



**Sussex Community**  
NHS Foundation Trust

# Annual Report and Accounts

2018-19



*Excellent care at the  
heart of the community*



**Sussex Community NHS Foundation Trust**  
**Annual Report and Accounts**  
**2018-19**

Presented to Parliament pursuant to Schedule 7 paragraph 25 (4) (a) of the National Health Service Act 2006





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# Introduction

## Chair and Chief Executive's welcome

Welcome to our Annual Report, we are pleased to share details of what has been a busy and successful year at Sussex Community NHS Foundation Trust (SCFT).

The last 12 months have been full of challenges but also opportunities to celebrate the contribution that we make to our local community.

The NHS marked its 70<sup>th</sup> birthday in style and we learned more about the future of the health service with the publication of the NHS Long Term Plan.

It is true that our teams continue to face significant pressure and an increasing demand for our services. The population continues to grow, people are living longer and often with multiple long-term conditions.

Nevertheless, the people who make up SCFT continue to rise to meet these challenges and we are proud of what they have achieved by working together.

As the leading provider of community services in Sussex, our teams help people to plan for and manage changes in their health – supporting them to live more independently.

Each year our clinicians see adult or child patients more than 2.6 million times, caring for people from their earliest moments until their last.

Working in care homes, clinics, intermediate care units and people's homes across the county, we deliver medical, nursing and therapeutic care to more than 9,000 people every day.

## Our people

A major focus for SCFT is supporting the people that make up our teams to provide excellent care at the heart of the communities that we serve.

A great deal of work has been done in the last 12 months to improve the support on offer to the more than 4,300 people in our organisation.

In particular we are proud of the progress that has been made in supporting people to become better leaders, equipping them with the skills and understanding to make collaboration a reality – both inside our organisation and with our partners.

We have continued to focus on ways to celebrate our achievements, to promote inclusion and to support better health and wellbeing for individuals and teams right across the Trust.

This has been underpinned by a successful recruitment campaign called A Community That Cares – which has sought to better reflect the people that make up SCFT, our diversity, skills and experience, and our shared values.

Over the coming months we will ensure that this focus continues and will do even more to improve people's experience of working at SCFT.

## The NHS Long Term Plan

The NHS Long Term Plan places community health care firmly at the centre of the future NHS.

The last year has shown what a vital part SCFT plays in the local health and care system, supporting people to live independently and reducing the number of avoidable hospital admissions.

SCFT is well placed to work more closely in partnership with primary care teams to deliver joined up care for local populations.

The Long Term Plan also places greater emphasis on expanding responsive community services, enhancing NHS support to care homes, developing new models for prevention and on investment in technology enabled care.

We are excited about what the future holds and our teams will continue to deliver more joined up and coordinated care, with an increasing focus on population health and local partnerships.

As we work to deliver the Plan, we will continue putting patients, children, families and carers at the centre of what we do.

## Focus on improvement

The last year has seen fantastic engagement in Our Community Way, a Trust-wide programme of quality improvement.

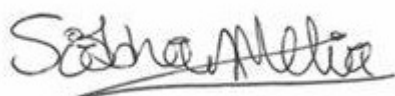
We have begun to embed a culture of continuous improvement and continue to support staff with training and tools to take an improvement idea and make it a reality.

Our team of quality improvement specialists has trained well over 1,000 people working in all roles across the organisation and supports them to make positive change.

We are already seeing the benefit for our patients and the teams of people that support them.

Our thanks go to all the people who make up our Trust whose skills, commitment and hard work make such a positive difference to the communities we serve. We look forward to all we will achieve in the coming year.

With best wishes



Siobhan Melia  
Chief Executive



Peter Horn  
Chair

# Celebrating success

## Spring

### Heart failure team receives top award

SCFT heart failure specialists were recognised as the 'top performing' community team in Kent, Surrey and Sussex.

Two heart failure teams picked up awards at a regional event, held by the Kent, Surrey and Sussex Academic Health Science Network (KSS AHSN) and supported by the British Heart Foundation.

### Successful immunisation service expands across Sussex

SCFT announced in April 2018 that it would provide its successful school and community immunisation service for ages 0–19 across the whole of Sussex.

The Trust was awarded the £1.2 million per year contract following a competitive process.

Its immunisation nurses provide childhood influenza, HPV and other school-based immunisations to school children between the ages of 5 and 19. The service also provides catch up immunisation services for children under 5-years-of-age.

### 150 staff attend first ever Administrators Conference

More than 150 people from SCFT came together for the first Administrators Conference.

People working in administrative roles make up more than 20% of the Trust's 4,300-strong workforce, helping to provide NHS services in clinics, schools, intermediate care units and in the community.

### Time To Talk Health service celebrates first birthday

Time to Talk Health, a free NHS psychological therapies service, celebrated its first birthday and expansion with a stakeholder event in May.

The event was opened by Siobhan Melia, Chief Executive, and attended by a range of partners and stakeholders across the community.

### Celebrating National Volunteers' Week

SCFT celebrated the contribution of hundreds of volunteers that support its patients, teams and services.

During Volunteers' Week the Trust launched three new initiatives aimed at supporting volunteering at SCFT and in the wider community, as well as helping people deal with loneliness.

### Sussex Community wins major award in child health

A children's nurse working for SCFT won a prestigious Royal College of Nursing Institute (RCNi) award.

The Trust's Children and Young Person's Community Nursing Service look after thousands of children – many of whom have complex health needs.

Trudy Ward, Head of Children's Specialist and Community Nursing, and the special school nursing team won the RCNi Child Health Award at a ceremony in London on July 4.

## 150 people attend Infection Prevention and Control conference

SCFT held its annual Infection Prevention and Control Conference, with more than 150 people attending from across Sussex.

Topics included cases linked to gram negative bacteraemia, chronic wounds and the importance of environmental cleaning.

## Summer

### BAME Network celebrates diversity through time

Celebrations took place at Brighton General Hospital on July 12 as part of NHS70 (celebrating the 70<sup>th</sup> birthday of the NHS) and to mark 100 years since World War One.

The Black, Asian and Minority Ethnic (BAME) Network planned and hosted the event as an opportunity for staff and members of the community to reflect on the cultural history of the NHS and to celebrate the BAME members of staff who have contributed so much to Brighton General Hospital and the wider NHS.

### LGBT+ Network launches Trust car for Brighton Pride

Colleagues gathered to celebrate the launch of 2018's Brighton Pride car on July 11.

Organised by members of the Trust's Lesbian, Gay, Bisexual and Transgender (LGBT+) Network, the car's graphic livery is designed to celebrate the LGBT+ community and 70 years of the NHS.

### Supporting people with learning disabilities across Sussex

SCFT now supports people with learning disabilities between the ages of 14 and 18 years, as well as adults across West Sussex.

The Trust's Learning Disability Health Facilitation Team successfully re-tendered for the service, with a new contract effective from 1 July 2018, commissioned by West Sussex County Council.

SCFT was the provider for Learning Disabilities Health Facilitation for adults. This has extended to include 14 to 18 year-olds, which is helping young people to transition from children to adult services.

### Teaming up to help reduce the impact of poor sleep on children

SCFT teamed up with West Sussex County Council and Focus Games to help reduce the impact of poor sleep on children across the county.

Sleep issues affect around 40% of children and young people, and an increasing number of children are being diagnosed with sleep disorders.

In partnership with Focus Games, SCFT has developed The Sleep Game, a board game training resource, designed to help professionals working with children and families improve their knowledge about sleep.

### 10 years of Breastfeeding Peer Support in Brighton and Hove

In July SCFT celebrated 10 years of breastfeeding Peer Support in Brighton and Hove.

A celebration event was held at The Great Hall in Moulsecoomb and was well attended by a range of stakeholders.

The event was an opportunity to highlight how partnership working and support offered to families have contributed to higher breastfeeding rates in the city.

### Trust obtains cyber security credentials

SCFT is proud to have obtained Cyber Essentials accreditation.

The accreditation issued by [IASME](#) has assessed and certified SCFT against the Government's Cyber Essentials Scheme, which focuses on the five most important technical security controls and aims to help organisations implement protection against cyber-attacks.

### Award-winning Family Assist service celebrates first birthday

Family Assist – the online resource already helping thousands of expectant and new parents – ended a hugely successful first year by winning a national award.

Family Assist is the UK's only one-stop-shop for information for growing families, providing advice on a healthy pregnancy through to birth and beyond.

Family Assist has been developed together by West Sussex County Council, Western Sussex Hospitals NHS Foundation Trust and SCFT with the support of Oracle, a global provider of enterprise cloud computing.

The service is gaining national recognition and winning a Public Sector Paperless Award, which recognises excellent in digital transformation.

## Autumn

### Prince's Trust placements promote careers in the NHS

SCFT partnered with the Prince's Trust to help support young adults into work.

The Step into the NHS programme sees 18-30 year-olds take on work placements in a variety of NHS roles.

For three-weeks the participants have shadowed NHS workers, had training in a range of skills and learned about what working life is like in the NHS.

A number of SCFT teams took on people during the shadowing part of the programme. The communications, estates, finance, administrative, HR and nursery teams all hosted people from the programme.

### Sussex Community shortlisted for top HSJ Award

SCFT was shortlisted for a HSJ Award in Optimisation of Medicines Management for its work in East Sussex care homes.

Led by Principal Pharmacist Kayt Blythin, the Medicines Optimisation in Care Homes (MOCH) Service has been running for well over a year at the time of the awards.

The service was introduced to:

- Provide better health outcomes.
- Avoid the need for unnecessary admissions to hospital.
- Avoid overprescribing and wastage.

### NHS leader recognised for contribution to research

Dr Diane Sellers, Speech and Language Therapist and research fellow, at Chailey Clinical Services, has been announced as the Allied Health Professional (AHP) Research Champion for Kent, Surrey and Sussex.

The AHP Research Champion scheme has been created by the National Institute for Health Research (NIHR) and the Council for Allied Health Professions Research (CAHPR).

The NIHR aims to attract, develop and retain the best research professionals to conduct people based research, and a huge part of this is realising the potential of AHPs.

This role requires the champion to encourage more professionals to be aware of, and involved in, health and social care research, for the benefit of patients.

## Winter

### ‘Good to Great’ – hundreds of people attend annual Leadership Conference

More than 150 colleagues gathered in Crawley in September for the Trust’s annual Leadership Conference.

The theme was ‘Good to Great’ and there were a range of inspirational speakers, including [Adam Sewell-Jones](#), then the Executive Director at NHS Improvement and [Dr Bob Klaber](#).

Dr Klaber, Deputy Medical Director at Imperial College Healthcare NHS Trust, talked passionately about lessons from his organisation’s improvement journey.

Delegates also enjoyed a range of informative workshops.

### NHS70 open day and Annual Members’ Meeting

SCFT’s celebrations of the 70<sup>th</sup> birthday of the NHS culminated with its first ever open day.

More than 350 people from inside and outside the organisation gathered in Crawley to network, learn and share stories about the NHS and their role in supporting our local communities.

It was the first time SCFT has been able to bring so many of our frontline and support services together in one place, with over 70 service stands showcasing their work.

The event was followed by the Trust’s Annual Members’ Meeting – a chance for members, governors, staff and members of the public to learn more about the organisation and its work over the last year.

### Celebrating success at another record-breaking Staff Awards and Ball

More than 650 people attended the 2018 Staff Awards and Ball at the American Express Community Stadium in Brighton.

Awards in 14 categories were presented to individuals and teams from a wide range of services and teams all over Sussex.

The 2018 winners were:

- Apprentice of the Year – Ellysia Diprose
- Compassionate Care – Jane Musiol
- Inclusive Leader – Individual – Allison Kidgell
- Inclusive Leader – Team – Prosthetic Team
- Making a Difference – Individual – Dawn Fincham
- Making a Difference – Team – Time to Talk Health
- Our Community Way Quality Improvement – Karen Arkle, Vicky Hartley and the Children and Young People’s Continence Service
- Outstanding Newcomer – Ruth Fox
- People’s Choice Award – Emily Dolbear and Kate Nutt



- Research and Innovation – Dr Diane Sellers
- Volunteer of the Year – Jan Cooper
- Working in Partnership – OneCall Coastal
- Chair's Award – Rose Farmer
- Chief Executive's Award – Overnight Nursing Service, west area

Trust Chair Peter Horn and Chief Executive Siobhan Melia also presented awards to dozens of people being recognised for 20, 30 and 40 years of dedicated service to the NHS.

### SCFT volunteers recognised with national award

Sussex Community Volunteers Development Lead, Mandy Cleaver, was awarded Volunteer Leader of the Year at the first ever national Helpforce Champions Awards in recognition of her decade of dedication to the service.

### Sussex Community patient wins BBC Sports Personality award

SCFT clinicians were part of the rehabilitation team that has helped a racing driver recover from a devastating crash.

Physiotherapist, Georgina Horler, accompanied Formula 3 racing driver, Billy Monger, to collect the Helen Rollason Award at the BBC Sports Personality of the Year Awards.

Having been in the driver's seat since the tender age of 6, Billy knows his way around a race car. However, in April 2017 during a Formula 4 race at Donnington Park, Billy had a serious accident on the track, losing both his legs as a result.

Less than a year later, following lots of hard work and determination, Billy was back in the driver's seat and more determined than ever to reach his goal.

### Skills Clubs supporting Sussex children and promote NHS careers

SCFT held a series of Skills Clubs to help Year 9 students explore the different careers available in the NHS.

Run in partnership with Health Education England and Brighton and Sussex University Hospitals NHS Trust, the clubs have helped to develop students' awareness of how a career in the NHS supports people.

Skills Clubs provide students with an insight in to the key issues that affect the health and social care needs of our population, and how working in the NHS can benefit local communities and help people maintain good health and wellbeing.

### Sussex Community recognised for its work to promote inclusion

This year SCFT jumped more than 140 places in Stonewall's list of top LGBT-Inclusive employers.

Every year, Stonewall publish a list of the 100 employers that receive the highest marks in an annual Workplace Equality Index.

The 2019 Index was the largest in the Index's fifteen-year history, with 445 organisations taking part.

SCFT is now ranked 225 in Stonewall's Workplace Equality Index.

### Staff Survey shows further improvement in morale and engagement

The 2018 NHS staff survey results show that an overwhelming majority of people working at SCFT recommend the Trust as a place to work and to be cared for.

More than 2,600 people (57% of the organisation) responded to tell us what they enjoy about working at SCFT and what they would like to see improved – the overall response rate increased by 7% compared with 2017-18.

The results showed that:

- 82% of people say care is our top priority.
- 80% would recommend the care we provide to family or friends.
- 69% would recommend the Trust as a place to work.

## Music enhances patient wellbeing

Live music was introduced at our intermediate care units to improve patient wellbeing.

A variety of instruments including accordions and ukuleles, tongue drums and rainmakers were being played by musical professionals from the Rhythmix Wishing Well programme.

They work in healthcare settings across the south east in partnership with NHS Trusts to promote the wellbeing of patients through music.

Funding of £5,000 was awarded by the regional Dementia Care Improvement Network to SCFT after a Dragon's Den style event.

The funds enable a 15-week support programme integrating music into the patient care and rehabilitation process followed by six months mentorship for musical 'champions' to continue the work at other SCFT sites, including Horsham Hospital.

## SCFT wins major national award for partnership working

In March SCFT won the Best Educational Programme for the NHS at the HSJ Partnership Awards.

The award recognised work done with SCFT and its partners Sussex Musculoskeletal (MSK) Partnership and Here to put patients at the centre of decision-making.

The project Putting Patients in Control is designed to involve patients in care planning for reducing preventable surgical intervention and improve access times for patients deciding on surgery.

## #ProtectingTogether flu campaign receives national recognition

SCFT was recognised as one of the top performing NHS trusts in the country following a successful campaign to increase staff flu vaccinations.

The Trust trained more than 50 peer vaccinators as part of its Protecting Together campaign.

The peer vaccinators are nurses who give themselves and colleagues the vaccination – making it easier for more people to have the jab, no matter where and when they work.

SCFT was one of five NHS trusts to win a national Flu Fighter Award, hosted by NHS Employers on Monday 25 March.

It was the top performing NHS organisation in Sussex, according to the latest data release by [Public Health England](#), and the best performing community trust in England.

# 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 Foundation Trust (SCFT) 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 SCFT is accountable to Parliament and regulated by NHS Improvement (NHSI). 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. In 2018-19 our income was £237 million and we spent £231 million.

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, in January 2018.

### 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.
- Health and care across a number of community settings including people's own homes, hospitals, clinics, health centres, GP surgeries, schools and community venues.

## Our vision

Our vision is of a health and care system that provides 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. 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 over 4,300 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, who work together with our health and social care partners to offer integrated, seamless care 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 and we have already implemented this vision in several parts of Sussex. Our own teams, and those from our partner organisations, deliver services that are built around the needs of the patient. This creates a holistic way of working so that we can focus on the most important thing – the individual needs of the patient.

Communities of Practice are local teams made up of multi-agency and multidisciplinary professionals. They 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 are based around communities which means a much more localised approach is provided to best meet the local need, so people receive the care they need, as close to home as possible.

Our aim is to deliver person-centred, coordinated care by asking the people we serve ‘what matters to you’ rather than ‘what’s the matter with you’.

## Our partnerships

As part of our strategy to deliver Communities of Practice, we are working in more partnerships to deliver our strategic goals, to personalise care and achieve better health outcomes. 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. 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 in the area 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 overleaf.

**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, Chancetonbury, 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, Newhaven, Lewes, Peacehaven, 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 2018-19 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 Central and HERE.
- Third sector organisations including Age UK East Sussex, Diabetes UK and Macmillan.
- 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. We 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 Members’ Meeting and meetings of the Trust Board which are held in public.
- 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 is the main record 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 (scored 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 by 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 in-patient units.
- Finances - Despite achieving a financial surplus in 2018-19, 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.

## 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 performance indicators (KPIs) are made up of operational, quality and financial measures. These are managed by the Performance Team who ensure oversight of all measures and data quality. The Trust Board sees high level information about the KPIs through the Integrated Performance Report (IPR) to monitor delivery. Underneath the Board there is a series of sub-committees and service level performance meetings that review all KPIs. This forms the overall governance structure of the Trust.

## Key operational and performance highlights

Key performance metrics are reported at each Board Meeting and to the public through the IPR. The Board constantly challenges and adapts the performance measures it scrutinises to provide the best possible assurance that the Trust is well-managed, patients are well cared for and that early warning signs of issues are identified and action taken. The IPR 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	2018-19 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	97.8%	92%	+5.8% (favourable)
	Maximum 6-week wait for diagnostic procedures in aggregate	99.6%	99%	+0.6% (favourable)
	A&E maximum waiting time in aggregate for 4 hours from arrival to admission/transfer/discharge	98.8%	95%	+3.8% (favourable)

### 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 26.

## Single Oversight Framework – Quality of Care:

Domain	Metric	Annual Performance	Year End Target	Variance to Target
Safe	Never Events	1	0	+1 (adverse)
Caring	Complaints: inpatient complaints per 1,000 occupied bed days	0.3	No Target	N/A
	Patients Friends and Family Test Star Rating	4.6	No Target	N/A
	Patients Friends and Family Test - % likely to recommend	96.7%	90%	+6.7% (favourable)
	Patients Friends and Family Test - % unlikely to recommend	0.8%	1%	-0.2% (favourable)
Workforce	Temporary workforce (agency, bank and locum costs) as % of pay bill	9.7%	11%	-1.3% (favourable)
	Annualised turnover rate – 12 month rolling average	13.6%	13.5%	+0.1% (adverse)
	Sickness rate	4.7% TBC	4%	+0.7% (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 – from page 109.

Quality of care is the Trust’s top priority. Good performance has been maintained in 2018-19.

## 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 our journey of continuous improvement, known as ‘Our Community Way’, to move the Trust from ‘Good to Great’. 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 **Good** and we have two areas where we are **Outstanding** – caring in our community in-patient services and responsive in our community end of life care.

The grid below provides the Trust's overall ratings across the CQC domains for safe, effective, caring, responsive and well-led, following the last CQC inspection:

	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
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
<b>Overall*</b>	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017

## Caring services

One of the biggest areas of success noted by inspectors are seen in our in-patient units which are 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 *"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 in-patient 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. Please refer to page 73 which highlights actions taken. The Trust has experienced a 46% increase in the number of queries received to its patient advice and liaison service (PALS) in 2018-19.
- Improve referrals to mental health services.
- Improve the monitoring and administration of pain relief.
- Ensure consistent management and quality of medical records applies across all locations.

For the last three bullet points please see a summary of performance in the ‘our top quality priorities’ section included below (covering pages 23 to 25).

The full CQC report is available from the CQC website: [www.cqc.org.uk/provider/RDR](http://www.cqc.org.uk/provider/RDR)

The Trust is committed to learn and continue to improve based upon the chief inspector’s feedback.

## Our top quality priorities

Below is a summary of our top quality priorities which have shown good progress in 2018-19 as agreed as part of our Quality Account:

### 1. Safe Care

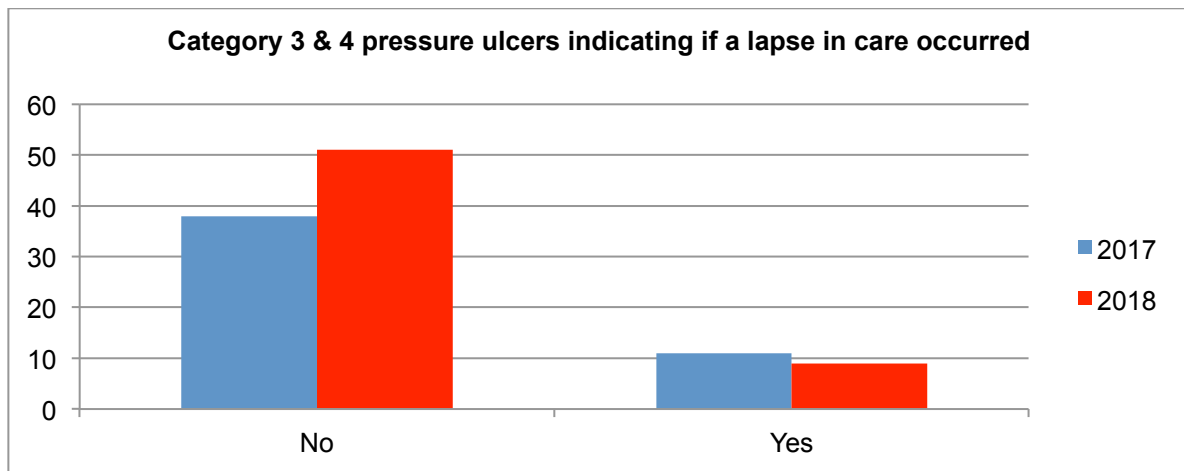
#### a) Pressure Damage – A refresh of professional standards

The Trust’s previous Pressure Damage Framework, has been replaced by a succinct set of standards, which have been presented by staff as a “Commitment”.

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

As a result of the renewed focus, we will expect to see a further reduction in the incidence of category 3 and 4 pressure damage going forward, even with an anticipated increase in patient contacts and patient dependency.

The data overleaf provides assurance that the proactive work taken place has had a positive impact and lapses in care has reduced for high category pressure ulcers.



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

The guide for holistic assessment has been reviewed for inclusion on SystmOne (the patient electronic care record) to ensure patients are seen by the right member of staff.

There are several identified issues where our SystmOne specialists are working with our clinicians to address these as soon as possible, to ensure the electronic system supports the assessments taking place.

National Early Warning Score (NEWS2), the tool used to help identify potential deterioration in a patient's condition, has successfully been launched with an accompanying training plan, and is now live across the Trust.

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

An Insulin Task and Finish Group was set up in May 2018 to identify the areas for improvement and actions required, in relation to adult diabetes management. The key focus was to increase the number of staff competent to support insulin administration and enhance and empower self-management of their condition by patients. This was successful in making positive changes to practice, and the Trust has now set up a Trust-wide Diabetic Specialist Group, taking forward further recommendations from the Task and Finish Group, which includes the:

- Formulation of a plan for upskilling Band 5 and 6 staff to ensure more appropriate caseload management.
- Piloting the Diabetic Passport proposal and the outcome measures.
- Scoping of alternative approaches to enable adult patients to self-administer insulin in the community.
- Continued monitoring of a pilot Health Advisor role.

## **2. Effective care**

**a) For all patients to have their pain identified and treated effectively**

A Task and Finish Group was set up and actions have been taken to focus on the areas identified by the CQC and from internal reviews.

Following changes implemented and standardisation of approach, a re-audit was completed in March 2019 using a variety of methodologies to capture patient experience and pain

management, enabling results to be compared with previous audit findings. This showed an improvement, but also a recognition that further improvements are required, and this will be carried forward into 2019-20 plans which include:

- Further analysis of results to consider sustainability of a standardised Trust-wide approach to pain reviews and documentation within the in-patient setting.
- Review how pain assessments could be incorporated into other processes, e.g. the regular comfort round.
- Discuss the option of reviewing the current drug chart to incorporate a review of analgesia (inability to feel pain) linked to pain scale with our medicines management team.

#### b) Review adult mental health provision across the Trust with Sussex Partnership NHS Foundation Trust (SPFT) to address dual diagnosis and length of stay at in-patient units, Minor Injury Units and the Urgent Treatment Centre

An audit was undertaken to review if mental health issues or a diagnosis of mental health is a contributing factor to delays in planned dates of discharge for in-patients. The audit findings concluded that there were no significant relationships to breaches in planned discharge dates for patients who present with a physical issue, as well as mental health issue(s) or a diagnosis of mental health.

Actions put in place following the audit includes:

- Appointment of a senior manager (Mental Health Programme Lead) with mental health experience to lead a scoping exercise in relation to mental health within the in-patient units.
- Employ a mental health practitioner within the Crawley and Horsham area to directly support in-patient staff caring for patients with mental health issues.
- Review and revision of the admission criteria to the community rehabilitation beds (including Crawley Hospital) to ensure that referral pathways exclude patients who are unable to engage with the rehabilitation treatment programmes available on the units.
- Formalising negotiations with the local mental health provider trust to explore a partnership approach to support patients with both physical and mental health presentations.
- Engaging with the local STP to ensure that patients in need of a short-term rehabilitation programme will also be considered in mental health prioritisation processes.

