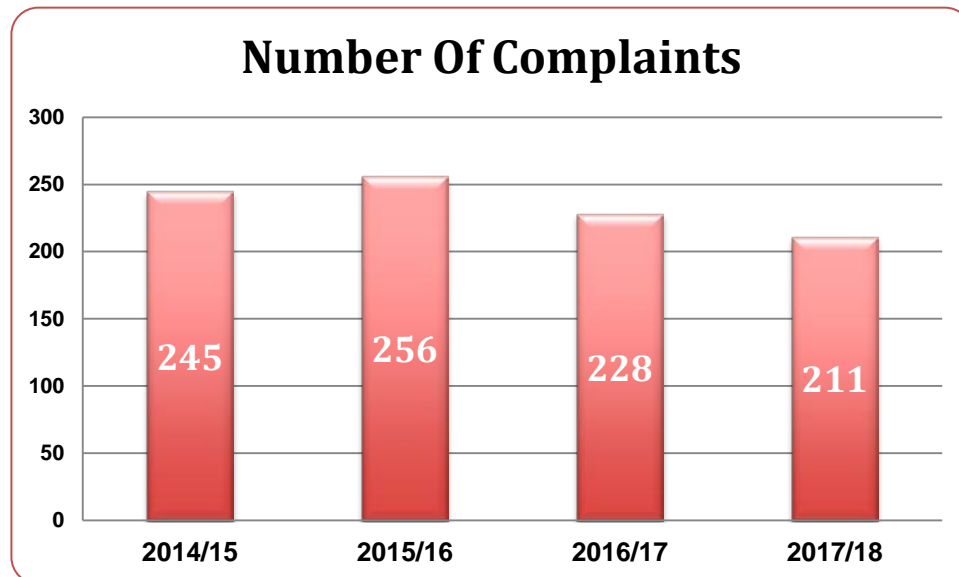
Source: Datix and safeguard database

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

Complaint Categories by Number 2017/18			
Communication	33	Admission & Discharge	4
Appointments/waiting times	20	Falls	1
Nursing care	26	Medication	3
Staff Attitude	31	Access to Treatment	2
Clinical Treatment	36	Consent	1
Diagnosis	16	Discrimination	1
Patient Care	18	Estates & Facilities	2
Equipment & Appliances	11	End of Life Care	1
Duty of care	4	Information & Requests	1
Source: Datix database		Total	211

Complaint Categories by Number 2016/17			
Communication	48	Admission & Discharge	6

Appointments/waiting times	38	Falls	2
Nursing care	32	Medication	2
Staff Attitude	22	Access to Treatment	1
Clinical Treatment	17	Consent	1
Diagnosis	17	Discrimination	1
Patient Care	15	Estates & Facilities	3
Equipment & Appliances	16	Transport	1
Duty of care	6		
Source: Datix database		Total	228

Complaint Categories by Number 2015/16			
Communication	42	Admission & Discharge	7
Appointments/waiting times	37	Falls	2
Nursing care	29	Medication	7
Staff Attitude	34	Access to Treatment	8
Clinical Treatment	21	Consent	1
Diagnosis	22	Discrimination	5
Patient Care	21	Estates & Facilities	8
Equipment & Appliances	12	Transport	0
Duty of care	0		
Source: Datix database		Total	256

Improving Access to Psychological Therapies IAPT

Why did we choose this measure?

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

Measure	Target / Limit	2015-16	2016-17	2017-18
WAITING TIME TARGETS:				
Referral To Treatment < 6 Weeks (HSCIC Method)	75%	97%	99%	99%
Referral To Treatment < 18 Weeks	95%	83%	96%	96%

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

Duty of Candour (DoC)

SCFT has a genuine commitment to greater openness and candour, and to developing a culture dedicated to learning and improvement, which constantly strives to reduce avoidable harm.

There is a requirement under the NHS Standard Contract, issued by NHS England, to ensure that patients and/or their families are told about patient safety incidents that affect them.

A statutory duty of candour was published in November 2014 for NHS Trusts, in addition to registration requirements with the CQC.

SCFT is committed to improving patient safety and communication with patients and/or family members/carers when a patient is involved in an incident, which includes moderate harm, (non-permanent harm) severe harm, or death.

A member of the service or clinical team involved directly with the patient's care should confirm to the patient/relative/carer that an incident has occurred and that this will be investigated within 10 working days of the incident occurrence. A verbal apology for any distress or harm should be offered at this point as well as written notification confirming the disclosure. After completion of the incident investigation, feedback should take the form most acceptable to the patient. The manager or clinician must contact the patient (or next of kin) on completion of the investigation review, to offer to discuss the outcome of the investigation, including any learning. The patient/relative/carer should be given the opportunity to respond to the findings with any feedback documented and responded to as required.

An audit was conducted to provide assurance that SCFT staff have the knowledge and confidence to apply duty of candour. The audit reviewed patient records and Datix to provide data that illustrated that duty of candour was completed.

The findings from the audit identified that the duty of candour process was not being fully completed. Verbal apology at the time of the incident was given in most cases reviewed; however, the follow up via letter was rarely completed.

Following the audit an action plan has been created with the following objectives for 2018/19:

- This audit will be repeated again in 2018;
- Further duty of candour training will be facilitated across the areas;
- Development of a leaflet for staff and patients on duty of candour will be produced, as will an information poster for staff;
- The Quality and Patient Safety Improvement Nurses will support staff involved in serious incident investigations to follow the duty of candour process.

Sign Up To Safety

SCFT remains committed to the five Sign up to Safety pledges which are incorporated with the Trust's overarching approach to quality improvement namely:

- Putting safety first
- Continually learn
- Be honest
- Collaborate
- Be supportive

SCFT is engaged in various local and national initiatives to improve the safety and quality of our services and share the learning with others.

Examples are:

- Work continues with the Kent Surrey and Sussex Academic Health Science Network Patient Safety Collaborative work streams such as sepsis and the Trust is progressing these issues through our own taskforces.

- Local Workforce Area Board that supports initiatives to improve the workforce. SCFT has secured funding to develop a Clinical Skills Hub to impro improve access and competencies across providers. The Clinical Skills Hub is progressing and increasing its scope and activity.

- Continued use of the validated tool "*Sit & See"* to identify best practice and areas for improvement in relation to compassionate care, with training extended to the Patient Safety and Clinical Effectiveness and Patient Experience Teams.

- Continued engagement of our Governors and Non-Executive Directors on internal assurance visits.

- Harm Free Care meetings, where frontline clinicians and managerial staff meet to discuss safety initiatives, review all incidents reported over the previous month and share learning are in place and reporting into various meetings including total care steering group.

- Taskforce and steering groups that champion quality improvements and include a strong emphasis within SCFT on prevention to ensure, wherever possible, harm is prevented as well as reduced, are in place and reporting into various meetings including total care steering group.

- Safeguarding is embedded in everything we do to ensure we have the right training and tools to support staff to respond appropriately to Domestic Violence, vulnerable adults, children and young people, people who lack capacity to make an informed decision and PREVENT which is about safeguarding people and communities from the threat of terrorism.

- SCFT has launched its new 'Our Community Way' quality improvement process to encourage Quality Improvement at service level.

Central Alert System

The Department of Health (DH) Central Alert System (CAS) is designed to rapidly disseminate important safety and device alerts to nominated leads in NHS Trusts in a consistent and streamlined way for onward transmission to those who need to take action. Trusts are required to acknowledge receipt of each alert and respond as relevant within specified timescales. The table below shows SCFT consistently achieving requirements in 2017/18:

	2014/15	2015/16	2016/17	2017/18
Total number of alerts received	158	132	139	118
Acknowledged within 2 working days	157 (99%)	132 (100%)	139(100%)	116 (98%)
Found to be applicable to SCFT	11 (7%)	33 (25%)	41 (29.4%)	26 (22%)
Applicable alert responses within	11	33 (100%)	41 (100%)	25 (96%)

prescribed timescales	(100%)			

Source: SCFT Safety Alert System Datix/Safeguard system)

All safety alerts are discussed through the relevant governance forum to seek assurance that appropriate action has been taken.

SCFT has representation on the NHS Improvement national patient safety advisory panel, which provides expert stakeholder input into the advice and guidance to improve safety and reduce risk across the healthcare system. The panel activity is supporting a general review of the approach and response to the National Patient Safety Alerting System (NaPSAS).

Care Quality Commission (CQC)

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

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

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

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

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

	Safe	Effective	Caring	Responsive	Well-led	Overall (Last rated)
Community health Services For Adults	**Good**	**Good**	**Good**	**Good**	**Good**	**Good (March 2015)**
Community health Services For children & Young People	**Good**	**Good**	**Good**	**Good**	**Good**	**Good (March 2015)**
Community Inpatient Services	**Good**	**Good**	**Outstanding**	**Good**	**Good**	**Good (September**

						2017)
End of life Care	Good	Good	Good	**Outstanding**	Good	**Good (March 2015)**
Sexual Health services	Good	Good	Good	Good	Good	**Good (October 2017)**

A number of strengths were highlighted in the report noted as 'outstanding' practice. The CQC found staff throughout community inpatient services had an overwhelming pride in the service and level of care they delivered and noted numerous examples of where staff went the extra mile in the delivery of care to patients.

CQC also noted the work of the oral health education and promotion team who provide effective care and treatment to patients in the community setting by visiting schools, older people day centres, rehabilitation centres and care homes in the community. It also reached out to homeless people.

Areas for improvement include improving procedures for referrals to pain management teams, reviewing our Service Level agreement with mental health services, better advertising of the Patient Advice and Liaison service and improving IT systems.

An action plan has been developed and progress against this is being reported monthly through the quality governance structures, which report to the Quality Committee and Trust Board.

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

NICE Guidance

SCFT has a systemic process in place for the dissemination, review, implementation and monitoring of applicable NICE guidance and use of the guidance to assess practice. Clinical Governance and Harm Free Groups and Area Management Teams are responsible for monitoring progress and implementation of NICE Guidance, overseen by the Clinical Effectiveness Group and Trust Wide Governance Group.

Staff Care

Staff Survey

The national Staff Survey is undertaken and published annually and gives an indication of how staff rate the organisation in a number of key areas. The findings provide valuable feedback and help us to understand more about our staff experience of working for the Trust. The statement of approach to staff engagement and feedback arrangements in place, alongside key priorities and targets for the Trust are included in the Trust's Annual Report. However, in line with national guidance we have included two specific indicators relating to this: KF26 – percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months and KF21 – percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

Key Finding	Average (median) for community Trusts	SCFT in 2015	SCFT in 2016	SCFT in 2017
KF26 – percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	19%	22%	21%	19%
KF21 – percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.	88%	95%	92%	90%

The Trust's staff survey engagement events have enabled us to identify key themes and develop actions for improvement in these areas, one of which is inclusion. We held a workshop on the subject jointly run by our Equality and Diversity lead and Head of Security. As a result there are a number of initiatives underway to support this, including LGBT+ (L=Lesbian, G=Gay, B=Bisexual and T=Transgender and the PLUS includes EVERYONE else) and BAME (Black, Asian and minority ethnic) networks; this is being monitored by the equality, diversity and inclusion group.

We have also included an "Expect respect" zero tolerance statement on our staff expectations of values and behaviours and introduced a Freedom to Speak Up Guardian as part of our Raising Concerns Policy. Our Chief Executive is reinforcing the need for an open and transparent culture through weekly communications and engagement events, such as a bi-monthly all staff exchange, where staff can raise questions directly with executive directors. Our Wellbeing Health and Engagement group will continue to review this and propose further actions where appropriate.

Safe Care

Unexpected Deaths

SCFT's Mortality Review Group reviews the deaths of inpatients in our community hospitals. Those deaths which were unexpected each undergo a detailed review, known as 'root cause analysis' through the serious incident investigation process. In 2017/18 there were four unexpected deaths in our community hospital inpatient units, all of which were investigated and any learning taken from these incidents.