### 3. Patient-centred care

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

A post bereavement survey has been drafted and agreed for use. Due to the sensitive nature of talking to bereaved relatives, training will be provided to the PALS (Patient Advice and Liaison Service) team by the End of Life Care Lead prior to its use. This priority will be carried forward into 2019-20.

#### b) Working collaboratively with our volunteers and other agencies to combat loneliness

A pilot commenced with four volunteers. Evaluation showed that 100% of the patients involved reported they benefitted from visits; reporting they felt that the visits had made a positive impact on any isolation or loneliness they had been feeling.

More volunteers are being encouraged to participate so more local people can benefit from this approach. This forms part of our volunteer strategy.



## 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 five 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 (Commissioning for Quality and Innovation) – 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 (The National Institute for Health and Care Excellence) guidance and policies.

Fuller detail on the indicators notated above are found in the full Quality Report available from page 109.

## Financial Performance and Use of Resources

The Trust continues to demonstrate a strong financial management and financial resilience. We made a surplus of £5,895k in 2018-19 compared with a surplus of £2,667k in 2017-18. As the tables on page 28 demonstrate, the increased profitability was largely due to additional non-recurrent funding known as Provider Sustainability Funding (PSF), however, delivery of a surplus position is a notable achievement in the context of our local health economy in Sussex, which remains extremely financially challenged. Making a surplus is important to our ambitions as a NHS Foundation Trust because it enables us to invest in improving the quality of our services and our infrastructure.

Our £5,895k surplus is calculated in a different way to the position set out in the *Statement of Comprehensive Income* in our published accounts, because we have excluded some technical accounting adjustments in order to achieve a like for like comparison. The table overleaf sets out the difference between the figures in 2018-19 and 2017-18:

Accounts heading	Value 18-19 £ 000s	Value 17-18 £ 000s	Comment
Surplus / (Deficit) for the year	6,117	2,772	The reported position in the annual statement of accounts
Adjustments	(222)	(105)	The impact of impairments and other accounting adjustments excluded from the control total
Surplus / (Deficit) on a control total basis	5,895	2,667	The reported surplus following relevant adjustments

Our surplus includes £4,911k from the PSF. We receive PSF funding when we achieve financial targets set for us by NHSI. In 2018-19 we achieved our financial targets and by doing so we received this additional funding, which was significantly higher than the value received in 2017-18.

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

Accounts heading	Value 18-19 £ 000s	Value 17-18 £ 000s	Comment
Surplus on a control total basis	5,895	2,667	Our financial performance against our control total
Provider Sustainability Funding (PSF)	(4,911)	(1,639)	Performance-based funding received
Underlying recurring surplus	984	1,028	This is our financial performance compared on a like for like basis.
CQUIN Risk Reserve		(638)	Income target not achieved
Reported recurring surplus	984	390	

We remain focused on ensuring we have adequate cash to run the Trust. The financial challenges faced by our neighbouring providers and commissioners have led to a shortage of cash in the whole health system, which has impacted on our cash reserves. We ended the year with a cash balance of £4.9 million, which was below our target of £5.9 million, but is sufficient to meet our obligations.

NHS Improvement measures our performance against five 'Use of Resources' indicators. For 2018-19 our overall performance was '1', which is the best possible performance. This is an improvement on 2017-18 when we were rated overall as '2'. The below table provides an overview:

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

The one indicator where the Trust scored less than a '1' was on agency staffing. Our spending on agency has increased since 2017-18 and is above our plan.



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.

In recent years we have implemented a range of schemes to improve recruitment and retention of staff, and we have invested in developing our own bank staff. While the long-term trend has been a reduction in agency cost, our spending in this area increased during 2018-19. The amount we spent on agency staff in 2018-19 was £6,710k compared to a spend in 2017-18 of £4,961k, an increase of £1,749k (35%).

Getting the right balance between our substantive (permanent) and flexible workforce, and investing in recruitment and retention will continue to be key areas of focus in 2019-20. Workforce pressures are a key risk to our financial position for 2019-20. We have agreed a budget with NHS Improvement that we will deliver a surplus of £2,528k in 2019-20. However, this includes £2,769k Provider Sustainability Funding, meaning that the underlying recurring position is a deficit. The main reason for this is that the Trust has not been fully funded for the new NHS-wide pay award.

Delivery of our financial plans in 2019-20 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.

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). The new NHS long term plan acknowledges the crucial role that community services have in addressing the system wide challenges of managing demand and patient flow. In recognition of this the Government has recently announced a further £3.5 billion to be invested in community services nationally by 2023-24. 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 NHS Foundation Trust.

## 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.

We are committed to paying our obligations on a timely basis and we continue to perform well against this measure in spite of our cash constraints. See table overleaf:

Better Payments Practice Code	Current Year to Date	
	Number	Value £000s
<b>Non NHS</b>		
Total bills paid in the year	37,004	48,276
Total bills paid within target	34,198	42,567
<b>Percentage of bills paid within target</b>	<b>92.4</b>	<b>88.2</b>
<b>NHS</b>		
Total bills paid in the year	1,365	16,728
Total bills paid within target	1,043	14,171
<b>Percentage of bills paid within target</b>	<b>76.4</b>	<b>84.7</b>
<b>Total</b>		
Total bills paid in the year	38,369	65,004
Total bills paid within target	35,241	56,738
<b>Percentage of bills paid within target</b>	<b>91.8</b>	<b>87.3</b>

## 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. CWC is a simple idea that reflects our wider philosophy about how we believe healthcare should be designed and delivered.

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.

These three aims are at the heart of our CWC programme, which is delivered through work streams covering seven elements. Taken together, these elements are designed to integrate sustainable development principles into our core operational activities across the Trust.

Further information is available online: [www.sussexcommunity.nhs.uk/sustainability](http://www.sussexcommunity.nhs.uk/sustainability)



## How does CWC help us deliver excellent care in the heart of the community?

Health and sustainability go hand in hand. By delivering care in a more sustainable way, and supporting our staff and patients to live more sustainable lifestyles, we are enabling better health outcomes in our community.

As such, we are working firstly to minimise the need for healthcare activity and secondly to reduce the environmental or health impact of any remaining activity, while at the same time improving health outcomes.

Our guiding principles for sustainable healthcare in clinical practice are:

1. **Prevention:** minimising the need for healthcare through health promotion, disease prevention and ensuring that the delivery of our care does not negatively impact on the health of our staff or patients.
2. **Self-care:** taking every opportunity to prevent health problems escalating by educating and empowering our staff and patients to better manage their own health, and supporting this by improving coordination of care within the Trust and through our partners.
3. **Joined up care pathways:** streamlining the way we deliver our services to minimise duplication, waste and unnecessary travel.
4. **Efficient use of resources:** preferential use of treatments, technologies and processes with lower environmental impact.

## Programme governance - how we deliver CWC at Sussex Community

Our Sustainability and Environment 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/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.

## Key highlights in 2018-19

Since launching in 2010, CWC has developed both in terms of its approach and its reach. 2018-19 marks the beginning of a countdown to our 2020 targets and we've made a number of significant steps forward:

- Strengthening our relationships and growing our impact beyond Trust borders, in particular through successful delivery of an STP-wide waste tender and running a joint Energy Performance Contract procurement across six additional trusts.
- Developing our approach to circular economy (make, use, recover and regenerate materials), including the integration of sustainability criteria into several key tenders, the expansion of our re-use programme and the development of a programme to cut plastic use within the Trust.
- Making progress on integration of sustainability principles into clinical practice, in particular developing our clinical sustainability principles for the revision of the Trust Strategy (formerly Clinical Care Strategy), running our Envoy programme (open to anyone who has an interest in wellbeing at work and reducing our environmental impact) and delivering new sustainability training workshops to staff.
- Launching our staff engagement programme, Dare to Care, at two other local trusts, culminating in a joint Step Up Challenge, with teams from all three trusts competing against each other.

This year has seen the threat of climate change rise up the global agenda further than ever before. Several key papers have highlighted the increasing scale of the challenge for climate and health, proposing we are now moving into an era of 'climate emergency'. As a Trust we must respond to this, redoubling our efforts and commitments to ensure we continue to find pioneering and innovative ways to deliver more sustainable healthcare both within our own Trust and beyond. Over the coming year we will be looking ahead to the next phase of our work, setting targets to 2025 that ensure we rise to the scale of the challenge and support others to do the same.

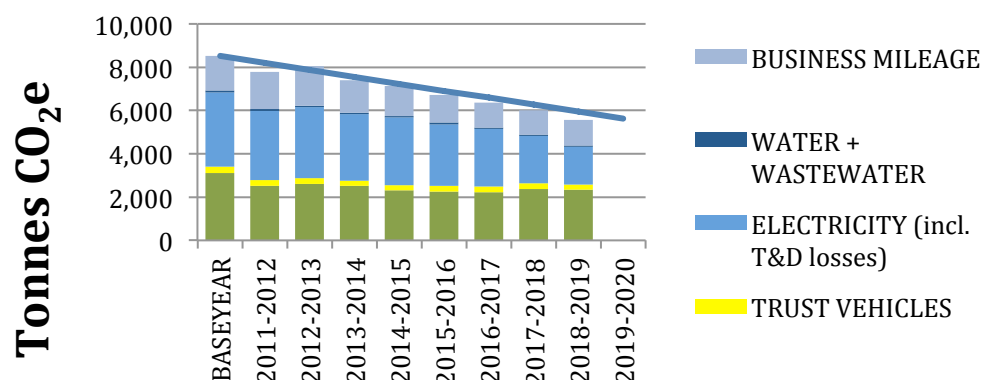
## How did we perform on sustainability in 2018-19?

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

1. Absolute (overall) CO<sub>2</sub> reduction;
2. Cost improvement (related to CO<sub>2</sub> reduction across our services);
3. Improvement in workplace health and wellbeing.

Between 2010-11 and 2018-19 we have reduced our absolute carbon footprint by 2,947 tonnes CO<sub>2</sub>e (35%), meaning we have met our 2020 target of 34% reduction in carbon footprint against our 2010-11 baseline (see below figure).

## SCFT Carbon Emissions



The total estimated net financial saving associated with the CO<sub>2</sub> reduction reported above between 2010-11 and 2018-19 is £8.54 million (against a total investment cost of ca. £1.56 million).

Our wellbeing score has increased by 10% to 4.28 compared to 2017-18, with a 13% higher wellbeing score reported for staff that are engaged with CWC.

In addition to measuring and reporting against our three key aims, we also measure progress against a series of specific environmental KPIs, as summarised in the dashboard below. There are two areas where progress falls below the 2020 performance margin – grey fleet mileage (staff using their own vehicles for work) and waste recycling. These will be key areas to tackle in 2019-20 and our approach to this is detailed in the next section.

INDICATOR	KPI	2020 Target	BASEYEAR Value	2020 Target Value	2018-2019 Target Value	2018-2019 Value	% Change from 17-18
Carbon Footprint	tonnes CO <sub>2</sub> e	34%	8,518	5,622	5,944	5,572	-7.4%
Energy Efficiency	kg CO <sub>2</sub> e/m <sup>2</sup>	34%	59.3	39.1	41.3	38.8	-15.6%
Water Efficiency	m <sup>3</sup> /m <sup>2</sup>	34%	1.36	0.90	0.95	0.80	15.2%
Trust Vehicle Emissions	g CO <sub>2</sub> e/km	34%	151.0	99.6	105.3	107.6	-0.4%
Grey Fleet Mileage	miles claimed	34%	4,693,757	3,097,880	3,275,199	4,055,417	5.3%
General Waste Recycled	% recycled	75%	50%	75%	72.5%	64%	0.0%
Clinical & Offensive Waste	% offensive	75%	0%	75%	65%	56%	0.0%

**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 2018-19, in the summer of 2019. We obtain annual external assurance each year to validate the accuracy of all the data. Assurance reports can be downloaded from our website: [www.sussexcommunity.nhs.uk/sustainability](http://www.sussexcommunity.nhs.uk/sustainability)

## Summary of performance against our seven action areas

### 1. 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. Our work in the local Sussex and East Surrey Sustainability and Transformation Partnership (STP) area is outlined in the 'Future' section from page 37. 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 third 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.
- Finance for the Future Award nomination.
- International representation about CWC at United Nations Climate Change Conference COP 24 in Poland.

## **2. Buildings**

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

**2020 target:** 34% reduction in CO<sub>2</sub>e from our buildings

The Trust has reduced absolute CO<sub>2</sub> from building related energy consumption by 37% between 2010-11 and 2018-19 (2,486 tonnes CO<sub>2</sub> 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 34% improvement in per m<sup>2</sup> energy efficiency and a 41% improvement in per m<sup>2</sup> water efficiency against our 2010-11 base year.

Our key focus this year has been on running the STP-wide Energy Performance Contract (EPC) procurement for six partner trusts through the Carbon Energy Fund. Technical schemes have been developed by each bidder for each of the trusts following a number of in-depth site surveys and technical meetings. The tendering process is due to commence in early 19-20 aiming to start construction towards the end of the year.

In addition:

- We now utilise a specialist energy management database which considerably enhances our data management processes, invoice validation capacity and reporting ability for SCFT and our partner trusts.
- We are on course to start the renewal and expansion of our automatic metering (AMR) in 19-20.
- From 1<sup>st</sup> April 2018, the Trust returned to 100% renewably-backed power for Trust-owned sites. As a result of this procurement decision, emissions from our electrical consumption when using our contract-specific emissions factor were 1,107 tonnes CO<sub>2</sub>e, whilst when applying the grid average factor they were 1,610 CO<sub>2</sub>e. We are currently investigating a better way to reflect this in the reporting of our electricity emissions. Alongside this we continue to monitor renewable gas as an option.

- We have begun developing a business case for the installation of solar panels on four of our buildings. If approved, the panels will be funded by a co-operative group and installed during 2019-20.

Looking to 2019-20, in addition to completing our EPC procurement, we will be conducting a carbon roadmap exercise to ensure we meet our 2020 targets, as well as feeding into the redevelopment of the Brighton General Hospital site. As a significant proportion of the healthcare estate we occupy is owned and managed by NHS Property Services this remains a key partnership for us going forward in our efforts to reduce carbon usage from our estate.

### 3. Journeys

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

**2020 target:** 34% reduction in all measurable travel CO<sub>2</sub>e

As a community trust, travel will always be a necessary part of our clinical and operational services, and also our commercial activities. Travel accounts for around 20% of our total carbon footprint and it comes at a significant cost to the Trust.

Our mission is to eradicate non-essential journeys and to ensure that our essential miles are carried out as sustainably as possible – saving money, cutting carbon and improving the health and wellbeing of our staff, our patients and our community.

The average tailpipe emissions of our entire transport operation – including all cars and commercial vehicles – is now down to only 101 g/km CO<sub>2</sub>.

The total miles travelled by staff using their own cars, or our 'grey fleet' was just over 4 million business miles in 2018-19 which is an increase on last year. This is, in part due to an increase in our activity and the number of patient interventions being carried out by the Trust.

Our highlights from 2018-19 include:

- Celebrating the fifth year of our Travel Bureau. The team continues to be the Trust's key source of support for staff and managers to explore and rethink their own, team and service travel options.
- Increasing our fleet of low emission pool cars to 34 vehicles operating at 15 locations across the Trust. These give staff the option to leave their own car at home in favour of walking, cycling or using public transport to and from work.
- Setting up a Trust Journeyming group to deliver against Trust sustainable travel goals.
- Hosting a number of sustainable travel events including partnership events with local authorities, cycling groups and local suppliers, including participating in Ride To Work Week and Love To Ride's September challenge.
- Continuing our popular lease car scheme, with average tailpipe emissions down to only 101 g/km CO<sub>2</sub>.
- Supporting our Hospital at Home team to obtain a new electric bicycle for use within the Brighton and Hove area.
- Creating a new indoor cycling storage area for staff at one of our hubs, which will provide greater security, an area to dry wet clothes, and tools to enable basic repairs and cycle maintenance to be carried out.



- Launching a new travel portal which enables staff to make bookings for public transport journeys without having to pay and wait for reimbursement. The portal also allows the Trust to understand travel patterns and establish areas for further support.
- Developing our season ticket loan offering, up to a maximum value of £1,200 interest free in a calendar year. This enables staff to take advantage of discounts available on longer duration and higher value travel passes.
- Working towards the extension of our electric vehicle network, including partnering with NHS Property Services to install charging points at our larger intermediate care/in-patient sites during 2019-20. This will establish a more robust cross-Trust network of electric vehicle options and staff will be able to top up vehicles whilst at work.

Looking to 2019-20, our key focus will be to reduce our grey fleet mileage back in line with our 2020 targets. Our new Business Travel Plan is under development at the moment and will highlight new initiatives and key areas of focus for our travel services for the next five years. This new strategy will support the Trust's clinical and digital strategies by continuing to ensure that cost and carbon efficiency, productivity and wellbeing continue to be at the heart of CWC's journeys theme.

#### **4. Circular Economy**

*Creating and supporting an ethical and resource efficient supply chain*

**2020 target:** 34% reduction in CO<sub>2</sub>e from procurement and waste

Previously called 'Procurement' we have developed this element of CWC significantly over this year, aiming to move from a linear model of 'take, make, dispose' to a more circular economy which truly supports social, economic and natural capital. In practice, this means:

- Taking a more joined up approach to our purchasing, use and disposal of products.
- Integrating lifecycle analysis and sustainability criteria into our purchasing decisions.
- Moving towards a culture of repair and reuse.
- Recovering and regenerating products and materials at the end of life.

We have made progress in a number of areas this year reflecting these key themes of circular economy. In particular:

- Completing an STP-wide waste services tender and implementing new non-healthcare waste contracts with stringent targets set within contract key performance indicators (KPIs) to support delivery of our waste management targets. This will be important in the coming years as our forecasted recycling rate (as a proportion of non-healthcare waste by weight) for this year is only 63%. We are below our 2018-19 target of 73%, which is primarily due to significant changes in the global recycling market. These changes have affected many NHS and public sector contracts in the UK and have meant that the number of items accepted as recycling is greatly reduced compared to previous years. A key focus in 2019-20 will be to bring our recycling figure back in line with our 2020 targets, with a focus on ensuring sites have appropriate infrastructure in place, delivering a staff engagement campaign around waste, and introducing a food waste collection.



- Continuing to improve our healthcare waste segregation. Our proportion of non-infectious ('offensive') healthcare waste (as a proportion of all bagged healthcare waste by weight) has increased by 4% from the previous year with a forecasted rate of 59%. We are in the process of reviewing our targets for offensive waste and during 2018-19 will update these to ensure they are in line with anticipated new best practice guidelines.
- Bedded in and expanded our re-use network, known as Warp-IT, since launching in early 2018. Following a successful first phase focusing on stationery, we are now broadening the scope to allow for the re-use of furniture and clinical consumable items, aiming to launch in April 2019.
- Working with clinical teams on several specific circular economy projects e.g. Hospitals at Home dressings project.
- Undertaking our annual carbon hotspot analysis of the Trust's supply chain, and using this to identify key products and suppliers to engage with during 2019-20 to measurably reduce the carbon emissions from products which we purchase.
- Working closely with our procurement team to begin integrating rigorous and measurable sustainability criteria into key tenders and contracts. In 2019-20 our focus will be to embed circular economy principles throughout the procurement process.
- Developing a circular economy strategy, associated plastics strategy and action plan for implementation in 2019-20.

## 5. 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

We are establishing the links between healthcare and sustainability through a variety of mechanisms, aiming to build engagement with staff from all areas of the Trust. We're aiming to engage with staff on the principles of sustainability through our Dare to Care programme, plus a deeper level of engagement through our CWC Envoy programme and sustainability training sessions. By engaging in this way, we aim to ensure we bring staff, partners, stakeholders and our wider community with us in creating a better working life and a greener NHS.

For 2018-19 we have continued to look for ways to grow our reach to staff, and bring new people into the programme. Our key areas of focus have been:

- Increasing our reach through Dare to Care. To date over 1,400 members of staff (27% of the workforce) have signed up to 6,000 dares. Each dare is a small pledge to do things differently, supporting and promoting staff wellbeing, environmental improvements and financial sustainability.
- Shifting to a core set of dares which focus on engaging as many staff as possible and directly support the objectives of CWC. These are complemented with a number of bespoke dares which can change over time to align and help deliver Trust objectives.
- Delivering the first full year of a CWC Envoy programme, supporting staff to deliver sustainability goals through individual projects.

- Delivering a new sustainability training workshop focusing on giving staff the tools to deliver sustainability in their own areas.
- Continuing to attend staff events including inductions to talk to staff informally about sustainability and how to get involved.

We've also developed our work outside of the Trust in a number of ways:

- Continuing to expand our cultural reach across the wider NHS now working with several trusts including launching Dare to Care at Surrey and Sussex Healthcare NHS Trust (SASH) and Sussex Partnership NHS Foundation Trust (SPFT) in autumn 2018. In total we now have over 1,800 people signed up to dares with over 8,300 dares across Sussex and East Surrey.
- Working with Canterbury Christ Church University to support a research project looking at the motivations and drivers for NHS staff to take action to reduce their impact on the environment. We hope to use the outcome of this project to help us develop Dare to Care in the future.

In the next twelve months we aim to further develop our CWC Envoys programme and the Dare Challenges offer aiming to broaden the scope of the challenges available to staff, and shift emphasis towards more environmental aims. We also plan to focus communications on two key areas: journeys and circular economy (including plastics). And finally, we are starting to explore broadening the scope of our engagement activity through Dare to Care to reach our wider community more directly.

## 6. Wellbeing

*Creating a better working life for our people*

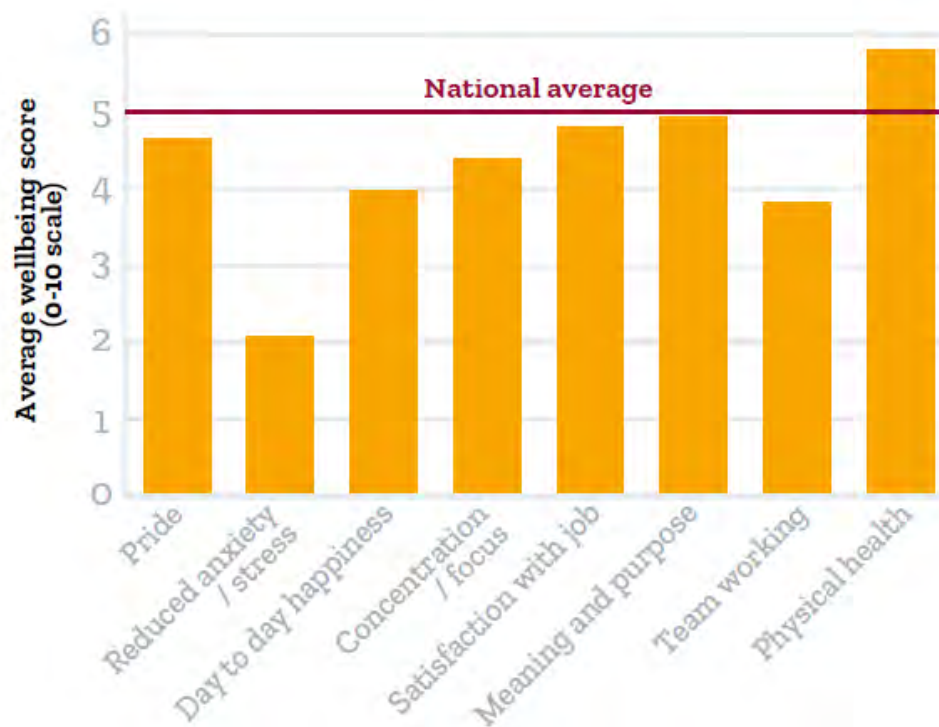
**2020 target:** maintaining workforce wellbeing above the national average score of 5/10

As one of our three core aims, wellbeing is central to all our work with CWC. Our work to support wellbeing has continued in 2018-19 including:

- Running the Wellbeing@Work Festival for the second year in May, with four roadshows taking place across four different sites, plus a broad programme of additional events across the Trust. Several 'taster sessions' from the festival became regular offerings for staff including yoga and alexander technique classes, and crochet. The Happiness Workshops became available to staff to book for team events.
- Launching the 'Step Up' Challenge for the first time across three Trusts simultaneously in spring 2019. Staff get 12 weeks to walk a given route in teams or individually, choosing from the South Downs Way, Lands End to John O'Groats or the entire UK coast.
- Supporting several of our CWC Envoys with wellbeing focused projects, for example researching hydration habits of staff who work on the wards.
- Setting up a working group with our Quality Improvement Team (Our Community Way) to ensure our wellbeing action plan is fully aligned to the data available on staff wellbeing, including the outcomes of our wellbeing metric.

In 2016-17 we worked with the New Economics Foundation (NEF) to develop a metric to enable us to better measure the wellbeing of our staff in a number of different areas, creating a mechanism for understanding our progress towards achieving improved workplace health and wellbeing, and to help us identify key areas for action. In 2018 our wellbeing score was

4.28, increasing by 10% on last year and with staff engaged with CWC showing a 13% higher level of wellbeing than others.



This highlights several areas for improvement, which will be targeted for focused work in 2019-20 including through our Wellbeing at Work Festival and Envoy programme. We will also look to further develop our wellbeing metric and in particular aim to use the survey on a more local level to understand wellbeing on an individual team or department level.

## 7. Future

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

**2020 target:** develop an STP wide Sustainable Development Management Plan with 2025 carbon reduction targets in line with the Climate Change Act

SCFT is part of an increasingly interconnected health and care system. As a system we are seeking to meet the needs of an ageing population with more complex conditions, move towards a more preventative model of care and make the best use of medical advances in the most effective and efficient way possible.

We see two key opportunities to support this transformational change:

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

Following on from the work of our Darzi Fellow, we have produced a set of clinical sustainability principles. We are working to integrate these across the Trust, with a focus this year on integrating them into the revised Trust Strategy (formerly Clinical Care Strategy) and the Trust's 'Our Community Way' Quality Improvement programme.

Secondly, we are leading delivery of a number of sustainability programmes across the STP. In particular:

- Leading a regional EPC procurement, delivering energy, carbon and cost savings across the STP area.
- Delivering a joint waste tender for healthcare and non-healthcare waste.

- Launching our staff engagement programme, Dare to Care, at SASH and SPFT, culminating in a regional Step Up Challenge with staff from across the three Trusts competing with each other in a walking challenge.
- Leading an STP-wide sustainability group to share best practice and identify and develop joint working projects across the region.
- Supporting a number of trusts in the STP region to develop sustainability programmes using the Care Without Carbon framework, with a focus on targets in line with the new NHS Long Term Plan, notably 51% reduction in carbon emissions by 2025.

Over the coming year we will be focusing on integration of our new clinical sustainability principles into clinical practice, continuing to develop our work across the STP region, and developing our programme for CWC post-2020.

## **Social, community, anti-bribery and human rights**

The Trust has in place the following policies, procedures and strategies to enable a culture of fairness, openness and transparency, ensuring the best possible outcomes are delivered within the community it serves:

### **Equality and Diversity Policy & Procedure**

Aims for equality of opportunity that is accessible, person-centred, safe and effective. Promoted to people who use Trust services and for staff to know that the Trust is committed to ensuring equality of opportunity, support and development throughout their careers.

### **Fraud Bribery and Corruption Policy**

It is a core responsibility of everyone to report their suspicions or specific knowledge of any act of fraud, bribery or corruption that may be occurring at the Trust. All referrals are dealt with confidentially.

### **Prevent Strategy**

The safety of children, young people and adults at risk of radicalisation is the responsibility of all staff at all times. To ensure those children, young people and adults at risk in our community are appropriately identified, supported and referred is core to safeguarding processes.

### **Research and Development Strategy**

How the Trust delivers excellent clinical research at the heart of the community by building and sustaining a vibrant clinical research environment that is robust, cost-effective, nationally competitive, and aligned to local, regional and national priorities.

### **Safeguarding Strategy**

The Trust's strategic approach to strengthen arrangements for safeguarding. It makes clear the roles and responsibilities of all staff to safeguard.

### **Security Strategy**

Sets out how the Trust fully complies with its statutory and regulatory obligations in regard to the management of security.

## United Kingdom Modern Slavery Act (2015)

The Trust is committed to taking steps to comply with the United Kingdom Modern Slavery Act (2015) to ensure that slavery and human trafficking is not taking place in any of our supply chains or in any part of our own business.

To protect workers from modern slavery we undertake pre-employment checks for all people being recruited, including that they have the required legal documents to verify their identity and right to work in the United Kingdom. We use staff from agencies on approved frameworks, which are audited to provide assurance that pre-employment clearance has been obtained for agency staff. We also apply professional codes of conduct and practice relating to procurement and supply, including through our Procurement Team's membership of the Chartered Institute of Procurement and Supply.

Our commitment to ensure no modern slavery or human trafficking related to our business is set out in our purchase orders. To identify and mitigate the risks of modern slavery and human trafficking in NHS supply chains, the NHS Terms and Conditions of Contract requires that all suppliers comply with the provisions of the Act and the 'Supplier Code of Conduct' for the NHS Supply Chain or NHS Supply Chain frameworks. This includes a provision concerning forced labour. If we became aware of a supplier involved in the process of modern slavery, then we would alert the authorities in that area to express a concern to the local safeguarding teams and police.

## Workforce Race Equality Standard (WRES)

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

Since 2015 the Trust has demonstrated its commitment to WRES by publishing an annual report and celebrating BME at the Trust through the launch of its Black Asian and Minority Ethnic (BAME) network in 2018.

## Developing the Brighton General Community Health Hub

In November 2017 we announced our intention to redevelop the East Brighton site of the former Brighton General Hospital into a purpose-built Community Health Hub for local people.

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 in-patient services on the site since.

The site currently houses a range of adults and children's community, mental health, rehabilitation and outpatient services. It also accommodates administrative and support staff.

Services have been planned on a piecemeal basis and patient and support services are distributed across 20 different buildings. The site includes steep hills which makes accessibility challenging and inhibits effective communication and collaboration between teams.

Only 50% of the estate is currently well-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.

The last year has seen the Trust undertake a wide-ranging programme of engagement. This has included conversations with people inside and outside of our organisation, and seeking the views of patients, the public and the local community.

The programme of engagement included major public meetings, more than 20 sessions with patient, community and neighbourhood groups, and a survey which received over 700 responses from patients, staff and members of the public. Targeted leaflet drops and a social media campaign helped us to ensure we reached as many people as possible.

This engagement informed the selection of a preferred option for the development which was explored through an Outline Business Case (OBC).

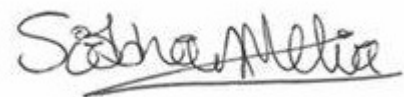
The OBC was approved by the Trust Board at its meeting in October 2018 and Brighton and Hove Clinical Commissioning Group confirmed support for the project in December.

At the end of 2018-19 the Trust is working with its regulator, NHS Improvement, to secure final approval of the OBC, and the plan for carrying out the next phase of detailed work.

In the coming year, pending regulatory approval, the Trust will develop the design and seek planning permission for the development.

Our ambition is for the health hub to be delivered in 2023-24.

Signed:

A handwritten signature in dark ink, appearing to read 'Siobhan Melia', with a horizontal line drawn underneath the name.

Siobhan Melia, Chief Executive

Date: 24 May 2019

# Accountability Report

# Directors' Report

## How the Trust is governed

The Trust's governance structure comprises its Board of Directors, Council of Governors and its membership. The Board of Directors consists of the Chair, Non-Executive and Executive Directors. The Board's 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, stakeholder organisations and representatives from specific groups of the community it serves.

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 and the services it provides are well-led. For more information about well-led please refer to page 92 within the annual governance statement.

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 Chair and all NEDs have been in post throughout 2018-19.

The Trust's Executive Directors (Board members) have all been in post throughout 2018-19. The Director of Performance and Improvement, a non-Board level Executive Director, left the Trust in December 2018. Other non-Board level Executive Directors include the Director of HR, Organisational Development (OD) and Communications, and the Director of Operations.

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 2018-19, the Board's Committee structure remained the same as it was during the Trust's FT application in 2016, 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. In 2018-19 NEDs Janice Needham, David Parfitt and Elizabeth Woodman were appointed for a further term. 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 01/09/16**

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 (SID) and Chair of Quality Improvement Committee**

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 – first appointed 01/09/13. Also Deputy Chair of the Board and Chair of the Finance and Investment Committee**

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 of GE Healthcare.

**David Parfitt – appointed 01/07/14. Also Chair of the Audit Committee**

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 requalified as a chartered tax advisor at an accountancy firm. She has worked as an executive remuneration and board governance consultant for a firm of actuaries. She has spent much of her career in professional publishing and online information businesses, managing 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 public law barristers' chambers in London.

**Janice Needham – appointed 08/06/15. Also Chair of the Charitable Funds Committee**

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 over 20 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 as Commercial Director. 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 in October 2016, returning to SCFT in 2018.

#### **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' NHS Foundation Trust (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 NHS Foundation Trust, where she was director of nursing and professional practice. Susan is a registered general nurse, with qualifications in midwifery, health visiting and a master's degree in health services management. She offers a record of achievement in management of change development of strong governance systems, clinical leadership and operational management, 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, a Florence Nightingale scholar and has been part of external review teams to support other organisations through challenging times.

### **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 Trust 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
<b>Non-Executive Directors</b>			<b>Number of possible attendances / 8</b>
Peter Horn	Chair	Appointed 01/06/17	8 (out of 8)
Stephen Lightfoot	NED	Appointed 01/09/13	8/8
Elizabeth Woodman	NED	Appointed 01/02/15	8/8
Janice Needham	NED	Appointed 08/06/15	8/8
Maggie Ioannou	NED	Appointed 01/12/13	8/8

David Parfitt	NED	Appointed 01/07/14	8/8
<b>Executive Directors</b>			
Siobhan Melia	Chief Executive	Commenced 01/09/16	8/8
Mike Jennings	Director of Finance and Estates	Commenced 10/10/16	7/8
Richard Curtin	Chief Operating Officer	Commenced 09/01/12	7/8
Susan Marshall	Chief Nurse	Commenced 01/04/14	6/8
Richard Quirk	Medical Director	Commenced 02/04/12	7/8

## 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 Foundation Trust 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 2018-19, the Council of Governors had three committees to progress various aspects of the Council's work:

- Nominations and Remuneration Committee – 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.
- Governor Steering Group – agenda setting for the Council of Governors meetings, Governor feedback and reviewing the composition of the Council of Governors.
- Governor Staff Group – to enable Staff Governors to network together and to share specific feedback from the staff constituencies.

## 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). This has been increased to 28 effective from 1 April 2019 following agreement from the Council of Governors. Extra seats in the Public Constituencies for Chichester, High Weald Lewes Havens and Horsham have been added. Plus a new cohort of four Appointed Governors have been introduced where specific groups of the community the Trust serves are now represented – these include children and young people, and volunteers.

Staff and Public Governors are elected in accordance with the Trust's Constitution Election Rules. Elections were held in March 2019 and all 14 seats were filled. The Council agreed to delete the Adjacent Communities constituency which had remained vacant for some time.



## Attendance at Council of Governor Meetings 2018-19

Members and Constituency	Current Tenure	Attendance at Council of Governors
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### ELECTED GOVERNORS

Andrew Partington	Brighton and Hove	Commenced 05/11/15 Resigned 31/03/19	3/4
Vacant	Adjacent Communities		
Wayne Hoban	Worthing	Commenced 05/11/15 Resigned in year	2/2
David McGill	Arun and Lead Governor	Commenced 09/09/16	4/4
David Romaine	Brighton and Hove	Commenced 05/11/15 Resigned 31/03/19	4/4
Stan Pearce	Brighton and Hove	Commenced 05/11/15 Re-elected 01/04/19	4/4
Lilian Bold	Horsham	Commenced 05/11/15 Re-elected 01/04/19	4/4
John Nicholson	Chichester	Commenced 05/11/15 Resigned in year	1/1
Edward Belsey	Mid Sussex	Commenced 05/11/15 Tenure ended 31/03/19	4/4
Ratnam Nadarajah	Crawley	Commenced 01/06/17	2/4
Tim Sayers	High Weald, Lewes and Havens	Commenced 01/06/17	3/4
Martin Osment	Adur	Commenced 01/06/17	2/4

### STAFF GOVERNORS

Anita Sturdey	Admin and Clerical	Commenced 09/11/16	3/4
Ngaire Cox	Nursing and Healthcare Assistants	Commenced 05/11/15	3/4
Julie Warwick	Nursing and Healthcare Assistants	Commenced 05/11/15 Resigned 31/03/19	1/4
Jennifer Parry	Doctors and Dentists	Commenced 05/11/15 Resigned in year	2/2
Richard Gorf	Allied Health Professionals including Therapists	Commenced 01/06/17	4/4

### APPOINTED GOVERNORS

Pinaki Ghoshal	Brighton and Hove City Council	Commenced 05/11/15 Resigned in year	0/3
Rob Persey	Brighton and Hove City Council	Commenced 01/03/19	1/1
Rachel Harrington	Clinical Commissioning Groups	Commenced 01/12/18	2/3

Hilary Flynn	West Sussex County Council	Commenced 01/07/17	0/4
Paula Kersten	Universities	Commenced 01/08/16	0/4
<b>Governors who left the CoG during the year</b>			
Lily Parsons	Youth Governor		
Pinaki Ghoshal	Brighton and Hove City Council		
Andrew Partington	Brighton and Hove		
Wayne Hoban	Worthing		
David Romaine	Brighton and Hove		
John Nicholson	Chichester		
Edward Belsey	Mid Sussex		
Julie Warwick	Nursing and Healthcare Assistants		
Jennifer Parry	Doctors and Dentists		

## 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 Trust Secretary are also in attendance as required. The NRC was convened on 19 July 2018 and reported to the CoG after the meeting.



## Attendance at Nominations and Remuneration Committee

Nominations and Remuneration Committee	Number of meetings attended
Peter Horn – Chair	1/1
David McGill – Lead Governor	1/1
David Romaine – Public Governor	1/1
Anita Sturdey – Staff Governor	1/1

## 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 12 years and over 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](http://www.sussexcommunity.nhs.uk/get-involved/ft/become-member.htm), emailing [SC-TR.SCTMembership@nhs.net](mailto:SC-TR.SCTMembership@nhs.net) or calling 01273 696011 ext. 1520 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. 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 joining established community 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 2018, after the Trust's NHS 70<sup>th</sup> Birthday celebration event where over 70 services came together to showcase their work in Crawley. The AMM fulfilled the requirements of presenting to the CoG the 2017-18 Annual Report and Accounts and Quality Report, as well as hearing from colleagues about what the NHS means to them as part of the Trust's NHS 70<sup>th</sup> Birthday celebration.

## Analysis of Membership at 31 March 2019

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	2018-19
Out of Area/Rest of England	64	125	125
Adjacent Communities	100	102	106
Adur	253	243	245
Arun	800	782	774
Brighton and Hove	1,059	1,049	1,054
Chichester	675	664	660
Crawley	439	434	435
High Weald Lewes Havens	147	150	151
Horsham	602	594	595
Mid Sussex	503	497	496
Worthing	393	388	385
<b>Total Public Constituencies</b>	<b>5,035</b>	<b>5,028</b>	<b>5,026</b>
<b>Total Staff Constituencies (headcount)</b>	<b>5,726</b>	<b>5,028</b>	<b>4,976</b>

## Contacting Governors

Governors' names are available on the Trust's website:

[www.sussexcommunity.nhs.uk/get-involved/ft/our-governors.htm](http://www.sussexcommunity.nhs.uk/get-involved/ft/our-governors.htm). Correspondence for the attention of the Board of Directors, or the Council of Governors, or concerning membership issues, can be sent to [SC-TR.SCTMembership@nhs.net](mailto:SC-TR.SCTMembership@nhs.net) or to the Trust Secretary, Sussex Community NHS Foundation Trust, Trust HQ, Jevington Building, Elm Grove, Brighton BN2 3EW.

## Auditors

The Trust's audit services during 2018-19 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 Improvement 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 in line with the Trust's policy for External Audit Additional Services and agreed by the Council of Governors. In March 2019, the Council of Governors agreed to appoint Grant Thornton as auditors from the financial year 2019-20.

## 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 on 24 May 2019, 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.

#### **Membership and Attendance of Audit Committee**

<b>Name</b>	<b>Position</b>	<b>Meetings Attended (out of a possible 5)</b>
David Parfitt	Chair	5/5
Stephen Lightfoot	NED	4/5
Maggie Ioannou	NED	4/5

## **Remuneration Report**

All figures within the Remuneration Report are extracted from the Annual Accounts 2018-19 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 July 2018, the Committee reviewed NED performance and remuneration for 2018-19 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 2018-19, the Committee met in June 2018 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.

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	0/1
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	1
I&E Margin rating	1	1
Variance From Control Total Rating	1	1
Agency Rating	1	2
<b>Summary Financial Sustainability Risk Rating</b>	<b>1</b>	<b>1</b>

## Health and Safety

### Responsibilities

The Executive Chief Nurse is the executive lead for health and safety, and reports in this regard to the Chief Executive, Board and Quality Improvement Committee. The Safety and Risk Manager is responsible for the management of risk, health and safety, and safety alert bulletins.

The Trust's Health and Safety Committee (HSC) meets every quarter to review the Trust's performance, in regard to health and safety, and advises the Executive Committee and Board accordingly. The Committee submit an Annual Health and Safety Report to a public Board meeting, and copies of the reports are available to members of the public on the Trust's website. The Committee is supported by a number of specialist reporting groups, including the Medical Devices Group, Medical Gas Group, and the Radiation Protection Group.

### Training

All members of staff must attend Trust induction on joining the Trust. It includes training and information on health and safety, with a particular focus on staff responsibilities, how to report incidents or near misses, and an overview of the Trust's policies and procedure.

All staff (including temporary bank staff) attend annual statutory training, which includes updates and basic training on core subjects such as health and safety, fire safety, lone working, and management of medical devices. The content of training courses is revised every year to incorporate lessons learnt from incidents and changes to guidance and legislation.

Additional health and safety training is provided to all leads, managers, and health and safety representatives, so that they are fully aware of how to implement the Trust's policies and procedures; including how to undertake risk assessments, assess computer workstations, investigate accidents, and support staff at greater risk (e.g. stress, young persons, pregnancy).

The Trust also provides training courses mandatory for roles, such as Food Hygiene training for catering staff, Management of Workplace Stress for line managers, Patient Handling training for staff moving or transferring patients, Conflict Resolution Training for all frontline staff, Resuscitation, and First Aid courses. All of the Trusts courses have set refresher periods, so that staff stay up-to-date with safe working practices, and the attendance rates are monitored by the Health and Safety Committee.

## Developments

The Trust's Health and Safety Team undertake regular audits across areas of the Trust, as part of a rolling programme, to monitor and provide assurance that policies and procedures are being effectively implemented and work environments and activities are safe. Findings and guidance from the audits is feedback to managers, and status of actions plans and themes reported to senior managers. The findings from audits inform the Health and Safety Committee's annual workplan and objectives each year.

The Trust's health and safety objectives are formed from the findings and outcomes from incidents, internal inspections and audits, feedback from staff, and external requirements. During 2018-19 the Trusts objectives included initiatives to promote staff health, in particular sources of high sickness rates such as musculoskeletal disorders and stress. The objectives are measured by the Health and Safety Committee and/or as part by the Trust's Commissioning for Quality and Innovation (CQUIN) objectives.

## 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 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 the General Data Protection Regulations 2016; the Data Protection Act 2018; and relevant information governance guidance, 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.
- A Data Protection Officer, 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 2017-18 and the Trust is compliant with GDPR.

On the 1 April 2018, the previous Information Governance Toolkit was replaced by the Data Security and Protection Toolkit. The Toolkit is a self-assessment tool produced by NHS Digital.

The new Toolkit is based on the ten National Data Guardian's data security standards (see overleaf). Within these standards, there are 100 Mandatory Evidence items which must be met to be compliant with the Toolkit. The Toolkit is independently audited by the Trust's internal auditors.

## A new National Data Guardian's data security standards

1. **Personal Confidential Data:** All staff ensure that personal confidential data is handled, stored and transmitted securely.
2. **Staff Responsibilities:** All staff understand their responsibilities under the National Data Guardian's Data Security Standards.
3. **Training:** All staff complete appropriate annual data security training.
4. **Managing Data Access:** Personal confidential data is only accessible to staff who need it for their current role and access is removed as soon as it is no longer required.
5. **Process Reviews:** Processes are reviewed at least annually to identify and improve processes which have caused breaches or near misses.
6. **Responding to Incidents:** Cyber-attacks against services are identified and resisted and CareCERT security advice is responded to.
7. **Continuity Planning:** A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses.
8. **Unsupported Systems:** No unsupported operating systems, software or internet browsers are used within the IT estate.
9. **IT Protection:** A strategy is in place for protecting IT systems from cyber threats.
10. **Accountable Suppliers:** IT suppliers are held accountable via contracts for protecting the personal confidential data they process.

The Trust met all Mandatory Evidence items and therefore meets the standards required by the Data Security and Protection Toolkit.

The Trust received substantial assurance from internal audit.

In November 2018 the Trust reported one Serious Information Governance Incident to the Information Commissioner's Office (ICO). The incident involved the disclosure of sensitive information of a child to their school. The ICO closed this investigation with no further action required.

The Trust also reported 701 other IG related incidents. The top five incident categories for the Trust are:

Incident Category	Number
Patient information sent incorrectly/inappropriately	123
Patient documentation inadequate/illegible/incorrect/wrong	74
Patient information received incorrectly/inappropriately	70
Patient document's lost	70
Patient documentation misfiled	65

All incidents are followed up and awareness is raised across the Trust to staff.



# 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 9 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
<b>Support for long and short-term Trust objectives</b>	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
<b>How the component works</b>	Through monthly payments	Payment based on agreed criteria	Through monthly payments
<b>Maximum payment</b>	Equal to basic salary	Based on a maximum value of £45k to be shared between all Directors	Equal to basic salary
<b>Framework used to assess performance</b>	Appraisal process	Appraisal process	Appraisal process
<b>Performance measures</b>	Individual objectives agreed with Chief Executive and Board	Individual objectives agreed with Chief Executive and Board	Individual objectives agreed with Chief Executive and Board
<b>Performance Period</b>	Financial year	Financial year	Financial year
<b>Amount paid for minimum level of performance</b>	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 2019 there are six Non-Executive Directors and seven Board attending Directors (of whom five are Executive Directors) in office. There have been minimal changes of personnel at Board level during the year. The Director of Performance and Improvement left in December 2018 and has not since been replaced.

There have been a number of resignations amongst Governors during 2018-19. The number of Governors in office has therefore fluctuated in-year but the average number in office has been 18 (out of 22) posts.

Changes to the composition of the Council of Governors was agreed in December 2018. Effective from 1 April 2019 the number of Governors has increased from 22 to 28. Elections and appointments took place in February and March 2019 which successfully filled all new and vacant seats on the Council.

Total Expenses for Directors paid in the year was £21,466 (£25,229 in 2017-18) and for Governors was £459 (£294 in 2017-18).

Expenses paid to Directors and Governors		
	Number Claiming (including directors who have now left post)	Total (£00)
Directors	14	215
Governors	3	5
<b>Total</b>	<b>17</b>	<b>220</b>

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

### Non-Executive Directors 2018-19

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)	40-45	900	0	0	0	40-45
Maggie Ioannou	10-15	0	0	0	0	10-15
Stephen Lightfoot	10-15	200	0	0	0	10-15
Janice Needham	10-15	0	0	0	0	10-15
David Parfitt	10-15	400	0	0	0	10-15
Elizabeth Woodman	10-15	100	0	0	0	10-15

### Non- Executive Directors 2017-18

Name and title	(a) Salary (bands of £5000)	(b) Expenses payments (taxable) to nearest £100*	(c) Performanc e 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
David Parfitt	10-15	300	0	0	0	10-15
Elizabeth Woodman	10-15	100	0	0	0	10-15

## Executive Directors 2018-19

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	160-165	0	5-10	0	35-37.5	205-210
Susan Marshall	125-130	0	0-5	0	7.5-10	140-145
Michael Jennings	130-135	0	5-10	0	15-17.5	155-160
Richard Curtin	115-120	0	0	0	62.5-65	180-185
Richard Quirk	120-125	0	5-10	0	5-7.5	130-135
Kate Pilcher	85-90	1,000	0	0	35-37.5	120-125
Caroline Haynes	85-90	0	0	0	40-42.5	125-130
Dr Anuschka Muller (left 07/12/18)	65-70	0	0	0	7.5-10	70-75

## 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	40-45	0	0	0	0-2.5	40-45

Muller (from 31/10/17)						
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

### 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 2018-19 was £167,500 (2017-18 £157,500). This was 5.6 times (2017-18 5.7 times) the median remuneration of the workforce, which was £30,112 (2017-18 £27,635). 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 2018-19 two (2017-18 zero) employees received remuneration in excess of the highest paid director. Remuneration ranged from £16,053 to £202,000 (2017-18 £15,404 to £160,000).

## Pension Benefits

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age 31 March 2019	Lump sum at pension age related to accrued pension at 31 March 2019	Cash equivalent transfer value at 1 April 2018	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2019	Employer's contribution to stakeholder pension
Name and title	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)				
	£000	£000	£000	£000	£000	£000	£000	£000
Siobhan Melia (Chief Executive)	2.5-5	0	40-45	90-95	540	114	670	0
Susan Marshall (Chief Nurse)	0-2.5	2.5-5	40-45	130-135	905	114	1,046	0
Michael Jennings (Director of Finance and Estates)	0-2.5	0	25-30	55-60	364	76	451	0
Richard Curtin (Chief Operating Officer)	2.5-5	10-12.5	25-30	75-80	465	131	610	0
Richard Quirk (Medical Director)	0-2.5	0	20-25	40-45	241	54	303	0
Kate Pilcher (Director of Operations)	2.5-5	0-2.5	10-15	25-30	165	58	228	0
Caroline Haynes (Director of HR)	2.5-5	2.5-5	10-15	25-30	143	55	202	0
Dr Anuschka Miler (Director of Performance and Improvement)	0-2.5	0	0-5	0	7	10	22	0

## Cash Equivalent Transfer Value (CETV)

This is 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

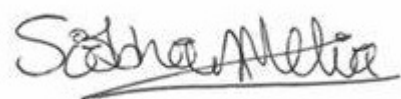
or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity 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:

A handwritten signature in dark ink, appearing to read 'Siobhan Melia', with a horizontal line drawn underneath the name.

Siobhan Melia, Chief Executive  
Date: 24 May 2019

# 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.

### 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 2018-19 the Trust received 21,726 responses which is a decrease of over 3,000 from last year (25,009). Monthly response rates and percentage of people who said they would recommend our services or unlikely to recommend our services are included below:

Nationally aligned categories of reporting	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Community In- Patients	81	201	83	176	145	148	193	102	188	169	167	98
Community Nursing	44	105	54	77	54	87	145	111	47	128	115	106
Rehab & Therapy Services	117	144	113	281	164	158	74	44	48	80	38	47
Specialist Services	214	406	395	244	268	298	564	793	284	819	593	260
Children & Family Services	218	129	101	137	49	111	164	106	130	440	214	221
Community Healthcare Other	1164	1206	1259	1541	681	854	708	596	705	408	399	915
<b>Total FFT Submitted</b>	<b>1838</b>	<b>2191</b>	<b>2005</b>	<b>2456</b>	<b>1361</b>	<b>1656</b>	<b>1848</b>	<b>1752</b>	<b>1402</b>	<b>2044</b>	<b>1526</b>	<b>1647</b>
Likely to recommend (Percentage)	95.3%	95.2%	96.2%	96.7%	97%	98.8%	96.5%	98.1%	97.1%	97.7%	97.6%	96.9%
Unlikely to recommend (Percentage)	1.1%	1.2%	1.2%	0.9%	1.1%	0.8%	0.6%	0.2%	0.9%	0.4%	0.2%	0.7%

Source: Scholar reporting system and Unify2 records 02/04/2019

### Benchmarking

147 Trusts submit FFT data to NHS Digital on a monthly basis. SCFT constantly feature in the top 20 Trusts, submitting the most data in terms of numbers of FFT. Below is a snapshot

of the top performing 21 (of 147) Trusts from January 2019, which is the most up to date information available.