Healthcare Associated Infections (HCAIs)

In 2017/18, our Infection Prevention and Control (IP&C) Team were involved in six Post Infection Reviews (PIR) assigned to the CCG. The patients had Methicillin-resistant *Staphylococcus aureus* (MRSA) blood stream infection. One of the patients was in a SCFT bedded unit and the case was considered unavoidable. There was some learning on antimicrobial prescribing.

During 2017/18, our IP&C team led on the Root Cause Analysis (RCA) of two patients who were identified as having *E.coli* blood stream infection whilst in our bedded units. Some of these infections are linked with urinary catheters and work is ongoing to ensure best practice. A new urinary catheter care plan has been produced to improve documentation.

Never Events

Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers. There were no Never Events in SCFT during 2017/18.

Part 3a – Statements from Commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

Where 50% or more of the relevant health services that the NHS foundation trust directly provides or sub-contracts during the reporting period are provided under contracts, agreements or arrangements with NHS England, the trust must provide a draft copy of its quality account to NHS England for comment prior to publication and should include any comments made in its published account.

Where the above does not apply, the trust must provide a copy of the draft quality accounts to the clinical commissioning group which has responsibility for the largest number of people to whom the trust has provided relevant health services during the reporting period for comment prior to publication and should include any comments made in its published account.

NHS foundation trusts must also send draft copies of their quality account to their local Healthwatch organisation and overview and scrutiny committee (OSC) for comment prior to publication, and should include any comments made in their final published account.

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

The organisations invited to review and comment on SCFT's quality report 2017/18 were:

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

Comments received can be read in the following pages.

No comments were received from Healthwatch or Brighton & Hove City Council's Health and Wellbeing Overview and Scrutiny Committee (HWOSC).

Comments from West Sussex Health and Adult Social Care Committee

Mr Bryan Turner
Chairman
Health and Adult Social Care Select Committee

e-mail address: bryan.turner@westsussex.gov.uk
website: www.westsussex.gov.uk

County Hall
West Street
Chichester
West Sussex
PO19 1RQ

11 May 2018

Janet Parfitt

Quality Improvement Lead

Sussex Community NHS Foundation Trust

Lilac Wing

Horsham Hospital

Hurst Road

Horsham

West Sussex

RH12 2DR

SENT VIA E-MAIL to janet.parfitt@nhs.net

Dear Janet

2017-18 Quality Account

Thank you for offering the Health & Adult Social Care Select Committee (HASC) the opportunity to comment on Sussex Community NHS Foundation Trust's (SCFT) Quality Account for 2017-18.

HASC agreed in 2016 that formal responses from the committee to Quality Accounts (QA), from that year onwards, would only be forwarded to NHS providers where HASC had undertaken formal scrutiny within the previous financial year. Therefore, as the committee did not scrutinise any services directly provided by SCFT in 2017-18, the committee will not be making any comments this year.

Yours sincerely

Mr Bryan Turner

Chairman, Health and Adult Social Care Select Committee

Comments from East Sussex Health Overview and Scrutiny Committee

Sent (via email) on behalf of Cllr Colin Belsey, Chair of East Sussex HOSC

Dear Susan Marshall

Thank you for providing the East Sussex Health Overview and Scrutiny Committee (HOSC) with the opportunity to comment on your Trust's draft Quality Report 2017/18.

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

Please contact Claire Lee, Senior Democratic Services Adviser, on 01273 335517 should you have any queries.

Councillor Colin Belsey

Chair

Health Overview and Scrutiny Committee

Many thanks

Harvey Winder

Democratic Services Officer

Member Services (Democratic Services and Scrutiny)

01273 481796

eastsussex.gov.uk

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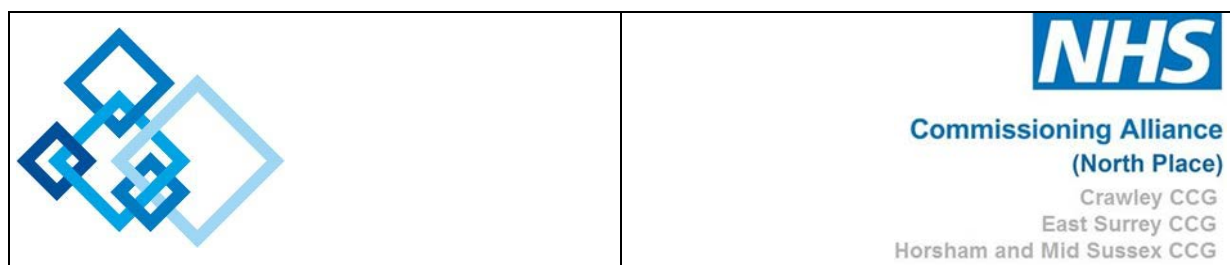
NHS

Commissioning Alliance
(North Place)
Crawley CCG
East Surrey CCG
Horsham and Mid Sussex CCG

Siobhan Melia

Chief Executive

Sussex Community Foundation Trust

Brighton General Hospital

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Email: hsccg.contactus-horshamandmidsussexccg@nhs.net

Website: www.horshamandmidsussexccg.nhs.uk
Website: www.crawleyccg.nhs.uk

26 April 2018

Dear Siobhan,

CHMS CCGs welcomed this opportunity to respond to Sussex Community Foundation Trust Quality Account for 2017/18.

The Quality Account has been reviewed by members of the lead commissioner of the Quality and Performance Committee and we are able to confirm that the account demonstrates progress against the priorities identified for 2017/18. It provides information across the three areas of quality: patient safety; patient experience, and clinical effectiveness and demonstrates an on-going commitment to improving quality of care.

Sussex Community Foundation Trust has achieved many successes in 2017/18, most notably being rated by the Care Quality Commission as 'Good' with areas of 'Outstanding' practice. This is a considerable achievement and clear recognition of the hard work and determination of all those working in the organisation to deliver high quality care.

ALLIANCE

Brighton and Hove CCG • Crawley CCG • East Surrey CCG • High Weald Lewes Havens CCG • Horsham and Mid Sussex CCG

We are pleased to note the achievements made against the 2017/18 Quality priorities and welcome the focus given to patients on discharge to support a safe discharge.

The commissioners note the excellent compassionate care given by every staff and this is reflected in feedback from the patient Friends and Family Test.

We are pleased the Trust 2018/19 quality priorities recognise key improvements for our local population and in particular the focus is on furthering the reduction in the number of pressure damage incidents, as there was progress noted during 2017/18 and this will continue as part of quality improvement. The commissioners also keen to see the promotion of practice self-care management so people can remain at home.

We will continue to seek assurance regarding progress of implementation throughout the year via our established assurance processes.

The quality report is a true reflection of what was set as priorities; the Trust has a learning environment and effective audit programme.

CHMS CCGs look forward to working collaboratively with Sussex Community Foundation Trust in the continued improvement of quality services for today's patients and development of sustainable models of care for the future.

Yours sincerely

Geraldine Hoban

Managing Director (North)

Part 3b – Statement of Directors' Responsibilities for the Quality Report

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

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

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

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2017 to 25 May 2018
  - papers relating to quality reported to the board over the period April 2017 to 25 May 2018
  - feedback from commissioners dated 26 April 2018
  - feedback from Governors, dated 15 March 2018
  - feedback from local Healthwatch organisations, dated 9 April 2018
  - feedback from Overview and Scrutiny Committee dated 27 April 2018
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated March 2018
  - the latest national patient survey published March 2018
  - the 2017 national staff survey, published 6 March 2018
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated April 2018
  - CQC inspection report dated 9 January 2018

- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered

- the performance information reported in the quality report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and:

- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the board.

Peter Horn
Chairman
25th May 2018

Siobhan Melia
Chief Executive
25th May 2018

4   Conclusion

This quality report 2017/18 reports on SCFT's progress and performance against a wide range of priorities and indicators over the last year. These achievements have been made as a result of the commitment from our staff to deliver excellent care. Continuous improvement is a collective responsibility and we will continue to nurture and develop this culture as the Trust progresses in its quality improvement journey.

Our ambition is for more and more of our services to be rated as 'Outstanding' against Care Quality Commission standards and requirements. Achievement of the improvement priorities for 2018/19 will contribute toward this aim. We will continue to monitor progress against these and look forward to reporting on our progress in the 2018/19 quality report.

This quality report has been prepared in accordance with the Department of Health's Quality Account Toolkit, first published in December 2010 and available electronically at www.dh.gov.uk/publications and NHS Improvement's Detailed Requirements for Quality Reports for Foundation Trusts 2017/18, available electronically

https://improvement.nhs.uk/resources/nhs-foundation-trust-quality-reports-201718-requirements/

5 Feedback

We would very much like to know what you think about our quality report. Please use this form to let us know what you think and what you would like us to include in next year's.

1. Who are you?

Patient, family member or carer		Member of staff		Other (please specify)	

2. What did you like about this report?

_____

_____

3. What could we improve?

_____

_____

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

_____

_____

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

_____

_____

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

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

You can also contact us via social media using: twitter.com/nhs_sct or facebook.com/sussexcommunitynhs

Appendix 1   Trust-Wide (Local) Audits 2017/18

Inpatient unit DNACPR snapshot audit
Healthy Child Programme Teams audit of UNICEF Baby Friendly Initiative standards (mothers audit)
Pressure Damage Framework - Application
Duty of Candour
Safer Sharps - Implementation of the new guidance around safe sharps
Healthcare Records Annual Audit - information Governance
Healthcare Records Annual Audit - core standards
Healthcare Records Annual Audit - clinical standards
Healthcare Records Annual Audit - focussed topics
Medical Devices Servicing Report
Medications - Tablets on discharge process
Personal Safeguarding Audit;   Making Safeguarding Personal – Adults
Medicines Policy Audit (initial)
Medicines Policy Audit (re-audit)
Completion of VTE Assessments in SCFT Adult Inpatient Wards
Patient Experience
Healthy Child Programme Teams audit of UNICEF Baby Friendly Initiative standards for Health Visiting (Staff interview)
Antimicrobial prescribing in Adult bedded units (re-audit)
Healthy Child Programme Teams audit of UNICEF Baby Friendly Initiative standards for Health Visiting (re-audit)
Mixed-Sex Accommodation (MSA) – South East Audit
National Early Warning Signs and Paediatric Early Warning Signs chart usage in urgent care centres and MIUs

Appendix 2   Research Activity

Research Grants Awarded

SCFT staff successfully applied for nine new grant funding awards either as the Chief Investigator, or as a co- applicant totalling a value of over £818k. The total of current and active awards (including new) amounts to just over £1.472m (see table below).