The latest available figures from NHS digital were produced in April 2019 reporting on January 2019's data and are as follows. Of the comparable 147 Trusts:

- 14 Trusts scored 100% recommendation rate with an average 344 FFT submissions per Trust.
- 19 Trusts scored 99% recommendation rate with an average 520 FFT submissions per Trust.
- 29 Trusts scored 98% recommendation rate with an average of 706 FFT submissions.
- 15 Trusts (including SCFT) scored 97% recommendation rate with an average 669 FT submissions – SCFT submitted 2013 responses.

## FFT Developments

During 2018-19, the NHS has been carrying out a development project to improve the FFT and make it a more useful tool for driving service improvement. They are committed to producing refreshed guidance by April 2019, in line with government Mandate. The purpose of the project is to improve some areas of the way the FFT works across the country with the ambition to ensure the FFT can be a more effective tool in gathering patient feedback that helps to drive local improvements in healthcare services.

In October 2018, SCFT ended the contact with the FFT external provider and is now managing the FFT in-house. Since that date a number of new services, who were not previously engaged in FFT, are now surveying their service users. These new services include:

- Abdominal Aortic Aneurysm (AAA) screening service.
- Sexual Assault Referral Centre (SARC).
- Healthy Child Programme.

A Smart Survey has been designed and used for the AAA screening service. The service submits to the FFT team a list of email addresses collected from patients booking in, for the sole purpose of receiving a survey link to the FFT. Those being screened can opt-out by declining to provide an email address or not completing the survey, which is emailed to them via a link. Since it was introduced in November 2018 over 700 people have completed the online survey. As this method has been successful, we are now in discussions with SystmOne who will looking to draw information from the patient information records (with consent) to send email FFT to those attending Minor Injury Units and the Urgent Treatment Centre.

From March 2019 the Trust's FFT was incorporated into the Family Assist platform and automated FFT's surveys are texted to parents of children reaching nine weeks of age (as they would have completed their initial contact with a health visitors) and again at 13 months (after the child's annual check). The 'Family Assist' is a joint funded by SCFT, Western Sussex Hospitals NHS Foundation Trust and West Sussex County Council and is only available to parents in West Sussex.

A business case is being submitted in April 2019 to the Executive Leadership Team detailing the next steps for real-time electronic systems to support with FFT collection in services.



## Positive Themes and Comments from FFT

For the third year 'staff attitude' features as the highest positive theme for FFT feedback, some examples from 2018-19 are featured below:

<i>Really helpful and lots of information and support. Very knowledgeable staff. Felt comfortable. (Chronic Fatigue and ME - April 2018)</i>
<i>Very friendly, helpful and quick service. Taken good care and listened to my problem. (Urgent Treatment Centre- May 2018)</i>
<i>Excellent care with on-going knowledge of further adapting to all my needs. We are so very happy with all that his future hold and tremendous hope. Thank you so much. (Prosthetics - June 2018)</i>
<i>I found the nurse friendly and easy to talk to. Very efficient and helpful. Looked forward to her visits. (Adult Community Nursing – July 2018)</i>
<i>Anyone that may need to come here will be made welcome, comfortable and have great care. (Community Hospital - August 2018)</i>
<i>First class. The nurse was helpful answered our questions. Very professional and made the visit enjoyable. (Bladder and Bowel – September 2018)</i>
<i>I have been treated with care, kindness and understanding. A friendly ear when you are stressed is the best. (Carers Health Team – October 2018)</i>
<i>We were seen very quickly and had regular appointments with good guidance on what to do and how to help my son. He has improved so much. (Speech &amp; Language Therapy Paediatrics – November 2018)</i>
<i>Always kind, cheerful and competent. (Podiatry– December 2018)</i>
<i>I am extremely well looked after and kept informed at every stage of treatment. I am always at ease and know I will be looked after. (Special Care Dentistry – January 2019)</i>
<i>I felt they had time for me and the problems I had. (Diabetes Care For You – February 2019)</i>
<i>Professional service and ease of access. Staff very good and after the screening felt peace of mind. (AAA – March 2019)</i>

FFT recording data 2<sup>nd</sup> April 2019

## Complaints

The Trust received and responded to, or is responding to, 211 formal complaints in 2018-19 which is the exact number as recorded in 2017-18. The breakdown for complaints received each month from April 2017 to March 2019 is shown below:

April 2017 – March 2018	No. of complaints	April 2018 – March 2019	No. of complaints
April	16	April	16
May	13	May	19
June	21	June	15
July	22	July	11
August	23	August	23
September	19	September	18
October	15	October	13
November	17	November	23
December	12	December	8
January	14	January	19
February	17	February	21
March	22	March	25
	<b>211</b>		<b>211</b>

Source: Datix and Disbanded Safeguard Database (02/04/2019)

SCFT 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. The below table shows the number of complaints received by categories in 2018-19:

Complain category/theme	No. of Complaints
Clinical Provision	128
Attitude of staff	27
Appointments	15
Communication	11
Equipment and supplies	10
Patient Care	7
Waiting times	4
Access to treatment or drugs	2
General Procedures	1
Prescribing	1
Consent	1
Customer Care	1
Discrimination	1
Admission & Discharges	1

Building/Premises	1
<b>Total</b>	<b>211</b>

Source: Datix 02/04/2019

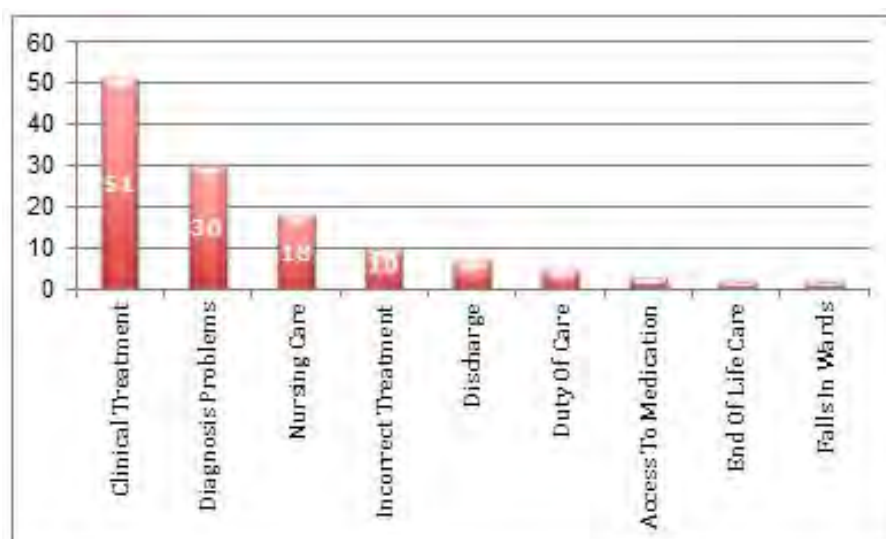
The highest number concerned aspects of clinical provision (128), staff attitude (27) and appointments (15).

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 128 complaints received under the category of clinical provision in 2018-19:



Source: Datix 03/04/2019

## 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 reoccurrence and the potential impact.

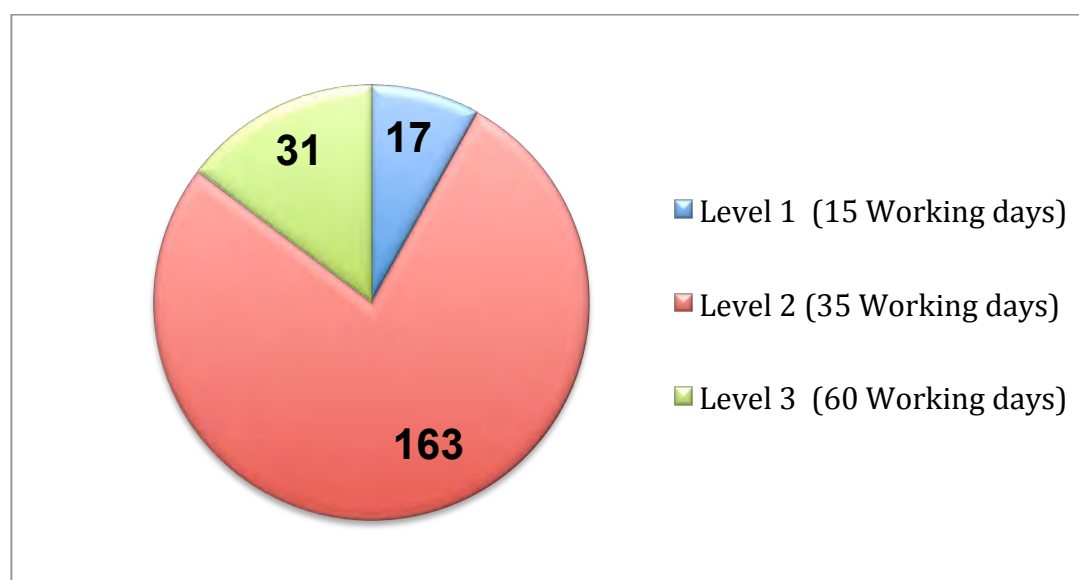
Complaints are risk assessed initially by the complaints team and then by the service involved. SCFT uses the Department of Health risk assessment matrix to risk assess complaints. The rating may be adjusted based on further investigation.

Current complaint regulations do not state the length of time a complaint investigation should take, other than a maximum period of six months. There is an expectation that target dates for completion are agreed between the complainant and the complaints team.

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. We aim to respond to different risk rated complaints within the following response times, as 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.

The chart below shows the initial risk ratings of complaints received in 2018-19:



Source: Datix Reporting System 03/04/2019

## Complaint Response Times

Complaint response timeframes have significantly improved in 2018-19. This was an area of concern in 2015-16 and 2016-17 where on average only 25% of complaints were being responded to within the initial stated timeframes. Improvement within this area has continued to be one of our key initiatives for 2018-19. Processes have been reviewed resulting in complaint target response times regularly meet 100% compliance.

## Outcome of Complaints

In 2018-19, of the 211 level 1, 2 and 3 risk rated complaints received, 176 were closed and at the time of writing this report 35 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.

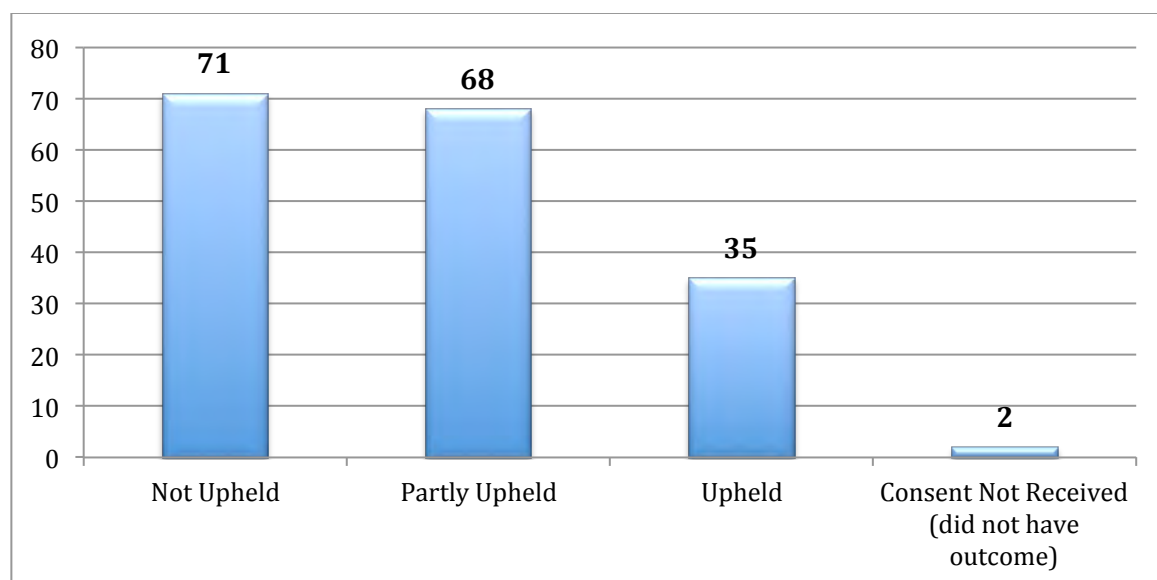
## Upheld Rationale

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

## 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.

The chart below shows the outcome of complaints closed in 2018-19:



Source: Datix Reporting System 04/04/2019

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.

## 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 Improvement 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)

During 2018-19 four new complaints have been referred to the PHSO and 1 is still with the PHSO under review from 2017-18. Of these:

- Two were investigated by the PHSO and not upheld.
- Two were investigated and recommendations made for SCFT.
- One complaint remains under investigation with the PHSO.

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

In 2018-19 1,147 PALS queries were received which is an increase of 46% from the previous year. Of these 345 PALS queries were signposted to other local organisations who are the relevant providers of health and care. 802 queries related directly to Trust services – a summary of the majority of these is included below:

- 479 were responded to by the PALS team in conjunction with the service involved.
- 161 people seeking information regarding health and care services. These queries involved 58 different services.
- 29 were raised by a patient's friend or family member where the patient did not give consent to pursue the query.
- 26 were from people providing comments (positive or negative) and where feedback was shared with the appropriate service.
- 1 resulted in resolution meetings between the enquirer and the relevant service.

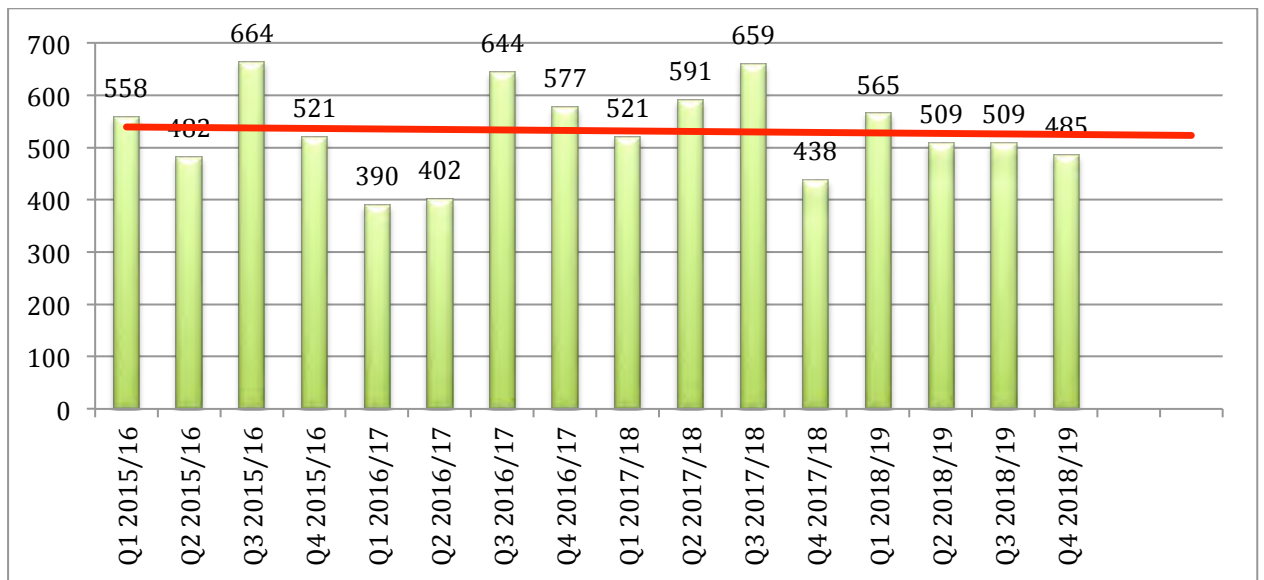
The increase in queries to PALS follows a Trust-wide promotional campaign to increase visibility and awareness of the service. This included extra engagement with Trust services and exhibiting at public events.

## Compliments

There were 2,068 compliments recorded on the Trust's compliments database in 2018-19; a 6.3% decrease on the number of compliments recorded in 2017-18 (2,209).

Compliments are now recorded by other methods, alongside the compliment recording system, such as in the 'Book of Good Stuff', which is likely to be the reason a slight decrease is shown.

Data is reported in relation to the date the compliment is 'recorded' on the system.



Source – Disbanded compliment data base and Datix 02/04/2019

The red trend line on the chart reflects a small downward 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 value 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 Trust Strategy.

In 2018-19 the Trust has focused on both recruitment and retention strategies to attract and retain staff.

## 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.

## Staff engagement

The last year has seen an increased focus on staff engagement, with investment in additional ways for colleagues to share good news, best practice and lessons learned.

The organisation further developed Trust-wide engagement events to promote better networking and to support staff to build relationships with colleagues.

The organisation's performance in major communications and engagement campaigns has continued to improve, indicating an increasing level of staff engagement. This includes:

- The Staff Survey response rate improved by 7% year-on-year.
- The campaign to improve flu vaccination rates exceeding its 75% target ahead of schedule.
- The Sue Eckstein Award and annual Staff Awards receiving record numbers of nominations.



- The Digital Book of Good Stuff, where teams can share their good work, has been viewed more than 5,000 times since its launch in April 2018.
- The Brighton General redevelopment proposals have been formulated with significant input from staff.

The Trust's Staff Networks (LGBT+, BAME, Disability and Religion and Belief) continue to develop with more than 230 members and a range of activities undertaken, with more planned in 2019-20.

Improvements have been made to the Trust's internal communications, with the introduction of better forward planning and evaluation of engagement across all of its channels.

Work has begun to develop the Trust's website and extranet to help further improve staff engagement by enabling better two-way communications.

## NHS Staff Survey

The NHS staff survey is conducted annually. From 2018 onwards, the results will be grouped to give scores in 10 key themes.

SCFT is above average or in line with other providers of NHS community services in all 10 of the key themes, as set out in Figure 1.

The indicators are based on a score out of 10 for certain questions with the indicator score being the average of those.

The overall response rate to the 2018 survey among trust staff was 57%, compared with 50% in 2017.

The results demonstrate a continued improvement in the proportion of employees that recommend the Trust as a place to work and as a place to receive care.

In 2018 the results showed that:

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

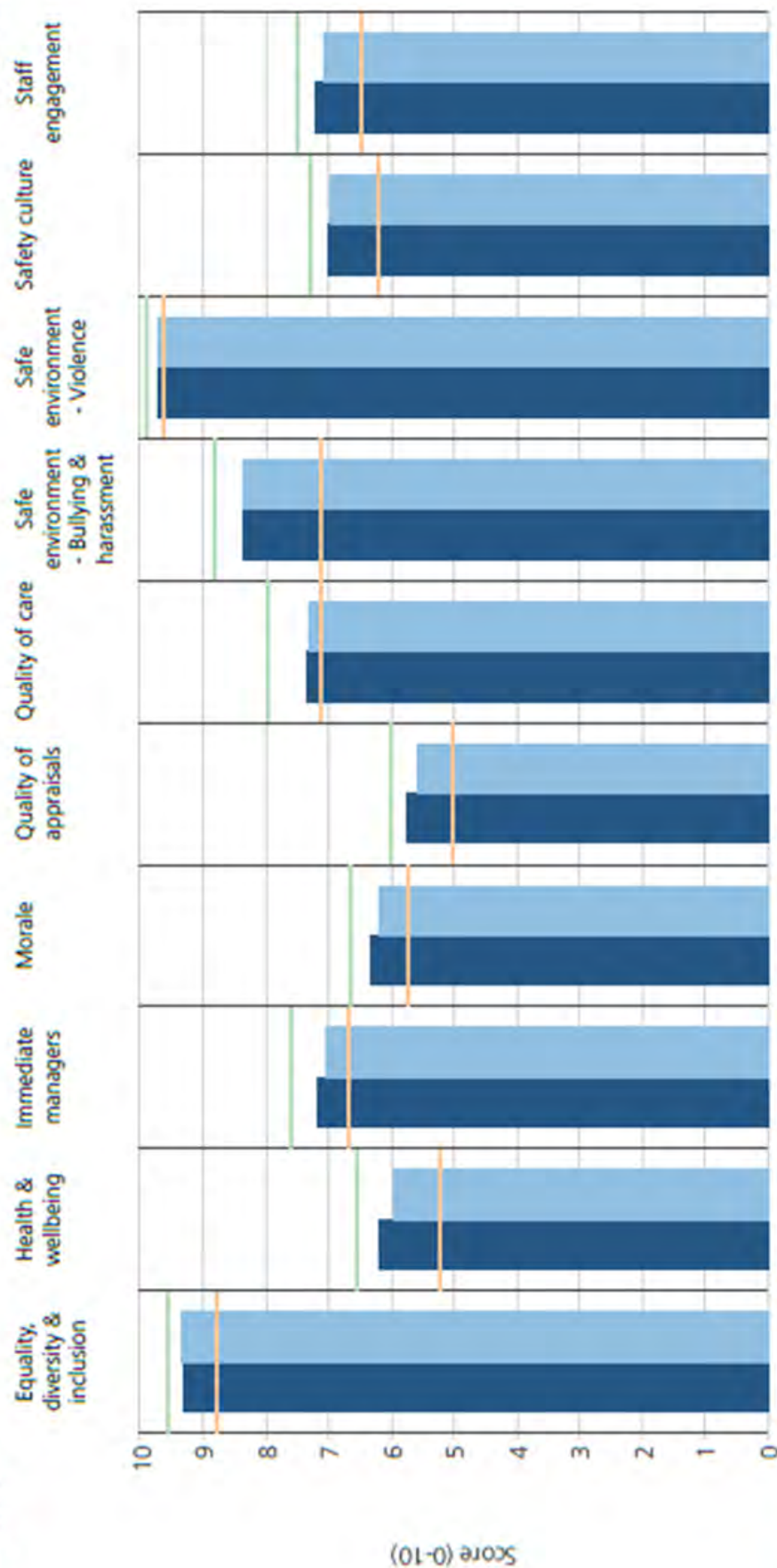
These positive results are a continuation of a trend of improvement in recent years. The percentage of people that recommend the Trust as a place to work rose from 64% in 2016, to 66% in 2017 and last year reached 69%.

The below table (page 78) provides an overview of the 10 key themes from the 2018 NHS Staff Survey Results.

Areas where we want to do better in 2019-20 include:

- Show that senior managers are acting on staff feedback.
- Do more to share patient and service user feedback.

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



Best	9.6	6.5	7.6	6.6	6.0	8.0	8.8	9.9	7.3	7.5
Your org	9.3	6.2	7.2	6.3	5.7	7.3	8.4	9.7	7.0	7.2
Average	9.3	5.9	7.0	6.2	5.6	7.3	8.4	9.7	7.0	7.1
Worst	8.8	5.2	6.7	5.7	5.0	7.1	7.1	9.6	6.2	6.5
No. responses	2,584	2,596	2,605	2,556	2,255	2,317	2,559	2,557	2,581	2,643

## 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 benefits brochure which has been downloaded over 4,000 times.
- Staff awards followed by a staff ball with over 650 staff attending.
- Promotion of 24/7 health and wellbeing app.
- Launch of a wellbeing fund where teams can submit a proposal to improve their health and wellbeing at work.
- Wellbeing@work month, consisting of roadshows, tastings and events.
- Lunch and learn sessions.
- Eating psychology course.
- Exercise classes at various venues.
- SalaryFinance to help staff with financial wellbeing.
- Retirement seminars.
- Stay and play sessions available at nurseries for parents on maternity leave.
- Reviewing some induction processes to make a better welcome for new staff.
- Support for women going through the menopause via our new risk assessment template.
- Access to PhysioMed for staff with chronic musculoskeletal conditions.
- Staff support brochure detailing a full range of support available.

## Staff Benefits

- Our staff benefits lead meets with new staff every two weeks and provides information on staff wellbeing, including 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. In the last two years eight retirement seminars have been held and attended by 193 colleagues.
- 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 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.
- We host many staff Facebook groups with over 650 actively engaged members.
- We provide information in various formats including films and animation.
- We deliver a weekly team briefing providing information for all staff, to encourage discussion in teams and generate feedback.
- We send out a weekly message from our chief executive, linking what's going on within the Trust and locally to the national picture. In response to staff feedback this is now just shared via our social media channels.
- We deliver a monthly overview (known as Team Talk) 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.
- We livestream our Board meetings held in public with people viewing each event via Facebook.
- Members of the Board and the executive leadership team regularly visit services across the Trust.
- We ensure all our staff communications can be accessed by all, continuously improving accessibility for staff, for example, people with hearing impairments and learning disabilities.

## 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.

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. More than 150 colleagues attended. The theme was 'Good to Great' and there were a range of inspirational speakers, including [Adam Sewell-Jones](#), then the Executive Director at NHS Improvement and [Dr Bob Klaber](#). Delegates also enjoyed a range of informative workshops.
- 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 Test

85% of staff would recommend the Trust as a place to receive treatment (84% national average community trust's score), 65% would recommend the Trust as a place to work (65% national average community trust's score) and 68% would tell their line manager about an issue with their mental health. Trust figures are at quarter four in 2018-19. National figures are at quarter two (what is available nationally at time of print).

## Freedom to Speak Up Guardian

Enabling staff to speak up about a concern that they have at work is vital because it helps the Trust to keep improving its service for patients, clients and carers, and for its colleagues and teams.

A dedicated Freedom to Speak Up Guardian was appointed in 2018-19 who works alongside leadership teams to support the Trust to promote an open and transparent place to work, where all colleagues are actively encouraged and enabled to speak up safely.

## Sussex Community recognised for its work to promote inclusion

This year the Trust jumped more than 140 places in Stonewall's list of top LGBT-Inclusive employers.

Every year, Stonewall publish a list of the 100 employers that receive the highest marks in our annual Workplace Equality Index.

The 2019 Index was the largest in the Index's fifteen-year history, with 445 organisations taking part.

SCFT entered for the second time and this year shot up the rankings by 146 places. SCFT is now ranked 225 in Stonewall's Workplace Equality Index.

## Recruitment

In 2018-19 the Trust launched a recruitment and retention campaign called '#CommunityThatCares'. The recruitment element has focused on attracting nurses, healthcare assistants and allied health professionals to join the Trust's Responsive Services.

The campaign has reached more than 200,000 people via social media and recruitment videos focused on staff have been viewed more than 5,000 times.

The Trust has exhibited and presented at national and local recruitment fairs including Nursing Times Careers Live in March.

## Apprenticeships

Over 100 colleagues at the Trust are being supported to undertake an apprenticeship course to develop their skills and knowledge.

## Overall staff numbers

The table below sets out the average staff numbers for 2018-19 (subject to audit). The total number of staff employed was 4,308 whole time equivalents (WTE), made up of 4,192 WTE permanently employed staff and 116 WTE temporary staff.

Staff Group	2018-19 Total Number	2018-19 Permanent Number	2018-19 Other Number
Medical and Dental	79	65	14
Ambulance staff	0	0	0
Administration and Estates	943	938	5
Healthcare Assistants and other support staff	1,061	1,021	40
Nursing, Midwifery and Health Visiting staff	1,386	1,345	41
Nursing, Midwifery and Health Visiting learners	27	27	0
Scientific, Therapeutic and Technical staff	787	771	16
Healthcare Science staff	25	25	0
Social Care staff	0	0	0
Agency and contract staff			
Bank staff			
Other	0	0	0
<b>Total average numbers</b>	<b>4,308</b>	<b>4,192</b>	<b>116</b>
<b>Of which</b>			
<b>Number of employees (WTE) engaged on capital projects</b>	<b>33</b>	<b>31</b>	<b>2</b>

## Staff Costs

Staff Costs*	Permanent £000s	Other £000s	Total £000s
Salaries and Wages	134,834	0	134,834
Social Security Costs	11,491	1,036	12,527
Apprenticeship Levy	660	0	660
Employer's contributions to NHS pensions	15,691	1,460	17,151
Pension Cost - other	28	0	28
Temporary Staff		6,774	6,774
<b>Total Gross Staff Costs</b>	<b>162,704</b>	<b>9,270</b>	<b>171,974</b>
<b>Of which</b>			
<b>Costs capitalised as part of assets</b>	<b>1,463</b>	<b>64</b>	<b>1,527</b>

\*(Subject to audit)



## Gender distribution of our staff (as 31 March 2019)

<i>Headcount (primary assignments only)</i>					
Category	Total	Female	Percent (%)	Male	Percent (%)
Executive directors	7	4	57.14	3	42.86
Other senior managers (Agenda for Change bands 7-9 and senior medical and dental staff)	1,134	910	80.25	224	19.75
All other employees	3,835	3,369	87.85	466	12.15
<b>Total</b>	<b>4,976</b>	<b>4,283</b>	<b>86.07</b>	<b>693</b>	<b>13.93</b>
<i>Full time equivalent (FTE)</i>					
Category	Total	Female	Percent (%)	Male	Percent (%)
Executive directors	6.8	4	58.82	2.8	41.18
Other senior managers (Agenda for change bands 7-9 and senior medical and dental staff)	944.72	742.40	78.58	202.32	21.42
All other employees	3,027.10	2,607.30	86.13	419.80	13.87
<b>Total</b>	<b>3,978.62</b>	<b>3,353.70</b>	<b>84.29</b>	<b>624.92</b>	<b>15.71</b>

## Staff Sickness

Figures Converted by Department of Health and Social Care (DHSC) to Best Estimates of Required Data Items		Statistics Published by NHS Digital from Electronic Staff Record (ESR) Data Warehouse		
Average FTE 2018	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
<b>4,021</b>	<b>45,313</b>	<b>1,467,603</b>	<b>73,507</b>	<b>11.3</b>
Average FTE 2017	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
<b>3,933</b>	<b>38,226</b>	<b>1,435,496</b>	<b>62,011</b>	<b>9.7</b>

*Durations covered are calendar years: January to December 2018 and January to December 2017*

## Use of Agency and Bank Staff

In 2018-19 the use of agency staff has increased and is above target. 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. Recruiting and retaining a high quality and motivated workforce remains a key challenge and a key priority for the Trust. We have had some success in reducing the use of agency staff by recruiting more permanent staff through our recruitment and retention campaign known as 'A Community That Cares':

[www.individualasyou.com](http://www.individualasyou.com).

On all occasions we look to minimise our use of agency staff by investing and making the best use of our in-house bank, Staff Direct. Over 200 people responded to the first ever Bank Staff Survey. This feedback will be used to improve the service and experience for temporary staff.

Our overall use of temporary workforce (including agency, bank and locum costs) as a percentage of the total pay bill was 9.7%. This compares with a target of 11%. Our 2017-18 performance was 7.9% of the total pay bill.

## Expenditure on Consultancy

The Trust spent £64k on external consultancy in 2018-19. This compares to £113k in 2017-18.

## 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 £245.

The table below relates to all off-payroll engagements as of 31 March 2019, for more than £245 per day, that lasts for longer than six months:

	Number
Number of existing engagements	5
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	0
For between two and three years at the time of reporting	3
For between three and four years at the time of reporting	1
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 below relates to all new off-payroll engagements, or those reaching six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 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 2018 and 31 March 2019:

	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	14

## Exit Packages

Exit packages for the year totalled £104k for 11 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		8	8
£10,000 - £25,000	1	1	2
£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	10	11
Total Resource Cost (£000)	15	89	104

## 2017-18

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

The below tables disclose the number of non-compulsory departures which attracted an exit package in the year (subject to audit).

	Agreements Number	Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs	10	89
Contractual payments in lieu of notice		
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval*		
Total	10	89
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary		

## 2017-18

	Agreements Number	Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs	2	27

Contractual payments in lieu of notice		
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval*		
Total	2	27
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary		

## Equality and Diversity

SCFT's strategic ambition for equality is 'equitable care at the heart of all our communities'. During 2018-19 we continued to deliver this ambition and examples of progress are highlighted below, including:

- Launched the new Religion and Belief, and Disability staff networks to promote inclusion and diversity.
- Developed further the Black, Asian and Minority Ethnic (BAME) and Lesbian, Gay, Bisexual, Transgender/Transsexual plus (LGBT+) staff networks.
- Our second gender pay gap report showed women's median average hourly rate of pay was 4% higher than men.
- Promotion of the sussex-wide #MyPronouns to educate people that you can't always assume what someone's gender identity and pronouns are.
- Audited chaplaincy and prayer rooms arrangements and published information for patients about access.
- Appointed our first Multi-Faith Chaplain who is focused on the spiritual welfare of patients, their families and carers, and our colleagues in the community. The Chaplain works with all religious and belief groups, and wellbeing agencies in the area.

For more detail please visit [www.sussexcommunity.nhs.uk/equality](http://www.sussexcommunity.nhs.uk/equality)

## Joint Consultative and Negotiating Committee

The Trust is committed to working together with Staff Side (including Trade Union Representatives and volunteers including Union Stewards, Workplace Contacts and Health and Safety Representatives) and Trade Unions.

Staff Side, unions, colleagues and senior managers from the Trust attend our bi-monthly Joint Consultative and Negotiating Committee (JCNC) meetings to discuss service, staff and organisational issues.

Shortly after each meeting, three key messages from JCNC are shared with all colleagues.

In 2018-19 JCNC acknowledged the importance of partnership working by using a facilitated meeting to refresh the way union representatives work with the Executive Team. The relationship is open and transparent and matters raised by Staff Side are taken seriously by the Executive Team.

To help increase awareness of JCNC, Staff Side and Trade Unions a new section on the staff intranet has been launched.

A significant amount of work has been undertaken by Staff Side and members of the HR Team to streamline and reduce the number of policies. This will make it a much more user friendly process for all colleagues to refer and engage with a smaller number of policies.

## Trade Union Facility Time

Below is information about trade union facility time at the Trust:

### Relevant union officials

Number of employees who are relevant union officials during the relevant period	Full-time equivalent employee number
30	3,978.62

### Percentage of time spent on facility time

Number of employees who are relevant union officials and how much of their working hours was spent on facility time.

Percentage of time	Number of employees
0%	12
1-50%	15
51-99%	0
100%	3

### Percentage of pay bill spent on facility time

	Figures (1,000s)
Total cost of facility time	62
Total pay bill	171,974
Percentage of total pay bill spent on facility time, calculated as: (Total cost of facility time / Total pay bill) x 100	0.036%

### Paid trade union activities

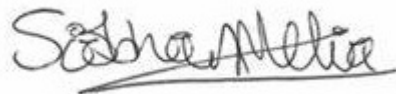
As a percentage of total paid facility hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:

100%

(total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours) x100

Signed:

A handwritten signature in dark ink, appearing to read 'Siobhan Melia', with a horizontal line drawn underneath the name.

Siobhan Melia  
Chief Executive

Date: 24 May 2019

## 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).

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Sussex Community NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. 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.

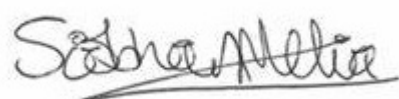
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *Department of Health and Social Care Group Accounting Manual* and in particular to:

- 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* (and the *Department of Health and Social Care Group Accounting 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;
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.
- 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:



Siobhan Melia, Chief Executive

Date: 24 May 2019

# 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 2019 and up to the date of approval of the annual report and accounts.

## 3. Capacity to handle risk

The Medical Director 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 Improvement 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.
- 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 contract meetings with the Trust's commissioners to review performance against and risks relating to delivery of the contract.
- Regular attendance at and presentations as required to the local Health 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.
- 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.
- Engaging with public and patients on key strategic direction decisions and any proposed major changes in service delivery.

## 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/summer of 2019.

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 Management 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 rating between a scale of 1 to 25 which includes 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 (1 to 6/green) managed at local level and the highest (15 to 25/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 2018-19, 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 2018-19. The Trust's long-term plans will be influenced by the outcomes of the Sussex and East Surrey Sustainability and Transformation Partnership (STP). The Trust's Operational Plan 2017/19 and 5-year Strategic Plan reflects the risks associated with system fluidity.

## **Well-led**

The Trust Board is accountable for all aspects of performance and governance of the organisation. The Board should conduct its affairs in such a way as to build patient, public and stakeholder confidence that the Trust is providing high quality, sustainable care. The role of the Board is to set strategy, lead the organisation, oversee operations, and to be accountable to stakeholders in an open and effective manner.

The Trust has in place a range of policies, processes and structures which support the effective oversight of the organisation and which ensure that the Trust Board receives appropriate, robust and timely information in support of its leadership of the Trust.

The Board Governance Framework (BAF) is the structure that binds the various policies and processes together, and within this statement we describes the process through which quality and performance issues are escalated from the patient's place of care to the Trust Board.

The NHSI Well-Led Framework against which NHS foundation trusts are assessed articulates four domains of quality governance: Strategy, Capability and Culture, Process and Structures and Measurement.

The framework provides the Board with assurance about how the organisation is able to identify, monitor, escalate and manage quality concerns in a timely fashion and at an appropriate level.

## **The Well-Led Organisation**

The characteristics of a well-led organisation, as defined by the Care Quality Commission (CQC) and NHS Improvement are now identical. This aligned view of a well-led organisation is reflected in CQC's assessments and ratings, as set out in its provider handbooks, while NHS Improvement (NHSI) now use the updated well-led framework as the point of reference for NHS foundation trusts.

NHSI framework poses 10 key questions that NHS foundation trusts should seek to address.

### *Strategy and planning*

- Does the Board have a credible strategy to provide high quality, sustainable services to patients and is there a robust plan to deliver?
- Is the Board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?

### *Capability and culture*

- Does the Board have the skills and capability to lead the organisation?
- Does the Board shape an open, transparent and quality-focused culture?
- Does the Board support continuous learning and development across the organisation?

### *Process and structures*

- Are there clear roles and accountabilities in relation to board governance (including quality governance)?
- Are there clearly defined, well-understood processes for escalating and resolving issues and managing performance?
- Does the Board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?

### *Measurement*

- Is appropriate information on organisational and operational performance being analysed and challenged?
- Is the Board assured of the robustness of information?

## **Supporting Strategies**

The Board has in place the following strategies which support the on-going development of the Trust's Governance Framework and delivery of the Trust's objectives:

- Commercial Strategy.
- Communications and Engagement Strategy.
- Digital Strategy.
- Estates Strategy (including Care Without Carbon).
- Trust Strategy (formerly Clinical Care Strategy).

## **Trust Strategy and Quality Improvement Plan**

The Trust Strategy has been reviewed in response to national enquiry reports and recommendations, and local quality developments. During 2018-19 the Trust has engaged with various stakeholders including staff, patients/service users, partners and commissioners to develop the new three-year Trust Strategy. It has taken into account key themes that have arisen from national strategies that are relevant to people who use our services, for example, the NHS Long Term Plan and NHS Five Year Forward Review 2017. The Trust acknowledges services are too diverse for a one-size-fits-all care model.

Additionally the Trust has taken the opportunity to go back to the people who its services, as well as carers, staff, and partners to help inform goals and strategic priorities.

The Trust will achieve its quality priorities through the monitoring and implementation of its Quality Improvement Plan with additional annual metrics (developed in conjunction with stakeholders) which feature in the Trust's Quality Report.

### **Engagement Strategy**

The Engagement Strategy aims to ensure the Trust exceeds the statutory and good practice responsibilities to engage with everyone who uses its services, including its staff, stakeholders and the community.

The Trust has an engagement implementation plan to show how it puts this strategy into action to engage with all stakeholder groups. This plan is reviewed and updated regularly, and includes an assessment of key risks to its effective delivery, for example issues raised in the NHS Staff Survey and feedback from patient engagement, such as the Friends and Families Test.

The Trust is focused to continuously improve its stakeholder engagement work, with a current emphasis on improving the patient's experience of care, addressing issues of concern in the annual NHS Staff Survey and strengthening its engagement with commissioners and local GPs.

### **Workforce Strategy**

The Workforce Strategy describes how the Trust will create the workforce it needs to deliver its vision of 'excellent care at the heart of the community'. It sets out the strategic workforce priorities and the approach the Trust will take to deliver them.

The approach builds on the culture of innovation and continuous improvement, of openness and transparency, and of collaborative leadership, grounded in the Trust's values. The strategic priorities for the Trust's workforce is described in the following six pillars:

- Wellbeing – continue to reduce sickness absence related to musculoskeletal and mental health issues.
- Culture – continuously improve equality, diversity and inclusion for all staff. To continue its culture of care where staff feel empowered to raise concerns, innovate and continuously improve. Support staff experiencing change in the organisation to improve retention and enhance staff experience.
- Leadership – supporting the development of leaders and managers, ensuring staff have the skills to carry out their roles now and are developed to take on new roles in the future to enhance patient care.
- Recruitment and retention – recruit the right people, with the right skills and deploy them to meet organisational demand. Recruit to vacant posts and use workforce planning and skill-mix methods to deliver the care model described in our Trust Strategy.
- Temporary Workforce – continue to reduce agency usage and spend, and increase the use of Bank workers to fill temporary staffing gaps.
- Workforce transformation – transforming the workforce so that it can continue to be responsive to the needs of patients now and in the future, as demand and complexity increase.

To deliver this strategy clear Terms of Reference and an action plan and are chaired by the Director of Human Resources and Organisational Development (HR & OD) and/or the relevant Deputy Chief Nurse.

Performance against plans is managed by the Workforce Committee which reports to the Executive Committee. Assurance on workforce priorities and progress against plans are presented to the Quality Improvement Committee. Key Performance Indicators (KPIs) are reported through the Integrated Performance Report (IPR) to the Board.

## **Internal functions and structures for monitoring and managing performance and escalation**

Supporting processes and structures enable the Board to monitor the implementation of strategy, and compliancy with policy, collectively this constitutes the Quality and Assurance Framework. In addition The Performance Management Framework is the structure through which the Trust delivers performance improvement as necessary.

### **Quality Governance Framework**

The Quality Assurance Framework sets out the clinical governance structures through which quality and risk management monitoring and escalation takes place.

Quality governance groups translate national policy, recommendations and requirements into Trust policies, procedures and standards which are delivered across the services and functions, and are managed through the Performance Management Framework.

The Trust Wide Governance Group (TWGG) receives reports from its supporting committees and monitors progress on quality and risk issues, escalating items that require executive oversight to the Executive Team.

Each Trust Area has an Area Clinical Governance and Harm Free Care Meeting which monitors and assures quality and governance and forms part of the quality reporting structure additionally identifying operational issues which may impact on quality and risk.

### **Performance Management and Assurance Framework**

The Trust's performance management arrangements sets out the clinical operational and corporate functional lines through which performance is managed and which support the setting and delivery of key performance indicators and measures.

The monthly Performance, Governance and Quality Meeting (PGQ) is chaired by an Executive Director and attended by all members of the Executive Committee. Each Area triumvirate consisting of the Area Director, Area Clinical Director and Area Nurse present key performance information for their Area to the meeting and are provided with opportunities to discuss and problem solve with the Executive Management Team. In addition, Area Nurses provide a link between Area Operations and TWGG. The Chief Operating Officer and Director of Operations are also members of TWGG.

The interface between the Quality Assurance Structures and Performance Management Structures is maintained from service level, through the Areas and to the Executive Team. This ensures that issues escalated through each are triangulated and addressed at an appropriate level or escalated as necessary.

### **Escalation by Exception**

The Trust promotes an approach to escalation based on the assessment of all aspects of performance against a range of national, local and internal Trust targets. Some of these standards, for example Trust targets for sickness or appraisal, are applied uniformly across all of the Trusts services and functions. Additionally some targets are unique to individual services, whilst others are applied to an entire service or Area.

All services have access to the Trust's data warehouse (known as SCHOLAR) which enables them to view individual service performance, identify areas where the service has not delivered against agreed targets (Quality, Operational, Financial) and develop remedial plans and actions.

The Trust has developed the Key Lines of Enquiry (KLOE) Quality Report, using the framework developed by the Care Quality Commission, namely the five domains of safe, effective, caring, responsive and well-led, that enables a view of delivery against essential standards for quality and safety. Service performance and remedial plans are discussed at the Area Management Team (AMT) Meetings on a monthly basis. This approach is reflected through the Area Management Teams Meetings, the Executive Leadership Meetings, and ultimately the Board. At each level data and information provided through the Trust's Quality and Assurance Framework is triangulated with operational and local knowledge, trends are analysed and remedial action applied.

The above approach ensures that teams, services and divisions are enabled to assume ownership and accountability for the delivery of their performance, escalating performance issues or operational concerns as necessary.

Routine monitoring and performance follows a monthly cycle of business.

However, in the case of serious issues emerging, the immediate reporting processes may be utilised. The purpose of immediate reporting is to provide comprehensive information to the Board (and where necessary Trust Governors) on significant issues via the use of Alerts issued through the Communications Team. These may include:

- Serious incidents as defined by NHS England e.g. pressure damage, falls and medication errors.
- Significant complaints or claims.
- Forthcoming inquests where the Trust's delivery of safe services may be criticised.
- Non-compliance against Care Quality Commission (CQC) requirements which have a major impact.
- Receipt of any improvement or enforcement notice from CQC, Health Safety Executive or other regulator.
- Reputation or media implications.

## **Systems for Monitoring, Assurance and Escalation**

### *Integrated Performance Report (IPR)*

The IPR is a report through which the Trust's performance against its key strategic and operational objectives is monitored and reviewed by the Board. The IPR is supported by the Quality Report, Workforce Report and Finance Report which are standing items at Board Meetings where the Board seek assurance. The IPR brings together the key performance indicators used to assess the Trust's performance against its corporate objectives, and its key Performance Indicators within the five domains of the CQC assessment framework (Safe, Caring, Effective, Responsive and Well-Led).

### *SCHOLAR*

Scholar is the Trust's interactive performance reporting tool, consisting of a number of applications allowing staff to monitor performance. Scholar is accessed through the Trust's intranet.

The core application is the Business Intelligence (BI) Dashboard, updated monthly, which provides information to service level across all operational domains including quality, finance, workforce and training data.

### *The KLOE Quality Dashboard*

The quality dashboard provides a monthly view of the Trusts key indicators with respect to the five CQC domains. The data is provided at an aggregated Trust level and by Area. Additionally managers can drill down to specific teams and cost-centres using SCHOLAR.

The Quality Dashboard is a mechanism of showing assurance for the quality of care provided. It uses data from different sources in an intelligent way at all levels that are consistent and iterative (Quality Improvement Plan (QIP) delivery, strategies, standards, harm free care/external – NHSI, CQC insight data). CQC use KLOE as a framework for the dashboard that evidence compliance, linked from individual to service area to Board, reviewed through meetings that inform that data and scrutinise it leading to action. It also includes reference to national benchmarking data.

## *DATIX*

The Trust uses a software system called Datix for reporting and assurances purposes. This includes: the reporting and management of incidents, the Trust-wide risk register, managing patient complaints, and the distribution and assurance of safety alerts and new guidance.

The information from Datix is used for internal reporting (e.g. IPR, Scholar), and uses dashboards and report functions to inform managers and specialist / governance committees and external reporting (e.g. National Reporting and Learning System (NRLS)).

### **Sources of information to support the Identification of issues and concerns**

#### *Staff Involvement*

The Trust has a range of policies and systems which encourage and support staff at all levels to be involved in monitoring quality and performance and to raise concerns about any issues. These include:

##### **Policies**

- Freedom to Speak Up Policy (Raising Issues of Concern).
- Safeguarding Policies (Children and Vulnerable Adults).
- Information Governance policies and processes.
- Human Resources policies and processes.

##### **Processes and structures**

- Incident reporting via Datix.
- Governance assurance visits.
- Staff Friends and Family Test.

#### *Engagement*

- Executive and Non-Executive Director visits to clinical areas.
- National Staff Survey.
- Trust Induction Programme.
- Wider Executive Leadership Team.
- Quality Summits.

#### *Patient, carer and public involvement*

The Trust encourages patients, services users, carers and the public to make comments and/or raise concerns both formally and informally via a number of mechanisms, such as:

- Executive and Non-Executive Director visits to clinical areas.
- PALS (Patient Advice and Liaison Service).
- Patient Experience Group.
- Complaints and compliments – formal and informal.
- Service user and carer experience surveys.
- Service user and carer forums.
- Friends and Family Test.
- Engagement with services users at bespoke events.
- Patient Led Assessment of the Care Environment (PLACE).
- Trust enquiry box (email enquiry address from Trust website).
- Council of Governors and the Annual Members Meeting.
- Social media (Facebook and Twitter).



In addition the Trust has relationships with:

- Local Healthwatch – regular meeting with the Trust Chair and Directors, and sit on the Patient Experience Group.
- Local Authority - Health Overview and Scrutiny Committees.
- Parent/carer forums.

The Trust positively engages with service users, carers and the public and welcomes their involvement and feedback on how they can become more involved in decision-making processes.

#### *Service commissioners*

There are a number of formal mechanisms through which commissioners receive assurances with regards to contractual and quality performance through which they can raise concerns and seek any additional assurances required. These include:

- Contract Meetings.
- Clinical Quality Review Meetings.
- Contract Management Meetings.
- GP Soft Intelligence Reporting Tool.
- Routine Executive Meetings and Board to Board Meetings.
- Serious Incident Reporting and Root Cause Analysis.

#### *Internal and external sources of assurance*

In addition to the sources of assurance identified, there are numerous internal and external sources of assessment which support assurance and which cover the whole range of the Trust's activities including:

Internal sources:

- Internal Audit Reports.
- Trust Clinical Audit Programme.
- CQC Assurance Visits/Mock Inspections.
- Freedom to Speak Up Reports.
- Patient, carer and staff stories at Board Meetings.

External sources:

- External Audit (National and Local Commissioner led Audits).
- Care Quality Commission Inspections.
- Benchmarking with other providers.
- Data Security and Protection Toolkit.
- Coroners Inquests.
- Health and Safety Executive.
- Annual Quality Report.

The Trust also commissions external reviews of its activities where the need for additional independent assessments and assurance is identified.

#### *Committee structure for assurance and escalation update*

To support the Board in carrying out its duties effectively, Board Committees reporting to the Board have been formally established. Their remit and terms of reference are reviewed each year to ensure robust governance and assurance arrangements are in place. Each Board Committee receives a set of regular assurance reports from other committees and groups, as

outlined within their terms of reference. The minutes of each committee are received by the Board and supported by a verbal update by the Chair of each Committee.

The key committee for monitoring quality and performance is the Quality Improvement Committee.

#### *Quality impact of cost improvement schemes*

The Trust's process for formally assessing the quality impact of Cost Improvement Plans (CIPs) includes an initial assessment of the likely quality impact, before each scheme is implemented, and a review of the actual impact of quality, approximately six months after each scheme starts.

The Quality Impact Assessment (QIA) process was strengthened, with the introduction of a Quality Impact Assessment Group, which is chaired by the Deputy Chief Nurse. This provides clinical review of projects and programmes within the Trust Service Development portfolios. The terms of reference includes membership across staff groups and areas to ensure a robust review of clinical quality. There are agreed thresholds to escalate QIA to the Executive Panel to ensure that projects and programmes that have a higher degree of risk receive executive review. Thresholds relate to financial change and quality risks to patient safety, patient experience and clinical effectiveness. Risks are scored using the Trust risk scoring matrix.

The QIA is a three step process with an initial submission from the Senior Responsible Owner, assurance review at the Clinical QIA Panel (and, where required, review at the Executive Panel) and a reassessment. All projects and programmes in the portfolios submit a QIA to the Panel for approval prior to review of the business case at the Planning and Development Gateway Review Group.

The initial QIA assesses the likely impact on quality of cost improvement plans in order to authorise their implementation. The actual impact on quality of live schemes is then monitored at service level; through ongoing monitoring of standard quality indicators, such as at the monthly performance review meetings, using the Quality Early Warning Trigger Tool and Board, Integrated Performance Report; and formally through a six-month review at a Finance Performance Quality meeting.

#### *Executive and Non-Executive service visits*

Executive and Non-Executive Directors conduct a rolling programme of Board visits to clinical areas. These visits enable staff and service users to provide direct feedback to Board members and discuss any patient safety or quality issues they may have. Any significant concerns are raised with the relevant service/Area manager.

#### *Raising Concerns Policy and Procedure (including Freedom to Speak Up)*

This policy sets out the commitment of the Board to provide a range of processes to enable all staff to report their concerns promptly and in ways in which they are comfortable.