Study Title	Source of Grant	Award holder	Period of grant
Pirates 2: Establishing Accuracy Parameters of a Child Social Communication Assessment Tool	Helen Lawson Fund, British Medical Association	Ian Male and will Farr £49,203	3.7.17 to 3.7.20
HYVET2	Dunhill Medical Trust	Dr Richard Quirk	
A service model for the sexual health education of Unaccompanied Asylum Seeking Children	Centre of expertise on child sexual abuse.	Dr Ann White and Julie Griffiths £7,789	Aug 17 to Sep 18
Do Children In Care experiencing sexual abuse receive adequate service provision?	Centre of expertise on child sexual abuse.	Dr Ann White and Dawn Siddons £9,321	Aug 17 to Sep 18
Exploring the views of foster parents and looked after children nurses regarding oral health of looked after children	Oral and Dental Research Trust	Dr Jennifer Parry £5,000	Oct 17 to Nov 18
Service Innovation Evaluation: A Real-time Text Messaging Service to reduce dental anxiety in younger patients with autism.	University of Cambridge: Promoting Real Independence through Design Expertise – Seed Funding	Dr Jennifer Parry £4990.76	Apr 17 to Jan 18
Mini-EDACS: an Eating and Drinking Ability Classification System for young children with cerebral palsy aged between 18 and 36 months.	Nutricia	Diane Sellers £31,216	Jan 18 to Jun 19
FEEDs: What interventions are available to improve eating in children with neurodisability and suitable for future investigation?	NIHR: Health Technology Assessment	Diane Sellers £308,000	Jul 20 to Dec 19
Interventions based on Applied Behaviour Analysis for young Children with Autism: Systematic review and economic modelling (ABACAS)	NIHR: Health Technology Assessment	Ian Male and Will Farr £ 368,000	Jul 17 to Aug 19
Increasing physical activity in children with long term physical disabilities using a personalised	NIHR: Invention for Innovation	Will Farr and Ian Male £34,526	Jan 18 to Dec 18

Study Title	Source of Grant	Award holder	Period of grant
gaming system.			
Development and feasibility evaluation of a new tool Symptom and Psychosocial Assessment and Communication Evaluation (SPACE), to improve to improve communication and palliative care for older people during uncertain recovery in community hospitals.	HEE/NIHR ICA Programme Senior Clinical Lectureship	Dr Catherine Evans £318,486	1.6.16 to 31.5.21
EDUCAT (Empowerment of disabled people through the user co-production of assistive technology)	Co-financed by the Interreg 2 Seas Mers Zeeën 2014-2020 Programme	Lead partner: Groupe HEI-ISA-ISEN (France) SCFT leads: Dr Donna Cowan and Dr Liz Bryant SCFT allocation £199,244	13.7.16-30.7.20
How Much Does it Cost the NHS to Assess a Child for Possible Autism?	RCPCH: Paul Polani Fund	Ian Male and Will Farr £7,500	Sep 16 to May 18
Physio First Data for Impact study 2016-2018.	Physio First (Organisation of Chartered Physiotherapists in Private Practice in UK)	Dr Liz Bryant £129,000	Aug 16 to Jul 18

Research Studies

The Trust conducted 26 research studies in 2017/18: 11 in adults' services; 11 for children and four trust-wide and as shown in tables below.

Studies conducted in services for Adults

Title of Study	Chief Investigator & affiliation	Funding Source
TONIC Trajectories of Outcome in Neurological Conditions	Professor Caroline Young, Walton Centre NHS FT	Motor Neurone Disease Association
OPTCare Neuro Evaluation of the clinical and cost-effectiveness of Short-term Integrated Palliative Care Services (SIPC) to OPTimise CARE for people with advanced long-term Neurological conditions (OPTCARE Neuro)	Prof Irene Higginson King's College London	NIHR Health Services & Delivery Research Programme (HS&DR)
C-Change 4: Testing a case-mix classification in palliative care (cohort study)	Dr Fliss Murtagh, King's College London	National Institute for Health Research (NIHR)

Title of Study	Chief Investigator & affiliation	Funding Source
Reduce Palliative long term abdominal drains versus repeated drainage in individuals with untreatable ascites due to advanced cirrhosis	Dr. Sumita Verma Brighton Medical School	NIHR Research for Patient Benefit
Music and Dementia Feasibility Study	Lucy Frost, SCFT and Dr Catherine Evans King's College London/SCFT	SCFT
Low-intensity internet delivered cognitive behaviour therapy (iCBT)	Dr. Derek Richards, SilverCloud Health	No Funding
An anonymous survey of mindfulness and self-compassion in adults offered psychological therapies in the NHS	Dr Tamara Leeuwerik, University of Sussex	Economic and Social Research Council Doctoral Programme AND Sussex Partnership NHS Foundation Trust
Alcohol Study An observational study investigating the prevalence and impact of alcohol related problems in cancer patients and their no-professional caregivers	Dr Katherine Webber, Royal Surrey County Hospital NHS Foundation Trust	Alcohol Research UK
Randomised Controlled Trials of Mindfulness-Based and Cognitive Behavioural Therapy-Based (CBT-based) Courses to Improve NHS Staff Stress and Wellbeing with Participant Preference	Dr Clara Strauss, Sussex Partnership NHS FT	Health Education England: Kent Surrey and Sussex
The Neurobiology of Post-Exertional Fatigue in Patients with ME/CFS	Prof Mark Edwards, St George's University Hospitals NHS Foundation Trust	Medical Research Council
LightMIND 2: Low-Intensity Guided Help Through MINDfulness (LIGHTMind 2): A randomised controlled trial comparing supported Mindfulness-Based Cognitive Therapy self-help to supported Cognitive Behaviour Therapy self-help for adults experiencing depression	Dr Clara Strauss, Sussex Partnership NHS FT	NIHR: Research for Patient Benefit

Studies conducted in services for Children

Title of Study	Chief Investigator & affiliation	Funding Source
Standing Frames: Standing frames as part of postural management for children with spasticity. What is the acceptability of a trial to determine the efficacy of standing frames?	Dr Jill Kisler, Newcastle upon Tyne Hospitals NHS Foundation Trust	NIHR Health Technology Assessment Programme
EPIPEGS: Epilepsy in infancy: relating phenotype to genotype	Professor J Helen Cross, UCL	Charles Wolfson Foundation

Title of Study	Chief Investigator & affiliation	Funding Source
GOOS: Genetics of Obesity Study	Professor Stephen O'Rahilly, Metabolic Research	Medical Research Council
G-PATH Support: How do different neurodisability services meet the psychosocial support needs of children/young people with feeding disabilities and their families? A national survey and case study approach to mapping and costing service models, care pathways and the child and family experience.	Dr Gill Craig, University of Hertfordshire	NIHR Health Service and Development Research
I-ASC: Identifying appropriate symbol communication aids for children who are non-speaking: enhancing clinical decision making	Dr Janice Murray, Manchester Metropolitan University	No Funding
(FADES) Feeding and Autoimmunity in Down's syndrome Evaluation Study	Prof Julian Hamilton-Shield, University Hospitals Bristol NHS Foundation Trust	NIHR Biomedical Research Unit
Care providers' views about oral health of looked after children.	Dr Jenny Parry, SCFT	Oral and Dental Research Trust
Mini-EDACS: Eating and Drinking Ability Classification System for young children with cerebral palsy.	Dr Diane Sellers, SCFT	Nutricia
Cost of Autism: How Much Does it Cost the NHS to Assess a Child for Possible Autism?	Dr Ian Male and Dr Will Farr, SCFT	Paul Polani Award
Fluenz: Passive Enhanced Safety Surveillance (ESS) of Quadrivalent Live Attenuated Influenza Vaccine (QLAIV) Fluenz Tetra in Children and Adolescents during the early 2017/2018 Influenza Season in England	Prof Saad Shakir, Derby Teaching Hospitals NHS Foundation Trust	AstraZeneca Educational Grant
imagine-id: Intellectual Disability and Mental Health: Assessing Genomic Impact on Neurodevelopment	Dr F L Raymond, University Hospital Southampton NHS Foundation Trust	Medical Research Council

Study delivered to staff across the Trust

Title of Study	Chief Investigator & affiliation	Funding Source
Developing and validating a new self-report measure of compassion.	Ms Jenny Gu, Sussex Partnership NHs FT	Economic and Social Research Council Doctoral Programme Grant

A System-Level Evaluation of the Better Care Fund	Prof Julien Forder, University of Kent	University of Kent
MindSHINE3: A definitive randomised controlled trial investigating two online wellbeing interventions to reduce NHS staff stress.	Heather Taylor, University of Sussex	Headspace Meditation Ltd & ESRC DTC at University of Sussex
Randomised Controlled Trials of Mindfulness-Based and Cognitive Behavioural Therapy-Based (CBT-based) Courses to Improve NHS Staff Stress and Wellbeing with Participant Preference	Dr Clara Strauss, Sussex Partnership NHS FT	Health Education England Kent Surrey and Sussex (HEEKSS)

Outputs and impact of research work and activity

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

Publications in Peer Reviewed Journals

Publication Title	Authors	Journal	Year Published
The Brighton musculoskeletal Patient Reported Outcome Measure (BmPROM): an assessment of validity, reliability and responsiveness	**Bryant E,** Murtagh S, McCrum C, Finucane L, Mercer C, Canby G, Smith T, Rowe D and Moore A.	Physiotherapy Research International (Accepted for publication 21.3.18 no further details available yet re issue number or DOI).	2018
The Eating and Drinking Ability Classification System: concurrent validity and reliability in children with cerebral palsy.	Lea Tschirren, Susanne Bauer, Chiara Hanser, Petra Marsico, **Diane Sellers,** Hubertus J.A. van Hedel	Developmental Medicine & Child Neurology	2018
Symptoms of depression, anxiety, and stress in parents of young children with epilepsy: A case controlled population-based study	Colin Reilly, **Patricia Atkinson**, Ayesha Memonc, et al	Epilepsy & Behavior 80 (2018) 177–183	2018
A study of oral health prevention behaviours for patients with early stage dementia	**Emanuel R**	*BDJ* **224**, 38–42. https://www.nature.com/articles/sj.bdj.2018.5	2018
Cost of assessing a child for possible autism spectrum disorder? An observational study of current practice in child	Mark Galliver, Emma Gowling, **William Farr,** Aaron	*BMJ Paediatrics Open* 2017; **1:**e000052. doi: 10.113	2017

Publication Title	Authors	Journal	Year Published
development centres in the UK	Gain, **Ian Male**	6/bmjpo-2017-000052	
Reliability, construct validity and usability of the Eating and Drinking Ability Classification System (EDACS) among Dutch children with Cerebral Palsy.	Van Hulst K, Snik D, Geurts S, Jongerius P, **Sellers D** and Erasmus C	(In press). Journal of Pediatric Rehabilitation Medicine	2017
Understanding Frames: A UK survey of parents and professionals regarding the use of standing frames for children with cerebral palsy.	Goodwin, J., Colver, A., Basu, A., **Crombie S**., Howel, D., Parr, J.R., McColl, E., Kolehmainen, N., Roberts, A., Cadwgan, J.	(In press). *Child: Care, Health and Development*. doi: 10.1111/cch.12505	2017
How many people will need palliative care in 2040? Past trends, future projections and implications for services.	S. Etkind, A. Bone, B. Gomes, N. Lovell, **C. Evans**, I. Higginson and F. Murtagh	BMC Medicine 15:102 DOI 10.1186/s12916-017-0860-2	2017
A study of special care dental patient preference toward choice of mask and visor use by dental clinicians.	**Robert Emanuel,** R Corcoran, H Cass	The Special Care dentistry Association http://onlinelibrary.wiley.com/doi/10.1111/scd.12226/full	2017
The eating and drinking ability classification system for cerebral palsy: a study of reliability and stability over time.	**Sellers D, Bryant E, Hunter A et** al.	Developmental Medicine & Child Neurology *(under review).*	2017
Reliability, construct validity and usability of the Eating and Drinking Ability Classification System (EDACS) among Dutch children with Cerebral Palsy.	van Hulst K, Snik D, Jongerius P **Sellers D,** Erasmus C and A Geurts	Dysphagia *(under review)*	2017
Effects of running-bike use on motor function, bone health and quality of life in children with cerebral palsy, GMFCS Levels IV and V: pilot study.	**Bryant E, Cowan C, Crombie S** and Walker-Bone K.	Physical & Occupational Therapy in Pediatrics *(under review)*	2017
The Brighton musculoskeletal Patient Reported Outcome Measure: an assessment of validity, reliability and responsiveness.	**Bryant E,** Murtagh S, Olivier G et al.	Clinical Rehabilitation *(under review).*	2017
The eating and drinking ability classification system for cerebral palsy: a study of reliability and	**Sellers D, Bryant E, Hunter A et** al.	Developmental Medicine & Child Neurology *(under*	2017

Publication Title	Authors	Journal	Year Published
stability over time.		*review).*	

Published Abstracts

Publication Title	Authors	Journal	Year Published
Patients with special needs prefer visors over masks.	**R Emmanuel**	American journal [http://www.dentrytoday.com/news/todays-dental-news/item/2390-patients-with-special-needs-prefer-visors-over-masks](http://www.dentistrytoday.com/news/todays-dental-news/item/2390-patients-with-special-needs-prefer-visors-over-masks)	2017
The challenges in treating autistic patients	**J Parry**	BDJ IN PRACTICE [PDF] BDJ_In_Practice_September2017_pg-27-2	2017

Research and Study Presentations

Presentation Title	Venue	Authors	Year
Development, reliability and utility of the Eating and Drinking Ability Classification System for children with cerebral palsy. Practical applications of the Eating and Drinking Ability Classification System for children with cerebral palsy. Eating and drinking assistance for children with movement disorders	3rd Mexican Academy of Cerebral Palsy and Neuro-developmental Disability, Queretaro Mexico	Diane Sellers	2018
A Real-time Text Messaging Service to reduce dental anxiety in younger patients with autism	ChatLab Department of Psychology, University of Sussex	Parry J	2017
'Understanding Frames: A UK survey of parents and professionals regarding the use of standing frames for children with cerebral palsy.	APCP Conference, Cardiff, Wales	**Crombie, S.,** Goodwin, J., Cadwgan, J.	2017
Pirate Autism Assessment Tool – A pilot study in typically developing children and children referred to the child development clinic (CDC)	British Association for Community Child Health, Annual Scientific Meeting (BACCH ASM	**Ian Male** Anokhee Patel	2017

Presentation Title	Venue	Authors	Year
	2017)		
Acceptance of a Neuropaediatric Exergame Rehabilitation System with Severe Cerebral Palsy	CHI PLAY 2017 Works-in-Progress / Panels Track - conference site. https://chiplay.acm.org/2017/	**Will Farr** Clive Thursfield Marilyn Poole	2017
Dentistry and Cerebral Palsy (including presentation of data from Chailey project	Yorkshire area BDA/CDS scientific day	**Emanuel R**	2017
The Eating and Drinking Ability Classification System for people with cerebral palsy: a study of stability and associations with growth over time. (Oral Presentation)	European Academy of Childhood Disability, Amsterdam	**Sellers D, Bryant E, Campbell V, Hunter A** and Morris C.	2017
Feasibility of an RCT to evaluate home-based virtual reality therapy in children with cerebral palsy	European Academy of Childhood Disability, Amsterdam	**William Farr**, Morris C**, Ian Male,** Gage H, Bailey S, Speller S, et al	2017
Barriers and facilitators to physical activity participation and engagement in Wii-Fit home-therapy programmes for children with cerebral palsy	European Academy of Childhood Disability, Amsterdam	Manar Jabar, **Will Farr,** Christopher Morris, Stephen Bremner, **Ian Male,** Dido Green	2017
Young people's experiences of using standing frames as postural management in cerebral palsy	European Academy of Childhood Disability, Amsterdam	Goodwin J, Lecouturier J**, Crombie S**, Smith J, Cadwgan J.	2017
Implementation of standing frames as part of postural management for children with cerebral palsy in the classroom	European Academy of Childhood Disability, Amsterdam	Goodwin J, Lecouturier J, **Crombie S**, Smith J, Cadwgan J.	2017
A UK survey of parents and professional regarding the use of standing frames for children with cerebral palsy	European Academy of Childhood Disability, Amsterdam	Goodwin, J. Colver, A., Basu, A., **Crombie, S**. Howel, D., Parr, J., McColl, E., Kolehmainen, N., Roberts, A., Cadwgan, J.	2017
Young people's experiences of using standing frames as postural management in cerebral palsy	Great North Children's Research Community Conference	Goodwin J, Lecouturier J**, Crombie S**, Smith J, Cadwgan J.	2017
The benefits of RaceRunning in a	RaceRunning Seminar Queen Margaret	**Liz Bryant**	2017

Presentation Title	Venue	Authors	Year
special school setting	University, Edinburgh		
Secondary Stroke Prevention (Poster presentation)	RCN Research Conference 2017	**Karen Jephson**	2017

Appendix 3 Glossary of Terms

Term	Description
Assurance	Providing information or evidence to show that something is working as it should, for instance the required level of care, or meeting legal requirements.
Care Quality Commission - **CQC**	The independent health and social care regulator for England.
Chronic Obstructive Pulmonary Disease - **COPD**	COPD is a lung disease characterised by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The more familiar terms 'chronic bronchitis' and 'emphysema' are no longer used, but are now included within the **COPD** diagnosis.
Clinical Audit	A process used to improve the quality of care by reviewing the care given against explicit criteria. Analysis of the results is then used to highlight any gaps. An action plan can then be put in place to address those gaps and then a re-audit takes place to review whether those actions have worked to plug the gaps identified. A clinical audit can also highlight good practice, which can then be shared across SCFT. National clinical audits are largely funded by the Department of Health and commissioned by the Healthcare Quality Improvement Partnership (HQIP) which manages the National Clinical Audit and Patients Outcome Programme (NCAPOP). Most other national audits are funded from subscriptions paid by NHS provider organisations. Priorities for the NCAPOP are set by the Department of Health with advice from the National Clinical Audit Advisory Group (NCAAG).
Clinical Coding	Instead of writing out long medical terms that describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, each has its own unique clinical code to make it easier to store electronically and measure.
Clinical Commissioning Groups - **CCGs**	Groups of GPs who are responsible for designing local health services in England.
Clinical Effectiveness	Is the clinical intervention used doing what it is supposed to? Does it work?
Clinical Governance	Clinical governance is a systematic approach to maintaining and improving the quality of patient care within the NHS.
Clostridium *Difficile* - **C. difficile**	A contagious bacterial infection, which can sometimes reproduce rapidly – especially in older people who are being treated with anti-biotics – and causes potentially serious diarrhoea.
Commissioning	The process of buying health and care services to meet the needs of the population. It also includes checking how they are provided to make sure they are value for money.
Commissioning for Quality and Innovation - **CQUIN**	A payment framework, which commissioners use to reward excellence, by linking a proportion of the Trust's income, to its achieving set local quality improvement goals.
Community Information Dataset - **CIDS**	CIDS makes locally and nationally comparable data available on community services. This helps commissioners to make decisions on the provision of services.
Data Warehouse	In computing, a Data Warehouse is a database used for collecting, and storing data so it can be used for reporting and analysis.

Term	Description
Department of Health - **DH**	A UK government department responsible for government policy for health and social care matters and for the National Health Service (NHS) in England.
Healthwatch	Healthwatch England is the independent consumer champion for health and social care in England. It ensures the overall views and experiences of people who use health and social care services are heard and taken seriously at a local and national level.
Improving Access to Psychological Therapies - **IAPT**	A national programme including Time to Talk.
Information Governance Toolkit	A system that allows NHS organisations and partners to measure themselves against Department of Health Information Governance policies and standards.
Intranet	An intranet is a computer network that uses Internet technology to share information between employees within an organisation. SCFT's Intranet system is called the Pulse.
Methicillin-Resistant Staphylococcus Aureus - **MRSA**	Staphylococcus *aureus* (Staph) is a type of bacteria that is commonly found on the skin and in the noses of healthy people. Some Staph bacteria are easily treatable, while others are not. Staph bacteria that are resistant to the antibiotic methicillin are known as Methicillin-resistant *Staphylococcus aureus* or MRSA.
Metrics	Measures, usually statistical, used to assess any sort of performance such as financial, quality of care, waiting times, etc.
NHS England - **NHSE**	NHS England leads the National Health Service (NHS) in England. We set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.
NHS Improvement - **NHSI**	NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.
National Institute For Health Research - **NIHR**	A government body that coordinates and funds research for the NHS in England.
National Institute for Health & Care Excellence - **NICE**	An independent organisation responsible for providing national guidance on promoting good health, and on preventing and treating ill health.
National Patient Safety Agency - **NPSA**	Leads and contributes to improved and safe patient care by informing, supporting and influencing organisations and people working in the health sector.
National Reporting and Learning System - **NRLS**	An NHS national reporting system, which collects data and reports on patient safety incidents. This information is used to develop tools and guidance to help improve patient safety.
Patient Advice & Liaison Service - **PALS**	A service providing a contact point for patients, their relatives, carers and friends where they can ask questions about their local healthcare services.
The Pulse	The Trust's intranet for staff.
Research	Research is the discovery of new knowledge and is a core part of the NHS, enabling the NHS to improve the current and future health of the people it serves. 'Clinical research' means research that has received a favourable opinion from a research ethics committee within the NRES. Information about clinical research involving

Term	Description
	patients is kept routinely as part of a patient's records.
Tbc	To be confirmed.
YTD	Year to date is the term used to describe data from the beginning of the year to the current time – not necessarily year end.

Independent auditor's report to the Council of Governors of Sussex Community NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Sussex Community NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of the Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

This report is made solely to the Trust's Council of Governors, as a body, in accordance with our engagement letter dated 16 May 2018. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018 to enable the Council of Governors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our examination, for this report, or for the conclusions we have formed. Our work has been undertaken so that we might report to the Council of Governors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of one national priority indicators as mandated by NHS Improvement and one alternative indicator to a mandated performance indicator as follows:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.
- Percentage of patients with a total time in the minor injuries unit (MIU) of four hours or less from arrival to admission, transfer or discharge.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and Ernst & Young LLP

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2017/18' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2017/18', which is supported by NHS Improvement's Detailed Requirements for quality reports 2017/18;
- the Quality Report is not consistent in all material respects with the sources specified in detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18' and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2017/18' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for external assurance on quality reports 2017/18'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the other information sources detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18'. These are:

- Board minutes for the period April 2017 to 25 May 2018
- Papers relating to quality reported to the Board over the period April 2017 to 25 May 2018
- feedback from commissioners, dated 26/04/2018
- feedback from governors, dated 15/03/2018
- feedback from local Healthwatch organisations, dated 09/04/2018
- feedback from Overview and Scrutiny Committee dated 27/04/2018
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2018
- the latest national patient survey, dated September 2016
- the latest national staff survey for 2017, published 06/03/2018
- Care Quality Commission inspection, dated 09/01/2018
- the Head of Internal Audit's annual opinion over the trust's control environment, dated April 2018 and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Sussex Community NHS Foundation Trust as a body, to assist the Council of Governors in reporting Sussex Community NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Sussex Community NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included, but were not limited to:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' to the categories reported in the Quality Report.
- reading the documents.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Report. The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Inherent limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Sussex Community NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement;
- the Quality Report is not consistent in all material respects with the sources specified in Section 2.1 of the 'Detailed Guidance for external assurance on quality reports 2017/18'; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with NHS Foundation Trust Annual Reporting Manual 2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement .

Paul King

Paul King
Ernst & Young LLP
Southampton
29 May 2018

1.   The maintenance and integrity of the Sussex Community NHS Foundation Trust web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.

2.   Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Sussex Community NHS Foundation Trust

Annual accounts for the year ended 31 March 2018

Foreword to the accounts

Sussex Community NHS Foundation Trust

These accounts, for the year ended 31 March 2018, have been prepared by Sussex Community NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed   ………………………………………….