The policy emphasises that all staff should be confident that they can raise concerns without fear of reprisal. The policy describes where staff can get guidance and support from within the Trust and from other independent organisations.

The Trust has appointed a Freedom to Speak Up lead and also has a nominated Senior Independent Director (SID). The SID role is fulfilled by one of the Trust's Non-Executive Directors. They are available to all staff who feel that their concerns have not been addressed through the Raising Concerns policy, or where the individual feels that their concerns are of such a serious nature that use of the Raising Concerns Procedure is not desirable.

#### *Reporting Arrangements Including 'ON CALL'*

The Trust has a management and accountability structure, as outlined within job descriptions and as supported by the internal reporting arrangements. This approach underpins and supports the escalation of risks and issues to an appropriate level of authority.



Out of normal working hours the Trust operates a Bronze, Silver and Gold On-Call rota. Issues that cannot be resolved by the Bronze on call will be escalated to Silver and if necessary to Gold.

## Workforce Strategies and Staffing Systems

Workforce planning takes place in conjunction with business planning, working at service level with senior oversight and Executive Director sign off. The development of the plan is led by the Deputy Chief Nurses for Quality, the Director of Finance and the Director of Human Resources and Organisational Development (HR & OD).

The plan takes into account current workforce challenges (*see table below*) and the transformation and new roles required to address. Service developments and expected changes in services including TUPE transfers and commercial developments are also considered. Workforce transformation schemes and any impact on workforce requirements from service changes/cost improvement plans are subject to a three-stage Quality Impact Assessment process with final sign off by the Medical Director and Executive Chief Nurse.

The Trust carries out an annual review of safer staffing needs in inpatient units using an SCFT tool which has been developed for a community intermediate care setting to ensure consistency in approach across the Trust. This sets the staffing requirements for those units. To ensure ongoing monitoring, a quarterly Care Hour per Patient per Day and Safer Staffing Report is triangulated with harm free care data, complaints and incidents. This ensures effective care is delivered and workforce safeguards are in place. This is provided to the Board and has been extended to children and community services. In addition the Board receives an Integrated Performance Report which triangulates staffing, with harm free care data, as well as a bi-monthly Strategic Workforce Board report for assurance.

At local level intermediate care units monitor staffing through the Safe Care module of the e-rostering system which allows for a review of acuity and dependency and workforce numbers and skills on a continuous basis.

### Current workforce challenges

Description of Workforce Challenge	Description of Workforce Challenge	Initiatives in Place
Shortages in registered nurses	Difficulty in recruiting to some inpatient units and some community teams in some geographical areas	Targeted recruitment campaigns promoting community nursing.  Greater links with universities to increase the number of newly qualified nurses
Shortage of medical staff (GP)	Difficulty in recruiting to GP roles in inpatient units	Extending the number of Advanced Nurse Practitioners.  Developing links with Primary and Secondary care for shared and rotational roles
Shortage of medical staff (Paediatricians)	Difficulty in recruiting to Paediatric roles in Child Development Centres	Developing links with Secondary care for shared and rotational roles
Age of nursing workforce	Some parts of the workforce have a higher than average proportion of nurses aged 55	Promoting career options as an alternative to retirement or after retirement options

	and over	
Changes in acuity and dependency of patients in bedded units	Community inpatient units and some community services treat complex and frail patients requiring more advanced skills	Development of advanced practitioner roles to support generalist teams
Attracting newly qualified professionals in a community setting	Community services do not form a significant part of the nursing and therapy degrees leading to a smaller number of newly qualified joining community services	Developing closer links with universities including increasing teaching by community leaders and offering jobs to students in their final year
Education provision	Not all courses are available in local education providers especially for new roles and specialist competencies	Development of in-house programmes

## Local Workforce Strategy development

The Director of Workforce for the STP is currently developing a strategy and the Trust is playing an active role in this.

### *Workforce Transformation*

Over the last two years the Trust has been carrying out two significant workforce reviews. These are summarised below in terms of their impact on workforce planning.

### *Community Nursing and Therapies reviews*

The long term aim of the review is to ensure that the Trust has the right skilled staff, in the right place, at the right time so the workforce is more agile and responsive to local need.

## New roles

### *Nursing Associates*

The Trust already employs Band 4 Healthcare Assistants/Associate Practitioners in community teams and some inpatient units. Those have developed competencies through an in-house development programme.

In addition Nursing Assistants are currently being trained at a local university with the first two due to complete the course in January 2020.

### *Advanced Clinical Practice*

The Trust employs Advanced Nurse Practitioners in some of its inpatient units and Emergency Nurse Practitioners in its Urgent Treatment Centre and Minor Injury Units. There are plans to increase roles within advanced clinical practice.

## Collaboration across the STP

The Trust is an active leader in many STP workstreams including the development of a *Temporary Staffing Collaborative* which is due to deliver an options appraisal by the start of 2019-20 with implementation expected in winter 2020.

## External factors

The Trust employs a small proportion of EU staff (around 2.5%) and is taking active steps to support them acquiring settled status. International recruitment has not been carried out by the Trust in the last three years and there are no plans to go out to international recruitment in the near future. The Trust will take part in any STP initiatives.

The Trust is using the recommendations within the Carter Report (Mental Health and Community Services) to help identify focus and opportunities in relation to workforce for the 2019-20 plan.

## 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 2018-19:

- a. The Board has an established Quality Improvement 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 has an established Audit Committee to scrutinise any areas of concern arising from the Board's monitoring of a range of integrated governance, risk management and internal control procedures.
- c. The Board has an established Finance and Investment Committee to scrutinise any areas of concern arising from the Board's monitoring of financial planning, financial performance, contract performance and major business case proposals.
- d. 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.
- e. 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.
- f. 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.
- g. 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.
- h. 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.
- i. The Board has driven and overseen delivery of the second year of the 2017/19 Operational Plan, demonstrating that the Trust can operate with efficiency, economy and effectiveness.

- j. The Board has maintained appropriate oversight of regulatory and inspection regimes including that of the NHS Improvement, the Care Quality Commission (CQC) and the Medicines and Healthcare products Regulatory Agency (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.
- k. The Board reviewed and refined the format of the Board Assurance Framework in 2017-18 which has ensured this is a more meaningful document that focuses Board members on the key risks to delivery of the organisation's principal objectives at all times.
- l. New ways of working between the Council of Governors (CoG) and the Board started in 2018-19 and will continue in 2019-20. The CoG have engaged in the Trust's future strategy, its plans to redevelop the Brighton General site and its decision to appoint new auditors.

## 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 Improvement Committee to scrutinise the detail of quality governance in the organisation and provide additional assurance to the Board in this regard. The Quality Improvement 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 meets ten times a year 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 assured that quality governance is subject to rigorous challenge through Non-Executive Director engagement and Chairing of the key Board-level committees. The Board is actively engaged in quality improvement at the Trust through its quality improvement programme 'Our Community Way'. Since launching in December 2017 'Our Community Way' is supporting 15 live quality improvement projects across the Trust. This programme has been a key priority for the Board in 2018-19 and will continue to be so in future 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.

## Risks to Data Security

The Trust met all mandatory requirements in the Data Security and Protection Toolkit and received Substantial Assurance from our external auditors, showing that the Trust has robust mechanisms in place to manage risks to data security. Information risk management is overseen by the Senior Information Risk Owner (SIRO) and reviewed and monitored by the Information Governance Group.

## Information Governance

In November 2018 the Trust reported one Serious Information Governance Incident which was reported to the Information Commissioner's Office (ICO). The incident involved the disclosure of sensitive information of a child to their school. The ICO closed this investigation with no further action required.

## Emergency Preparedness, Resilience and Response

All Trusts have a duty to prepare for emergencies, maintain plans for preventing emergencies and for reducing or controlling the effects and returning to business as usual as soon as possible.

In order to give assurance that it has addressed this duty, the Trust has developed a comprehensive management framework which addresses NHS England's Core Standards for Emergency Preparedness, Resilience and Response (EPRR). An annual report is taken to the Board of Directors to provide evidence of the annual self-assessment process covering the core standards.

The Trust has significantly progressed following the previous year's assurance. The 2018-19 submission has moved the Trust from non-compliant to substantially compliant with the EPRR core standards. An action plan is in place for areas outstanding to be addressed in 2019-20.

## Other Control Measures/Managing Conflicts of Interest in the NHS

The Foundation Trust is fully compliant with the registration requirements of the CQC.

The Foundation Trust has published an up-to-date register of interests for decision-making staff within the past twelve months.

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 has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its 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, further assurance is provided by the Finance and Investment Committee following a detailed monthly review. 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.

## 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 (in exercise of the powers conferred on Monitor) 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 Improvement 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 2018-19 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 Improvement 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, 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. In addition, at each Board Meeting each Committee Chair escalates any key issues to the Board attention, and the Committee's minutes are shared with the Board. 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

**Charitable Funds Committee:** On behalf of the Trust, as corporate trustee, the Committee manages the Charitable Funds within their respective terms and within law, equity, regulation, good practice and audit recommendation. It establishes and reviews investment strategy; takes investment decisions; and monitors the performance of investments. The Committee provides assurance to the Board and encourages, promotes and manages charitable functions of the Trust.

**Finance and Investment Committee:** The Finance and Investment Committee provides assurance to the Board, but this does not replace or remove the requirements for the Board to monitor and make its own judgements on the financial matters of the Trust. The Committee's primary purpose is to scrutinise the financial planning, financial performance, contract performance and major business case proposals for the Trust so that any significant risks can be escalated to the Board before key decisions have to be made. The Committee also provides the Board with assurance on the development and delivery of the Trust's Commercial, Digital and Estates enabling strategies.

**Quality Improvement 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 Strategy 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.

Since October 2018 workforce strategies are assessed, reviewed and their performance is monitored by the Workforce Committee, an Executive Director led committee which Non-Executive Directors attend. For assurance, the Director of HR and OD provides the Board with a regular Strategic Workforce Report, from the Workforce Committee, at Board Meetings held in public.

## 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 2018-19 was as follows: "Reasonable assurance can be given that there is generally sound system of internal control being applied consistently." There were two reports where Internal Audit gave limited assurance, which were patients' property and petty cash, and data quality – ethnicity of patients. These areas are not fundamental to my overall conclusion and we are taking remedial action to address these weaknesses and to help drive improvements.
- Opinion and reports from the Trust's external auditors.
- Quarterly performance management reports to NHSI.
- Department of Health and Social Care performance requirements/indicators.
- Full compliance across all Care Quality Commission domains.
- Information governance assurance framework including the Data Security and Protection Toolkit.
- Results of national patient and staff surveys.
- Investigation reports and action plans following serious incidents.
- Council of Governors' engagement.
- 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 2018-19, 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 2019 and up to the date of approval of the annual report and accounts.



Signed:

A handwritten signature in dark ink, appearing to read 'Siobhan Melia', with a horizontal line drawn underneath the name.

Siobhan Melia, Chief Executive  
Date: 24 May 2019

# Quality Report

# Summary

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

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

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

## Quality Improvement

We will foster a continuous improvement culture by:

- using research and evidence to improve our care;
- demonstrating the quality of our services and standardising our most effective pathways of care; and
- sustaining and embedding 'Our Community Way' to improve patient outcomes.

## Patient Experience

We will use patient feedback to improve what we do by:

- empowering individuals to improve their health and well-being;
- working in collaboration with patients to focus on prevention; and
- delivering excellent, local care to our diverse communities.

## Thriving Staff

We will provide rewarding working lives and careers by:

- attracting and retaining staff;
- being inclusive, diverse and fair;
- supporting our staff with leadership and development; and
- developing effective two-way engagement with our teams.

## Value and Sustainability

We will improve efficiency and reduce waste by:

- transforming our workforce models;
- developing and expanding effective services; and
- investing in technology enabled care.

## Population Health

We will improve health and care outcomes for our communities by:

- working as system integrators to join up care pathways and respond to health needs;
- delivering health and care partnership models with effective multi-disciplinary working; and
- leading the development of primary and community care partnerships.

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

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

- Specialist doctors, nurses and therapists looking after children, young people and adults with complex health needs, mobility issues and long-term health conditions.
- Multidisciplinary community teams caring for people in their own homes, including large numbers of frail elderly people.
- Intermediate care units, an urgent treatment centre, minor injury units and many other clinics encompassing a wide range of clinical specialities such as special care dentistry, podiatry and diabetes.
- Specialist doctors and nurses caring for people at the end of their lives.

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

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

#### 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, Chancetonbury, 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 Trusts must publish quality accounts each year, as required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended<sup>1</sup> ('the quality accounts regulations'). This quality report (inc. Quality Account) incorporates all the requirements of the quality accounts regulations as well as NHS Improvement's additional reporting requirements for NHS Foundation Trusts.

The quality report (inc. Quality Account) helps the Trust to improve public accountability for the quality of care we provide using data sources and narrative to explain what that data shows; it also

<sup>1</sup> 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)

looks back on the priorities we set ourselves in 2017/18 reporting on the progress we made; and looks forward to the priorities we have set ourselves to achieve in 2019/20.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

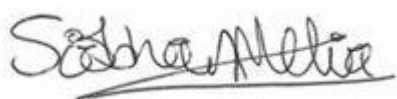
These priorities arose from discussions with staff and external stakeholders following a range of engagement events. I am confident that we will rise to the challenges we have set ourselves to improve the patient-centred, safety and effectiveness of the care we deliver to our local populations.

During the year:

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

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

Signed:



Siobhan Melia, Chief Executive, 24<sup>th</sup> May 2019

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

## Part 2.1 - Priorities for Improvement 2019/20

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

### Quality Priorities 2019/20

#### Safe Care

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

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

#### Why have we chosen this?

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

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

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

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

#### How will we achieve this?

Any SCFT incident that results in unintentional or unforeseen harm which is then identified as moderate or severe harm, unexpected or avoidable death, or a significant injury to a patient, carer, staff, or visitor is fully investigated as a SI. All SIs are investigated by the Trust's Quality and Patient Safety Improvement Nurses. Using root cause analysis, the findings generate the learning and recommendations in the form of an action plan. These actions usually concern issues that need to be addressed at a local level, concerning the teams involved. Incidents do sometimes occur that necessitate Trust-wide changes. Currently there is a governance process in place for the reporting

and monitoring of local and Trust-wide Serious Incident action plans to ensure they are being completed. However staff feedback suggests that sharing the learning with patients, families and staff is not always as robust a process as we would like and currently provides limited assurance that learning and changes are embedded. A review of all the processes that take place when an SI has been declared will be completed.

The following will be implemented to reflect the fundamental features required for an embedded patient safety culture:

Root cause analysis of SIs can sometimes show a history of concerns felt by the relevant teams prior to the SI occurring. Currently there is no formal method of sharing the trends and themes and therefore potential learning from staff who raise concerns. This information could be valuable and used as a red flag to understand more about risk in particular clinical teams.

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

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

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

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

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

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



<p><b>How will we measure this?</b></p> <p>Survey staff feedback following an SI investigation.</p> <p>Introduction of a regular SI report for staff that will be shared and discussed at harm free meetings.</p> <p>Audit the Duty of Candour process to provide assurance the three phases of duty of candour are being followed.</p> <p>Audit the use of the Just Culture.</p> <p>Increased staff awareness of the FTSUG will be measured via a short annual staff questionnaire.</p> <p>Audit the process of 'Raising Concerns' paying particular attention to the sharing of any learning.</p>
<b>Children and Young People's Services Safety Thermometer</b>
<p>Specialist Lead: Area Head of Nursing Children's, Wellbeing &amp; Dentistry</p> <p>Governance: Area Governance Group Children's Wellbeing &amp; Dentistry</p>
<p><b>Why have we chosen this?</b></p> <p>The classic patient safety thermometer has been implemented across SCFT and focuses on the four most common harms across adult services. In 2018 the Safety Thermometer for children and young people's (CYP) services was launched and the first wave of data submission has been implemented in some children and young people's services.</p> <p>The Children and Young People's Services Safety Thermometer is a national tool that has been designed to measure commonly occurring harms in people that engage with children and young people's services. The tool focusses on: Deterioration, Extravasation, Pain and Skin Integrity.</p> <p>SCFT provides children's services across a range of areas including community services; bed based and Urgent Treatment Centres/ Minor injury Units and Dentistry; the new CYP safety thermometer will enable oversight of safety across all services that children and young people access.</p>
<p><b>How will we achieve this?</b></p> <ul style="list-style-type: none"> <li>• SCFT will register and submit data aligned to the 2019/20 submission timetable.</li> <li>• Focused review of harms associated with CYP deterioration; pain; extravasation and skin integrity with quality improvements and shared learning events identified to reduce harm in healthcare incidents in children and young people.</li> </ul>
<p><b>How will we measure this?</b></p> <p>Quarter 1 - register; set up data set, define services that need to participate and familiarise staff in those services with the safety thermometer.</p> <p>Quarter 2 - submit data set in defined services.</p> <p>Quarter 3 - increase data set submission and demonstrate evidence of quality improvements and shared learning events.</p> <p>Quarter 4 - SCFT data submitted across all agreed CYP services and QI and shared learning events embedded.</p>
<b>Deteriorating Patients</b>
<p>Specialist Lead: Patient Safety &amp; Clinical Effectiveness Manager and Quality &amp; Patient Safety Improvement Nurses</p> <p>Governance: Trust-wide Governance Group</p>
<p><b>Why have we chosen this?</b></p> <p>NEWS is a tool developed by the Royal College of Physicians which is aimed at improving the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes. This tool was first implemented in 2012, without having a national impetus that all health care institutions would use the tool. Consequently this resulted in some confusion and variation in practice with the subsequent risk of compromise to patient safety.</p>

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

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

#### **How will we achieve this?**

We aim to implement national guidance by:

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

#### **How will we measure this?**

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

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

## **Effective Care**

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

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

#### **Why have we chosen this?**

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

#### **How will we achieve this?**

- We have identified the frailty pathway as a continued priority area included within our Quality Improvement Programme, with detail on requirements, milestones and timeline to realise our ambition.
- We will work as a multi-disciplinary group with representation from medicine (GP and/or geriatrician), nursing (matron, ANP), AHPs (OT, physio, SALT), clinical leads for community

and inpatient settings, and speciality leads for end of life care, frailty and dementia. We work collaboratively with the CCGs, to integrate work with frailty initiatives, for example Coastal West CCG Sussex Frailty pathway, and acute care providers to enhance continuity of care on frailty assessment and management across healthcare settings.

- The pathway development and implementation will be informed by national guidance on best practice and research evidence. We will integrate research and guidance into clinical practice, tailoring to our context and population. We will achieve this through the expertise in our working group, building on clinical initiatives and research in the Trust on frailty and on care of the older person, and through collaboration with our partners. We will build on research from our HEE/NIHR Senior Clinical Lectureship, a joint post between the Trust and King's College London with research work on managing clinical uncertainty for older people with frailty and multi-morbidity.
- We will focus on a systems approach, working with primary care to support the identification and management of care for people living with frailty and across care settings. We will seek to collaborate with for example, clinical academic geriatricians from BSUH/BSMS undertaking research work on frailty in younger groups, such as individuals living with HIV/AIDS, with colleagues from the AHSN KSS and their implementation programme around innovation in care for older people, and national organisations including British Geriatric Society (BGS) engaging with the frailty special interest group.

#### **How will we measure this?**

Evaluation will be an ongoing process from development through to implementation.

##### **Year 1-2**

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

Identification of valid measures/scales to assess frailty and incorporation within comprehensive assessment processes.

Consider use of patient centred outcome measures in routine care to enhance assessment and evaluate outcomes of care.

Development of training on frailty recognition for all staff (tier 1) to include understanding of frailty as a long-term condition and recognition from emergence (e.g. frailty syndromes) to end of life, and training needs analysis for senior clinical staff on holistic and comprehensive assessment of frailty (tier 2, tier 3).

Identification of champions to sustain change.

##### **Year 3-4**

Implementation with agreed timing of roll out across our geographical areas.

Evaluation of the processes of implementing the frailty pathway including: identification at the individual level using validated assessment for frailty; comprehensive assessment and feasibility of using person-centred outcome measure in routine care; case management approach to care; and evaluation of outcomes for example repeating person-centred outcome measure at end of episode of care or change in presentation e.g. moving from unstable to stable.

Evaluation of the training programme in terms of number of staff completing and individual assessment of change in knowledge and competencies.

##### **Year 4-5**

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

Best Practice - NICE Guidance
Leads: Patient Safety & Clinical Effectiveness Manager and Quality Effectiveness Facilitator Governance: Clinical Effectiveness Group
<p><b>Why have we chosen this?</b></p> <p>We want to ensure that once our patients/service users physical, mental health and social needs are holistically assessed, their care, treatment and support is delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes.</p> <p>This particular priority is about further testing our response to NICE guidance and to look at sustainable changes made in practise.</p>
<p><b>How will we achieve this?</b></p> <p>We will scope how another NHS Trust gains assurance of compliance with NICE guidance.</p> <p>Currently assurance of compliance is provided over 3 years by the allocated lead for each piece of guidance. This is reported to performance monthly.</p> <p>To ensure compliance is on-going we will conduct a review of a selection of guidance which has previously been deemed compliant. An audit tool will be developed and leads will be tasked with assessing each piece of guidance for continued compliance. This will help test the existing process in place. The data will be analysed and a report prepared, as per normal audit processes. The analysis will identify any gaps and help us to ensure our processes are as robust as possible.</p>
<p><b>How will we measure this?</b></p> <p>The annual audit findings will be used to provide assurance that the Trust continues to maintain standards set by NICE. Any gaps will be addressed in an action plan.</p> <p>Ongoing and continuing compliance with NICE guidance issued historically and similar audits conducted annually providing assurance to the public that the Trust is providing the best possible care and treatment.</p>
<p>People who use our services need to have confidence that there are sufficient staff employed through our bank to help supplement core staffing in areas, and therefore feel safe when accessing care.</p>
Leads: Head of Resourcing Governance: Workforce Committee
<p><b>Why have we chosen this?</b></p> <p>A focus on recruitment to the SCFT Bank will increase the numbers and types of staff accessible in a variety of locations, who are available to fill shifts, resulting in a reduction in the amount the Trust spends on agency staff.</p>
<p><b>How will we achieve this?</b></p> <p>To promote and bring greater visibility to the bank, the following changes will be implemented from 1.3.19:</p> <ul style="list-style-type: none"> <li>• A new calendar and approach to recruitment to the bank will be devised.</li> <li>• Information regarding temporary work will be made available on the Trust website and all bank vacancies will be live on our Trust recruitment website.</li> <li>• A focused advertising campaign encouraging people to join the bank in general and for particular roles will take place via local jobs and social media.</li> </ul>

- All Bank vacancies will have links on the 'individualasyou' site.
- Print and online advertising campaign for joining the bank, for Nursing and HCA roles.
- Open days about joining the bank will be held Trust-wide.

#### **How will we measure this?**

The number of bank staff available to work will increase, thus increasing service user confidence.

## **Patient Centred Care**

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

Leads: Patient Experience & Assurance Manager

Governance: Patient Experience Group/Trust-wide Governance Group

#### **Why have we chosen this?**

FFT gives the public an opportunity to provide feedback to the Trust regarding our services. Currently the numbers of FFT responses are not routinely reaching the national 15% response rate.

#### **How will we achieve this?**

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

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

#### **How will we measure this?**

FFT response rates will incrementally increase month on month. The increase in feedback will help inform services of improvements suggested by service users.

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

Lead: End of Life Care Lead

Governance: End of Life Steering Group

#### **Why have we chosen this?**

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

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

**How will we achieve this?**

A training needs analysis will be undertaken to identify appropriate staff groups for training (levels 1 & 2).

An appropriate ESR competency will be assigned to each staff group.

A comprehensive training programme (levels 1&2) will be developed and delivered to all appropriate clinical staff groups.

**How will we measure this?**

We will measure success by reporting on the number of staff trained via ESR.

All the priorities detailed above will be monitored quarterly by the Trust Wide Governance Group (TWGG) and reported to the Board of Directors as part of the Quality Improvement Committee report. We will report on our progress against these priorities in our Quality Report for 2019/20.

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

# Priorities for Improvement 2018/19

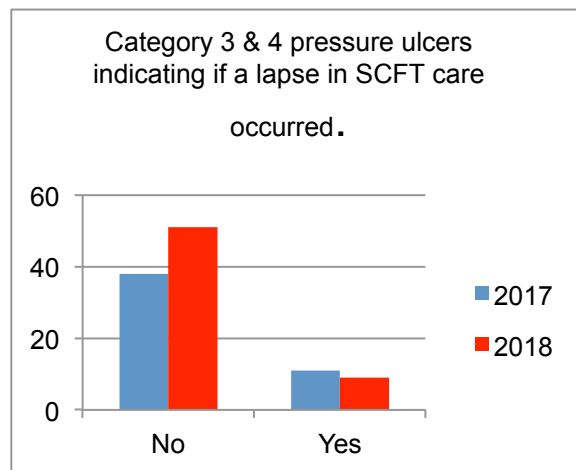
## A Review of our Priorities for Quality Improvement in 2018/19

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

Progress summary against 2018/19 improvement priorities

<b>Safe Care</b>
<b>Pressure damage – refresh of professional standards</b>
<p><b>Why did we choose this?</b></p> <p>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.</p>
<p><b>How will we achieve this?</b></p> <p>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.</p> <p>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.</p>
<p><b>How did we do?</b></p> <p>The Trust's previous Pressure Damage Framework, has been replaced by a succinct set of standards, which have been presented to staff as a "Commitment". The Commitment may be signed by staff to show they are central to the Trust's aim of reducing the incidence of Pressure Ulcers causing harm. To date (March 2019) 214 Commitments have been signed.</p> <p>Work is almost complete ensuring all the NHSi recommendations for 'Pressure Ulcers: revised definition &amp; measurement' and changes to the Core Curriculum; are made by April 2019. This work compliments the implementation of the new Purpose T 2 risk assessments, which have a higher sensitivity to device related pressure damage and include consideration of professional opinion of risk factors.</p> <p>We held our Tissue Viability Conference at Billingshurst on Wednesday 19 September 2018. Over 120 colleagues came together to network and share good practice, to promote healthy skin care and to avoid pressure damage and ulcers.</p> <p>An audit, undertaken by the Tissue Viability service looked at the outcomes of patients reported to have developed unstageable pressure damage, within the Brighton &amp; Hove locality, from March 2015 to December 2016. The audit showed that heels were the predominant anatomical location for the development of unstageable pressure damage; with 8 incidents in 2015 and 20 in 2016. The EPUAP suggest that the heel is most vulnerable part of the body for pressure damage. In 2018 the TVNs developed a page on the Trust's intranet dedicated to heel care and the prevention of pressure damage to these vulnerable areas.</p>

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



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

#### Why have we chosen this?

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

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

#### How will we achieve this?

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

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

#### How did we do?

A Training Needs Analysis (TNA) has been completed and a training plan is being reviewed through the community nursing review.