Name   **Siobhan Melia**
Job title **Chief Executive**
Date   **25 May 2018**

Statement of Comprehensive Income

	Note	2017/18 £000	2016/17 £000
Operating income from patient care activities	3	213,185	210,969
Other operating income	4	16,447	13,355
Operating expenses	6	(225,765)	(225,854)
Operating surplus/(deficit) from continuing operations		**3,867**	**(1,530)**
Finance income	11	23	14
Finance expenses	12	(139)	(179)
PDC dividends payable		(998)	(982)
Net finance costs		**(1,114)**	**(1,147)**
Other gains / (losses)	13	19	(35)
Share of profit / (losses) of associates / joint arrangements		-	-
Gains / (losses) arising from transfers by absorption		-	-
Corporation tax expense		-	-
Surplus / (deficit) for the year from continuing operations		**2,772**	**(2,712)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		**-**	**-**
Surplus / (deficit) for the year		**2,772**	**(2,712)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(107)	(335)
Revaluations	17	982	277
Share of comprehensive income from associates and joint ventures		-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset		-	-
Other reserve movements		-	-
Total comprehensive income / (expense) for the period		**3,647**	**(2,770)**

The 2017/18 financial statements reflect an improved financial performance compared to the previous year. Note that the previous year (2016/17) accounts included an impairment of £2,758k which was charged to operating expenditure

Statement of Financial Position

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	14	6,589	6,121
Property, plant and equipment	15	43,579	42,138
Investment property		-	-
Investments in associates and joint ventures		-	-
Other investments / financial assets		-	-
Trade and other receivables	20	182	166
Other assets		-	-
Total non-current assets		**50,350**	**48,425**
Current assets			
Inventories	19	1,067	876
Trade and other receivables	20	16,872	15,363
Other investments / financial assets		-	-
Other assets		-	-
Non-current assets held for sale / assets in disposal groups		-	-
Cash and cash equivalents	22	5,663	4,822
Total current assets		**23,602**	**21,061**
Current liabilities			
Trade and other payables	23	(22,249)	(20,086)
Borrowings	25	(1,575)	(1,567)
Other financial liabilities	24	-	(54)
Provisions	27	(73)	(101)
Other liabilities		-	-
Liabilities in disposal groups		-	-
Total current liabilities		**(23,897)**	**(21,808)**
Total assets less current liabilities		**50,055**	**47,678**
Non-current liabilities			
Trade and other payables		-	-
Borrowings	25	(6,596)	(8,172)
Other financial liabilities		-	-
Provisions	27	(803)	(827)
Other liabilities		-	-
Total non-current liabilities		**(7,399)**	**(8,999)**
Total assets employed		**42,656**	**38,679**
Financed by			
Public dividend capital		1,514	1,184
Revaluation reserve		12,583	11,708
Available for sale investments reserve		-	-
Other reserves		(11,603)	(11,603)
Merger reserve		-	-
Income and expenditure reserve		40,162	37,390
Total taxpayers' equity		**42,656**	**38,679**

The notes 1 to 35 form part of these accounts.

Name	Siobhan Melia
Position	Chief Executive
Date	**25 May 2018**

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital	Revaluation reserve	Available for sale investment reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - brought forward	**1,184**	**11,708**	**-**	**(11,603)**	**-**	**37,390**	**38,679**
At start of period for new FTs	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Surplus/(deficit) for the year	-	-	-	-	-	2,772	**2,772**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(107)	-	-	-	-	**(107)**
Revaluations	-	982	-	-	-	-	**982**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Recycling gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	330	-	-	-	-	-	**330**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' equity at 31 March 2018	**1,514**	**12,583**	**-**	**(11,603)**	**-**	**40,162**	**42,656**

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2016 - brought forward	-	-	-	-	-	-	-
Prior period adjustment	-	-	-	-	-	-	**-**
Taxpayers' equity at 1 April 2016 - restated	-	-	-	-	-	-	-
At start of period for new FTs	**1,184**	**12,098**	**-**	**(11,603)**	**-**	**39,770**	**41,449**
Surplus/(deficit) for the year	-	-	-	-	-	(2,712)	**(2,712)**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	(1)	-	-	-	1	**-**
Impairments	-	(335)	-	-	-	-	**(335)**
Revaluations	-	277	-	-	-	-	**277**
Transfer to retained earnings on disposal of assets	-	(331)	-	-	-	331	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Recycling gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	-	-	-	-	-	-	**-**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' equity at 31 March 2017	**1,184**	**11,708**	**-**	**(11,603)**	**-**	**37,390**	**38,679**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves
This reserve represents Public Dividend Capital repaid to the Department of Health in prior years, in excess of the Public Dividend Capital held by the Trust and was in respect of fixed assets transferred to other NHS organisations.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus / (deficit)		3,867	(1,530)
Non-cash income and expense:			
Depreciation and amortisation	6.1	4,580	4,056
Net impairments	7	(140)	2,758
Income recognised in respect of capital donations	4	(226)	(234)
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		-	-
(Increase) / decrease in receivables and other assets		(1,529)	3,989
(Increase) / decrease in inventories		(191)	(61)
Increase / (decrease) in payables and other liabilties		1,901	(3,541)
Increase / (decrease) in provisions		(53)	136
Tax (paid) / received		-	-
Prior year movement on charitable funds		-	(122)
Other movements in operating cash flows		-	122
Net cash generated from / (used in) operating activities		**8,209**	**5,573**
Cash flows from investing activities			
Interest received		23	14
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(1,123)	(2,113)
Sales of intangible assets		-	-
Purchase of property, plant, equipment and investment property		(3,931)	(3,070)
Sales of property, plant, equipment and investment property		-	410
Receipt of cash donations to purchase capital assets		15	46
Prepayment of PFI capital contributions		-	-
Investing cash flows of discontinued operations		-	-
Cash movement from acquisitions/disposals of subsidiaries		-	-
Net cash generated from / (used in) investing activities		**(5,016)**	**(4,713)**
Cash flows from financing activities			
Public dividend capital received		330	-
Public dividend capital repaid		-	-
Movement on loans from the Department of Health and Social Care		(876)	(876)
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		(691)	(852)
Capital element of PFI, LIFT and other service concession payments		-	-
Interest paid on finance lease liabilities		(47)	(22)
Interest paid on PFI, LIFT and other service concession obligations		-	-
Other interest paid		(89)	(104)
PDC dividend (paid) / refunded		(979)	(959)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
Net cash generated from / (used in) financing activities		**(2,352)**	**(2,813)**
Increase / (decrease) in cash and cash equivalents		**841**	**(1,953)**
Cash and cash equivalents at 1 April - brought forward		**4,822**	**-**
Cash and cash equivalents at 1 April - restated		**4,822**	**-**
Cash and cash equivalents at start of period for new FTs		**-**	**6,775**
Unrealised gains / (losses) on foreign exchange		**-**	**-**
Cash transferred to NHS foundation trust upon authorisation as FT		**-**	**-**
Cash and cash equivalents at 31 March	#REF!	**5,663**	**4,822**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation
NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

Note 1.1.1 Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.1.2 Going concern
These accounts have been prepared on a going concern basis.
After making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts.

Note 1.2 Critical judgements in applying accounting policies
The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

NHS Charitable Fund
The Trust is the corporate trustee to Sussex Community NHS Foundation Trust charitable fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102.

Sussex Community NHS Foundation Trust has an investment portfolio which is managed on a full discretionary basis by Gerrard Investment Management Limited, who act as the Trustee Directors' nominee. All monies received, apart from that required for working capital, should be invested to maximise the overall return consistent with the Charity's strategy, restrictions and level of risk. The Trustee Directors' overall investment objective is to achieve a balanced return from income and capital growth. The income generated from the investment portfolio is to be treated as fully expendable. The Trustee Directors have agreed the following with the nominee managers:

 to avoid investment in companies which produce tobacco or alcohol related products or who manufacture armaments;
 to invest following an agreed medium-low risk profile which has a limited potential for capital losses in exchange for higher returns than those offered by savings or bank deposit accounts;
 to value the portfolio and report on the performance of the constituent investments against relevant indices at the end of each quarter.
The value of charity investments as at 31 March 2018 is £2,082,019, as reported in the investment manager's report for the year.

In a change to the previous year's accounting treatment the Trust has concluded that consolidation of the charity and preparation of group accounts is not required in 2017/18. This is because the charity is not material to the Trust. The value of the charity's investments is less than 1% of the Trust's operating expenditure in 2017/18.

Note 1.2.1 Sources of estimation uncertainty
The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

The most significant accounting estimate in the financial statements relates to the valuation of Property, Plant and Equipment. Valuations are carried out by an external professional valuer, the Valuation Office Agency, in accordance with RICS Valuation Professional Standards and following a Modern Equivalent Asset approach. If the valuer had applied different assumptions, this may have led to materially different carrying values for Property Plant and Equipment.

Note 1.4 Income
Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs
NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. There, the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

NEST Pension Scheme
For those staff not entitled to join the NHS Pension scheme, the Trust uses an alternative pension scheme operated by National Employment Savings Trust (NEST) to fulfil its automatic enrolment obligations to enrol workers meeting certain criteria into a pension scheme and pay contributions toward their retirement. NEST is a defined contribution pension scheme established by law. Contributions are taken from qualifying earnings, which are currently from £6,032 up to £46,350 but will be reviewed each year by the Government. The initial employee contribution is 1% of qualifying earnings with an employer contribution of 1%. For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the statement of comprehensive income at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.6   Expenditure on other goods and services
Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:
• it is held for use in delivering services or for administrative purposes;
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust;
• it is expected to be used for more than one financial year;
• the cost of the item can be measured reliably;
• the item has cost of at least £5,000, or

where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for Trust services or for administrative purposes are carried at revalued amounts, being the fair value at the date of valuation less any impairment. Fair values are determined as follows:
• Land and non specialised buildings – market value in existing use
• Specialised buildings – depreciated replacement cost.

HM Treasury has adopted a standard valuation approach to depreciated replacement cost based on a modern equivalent asset (MEA) valuation or an optimised valuation and where it would meet the location requirements of the service being provided, an alternative site can be valued. The Trust has taken the current site optimised valuation approach for the Brighton General site, rather than the alternative site basis.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;

• the sale must be highly probable i.e.:

  • management are committed to a plan to sell the asset;

  • an active programme has begun to find a buyer and complete the sale;

  • the asset is being actively marketed at a reasonable price;

  • the sale is expected to be completed within 12 months of the date of classification as 'held for sale';

  • the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful Economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life	Max life
	Years	Years
Buildings, excluding dwellings	4	80
Plant & machinery	5	25
Transport equipment	7	7
Information technology	5	10
Furniture & fittings	7	10

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8   Intangible assets
Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.
Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the trust intends to complete the asset and sell or use it;
- the trust has the ability to sell or use the asset;

- how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset; and
- the trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful economic life of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Information technology	5	10
Software	3	5

Note 1.9 Revenue government and other grants

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonable approximation to fair value due to the high turnover in stocks.

Note 1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Financial instruments and financial liabilities
Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement
Financial assets are categorised as "loans and receivables" or "available-for-sale financial assets".

Financial liabilities are classified as "other financial liabilities".

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

The trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value
For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices.

Impairment of financial assets

At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

Note 1.14 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as lessee
Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.
The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.
Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.15 Provisions

The trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 27 but is not recognised in the trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies
Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 28 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 28, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:
   • possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
   • present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
   (i) donated assets (including lottery funded assets),

   (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
   (iii) any PDC dividend balance receivable or payable.
In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax
Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM. The Trust does not hold any third party assets.

Note 1.20 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).
However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.21 Gifts
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value. The Trust did not make any gifts in 2017/18.

Note 1.22 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted
IFRS9 – Financial instruments will apply from 2018/19. We have begun to consider the effect of the new standard on the Trust. Given the relatively simple nature of the financial instruments at the trust we do not anticipate that this standard will have a material impact.
IFRS15 – Revenue from contracts with customers will apply from financial year 2018/19, and will not require restatement of the 2017/18 comparators. We have begun to consider the impact on the Trust's accounts. The majority of trust income derives from block contracts with commissioners. Given the nature of the trust's main income streams we are not anticipating at this stage that it will significantly impact the financial statements.
IFRS16 – Leases does not apply until financial year 2019/20 and will not require restatement of the 2018/19 comparatives. At this stage we are unable to quantify the potential impact on the trust's accounts. We note that the application in the public sector is likely to include a practical expedient, which if applied would mean the standard would only apply to existing arrangements already identified as leases.

Note 2 Operating Segments

Consistent with previous years, we have determined that the Trust operates a single reportable segment, being the provision of healthcare. Similar methods are used to provide services across all locations and all policies, procedures and governance arrangements are trust-wide. As an NHS Foundation Trust all our services are subject to the same regulatory environment and standards set by our external performance managers.

Accordingly the Trust operates as one segment and reports in this format to the Chief operating decision maker, which is the Trust Board. No discrete activities of the business have individual revenue exceeding 10% of the total combined revenue, profit or assets.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2017/18 £000	2016/17 £000
Acute services		
A & E income	5,716	5,956
High cost drugs income from commissioners (excluding pass-through costs)	2,636	2,226
Other NHS clinical income	-	-
Mental health services		
Cost and volume contract income	-	-
Block contract income	8,560	7,980
Community services		
Community services income from CCGs and NHS England	164,095	160,540
Income from other sources (e.g. local authorities)	22,785	25,715
All services		
Private patient income	86	37
Other clinical income	9,307	8,515
Total income from activities	**213,185**	**210,969**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2017/18 £000	2016/17 £000
NHS England	11,160	9,300
Clinical commissioning groups	171,499	167,402
Department of Health and Social Care	-	1
Other NHS providers	3,306	3,555
NHS other	-	2
Local authorities	19,313	21,923
Non-NHS: private patients	86	37
Non-NHS: overseas patients (chargeable to patient)	-	-
NHS injury scheme	302	234
Non NHS: other	7,519	8,515
Total income from activities	**213,185**	**210,969**
Of which:		
Related to continuing operations	213,185	210,969
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

not applicable in 2017/18

Note 4 Other operating income

	2017/18	2016/17
	£000	£000
Research and development	452	545
Education and training	4,544	3,148
Receipt of capital grants and donations	226	234
Charitable and other contributions to expenditure	143	1,000
Non-patient care services to other bodies	6,957	6,506
Support from the Department of Health and Social Care for mergers	-	-
Sustainability and transformation fund income	1,639	-
Rental revenue from operating leases	327	304
Rental revenue from finance leases	-	-
Income in respect of staff costs where accounted on gross basis	523	438
Other income	1,636	1,180
Total other operating income	**16,447**	**13,355**
Of which:		
Related to continuing operations	16,447	13,355
Related to discontinued operations	-	-

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2017/18	2016/17
	£000	£000
Income from services designated as commissioner requested services	64,591	62,705
Income from services not designated as commissioner requested services	148,594	148,264
Total	**213,185**	**210,969**

Note 4.2 Profits and losses on disposal of property, plant and equipment

There were no significant disposals of Property Plant and Equipment in 2017/18

Note 5 Fees and charges

there were no material fees and charges in 2017/18

Note 6.1 Operating expenses

	2017/18	2016/17
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,400	5,937
Purchase of healthcare from non-NHS and non-DHSC bodies	6,433	8,633
Purchase of social care	-	-
Staff and executive directors costs	161,319	157,065
Remuneration of non-executive directors	111	99
Supplies and services - clinical (excluding drugs costs)	14,622	14,485
Supplies and services - general	1,998	1,879
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,602	3,601
Inventories written down	11	34
Consultancy costs	113	321
Establishment	2,567	2,373
Premises	8,062	5,438
Transport (including patient travel)	3,634	3,362
Depreciation on property, plant and equipment	3,821	3,459
Amortisation on intangible assets	759	597
Net impairments	(140)	2,758
Increase/(decrease) in provision for impairment of receivables	(182)	1,058
Increase/(decrease) in other provisions	2	-
Change in provisions discount rate(s)	16	127
Audit fees payable to the external auditor		
audit services- statutory audit	75	74
other auditor remuneration (external auditor only)	1	1
Internal audit costs	125	171
Clinical negligence	404	327
Legal fees	93	207
Insurance	251	260
Research and development	428	545
Education and training	436	492
Rentals under operating leases	9,940	10,456
Early retirements	-	-
Redundancy	67	175
Car parking & security	90	130
Hospitality	14	10
Losses, ex gratia & special payments	19	95
Grossing up consortium arrangements	-	-
Other services, eg external payroll	1,666	1,618
Other	8	67
Total	**225,765**	**225,854**
Of which:		
Related to continuing operations	225,765	225,854
Related to discontinued operations	-	-

Note 6.2 Other auditor remuneration

	2017/18	2016/17
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	-	-
Other non-audit services	1	1
Total	**1**	**1**

Note 6.3 Limitation on auditor's liability

The limitation on auditors' liability for external audit work is £ 3 million.

Note 7 Impairment of assets

	2017/18	2016/17
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	(140)	606
Other	-	2,152
Total net impairments charged to operating surplus / deficit	**(140)**	**2,758**
Impairments charged to the revaluation reserve	107	335
Total net impairments	**(33)**	**3,093**

Note 8 Employee benefits

	2017/18 Total £000	2016/17 Total £000
Salaries and wages	129,606	123,752
Social security costs	11,106	10,456
Apprenticeship levy	625	-
Employer's contributions to NHS pensions	16,502	15,698
Pension cost - other	14	11
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	215
Temporary staff (including agency)	5,274	9,890
Total gross staff costs	**163,127**	**160,022**
Recoveries in respect of seconded staff	**-**	-
Total staff costs	**163,127**	**160,022**
Of which		
Costs capitalised as part of assets	1,327	2,337

Note 8.1 Retirements due to ill-health

During 2016/17 there were 7 early retirements from the Trust agreed on the grounds of ill health. The estimated additional pension liabilities of these ill health retirements is £211 K.

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

Pension Costs - NEST Pension Scheme

The Pensions Act 2008 and 2011 automatic enrolment regulations required all employers to enrol workers meeting certain criteria into a pension scheme and pay contributions toward tjheir retirement.

The auto-enrolment 'staging' date for Sussex Community NHS FT compliance was 1 September 2013. For those staff not entitled to join the NHS Pension Scheme the Trust utilised an alternative pension scheme called NEST fo fulfil its automatic enrolment obligations.

NEST stands for National Employment Savings Trust and is a defined contribution pension scheme established by law to support the introduction of auto-enrolment.

Contributions are taken from qualifying earnings, which are currently from £6,032 up to £46,350 but will be reviewed every year by the Government. The initial employee contribution is 1% of qualifying earnings, with an employer contribution of 1%. This increases in stages to meet levels set by the government.

Date	Employee	Employer	Total

	Contribution	Contribution	Contribution
1st March 2013	1%	1%	2%
6 April 2018	3%	2%	5%
6 April 2019	5%	3%	8%

Pension members can choose to let NEST manage their retirement fund or can take control themselves and alter contribution levels and switch between different funds. If pension members leave the Trust they can continue to pay into NEST.

NEST Pension members can take their money out of NEST at any time from age 55. If sufferinfg from serious ill health or incapable of working due to illness members can request to take their money out of NEST early. They can take the entire retirement fund as cash, use it to buy a retirement income or a combination. Additionally members can transfer their NEST retirement fund to another scheme.

NEST is run by NEST Corporation, a trustee body which is a non-departmental public body operating at arms length from government and is accountable to Parliament through the Department for Work and Pensions.

Note 10 Operating leases

Note 10.1 Sussex Community NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Sussex Community NHS Foundation Trust is the lessor.

The Trust rents land and buildings to other healthcare providers. The rentals reflect the market value for the relevant properties and the lease agreements do not include any provision allowing the lessee the right to exercise an option to purchase the asset at the end of the lease period.

	2017/18 £000	2016/17 £000
Operating lease revenue		
Minimum lease receipts	327	304
Contingent rent	-	-
Other	-	-
Total	**327**	**304**

	31 March 2018 £000	31 March 2017 £000
Future minimum lease receipts due:		
- not later than one year;	327	110
- later than one year and not later than five years;	318	318
- later than five years.	954	1,034
Total	**1,599**	**1,462**

Note 10.2 Sussex Community NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Sussex Community NHS Foundation Trust is the lessee.

The Trust leases land and buildings used in the delivery of services. The rentals reflect the market value for the relevant properties and the lease agreements do not include any provision allowing the Trust to exercise an option to purchase the asset at the end of the lease period.

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	9,940	10,456
Total	**9,940**	**10,456**

	31 March 2018 £000	31 March 2017 £000
Future minimum lease payments due:		
- not later than one year;	9,827	9,482
- later than one year and not later than five years;	641	989
- later than five years.	433	472
Total	**10,901**	**10,943**

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2017/18 £000	2016/17 £000
Interest on bank accounts	17	14
Interest on impaired financial assets	-	-
Interest income on finance leases	-	-
Interest on other investments / financial assets	6	-
Other finance income	-	-
Total	**23**	**14**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2017/18 £000	2016/17 £000
Interest expense:		
Loans from the Department of Health and Social Care	89	102
Other loans	-	-
Overdrafts	-	-
Finance leases	49	67
Interest on late payment of commercial debt	-	-
Total interest expense	**138**	**169**
Unwinding of discount on provisions	1	10
Other finance costs	-	-
Total finance costs	**139**	**179**

Note 13 Other gains / (losses)

	2017/18 £000	2016/17 £000
Gains on disposal of assets	19	17
Losses on disposal of assets	-	(52)
Total gains / (losses) on disposal of assets	19	(35)
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of available-for-sale financial investments	-	-
Total other gains / (losses)	**19**	**(35)**

Note 14.1 Intangible assets - 2017/18

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	930	5,858	11	-	6,799
Transfers by absorption	-	-	-	-	**-**
Additions	234	915	78	-	**1,227**
Impairments	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	**-**
Revaluations	-	-	-	-	**-**
Reclassifications	-	-	-	-	**-**
Transfers to/ from assets held for sale	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	**-**
Gross cost at 31 March 2018	**1,164**	**6,773**	**89**	**-**	**8,026**
Amortisation at 1 April 2017 - brought forward	678	-	-	-	678
Transfers by absorption	**-**	**-**	**-**	**-**	**-**
Provided during the year	153	606	-	-	**759**
Impairments	**-**	**-**	**-**	**-**	**-**
Reversals of impairments	**-**	**-**	**-**	**-**	**-**
Revaluations	**-**	**-**	**-**	**-**	**-**
Reclassifications	**-**	**-**	**-**	**-**	**-**
Transfers to / from assets held for sale	**-**	**-**	**-**	**-**	**-**
Disposals / derecognition	**-**	**-**	**-**	**-**	**-**
Amortisation at 31 March 2018	**831**	**606**	**-**	**-**	**1,437**
Net book value at 31 March 2018	**333**	**6,167**	**89**	**-**	**6,589**
Net book value at 1 April 2017	**252**	**5,858**	**11**	**-**	**6,121**

Note 14.2 Intangible assets 2016/17

	Software licences	Internally generated information technology	Intangible assets under construction	Other (purchased)	Total
	£000	£000	£000	£000	£000
Valuation / gross cost at start of period for new FTs	1,140	6,701	-	-	7,841
Transfers by absorption	-	-	-	-	-
Additions	-	1,933	11	-	1,944
Impairments	-	-	-	-	-
Reversals of impairments	-	-	-	-	-
Revaluations	-	(2,776)	-	-	(2,776)
Reclassifications	-	-	-	-	-
Transfers to/ from assets held for sale	-	-	-	-	-
Disposals / derecognition	(210)	-	-	-	(210)
Valuation / gross cost at 31 March 2017	930	5,858	11	-	6,799
Amortisation at 1 April 2016 - as previously stated	-	-	-	-	-
Prior period adjustments	-	-	-	-	-
Amortisation at 1 April 2016 - restated	-	-	-	-	-
Amortisation at start of period for new FTs	694	221	-	-	915
Transfers by absorption	-	-	-	-	-
Provided during the year	194	403	-	-	597
Impairments	-	2,152	-	-	2,152
Reversals of impairments	-	-	-	-	-
Revaluations	-	(2,776)	-	-	(2,776)
Reclassifications	-	-	-	-	-
Transfers to/ from assets held for sale	-	-	-	-	-
Disposals / derecognition	(210)	-	-	-	(210)
Amortisation at 31 March 2017	678	-	-	-	678
Net book value at 31 March 2017	252	5,858	11	-	6,121
Net book value at 1 April 2016	446	6,480	-	-	6,926