NEWS 2 is now live across the Trust.



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

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

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

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

#### **Why have we chosen this?**

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

#### **How will we achieve this?**

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

As part of this pilot we will:

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

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

The Trust has set up a Trust-wide diabetic specialist group, (chaired by the Professional Head of Nursing) following the insulin task and finish group – this will run for 6 months and is taking forward the recommendations from the task and finish group, which include the:

- formulation of a plan for upskilling band 5 and 6 workers to ensure more appropriate

- caseload management;
- piloting the Diabetic Passport proposal and the outcome measures;
- scoping alternative approaches to enable adult patients to self-administer insulin in the community;
- continued monitoring of the Health advisor role pilot in the Central Area; and
- reporting of outcomes to the Trust-Wide Governance Group (TWGG).

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

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

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

## Effective Care

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

### Why have we chosen this?

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

### How will we achieve this?

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

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

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

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

### How did we do?

The Referral pathway was completed in April 2018.

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

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

The baseline audit was undertaken at the end of 2018, with the re audit planned for Quarter 4 to measure outcomes have been met.

The re-audit was completed in Quarter 4 (March 2019) and used a variety of methodologies to capture patient experience and pain management and enabled results to be compared with the previous audit findings.

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

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

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

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

Plan moving forward:

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

Timescales for completion June 2019 with an end review.

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

#### **Why have we chosen this?**

There are a number of national drivers supporting an integrated approach to physical and mental 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 did we do?**

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

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

#### **Immediate action**

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

#### **Strategic actions**

A scoping exercise is being undertaken to establish the detail required within an SLA with a Mental Health provider (specifically work is currently focussing on understanding the needs of patients in Crawley Hospital presenting with a dual diagnosis of mental health and physical care needs).

- SCFT has begun the process of formalising negotiations with the local mental health provider trust to explore a more strategic discussion with regards to mutual support for patients with both physical and mental health presentations.

- SCFT is engaging with the Sussex & East Surrey mental health STP to ensure that patients in need of a short term rehabilitation (physical health) programme will also be considered in mental health prioritisation processes.

## **Patient Centred Care**

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

#### **Why have we chosen this?**

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

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

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

#### **How will we achieve this?**

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

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

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

#### **How did we do?**

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

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

#### **Why have we chosen this?**

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

The Communities of Practice (COP) teams in Horsham, Crawley & Mid Sussex are multi-

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

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

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

#### **How will we achieve this?**

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

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

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

#### **How did we do?**

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

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

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

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

## Part 2.2 - Statements of Assurance from the Board

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

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

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

### Clinical Audit (National and Local) and National Enquiries

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

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

The 7 national clinical audits were:

- National Audit for Care at End of Life (NACEL)
- National Audit of Intermediate Care (NAIC)
- Sentinel Stroke National Programme (SSNAP)
- National Audit of Inpatient Falls (NAIF)
- National Diabetes Audit – Adults
- National Chronic Obstructive Pulmonary Disease (COPD) Audit programme
- Parkinson's UK

The 5 national clinical audits SCFT were eligible to participate in, and for which data collection was completed during 2018/19, are listed below:

- National Audit for Care at End of Life (NACEL)
- National Audit of Intermediate Care (NAIC)
- Sentinel Stroke National Programme (SSNAP)
- National Audit of Inpatient Falls (NAIF)
- National Diabetes Audit – Adults

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

National Clinical Audits and National Enquiries 2018/19	Participation	% cases submitted
National Audit of Care at End of Life (NACEL)	Case Note Review - 4 Quality Survey - Nil	Trust/University Health Board (UHB) - 97.4% Sites: Arundel – 6.6% Bognor – 4.8% Crawley – 31% Horsham – 33.2% Kleinwort – 32.8%



National Clinical Audits and National Enquiries 2018/19	Participation	% cases submitted
		Audit: Arundel – 62.5% Crawley – 100% Horsham – 100% Kleinwort – 100%
The National Audit of Intermediate Care (NAIC)	Home Based Service User questionnaire - 147 Home Based PREM - 61 Bed Based Service User questionnaire - 193 Bed Based PREM - 96	N/A
Sentinel Stroke National Programme (SSNAP)	Dec 2017 – March 2018: Brighton and Hove Community Neuro Rehab Team- 25 West Sussex Coastal (South) Community Neuro Rehab Team- 25 April – June 2018: Horsham, Crawley and Mid Sussex Community Neuro Rehab Team-34 Brighton and Hove Community Neuro Rehab Team- 26 West Sussex Coastal (South) Community Neuro Rehab Team- 34	N/A

The reports of 2 national clinical audits were reviewed by SCFT in 2018/19 and the Trust intends to take the following actions to improve the quality of healthcare provided].

Examples of actions taken in response to National Clinical Audit / Confidential Enquiries outcomes	
Title	Actions
National Audit of Care at End of Life (NACEL)	<p>Learning from this National Audit demonstrated that moving forward SCFT wish to increase participation in the audit. There is a plan to monitor submission of case note reviews through the Mortality Review Group, to ensure each death has been submitted as part of SCFT's review process.</p> <ul style="list-style-type: none"> <li>• Submission of case note reviews to be monitored through quarterly mortality review group</li> <li>• Mortality Review group to ensure that each death has been submitted as part of SCFT's review process to address issues around case study review</li> <li>• Data collection period to be shared with teams and reminders shared at Mortality Review group meetings</li> <li>• Quality Effectiveness team to share any updates regarding the audit with the Mortality Review group.</li> <li>• Audit leads to share issues around data submissions as they arise with Quality Effectiveness team and/or Clinical lead.</li> </ul>
The National Audit of Intermediate Care (NAIC)	<p>Learning from this National Audit demonstrated that improvements will be possible with SCFT services undergoing two reviews: therapies and the nursing template, as well the embedding of the new admission criteria in Intermediate Care Units Trust-wide.</p> <ul style="list-style-type: none"> <li>• Recruitment and induction of the Band 2/HCA workforce. This will be achieved by arranging regular adverts, interviews and induction on the</li> </ul>



Examples of actions taken in response to National Clinical Audit / Confidential Enquiries outcomes	
	<p>ward for new staff.</p> <ul style="list-style-type: none"> <li>• Gathering of evidence related to the new admission criteria to enable the senior management team to evaluate progress. This will be managed by establishing an escalation and recording procedure which can then be used as evidence.</li> <li>• Review of nursing templates being undertaken Trust-wide led by Deputy Director of Nursing and Clinical Quality.</li> <li>• Review of therapy services being undertaken Trust-wide by Head of Allied Health Professionals.</li> <li>• Maintain scrutiny on Key Performance Indicators (e.g. Length of Stay, Delayed Transfer of Care, etc.).</li> <li>• Maintain scrutiny on clinical quality indicators.</li> <li>• Share audit results at staff meetings with on-going monitoring of friends and family test results.</li> </ul>

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

Audit Type
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)
Community Hospitals Project- (Replacing National Audit of Intermediate Care (NAIC))
National Clinical Audit for Specialist Rehabilitation following Major Injury
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 (Local) clinical audits which is driven by national best practice guidance; monitoring effectiveness of changes introduced associated with quality improvements; lessons identified from investigations and audit, and assurance review outcomes. The schedule is agreed via the Trust's governance committee structure. There were 17 Trust-wide (Local) audits and five Trust-Priorities (Local) – twenty two in total audits undertaken during 2018/19, which were approved by the Quality Improvement Committee in April 2018.

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

Audit Description	Outcomes and recommendations
Patients Experience of Pain Management	<p>Audit findings provided substantial assurance that the majority of the Patients Integrated Documentation had been completed, however, the following actions were undertaken:</p> <ul style="list-style-type: none"> <li>• Documentation to be standardised across sites, including full completion of the Integrated Patient Document relating to pain assessment and medication on day of admission, along with pain assessment tools, for verbal and non- verbal patients and the continuous pain assessment chart.</li> <li>• Training and written guide on how to use the pain assessment tools and chart to be provided, embedding processes into practice.</li> </ul>

Review the accuracy of completed National Early Warning signs (NEWS) documentation within Intermediate Care Units	Audit findings provided substantial assurance that staff are effectively completing NEWS documentation. However not all clinical observations are being recorded and scores are not being accurately calculated. A further spot check audit was completed by Ward Matrons prior to the Trust's NEWS 2 project implemented in March 2019 with the instigation of a further training programme for all clinical staff.
Deprivation of Liberty Safeguards (DOLS) (2007) applications from Inpatient units	Audit findings provided substantial assurance and that there is positive communication between the Intermediate Care Units and the Adult Safeguarding team. Further action requires a detailed audit looking at individual units to identify any further training or support required to ensure the DOLS process is embedded.
Medical Devices Servicing Audit (re-audit)	Audit findings provided reasonable levels of assurance with the majority having improved, with the exception of the percentage of out of service date medical devices (MD). The percentage of servicing data has improved, while there has been a decrease in incidents of illegible next test date labels. Areas with Medical Device Champions showed a higher level of engagement with audit and improved compliance with medical device management and servicing.
Review of Medicines Reconciliation in Adult In-patient Units	Audit findings provided substantial and reasonable levels of assurance for the two areas reviewed: one showing an average of 99% of inpatient prescription and administration charts were written on the day of admission, or the next working day and the other showing an average of 78.2% of pharmacy led medicines reconciliations were carried out within 72 hours of admission, with the target achieved in 8 units.
Opioid Prescribing in Adult In-patient Units Audit	Report received providing limited assurance; Key findings included: 43 prescribing decisions relating to opioids were identified according to the criteria set out in the audit (i.e. when opioid was started, dose changed or stopped) and only 19 (44%) of those decisions were recorded in the patient clinical notes/IPD. There was variation between different wards and different prescribers regarding prescribing decisions being documented in the patient clinical notes/IPD.
Antimicrobial Prescribing (re-audit, Intermediate Care Units)	Report received providing reasonable assurance overall. Key findings include: <ul style="list-style-type: none"> <li>• 100% documented indication for prescribing antimicrobials which was an increase from 98% in 2017.</li> <li>• 97% of antimicrobial prescriptions stated a duration / review date on the prescription which was the same as in 2017.</li> <li>• There was a high rate of prescribing of co-amoxiclav in the Crawley units which did not follow local guidelines which is related to the next two points:</li> <li>• 86% of prescriptions were the correct drug choice compared with 93% in 2017.</li> <li>• 55% of antimicrobials which are a high risk for CDI were a justified choice compared with 73% in 2017.</li> <li>• Significant reduction in trimethoprim prescribing and increase in nitrofurantoin in line with 2017 guidance due to trimethoprim resistant urinary tract infections (UTIs). (Although this was not an audit objective it is worth noting).</li> <li>• Out of hours medical provider IC24 initiated antibiotics which are higher risk for Cdiff infection on two occasions.</li> </ul>

<p>Patients' Experience of Pain Management (re-audit) - Children and young people's Intermediate Care Units</p>	<p>Report received with varying levels of assurance across the three areas:</p> <p>The RSNT appear to have the process for completing pain management care plans well embedded in all of their notes (100%), which was very positive.</p> <p>The Finches team was using several of the documents available in almost all of their notes. It was positive to note the use of care plans as a way of sharing information about how a young person communicates pain.</p> <p>The audit of the CRTS notes provided limited assurance that pain assessment was happening, with only one young person having a completed pain assessment chart.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>• CRTS to complete pain assessment charts or pain management care plans for their residents. (July 2019)</li> <li>• CRTS to be supported to use all sections of the pain assessment chart, where applicable. (July 2019)</li> <li>• Finches to be supported to use all sections of the pain assessment chart, where applicable. (July 2019)</li> <li>• RSNT to ensure pain assessment charts are available for all C/YP. (September 2019)</li> <li>• Paediatric Pain Profile to be available for all teams at CCS. (September 2019)</li> <li>• Pain assessment tools to be standardised across CCS. (September 2019)</li> </ul>
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Outcomes of local clinical audits are overseen by the Clinical Effectiveness Group. To promote consistent practice across teams, all audit findings and recommendations are discussed in service governance groups and the learning shared via various Trust-wide operational forums.

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

## Research

### Activity in 2018-19

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

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

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

This year the SCFT delivery team supported 24 research projects. Some potential patient benefit outcomes are:

- **SPACE** - Living with frailty means people are vulnerable to rapid decline in their health from an often minor event like an infection. At these points of decline, there can be clinical uncertainty as to recovery or continued decline that may lead to end-of-life. Clinical uncertainty is complex to manage; impeccable assessment and communication with family members is vital to increase comfort and reduce distress. Community hospitals care for older people during times of decline to support both recovery and end-of-life. The project aims to improve assessment and communication for older people admitted to community hospitals.
- **LightMIND2** – This study compares a self-help Mindfulness-Based Cognitive Therapy (MBCT) for people experiencing mild to moderate symptoms of depression to the current self-help gold standard of CBT self-help. It hopes to provide a robust test of the effectiveness and acceptability of self-help MBCT. SCFT IAPT patients will be allocated to either usual care (self-help CBT) or the study intervention (Self-help MBCT). Outcome measures hope to see a reduction in depression and anxiety with increased function, engagement, wellbeing and quality of life.
- **Be on the Team** - Teenagers and young children are at increased risk of diseases such as meningitis and blood poisoning due to bacteria called meningococcus. Although these diseases can be serious, the meningococcus bacteria are 'carried' in the back of the throat of 1 in 10 teenagers without causing any symptoms. Most meningococcal disease in teenagers is due to Meningitis B (also known as MenB). The study will see if immunising teenagers with vaccines against MenB can reduce the number of teenagers carrying these bacteria in their throat. This is important because it could mean that teenage MenB immunisation would not only help protect teenagers against these potentially deadly diseases, but it could also mean that babies, children and older adults are less likely to be exposed to the bacteria. In short, immunising teenagers with a MenB vaccine might mean lower rates of meningococcal disease across all ages. SCFT are collaborating with BSUH to deliver the vaccine to teenagers in Brighton and Hove.

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

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

## **Research Capacity and Capability**

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

Our research activity in 2018/19 includes:

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

Our dissemination through publication and conference attendance demonstrates our commitment to improving patient outcomes and experiences across health and social care locally, regionally and nationally.

See **Appendix 2** for detail of studies and papers.

## Collaborations and Successes

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

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

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

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

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

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

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

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

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

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

SCFT patient research participants are asked to give their feedback about their experience of participating in a study via the NIHR CRN Patient Research Experience Survey (PRES). We have

received an average satisfaction rating of 8.2 out of 10, which is a real acknowledgement of the positive experience of patient participation in research at SCFT.

The Research and Innovation team have been working with Dr David Lipscomb, SCFT Consultant Endocrinologist and Dr Andy Smith, SCFT Consultant Physician, to identify potential research opportunities for the SCFT Diabetes Service. We have successfully bid to be a research site for our first Diabetes Commercial study.

## Commissioning for Quality and Improvement (CQUIN)

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

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

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

The amount the Trust received in 2017/18 was £3,429,572.

### CQUIN Indicators

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

### CQUIN 2018/2019

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

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

## CQC

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

SCFT has no conditions on its registration and the CQC has not taken any enforcement action against SCFT during 2018/19. SCFT has not participated in any special reviews or investigations by the Care Quality Commission relating to the following areas during 2018/19.

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

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

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

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

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

	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.

During the past year SCFT has had quarterly engagement visits from CQC as part of the relationship management.

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

## NHS Number and General Medical Practice Code Validity

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

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

	2016/17	2017/18	2018/19
For admitted patient care	99.9%	99.8%	99.8%
For outpatient care	99.9%	99.9%	100%
For accident & emergency care	88.8%	98.3%	97.7%

Source: Latest published Secondary User Service data

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

	2016/17	2017/18	2018/19*
For admitted patient care	99.5%	99.7%	99.3%
For outpatient care	99.4%	98.7%	98.3%
For accident & emergency care	97.1%	100.0%	98.3%

Source: Latest published Secondary User Service data

## Data Security and Protection Assessment Report

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

## Payment by Results

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

## Data Quality

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

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.	Implementation of Electronic Patient Record (EPR) throughout the Trust, enabling staff to record accurate, timely and complete data against the patient record.



Objective	Further Information	Actions
To ensure continuous improvement occurs in the quality of data.	<p>Ensure all staff are actively aware of the importance of data quality and understand their responsibilities for data quality in relation to their services.</p> <p>Ensure staff have the tools to enable them to monitor and improve their own performance.</p> <p>Ensure that staff are trained and supported to use electronic data capture.</p> <p>Ensure staff have awareness and training in relation to Trust health record keeping policy.</p>	<p>Raise awareness of data quality via Essential Skills for Managers training, eLearning, intranet, development of expert user groups and data champions, and increased use of Business Intelligence (BI) tools and data quality reports.</p> <p>Roll out of Quality Improvement (QI) Programme, including Data Masterclass and access to range of tools.</p> <p>Develop and promote use of dashboards and self-serve reporting to empower staff to review and make corrections to data for their services. Build staff knowledge and understanding through development of Business Partners (BPs) for Finance, Contracts and Performance.</p>
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.	<p>Work with commissioners to align service specifications and ensure they only contain relevant and measurable activity and key performance metrics.</p> <p>Work with services to develop metrics that add value and provide meaningful ways of evaluating quality of service.</p> <p>SCFT is implementing a centralised Information Asset Management Solution which allows services to identify the types of information they are using and for what purpose. Regular reviews identify if there is any information which is out of date and not required, ensuring that it remains appropriate, meaningful, relevant, timely and accurate.</p>
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.

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

## Learning from Deaths

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

2018/19	Q1	Q2	Q3	Q4
Number of patient deaths	23	21	22	23

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

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

2018/19	Q1	Q2	Q3	Q4
Number of patient deaths subjected to a case record review	23	21	22	23
Number of patient deaths subjected to an investigation	23	21	22	23

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

In relation to each quarter, this consisted of:

None in the first quarter;

None in the second quarter;

None in the third quarter;

None in the fourth quarter.

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

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

#### Learning Q1

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

#### Learning Q2

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

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

#### Learning Q3

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

#### Learning Q4

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

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

#### Actions Quarter 1

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

#### Actions Quarter 2

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

#### Actions Quarter 3

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

#### Actions for Q4

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

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

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

## Avoidable Deaths

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

## Part 2.3 - Reporting against Core Indicators

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

For each indicator the number, percentage, value, score or rate (as applicable) for at least the last two reporting periods should be presented in a table. In addition, where the required data is made available by NHS Digital, the numbers, percentages, values, scores or rates of each of the NHS foundation trust's indicators should be compared with:

- the national average for the same and
- NHS trusts and NHS foundation trusts with the highest and lowest for the same.

The core indicators relevant to community services appear below.

### Hospital Readmissions (Indicator 19)

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

during 2018/19.

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

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

	Apr–Sept 16	Oct 16– Mar 17	2016-17	Apr–Sept 17	Oct 17- Mar 18	2017-18	Apr–Sept 18	Oct 18- Mar 19	2018-19
No of readmissions within 28 days of discharge	225	156	<b>381</b>	218	146	<b>364</b>	214	162	<b>376</b>
Total number of discharges	2,059	1,920	<b>3,979</b>	2089	1723	<b>3812</b>	2111	2229	<b>4340</b>
% readmissions within 28 days of discharge	10.93%	8.13%	<b>9.60%</b>	10.4%	8.5%	<b>9.55%</b>	10.1%	7.3%	<b>8.7%</b>

Source: SCFT Inpatients MDS

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

## Friends and Family Test – Staff (Core Indicator 21)

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

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

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

Staff Friends and Family Test (FFT)	SCFT rate 2018/9	National average Community (Cumulative Score)	Best performing Community Trust*	Worst performing Community Trust*
Percentage who recommend the Trust as a provider of care.	83%	84%	89% Cambridgeshire Community Services And 89% Gloucestershire Care Services	69% Birmingham Community Healthcare NHS Foundation Trust
Percentage who recommend the Trust as a place to work.	68%	65%	75% Cambridgeshire Community Services	46% Derbyshire Community Health Service NHS Foundation Trust

Source: NHS England Q2 2018/19

*Note: Following a review undertaken by NHS England the Lead Official for Statistics has concluded that the characteristics of the Friends and Family Test (FFT) data mean it should not be classed as Official Statistics. Results cannot be used to directly compare providers because of the flexibility of the data collection methods, the differences in sampling approaches and the variation in the composition of local workforces. \*=Trusts with over 30 responses.*

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

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

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

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

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

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

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

### Overall Star Rating

2018/19												
Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	487	480	484	485	481	484	485	486	487	488	488	
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

2018/19												
Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
96.4%	95.3%	95.2%	96.2%	96.7%	97%	96.8%	96.5%	98.1%	97.1%	97.7%	97.6%	
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

	%	%	%	%	%	%	%	%	%	%	%	%
<b>2016/17</b>												
<b>Total</b>	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%
<b>2015/16</b>												
<b>Total</b>	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).

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

## VTE Assessments (Core Indicator 23)

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

	2016/17	2017/18	2018/19
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism	97%	94%	96%

Source: Scholar Trust Metrics 25.3.19

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

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

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

## C. difficile (Core Indicator 24)

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

In order to continually improve, each *C. diff* case is investigated and the results reviewed to determine whether the case was linked with a lapse in the quality of care provided to patients.

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

## 2016-2017

Fin Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
OBDs	9074	9115	8819	9139	8573	8467	9209	9046	9116	9868	9021	9827	109274
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	0.12	0.12	0.11	0.22	0.00	0.00	0.00	0.00	0.05

## 2017-2018

Fin Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
OBDs	9149	9120	9218	9632	8912	8636	9137	8967	9050	9952	8961	9795	110529
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	0.11	0.12	0.11	0.00	0.11	0.00	0.11	0.00	0.05

## 2018-2019

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

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

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

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

## Patient Safety Incidents (Core Indicator 25)

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

This compares with 2017/18 when 7,466 incidents were reported on the Datix system, of which 5,048 were patient safety incidents. Of these, 4 resulted in Severe harm or Death (0.079%). These were declared SIs and were investigated.

YEAR	Patient Safety Incidents	Severe Harm OR Death Incidents
2017/2018	5,048	4
2018/2019	5,225	5

Source: Datix 22.3.19

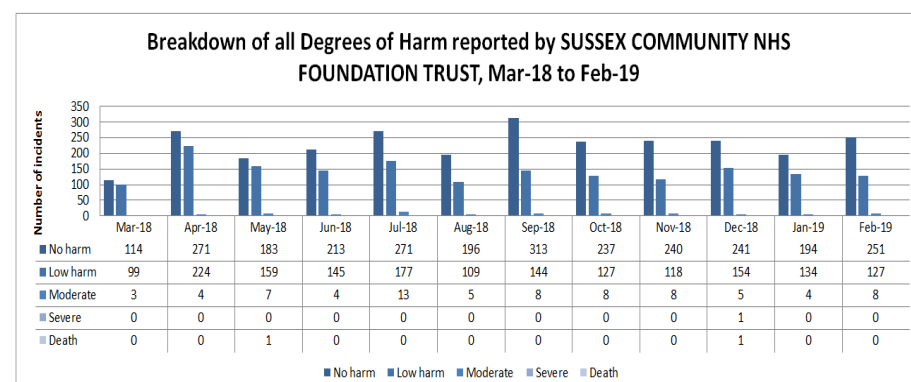
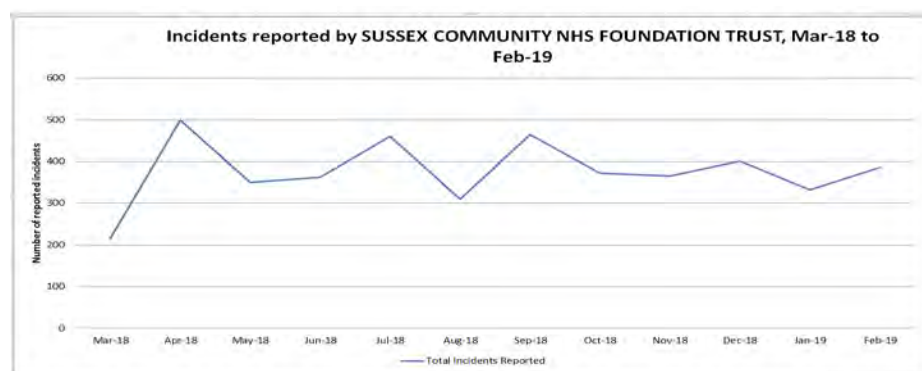
SCFT considers this data demonstrates a commitment to an open and transparent culture and a strong organisational ethos of patient safety, where staff are engaged in reporting and that reporting is acted upon and monitored.



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

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

The following data provides details of patient safety incidents uploaded since March 2018 – February 2019 to the National Reporting and Learning System (NRLS) and a breakdown of harms in SCFT care. The data provides assurance that as an organisation we are consistent in regularly reporting all patient safety incidents externally. The data is based on the date each incident report was submitted to the NRLS and not the date the incident was said to have occurred. It represents the current position at the time data was extracted from the NRLS and is subject to change, should any reports be updated as further information becomes available.



The NHS Benchmarking Network offers comprehensive data into how SCFT services compare with other community trusts. It provides opportunities to improve services and drive efficiencies as well as indicating our performance.

Community hospital indicators from National benchmarking indicate that per 1000 whole time equivalent staff, SCFT patient harms is below the average reported by other community trusts.