Note 15.1 Property Plant and Equipment 2017/18

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	**6,660**	**26,345**	**3**	**5,028**	**692**	**10,703**	**907**	**50,338**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	1,833	1,420	430	-	529	35	**4,247**
Impairments	-	(580)	-	-	-	-	-	**(580)**
Reversals of impairments	115	(46)	-	-	-	-	-	**69**
Revaluations	260	167	-	-	-	-	-	**427**
Reclassifications	-	3	(3)	-	-	-	-	**-**
Transfers to/ from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(415)	(89)	-	(9)	**(513)**
Valuation/gross cost at 31 March 2018	**7,035**	**27,722**	**1,420**	**5,043**	**603**	**11,232**	**933**	**53,988**
Accumulated depreciation at 1 April 2017 - brought forward	**-**	**779**	**-**	**2,641**	**567**	**3,955**	**258**	**8,200**
Transfers by absorption	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provided during the year	**-**	**1,486**	**-**	**662**	**49**	**1,530**	**94**	**3,821**
Impairments	-	(139)	-	-	-	-	-	**(139)**
Reversals of impairments	-	(405)	-	-	-	-	-	**(405)**
Revaluations	-	(555)	-	-	-	-	-	**(555)**
Reclassifications	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(415)	(89)	-	(9)	**(513)**
Accumulated depreciation at 31 March 2018	**-**	**1,166**	**-**	**2,888**	**527**	**5,485**	**343**	**10,409**
Net book value at 31 March 2018	**7,035**	**26,556**	**1,420**	**2,155**	**76**	**5,747**	**590**	**43,579**
Net book value at 1 April 2017	**6,660**	**25,566**	**3**	**2,387**	**125**	**6,748**	**649**	**42,138**

Note 15.2 Property Plant and Equipment 2016/17

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at start of period as FT	6,730	25,772	1,215	4,602	791	7,668	800	47,578
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	1,673	3	574	-	4,073	99	6,422
Impairments	(7)	(328)	-	-	-	-	-	(335)
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	100	(1,519)	-	-	-	(2)	-	(1,421)
Reclassifications	-	1,050	(1,164)	10	-	22	82	-
Transfers to / from assets held for sale	(163)	(234)	-	-	-	-	-	(397)
Disposals / derecognition	-	(69)	(51)	(158)	(99)	(1,058)	(74)	(1,509)
Valuation/gross cost at 31 March 2017	6,660	26,345	3	5,028	692	10,703	907	50,338
Depreciation at start of period as FT	-	536	-	2,153	602	3,758	245	7,294
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	1,405	-	636	64	1,267	87	3,459
Impairments	-	697	-	-	-	-	-	697
Reversals of impairments	-	(91)	-	-	-	-	-	(91)
Revaluations	-	(1,696)	-	-	-	(2)	-	(1,698)
Reclassifications	-	-	-	10	-	(10)	-	-
Transfers to/ from assets held for sale	-	(3)	-	-	-	-	-	(3)
Disposals/ derecognition	-	(69)	-	(158)	(99)	(1,058)	(74)	(1,458)
Accumulated depreciation at 31 March 2017	-	779	-	2,641	567	3,955	258	8,200
Net book value at 31 March 2017	6,660	25,566	3	2,387	125	6,748	649	42,138
Net book value at 1 April 2016	6,730	25,236	1,215	2,449	189	3,910	555	40,284

Note 15.3 Property Plant and Equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018								
Owned - purchased	7,035	22,496	1,420	1,520	76	2,660	573	**35,780**
Finance leased	-	360	-	-	-	3,072	-	**3,432**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	**-**
PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - government granted	-	134	-	-	-	-	-	**134**
Owned - donated	-	3,566	-	635	-	15	17	**4,233**
NBV total at 31 March 2018	**7,035**	**26,556**	**1,420**	**2,155**	**76**	**5,747**	**590**	**43,579**

Note 15.4 Property Plant and Equipment financing - 2016/17

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2017								
Owned - purchased	6,660	21,687	3	1,866	125	3,298	627	**34,266**
Finance leased	-	287	-	-	-	3,430	-	**3,717**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	**-**
PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - government granted	-	134	-	-	-	-	-	**134**
Owned - donated	-	3,458	-	521	-	20	22	**4,021**
NBV total at 31 March 2017	**6,660**	**25,566**	**3**	**2,387**	**125**	**6,748**	**649**	**42,138**

Note 16 Donations of Property Plant and Equipment

In the year ended 31 March 2018 the Trust has received the following donations which have been capitalised in full during the year

	£000s
Plant and machinery	211
Buildings	15
Total	226

Of this, £6k of medical equipment was donated from NHS Charities. The remaining £220k, consisting of medical equiplment and buildings, was donated by other charities.

There are no specific restrictions or conditions imposed by the donors.

Note 17 Revaluations of Property Plant and Equipment

The Valuation Office Agency revalued the Trust's estate as at 31 March 2018. The Trust adopted a Modern Equivalent Asset approach to its estate, while applying an optimised asset approach to the Brighton General Hospital site. The net effect was an increase of £375K in land values and £640K in buildings.

Since the prior year there have been no significant changes in valuation approach, in asset lives, residual lives or in the calculation of depreciation. Asset lives are set out in our accounting policies notes 1.7 and 1.8.

Note 18 Disclosure of interests in other entities

The Trust is the corporate trustee to Sussex Community NHS Foundation Trust charitable fund. The charity held investments of £2.1 million as at 31 March 2018. Although the charity is a subsidiary of the Trust, it is not being consolidated in 2017/18 on the grounds that it is not material, as the fund value is less than 1% of the gross revenue expenditure of the Trust.

The charitable fund statutory accounts are prepared in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. The most recent statutory accounts are available on the Charity Commission website https://www.gov.uk/government/organisations/charity-commission

Note 19 Inventories

	31 March 2018 £000	31 March 2017 £000
Drugs	26	26
Work In progress	24	29
Consumables	447	430
Energy	-	-
Other	570	391
Total inventories	**1,067**	**876**
of which:		
Held at fair value less costs to sell	-	-

Inventories written off as expenses for the year were £11k.

Note 20.1 Trade and other receivables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade receivables	11,869	11,256
Capital receivables (including accrued capital related income)	15	-
Accrued income	3,098	2,666
Provision for impaired receivables	(963)	(1,149)
Deposits and advances	-	-
Prepayments (non-PFI)	1,934	1,604
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	32	51
VAT receivable	242	268
Corporation and other taxes receivable	-	-
Other receivables	645	667
Total current trade and other receivables	**16,872**	**15,363**
Non-current		
Trade receivables	-	-
Capital receivables (including accrued capital related income)	-	-
Accrued income	236	216
Provision for impaired receivables	(54)	(50)
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	-	-
Total non-current trade and other receivables	**182**	**166**
Of which receivables from NHS and DHSC group bodies:		
Current	9,598	10,038
Non-current	-	-

Note 20.2 Provision for impairment of receivables

	2017/18 £000	2016/17 £000
At 1 April as previously stated	**1,199**	**-**
At start of period for new FTs	**-**	**141**
Transfers by absorption	-	-
Increase in provision	-	1,079
Amounts utilised	-	-
Unused amounts reversed	(182)	(21)
At 31 March	**1,017**	**1,199**

Note 20.3 Credit quality of financial assets

	31 March 2018		31 March 2017	
	Trade and other receivables	Investments & Other financial assets	Trade and other receivables	Investments & Other financial assets
Ageing of impaired financial assets	£000	£000	£000	£000
0 - 30 days	11	-	210	-
30-60 Days	6	-	1	-
60-90 days	13	-	1	-
90- 180 days	26	-	-	-
Over 180 days	961	-	987	-
Total	**1,017**	**-**	**1,199**	**-**
Ageing of non-impaired financial assets past their due date				
0 - 30 days	572	-	1,324	-
30-60 Days	925	-	1,109	-
60-90 days	787	-	910	-
90- 180 days	1,107	-	162	-
Over 180 days	3,763	-	3,408	-
Total	**7,154**	**-**	**6,913**	**-**

Note 21 Non current assets held for sale in disposal groups

	2017/18 £000	2016/17 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	-	-
Assets classified as available for sale in the year	-	**394**
Assets sold in year	-	**(394)**
Impairment of assets held for sale	-	-
Reversal of impairment of assets held for sale	-	-
Assets no longer classified as held for sale, for reasons other than disposal by sale	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	-

Note 22.1 Cash and cash equivalent movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2017/18	2016/17
	£000	£000
At 1 April	**4,822**	**-**
Prior period adjustments	-	-
At 1 April (restated)	**4,822**	**-**
At start of period for new FTs	**-**	**6,775**
Transfers by absorption	-	-
Net change in year	841	(1,953)
At 31 March	**5,663**	**4,822**
Broken down into:		
Cash at commercial banks and in hand	24	24
Cash with the Government Banking Service	5,639	4,798
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**5,663**	**4,822**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**5,663**	**4,822**

Note 22.2 Third party assets held by the Trust

The Trust does not hold any third party assets.

Note 23.1 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	14,475	12,218
Capital payables	516	307
Accruals	3,980	4,728
Receipts in advance (including payments on account)	17	9
Social security costs	1,935	1,637
VAT payables	-	-
Other taxes payable	1,241	1,073
PDC dividend payable	-	-
Accrued interest on loans	10	-
Other payables	75	114
Total current trade and other payables	**22,249**	**20,086**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance (including payments on account)	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	8,013	7,645
Non-current	-	-

Note 23.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2018 £000	31 March 2018 Number	31 March 2017 £000	31 March 2017 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-
- outstanding pension contributions	-		-	

Note 24 Other financial liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	54
Total	**-**	**54**
Non-current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total	**-**	**-**

Note 25 Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Bank overdrafts	-	-
Drawdown in committed facility	-	-
Loans from the Department of Health and Scoial Care	876	876
Other loans	-	-
Obligations under finance leases	699	691
PFI lifecycle replacement received in advance	-	-
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	-	-
Total current borrowings	**1,575**	**1,567**
Non-current		
Loans from the Department of Health and Scoial Care	4,856	5,732
Other loans	-	-
Obligations under finance leases	1,740	2,440
PFI lifecycle replacement received in advance	-	-
Obligations under PFI, LIFT or other service concession contracts	-	-
Total non-current borrowings	**6,596**	**8,172**

Note 26 Finance leases

Note 26.1 Sussex Community NHS Foundation Trust as a lessor

There were no finance leases where the Trust was the lessor

Note 26.2 Sussex Community NHS Foundation Trust as a lessee

Obligations under finance leases where Sussex Community NHS Foundation Trust is the lessee.

	31 March 2018 £000	31 March 2017 £000
Gross lease liabilities	**3,189**	**3,929**
of which liabilities are due:		
- not later than one year;	740	740
- later than one year and not later than five years;	1,368	2,083
- later than five years.	1,081	1,106
Finance charges allocated to future periods	(750)	(798)
Net lease liabilities	**2,439**	**3,131**
of which payable:		
- not later than one year;	699	691
- later than one year and not later than five years;	1,267	1,964
- later than five years.	473	476
Total of future minimum sublease payments to be received at the reporting date	-	-
Contingent rent recognised as an expense in the period	-	-

The Trust has a finance lease in connection with the building that it occupies in Conway Court, Brighton. The lease commenced in 1967 and is for a 99 year period. There are no options for the Trust to purchase the building (or land which is leased under the terms of an operating lease) at the end of the lease period.

The Trust has a finance lease in connection with the implementation of a unified communications service known as VOIP. The lease is for a period of 5 year from 1 January 2016 with the option of a 2 year extension. The lease also indicates that the Trust has the option to purchase the equipment for a consideration equal to half a percent (0.5%) of the cost of assets as at the commencement of the managed lease agreement (contract price).

Note 27.1 Provisions for liabilities and charges analysis

	Pensions - early departure costs £000	Legal claims £000	Re-structuring £000	Continuing care £000	Equal Pay (including Agenda for Change) £000	Redundancy £000	Other £000	Total £000
At 1 April 2017	869	32	-	-	-	27	-	928
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	16	-	-	-	-	-	-	16
Arising during the year	-	12	-	-	-	-	-	12
Utilised during the year	(42)	(2)	-	-	-	(15)	-	(59)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	-	(10)	-	-	-	(12)	-	(22)
Unwinding of discount	2	(1)	-	-	-	-	-	1
At 31 March 2018	845	31	-	-	-	-	-	876
Expected timing of cash flows:								
- not later than one year;	42	31	-	-	-	-	-	73
- later than one year and not later than five years;	171	-	-	-	-	-	-	171
- later than five years.	632	-	-	-	-	-	-	632
Total	845	31	-	-	-	-	-	876

Note 27.2 Clinical negligence liabilities

At 31 March 2018, £805k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sussex Community NHS Foundation Trust (31 March 2017: £810k).

Note 28 Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	(16)
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	**-**	**(16)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**-**	**(16)**
Net value of contingent assets	-	-

Note 29 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	305	21
Intangible assets	-	-
Total	**305**	**21**

Note 30 Other financial commitments

The Trust does not have other commitments under non-cancellable contracts

Note 31 Financial instruments

Note 31.1 Financial risk management

Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that SCFT has with CCGs and the way CCGs are financed, the trust is not exposed to the degree of financial risks faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The trust has limited powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Standing Financial Instructions and policies agreed by the Board of Directors. The Trust's treasury activity is subject to review by the internal auditors.

Currency risk

SCFT is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. SCFT has no overseas operations and therefore has low exposure to currency rate fluctuations.

Interest rate risk

SCFT borrows from government for capital expenditure subject to affordability as confirmed by NHS Improvement. Borrowings are for 1 - 25 years in line with the asset lives of associated assets, and interest is charged at the national loans fund rate, fixed for the life of the loan. SCFT therefore has low exposure to interest rate fluctuations.

Credit risk

The majority of the Trust's revenue comes from contracts with other public sector bodies and therefore the Trust has low exposure to credit risk. The maximum exposure relates to the amounts in trade and other receivables as at 31 March 2018. Each month as part of the month end review process all trade and other receivables are reviewed and a provision is made if the debt has a reasonable level of doubt in relation to settlement.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCGs, NHS England and local authorities, which are financed from resources voted annually by Parliament. The Trust is not therefore exposed to significant liquidity risk.

note 31.2 Carrying value of financial assets

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity at £000	Available-for-sale £000	Total book value £000
Assets as per SoFP as at 31 March 2018					
Trade and other receivables excluding non financial assets	14,515	-	-	-	**14,515**
Other investments / financial assets	-	-	-	-	**-**
Cash and cash equivalents at bank and in hand	5,663	-	-	-	**5,663**
Total at 31 March 2018	**20,178**	**-**	**-**	**-**	**20,178**

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available-for-sale £000	Total book value £000
Assets as per SoFP as at 31 March 2017					
Trade and other receivables excluding non financial assets	13,614	-	-	-	**13,614**
Other investments / financial assets	-	-	-	-	**-**
Cash and cash equivalents at bank and in hand	4,822	-	-	-	**4,822**
Total at 31 March 2017	**18,436**	**-**	**-**	**-**	**18,436**

Note 31.3 Carrying value of financial liabilities

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total book value £000
Liabilities as per SoFP as at 31 March 2018			
Borrowings excluding finance lease and PFI liabilities	5,732	-	**5,732**
Obligations under finance leases	2,439	-	**2,439**
Trade and other payables excluding non financial liabilities	19,056	-	**19,056**
Other financial liabilities	-	-	**-**
Provisions under contract	31	-	**31**
Total at 31 March 2018	**27,258**	**-**	**27,258**

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total book value £000
Liabilities as per SoFP as at 31 March 2017			
Borrowings excluding finance lease and PFI liabilities	6,608	-	**6,608**
Obligations under finance leases	3,131	-	**3,131**
Trade and other payables excluding non financial liabilities	20,077	-	**20,077**
Other financial liabilities	54	-	**54**
Provisions under contract	27	-	**27**
Total at 31 March 2017	**29,897**	**-**	**29,897**

Note 31.4 Fair values of financial assets and liabilities

Due to the nature of financial assets and liabilities held by the Trust, book value is deemed to be a reasonable proxy for fair value.

Note 31.5 Maturity of financial liabilities

	31 March 2018 £000	31 March 2017 £000
In one year or less	20,662	21,725
In more than one year but not more than two years	1,583	1,575
In more than two years but not more than five years	3,100	3,893
In more than five years	1,913	2,704
Total	**27,258**	**29,897**

Note 32 Losses and special payments

	2017/18		2016/17	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	-	2	-
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	-	-	2	1
Total losses	**-**	**-**	**4**	**1**
Special payments				
Compensation under court order or legally binding arbitration award	2	10	6	50
Extra-contractual payments	-	-	-	-
Ex-gratia payments	11	19	12	44
Special severence payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**13**	**29**	**18**	**94**
Total losses and special payments	**13**	**29**	**22**	**95**
Compensation payments received		-		-

Note 33 Related Parties

During the year none of the Department of Health Ministers, Sussex Community NHS Foundation Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Sussex Community NHS Foundation Trust.

The Department of Health is regarded as a related party. During the year Sussex Community NHS Foundation Trust has had a number of significant transactions with the Department, and with other entities for which the Department is regarded as the parent. The major entities are listed below.

NHS Coastal West Sussex CCG
NHS Brighton and Hove CCG
NHS Horsham and Mid Sussex CCG
NHS Crawley CCG
NHS High Weald Lewes Havens CCG
NHS England Group
NHS Property Services
Brighton and Sussex University Hospitals NHS Trust
Health Education England
Surrey and Sussex Healthcare NHS Trust
Western Sussex NHS Foundation Trust
East Sussex Healthcare NHS Trust
Sussex Partnership NHS Foundation Trust
NHS East Surrey CCG
NHS Eastbourne, Hailsham and Seaford CCG
Guildford and Waverley CCG
Hastings and Rother CCG
North East London Commissioning Support Unit

In addition the Trust has had a number of material transactions with other government departments and other central and local government bodies. The largest of these are wih Brighton and Hove City Council and West Sussex County Council in respect of joint enterprises.

Note 34 Prior Period Adjustments

There are no Prior Period Adjustments in the 2017/18 accounts

Note 35 Events after the reporting date

We are not aware of any events after the reporting date having a material effect on the 2017/18 accounts

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SUSSEX COMMUNITY NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Sussex Community NHS Foundation Trust for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, Statement of Cash Flows, the Statement of Changes in Equity and the related notes1 to 35, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion, the financial statements:

- give a true and fair view of the state of Sussex Community NHS Foundation Trust's affairs as at 31 March 2018 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the Department of Health Group Accounting Manual 2017/18 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Use of our report

This report is made solely to the Council of Governors of Sussex Community NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Overview of our audit approach

Risks of material misstatement	• Risk of fraud in revenue recognition • Risk of management override
Audit scope	• We have performed a full audit on the single entity financial statements.
Materiality	• Overall materiality of £4.5 million which represents 2% of operating expenses.

Key audit matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in our opinion thereon, and we do not provide a separate opinion on these matters.

Risk	Our response to the risk	Key observations communicated to the Audit Committee
Management override of controls *Refer to the 2017/18 Audit Results Report (page 8).* As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement The risk is consistent with the previous year.	We focused our testing on those areas of the financial statements where there is more incentive and opportunity for management to override control to report achievement of its financial targets for the year. Our testing covered: • Accruals and prepayments which are often based on management judgment and impact on reported financial performance. • The inappropriate capitalisation of expenditure as intangible assets. This is particularly due to the ongoing implementation of Systm1 at the Trust.	We identified no evidence of material management override or other material error from the procedures performed.

Risk	Our response to the risk	Key observations communicated to the Audit Committee
	• Evaluated the business rationale for significant unusual transactions. Our journals testing has also been designed to identify the use of journals by management to override system controls in order to misreport financial performance.	
Fraud in revenue recognition *Refer to the 2017/18 Audit Results Report (page 9).* Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition. We have considered the income and expenditure streams of the Trust and consider that: ‣ all non-system expenditure streams other than payroll could be open to manipulation with the risks being most focused around those items of expenditure which are non-routine and involve more management estimation and judgement such as year-end accruals and provisions. ‣ All non-system income streams could be open to manipulation with the exception of base block contract income. This is because contract income is set and agreed at the	We focused our testing on those areas of the financial statements where there is more incentive and opportunity for management to misstate revenue to report achievement of its financial targets for the year. Our testing covered accruals, prepayments and deferred income which are often based on management judgment and impact on reported financial performance. We also reviewed Department of Health agreement of balances data and investigated significant differences. Our journals testing has also been designed to identify the misstatement of revenue to misreport financial performance.	We identified no evidence of material fraud or other material error from the procedures performed.

Risk	Our response to the risk	Key observations communicated to the Audit Committee
beginning of the year and received through regular payments. There are contract variations during the year that could be subject to manipulation. Therefore, the risk is attached to non-system journals within revenue, operating costs, accounts receivable and accounts payable. The risk is consistent qwith the previous year		

An overview of the scope of our audit

Tailoring the scope

Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Trust and effectiveness of controls, including controls and changes in the business environment when assessing the level of work to be performed. All audit work was performed directly by the audit engagement team.

Changes from the prior year

In 2016/17 the Trust prepared group financial statements which consolidated the financial statements of Sussex Community NHS Foundation Trust Charitable Fund. In 2016/17 we therefore audited the group financial statements of the Trust. For 2017/18 the Trust has concluded that consolidation of the Charitable Fund financial statements and preparation of group financial statements is not required on the grounds that the charity is not material to the Trust. In 2017/18 we have therefore audited the single entity financial statements of the Trust.

Materiality
The magnitude of an omission or misstatement that, individually or in the aggregate, could reasonably be expected to influence the economic decisions of the users of the financial statements. Materiality provides a basis for determining the nature and extent of our audit procedures.

We determined materiality for the Trust to be £4.5 million (2016/17: £4.5 million), which is 2% (2016/17: 2%) of operating expenses. We believe that operating expenses provides us with a basis for determining the nature, timing and extent of risk assessment procedures to identify our assessment of the risks of material misstatement.

During the course of our audit, we reassessed initial materiality to reflect operating expenses reported in the draft 2017/18 financial statements. This did not have a significant impact of the level of materiality we applied.

Performance materiality

The application of materiality at the individual account or balance level. It is set at an amount to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality.

On the basis of our risk assessments, together with our assessment of the Trust's overall control environment, our judgement was that performance materiality was 75% (2016/17: 75%) of our planning materiality, namely £3.3 million (2016/17: £3.3 million). We have set performance materiality at this percentage to ensure that the total uncorrected and undetected audit differences do not exceed our materiality for the financial statements as a whole.

Reporting threshold
An amount below which identified misstatements are considered as being clearly trivial.

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.226 million (2016/17: £0.103 million) as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. For 2017/18 we have set our reporting threshold at 5% of planning materiality. In 2016/17 we set our reporting threshold at the Trust's reported surplus against its control total target.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations in forming our opinion.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

We read all the financial and non-financial information in the Sussex Community NHS Foundation Trust Annual Report and Accounts 2017/18 to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We have nothing to report in this regard.

Opinion on other matters prescribe by the Code of Audit Practice issued by the NAO

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Matters on which we report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule 10(1)(d) of the National Health Service Act 2006;
- we have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and is not misleading or inconsistent with other information forthcoming from the audit; or
- we have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2017/18 requires us to report to you if in our opinion, information in the Annual Report is:

- materially inconsistent with the information in the audited financial statements;
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit; or
- otherwise misleading.

We have nothing to report in respect of these matters.

Responsibilities of Accounting Officer

As explained more fully in the Accountable Officer's responsibilities statement set out on page 75, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Auditor's responsibilities with respect to value for money arrangements

We are required to consider whether the Foundation Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is based on the overall criterion that "in all significant respects, the audited body had proper arrangements to ensure it took

properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

Proper arrangements are defined by statutory guidance issued by the National Audit Office and comprise the arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

In considering your proper arrangements, we draw on the requirements of the guidance issued by NHS Improvement to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there are any risks that we consider significant within the Code of Audit Practice which defines as:

"A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects".

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk there is no requirement to carry out further work. Our risk assessment considers both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders.

Certificate

We certify that we have completed the audit of the financial statements of Sussex Community NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG).

Paul King

Paul King
for and on behalf of Ernst & Young LLP
Southampton
29 May 2018

The maintenance and integrity of the Sussex Community NHS Foundation Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.