## Incident Reporting

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

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

## Serious Incidents

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

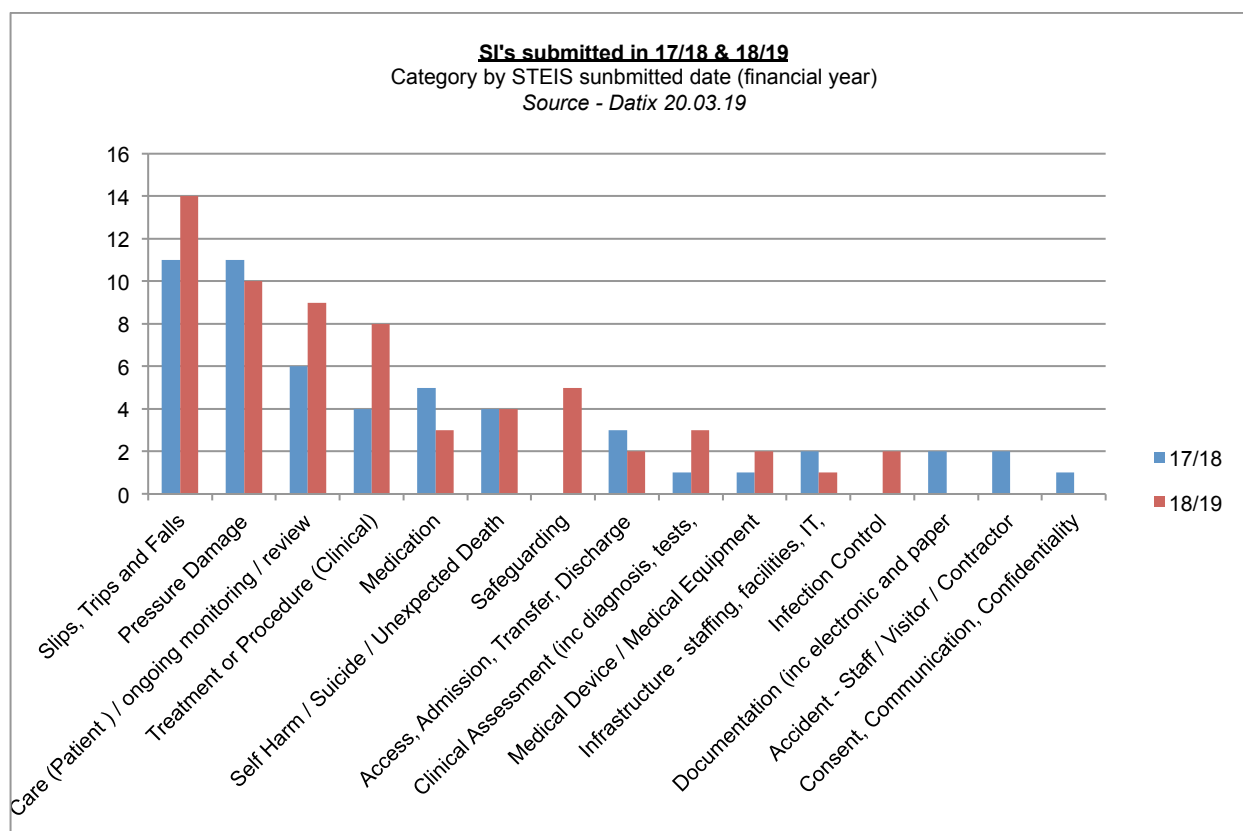
SCFT is required to report all Serious Incidents (SIs) onto the national Strategic Executive Information System (STEIS) and to our Clinical Commissioning Groups (CCGs) in line with NHS England's 'Serious Incident Framework'.

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

During 2018 /19 to date, SCFT has declared 65 Serious Incidents. This is an increase on the previous two years. The Trust has a robust process when declaring a serious incident; this

includes daily clinical triage, regular engagement with the Area Heads of Nursing and Governance and oversight by the Medical Director to assist in defining whether an incident should be declared an SI. The data indicates that there has been an increase in the past three years of SIs declared. In 2016/17 thirty nine were declared, during 2017/18 this rose to fifty four and currently to date SCFT has declared sixty three.

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



Serious incidents that have increased are noted as falls; patient care/treatment; clinical assessment and serious incidents involving a medical device.

The organisation continues to work proactively with falls prevention and falls data does evidence that overall the number of falls per 1000 occupied bed days is decreasing and below the national benchmark.

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

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

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

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

## Part 3 - Other Information

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

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

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

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

### Mandatory Indicator (Effectiveness)

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

#### Incomplete pathways within 18 weeks

##### Why did we choose this measure?

The Trust continues to perform significantly better than the national average. The total number of people waiting has increased since last year.

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

	SCFT rate at end Mar 2017	SCFT rate Apr 17 – Sep 17	SCFT rate Oct 17 – Mar 18	SCFT rate at end Mar 2018	SCFT rate Apr 18 – Sep 18	SCFT rate Oct 18 – Mar 19	SCFT rate at end Mar 2019
Total number of patients waiting to start their treatment (incomplete patient pathways).	<b>3,904</b>	24452	22448	<b>3659</b>	25665	23121	<b>4700</b>
% of patients who were waiting less than 18 weeks from referral to treatment (against target 92%).	<b>97.5% National average: 90.3%</b>	97.4% National average: 89.8%	98.1% National average: 88.4%	<b>97.9% National average: 87.2%</b>	98.2% National average: 87.5%	97.3% National average: 86.9%	<b>97.4% National average: 86.7%</b>
Number of patients who were waiting over 18 weeks from referral to treatment.	<b>96</b>	647	434	<b>76</b>	453	747	<b>122</b>

Referral to Treatment (RTT) Waiting Times, England Unify2 data collection – RTT, National average up to Mar 2019.

<https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times>

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

## Mandatory Indicator (Person Centred and Responsive Care)

- 2) Percentage of patients with a total time in Minor Injury Units (MIU) and Urgent Treatment Centre (UTC) of four hours or less from arrival to admission, transfer or discharge – selected to report on an aspect of the Trust's person centred care and responsiveness.

As the Trust does not provide accident and emergency services, the Governors, in consultation with the auditors, elected to audit the same type of measure, but for our MIUs and UTC.

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

#### Why did we choose this measure?

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

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

	SCFT rate at end Mar 2017	SCFT rate Apr 17 – Sep 17	SCFT rate Oct 17 – Mar 18	SCFT rate at end Mar 2018	SCFT rate Apr 18 – Sep 18	SCFT rate Oct 18 – Mar 19	SCFT rate at end Mar 2019
Total attendances in Type 3 Departments – Other A&E/Minor Injury Unit	8,981	54,316	53,290	9,341	60854	55106	9782
% Percentage of patients seen in 4 hours or less (against target 95%).	<b>95.7%</b> <b>National average: 99.2%</b>	97.2% National average: 99.3%	99.0% National average: 99.1%	<b>98.7%</b> <b>National average: 98.9%</b>	99.2% National average: 99.3%	98.5% National average: 99.0%	<b>97.6%</b> <b>National average: 98.9%</b>
Number of patients who were waiting 4 hours or more	388	1,525	541	120	492	844	231

A&E Attendances and Emergency Admissions, NHS England - National average up to Mar' 19  
<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 during the first 6 months of 18/19 was higher than those seen in the last 6 months of the previous year. However the percentage seen in the last 6 months of 2018/19 was lower and this was largely due to staffing issues.

## Local Indicator (Safe and Sustainable Care)

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

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

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

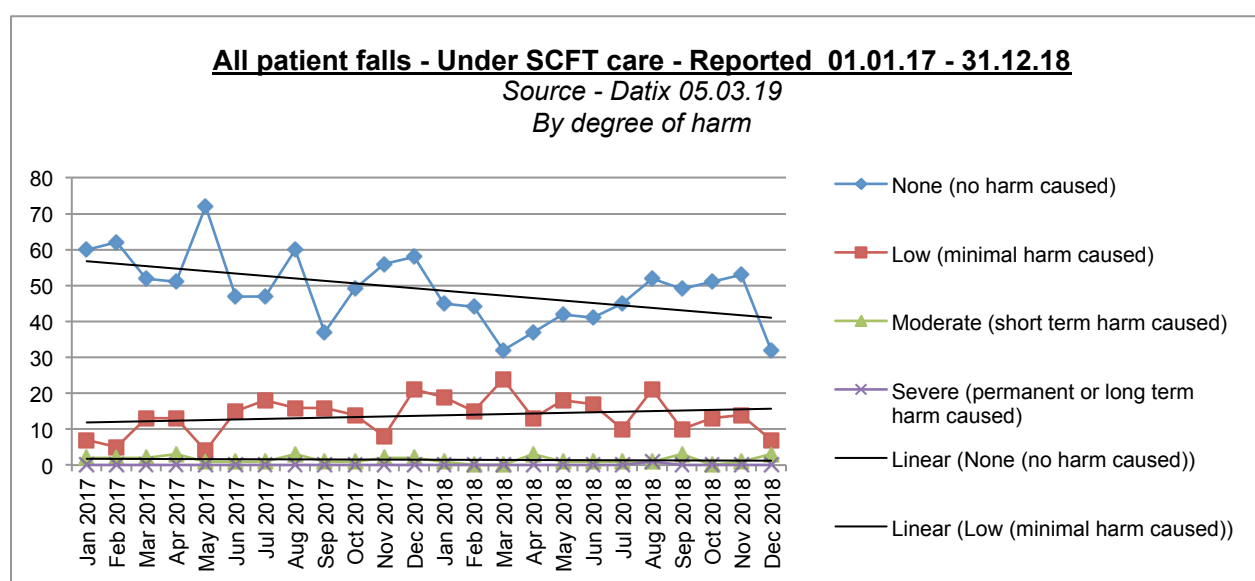
	2017/18	2018/19
Percentage of total medication incidents causing no harm	89.8%	95.5%

Source: Scholar April 2019

## Safe Care

### Falls

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



Falls per 1,000 occupied bed days (OBDs)

2018/19

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

2018-2019 National Benchmark Figure (as at Feb-19)

[CI\\_DashBoard\\_Feb\\_2019.xlsm](#)

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

Source: Datix

\*Data as of Month 1, 2018/19

\*\*National Benchmark '6 Mth Avg'

2017/18

Fin month	1	2	3	4	5	6	7	8	9	10	11	12	Total
OBDs	9149	9120	9218	9632	8912	8636	9137	8967	9050	9952	8961	9795	110529
Inpatient falls reported	55	60	53	46	63	40	50	48	65	47	52	38	617
Inpatient falls per 1k bed days	6.01	6.58	5.75	4.78	7.07	4.63	5.47	5.35	7.18	4.72	5.80	3.88	5.60

In 2018/19 proactive and innovative work has continued for both community and intermediate care units to reduce the number of falls, this has included the following:

### Winter Pressures Community Falls Project

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

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

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

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

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

### Intermediate Care Unit Falls Prevention

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

Safety huddles have now been implemented across all the units, the key features of which are:

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

An audit of patient toilets and bathrooms was completed and highlighted the variances of the



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

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

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

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

## Healthcare Associated Infections (HCAs)

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

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

## Never Events

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

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

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

## **Effective Care**

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

#### **Why did we choose this measure?**

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

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

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

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

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

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

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

### **NICE Guidance**

SCFT has a systemic process in place for the dissemination, review, implementation and monitoring of applicable NICE guidance and use of the guidance to assess practice. Clinical Governance and Harm Free Groups and Area Management Teams are responsible for monitoring progress and implementation of NICE Guidance, overseen by the Clinical Effectiveness Group and Trust Wide Governance Group.

## Central Alert System

The Department of Health (DH) Central Alert System (CAS) is designed to rapidly disseminate important safety and device alerts to nominated leads in NHS Trusts in a consistent and streamlined way for onward transmission to those who need to take action. Trusts are required to acknowledge receipt of each alert and respond as relevant within specified timescales.

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

	2014/15	2015/16	2016/17	2017/18	2018/19
<b>Total number of alerts received</b>	158	132	139	125	110
Acknowledged within 2 working days	155 (98%)	132 (100%)	132(95%)	123 (98%)	107 (97%)
Found to be applicable to SCFT for action	28 (18%)	19 (14%)	14 (10%)	11 (9%)	25 (23%)
Applicable alert responses within prescribed timescales	27 (96%)	18 (95%)	14 (100%)	11 (100%)	23 (92%)

Source: SCFT Safety Alert System Datix/Safeguard system)

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

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

## Gosport Inquiry

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

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

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

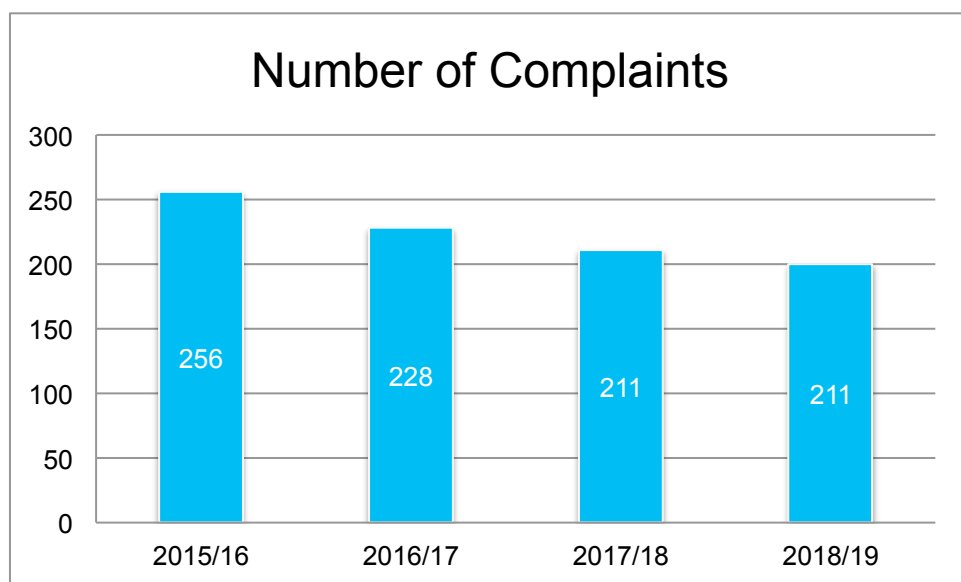
TWGG will continue to receive progress reports for each action, as part of the regular report schedule, or as a 'one-off' report.

# Patient-Centred Care

## Complaints

### Why did we choose this measure?

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



Source: Datix and safeguard database

Area	Number Of Complaints	Specific Area
Central Area	76	All Central
West Area	52	All West
East Area	31	Brighton & Hove
	13	High Weald Lewes & Havens
Children's Wellbeing & Dental Services	13	Wellbeing (West Sussex)
	20	Children's & Families West Sussex
	5	Children's & Families East Sussex

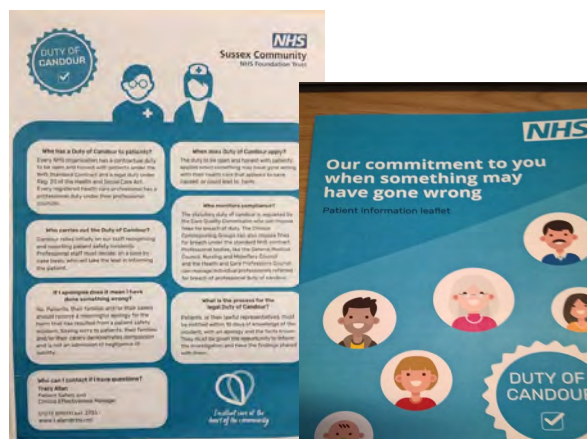
Source: Datix database

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.

## Duty of Candour

The intention of duty of candour is to ensure we are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general regarding care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

In 2018 there was a proactive plan to improve the process and this included the development of an information poster for staff and an advice leaflet for patients and relatives. The leaflet was developed in conjunction with Kent Surrey and Sussex Allied Health Services Network as part of ongoing collaborative work with neighbouring organisations.



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

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

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

## Staff Survey

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

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

	2018/19		2017/18		2016/17	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.3	9.3	9.4	9.3	9.5	9.4
Health and wellbeing	6.2	5.9	6.3	6.0	6.2	6.1

Immediate managers	7.2	7.0	7.2	7.0	7.2	6.9
Morale	6.3	6.2				
Quality of appraisals	5.7	5.6	5.8	5.4	5.8	5.6
Quality of care	7.3	7.3	7.5	7.3	7.5	7.5
Safe environment – bullying and harassment	8.4	8.4	8.5	8.4	8.4	8.4
Safe environment – violence	9.7	9.7	9.7	9.7	9.7	9.7
Safety culture	7.0	7.0	7.0	6.9	7.0	6.8
Staff engagement	7.2	7.1	7.3	6.9	7.2	6.9

In 2018 the results showed that:

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

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

Areas where we want to do better in 2019-20 include:

- Show that senior managers are acting on staff feedback.
- Do more to share patient and service user feedback.

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

## Improving Access to Psychological Therapies (IAPT)

### Why did we choose this measure?

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

Measure	Target / Limit	2016-17	2017-18	2018-19
<b>WAITING TIME TARGETS:</b>				
Referral To Treatment < 6 Weeks (NHS Digital Method)	75%	99%	98%	98.9%
Referral To Treatment < 18 Weeks (Internal TTT Method)	95%	96%	96%	92%

Source: TTT Monthly Performance Report

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

Medical Revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

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

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

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

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

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

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# Annex 1 - Statements from External Stakeholders

Where 50% or more of the relevant health services that the NHS foundation trust directly provides or sub-contracts during the reporting period are provided under contracts, agreements or arrangements with NHS England, the Trust must provide a draft copy of its quality report to NHS England for comment prior to publication and should include any comments made in its published report.

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

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

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

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

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

Comments received can be read in the following pages.



Comments from Healthwatch Brighton & Hove

Sent via email on 23.4.19

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

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

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

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

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

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

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

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

### **Patient and user involvement**

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

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

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

important issue, and ensuring one measure is not a recurrence of the same issue in subsequent cases.

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

### **Children and Young Person Safety Thermometer**

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

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

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

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

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

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

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

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

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

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

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

A recurrent theme in the evaluation of the success in last year's priorities is problems in workforce, either shortages, temporary staff or turnover. There is a whole issue about staff

recruitment which may be beyond the scope of this document, but the observations about last year's outcomes suggest that an emphasis needs to be put on induction and orientation and clinical mentoring for staff so that standard can be achieved such as in NEWS and Holistic assessments.

David Liley  
Chief Officer, Healthwatch Brighton and Hove  
07931755343

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

Together we speak louder



## **Healthwatch West Sussex response to Quality Accounts**

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

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

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

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

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

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

Healthwatch West Sussex 2019

Comments from East Sussex Health Overview and Scrutiny Committee

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

Dear Susan Marshall

Thank you for providing the East Sussex Health Overview and Scrutiny Committee (HOSC) with the opportunity to comment on your Trust's draft Quality Report 2018/19.

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

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

Councillor Colin Belsey  
Chair  
Health Overview and Scrutiny Committee

## Comments from West Sussex Health and Adult Social Care Select Committee

### Mr Bryan Turner

Chairman  
Health and Adult Social Care Select Committee

e-mail address: [bryan.turner@westsussex.gov.uk](mailto:bryan.turner@westsussex.gov.uk)

website: [www.westsussex.gov.uk](http://www.westsussex.gov.uk)

County Hall  
West Street  
Chichester  
West Sussex  
PO19 1RQ



1 May 2019

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](mailto:janet.parfitt@nhs.net)

Dear Janet,

### **2018-19 Quality Account**

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

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

### **Community Provision**

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

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

### **Relocation of the Special Care Dental Service at Littlehampton Health Centre**

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

Yours sincerely

A handwritten signature in dark ink, appearing to read 'B. Turner', with a stylized, flowing script.

Mr Bryan Turner  
Chairman, Health and Adult Social Care Select Committee

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

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

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

Tel: 01903 708393  
Fax: 01903 700981  
@nhs.net

Website: [www.westsussex.nhs.uk](http://www.westsussex.nhs.uk)

3rd May 2019

Dear Siobhan,

**Sussex Community NHS Foundation Trust Quality Report: 2018/19**

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

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

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

These achievements are a clear recognition of the hard work and determination of all those working in the organisation to deliver high quality care.



The Quality Account outlines the priorities for improvement in 2019/20 as how successes will be measured and the detailed work that underpins them. As part of our continued assurance process we will work together to monitor progress throughout the year via our established assurance process.

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

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

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

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

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

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Allison Cannon', with a stylized flourish at the end.

Allison Cannon Chief Nursing Officer

**On behalf of the Sussex and East Surrey Clinical Commissioning Groups**

# Annex 2 - Statement of Directors' Responsibilities for the Quality Report

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

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

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

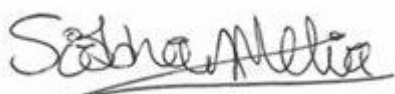
- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance;
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for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

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

By order of the board.



Peter Horn  
Chair  
24<sup>th</sup> May 2019



Siobhan Melia  
Chief Executive  
24<sup>th</sup> May 2019

## Conclusion

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

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

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

# Feedback

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

## 1. Who are you?

Patient, family member or carer

☐

Member of staff

☐

Other (please specify)

## 2. What did you like about this report?

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## 3. What could we improve?

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

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

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

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

You can also contact us via social media using:

- [twitter.com/nhs\\_sct](https://twitter.com/nhs_sct)
- [facebook.com/sussexcommunitynhs](https://facebook.com/sussexcommunitynhs)

# Appendix 1 Local Clinical Audit

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

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

## Local Clinical Audits

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

## Appendix 2 Research Activity

### Research Grants Awarded

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

#### Research Grants Awarded 2018/19

Study Title	Source of Grant	Award holder	Period of grant
MOTION	Interreg 2 Seas Mers Zeeën 2014-2020 Programme	Dr Sarah Crombie Dr Liz Bryant SCFT allocation £199,000	January 2019 to January 2024
Empowering Better End of Life Dementia Care Programme (EMBED)	ESRC-NIHR Dementia Research Initiative 2018	Dr Catherine Evans £3.8m	January 2019 to January 2024
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	03/07/2017 to 03/07/2020
HYVET2	Dunhill Medical Trust	Dr Richard Quirk £236,417	December 2017 to December 2020
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	August 2017 to September 2018
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	August 2017 to September 2018
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	October 2017 to November 2018
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	January 2018 to June 2019
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	July 2017 to December 2019
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	July 2017 to August 2019
Increasing physical activity in children with long term physical disabilities using a personalised gaming system.	NIHR: Invention for Innovation	Will Farr and Ian Male £34,526	January 2018 to December 2018
Development and feasibility evaluation of a new tool Symptom and Psychosocial Assessment and Communication Evaluation (SPACE),	HEE/NIHR ICA Programme Senior Clinical Lectureship	Dr Catherine Evans £318,486	01/06/2016 to 31/05/2021

Study Title	Source of Grant	Award holder	Period of grant
to improve to improve communication and palliative care for older people during uncertain recovery in community hospitals.			
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	13/07/2016-30/07/2020
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	September 2016 to May 2018
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 2016 – July 2018
How do different neurodisability services meet the psychosocial support needs of children with feeding disabilities?	NIHR Health Services & Delivery Research	Dr Diane Sellers £375,952	Jan 2016 to Jan 2019

## Research Studies

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

### Studies conducted in services for Adults

Title of Study	Chief Investigator & affiliation	Funding Source
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)
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
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
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
MePFAC: Methylphenidate versus placebo for fatigue in advanced cancer	Dr Paddy Stone UCL	NIHR HTA

Title of Study	Chief Investigator & affiliation	Funding Source
SPACEToolkit: Improving care for older people in community hospitals.	Dr Catherine Evans SCFT/KCL	HEE/NIHR
Older adults' experience of being discharged home from hospital.	Wendy Pope SCFT OT	NIHR
Dental Public Health Epidemiology Programme. Oral Health Survey of Adults attending general dental practices 2017-18.	National Survey	Public Health England
Prosec 3: A multi-centre evaluation of excessive saliva management in patients with motor neurone disease.	Prof Christopher J McDermott University of Sheffield	Marie Curie and the Motor Neurone Disease Association

### Studies conducted in services for Children

Title of Study	Chief Investigator & affiliation	Funding Source
How Much Does it Cost the NHS to Assess a Child for Possible Autism?	Dr Ian Male, SCFT	RCPCH: Paul Polani Fund
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
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 - Phase 2/3.	Dr Diane Sellers, SCFT	Nutricia
Fluenz: Passive Enhanced Safety Surveillance (ESS) of Quadrivalent Live Attenuated Influenza Vaccine (QLAIV) Fluenz Tetra in Children and Adolescents during the early 2018/2019 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
Pirates 2: Pilot Study to Investigate the Potential use of the Pirate Adventure Social Communication Assessment Tool as an Adjunct to Current Initial Assessment of a Child Referred with Social	Dr Ian Male	None



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

### Studies delivered to staff across the Trust

Title of Study	Chief Investigator & affiliation	Funding Source
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
ADAPT: Survey of Healthcare Professionals Knowledge, Experiences and Training Needs in Assistive Technology.	Dr Mohamed Sakel	Interreg VA France (Channel/Manche) England
Pre-appointment written materials in children's therapy services.	Samantha Armitage, Sheffield Children's NHS Foundation Trust	Council for Allied Health Professions Research Yorkshire and Humber and Devices for Dignity

## Outputs and impact of research work and activity

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

### Publications in Peer Reviewed Journals 2018/19

Publication Title	Authors	Journal	Year Published
Assessments and Outcomes	Cowan, D	Book Chapter in: Handbook of Electronic Assistive Technology Cowan, D and Najafi, L (Eds) Academic Press	Nov 2018
Handbook of Electronic Assistive Technology	Cowan, D and Najafi, L (Eds)	Academic Press	Nov 2018
Understanding Frames: A qualitative exploration of standing frame use for young people with cerebral palsy in educational settings.	Goodwin J, Lecouturier J, Smith J, Crombie S, Basu A, R Parr JR, Howel D, McColl E, Roberts A, Miller K, and Cadwgan J	Child: Care, Health & Development  Accepted for publication	2019
Emotional labour in palliative and end of life care communication: a qualitative study with generalist palliative care providers.	Brighton LJ, Selman LE, Bristowe K, Edwards B, Koffman J. and Evans CJ	Patient Education and Counselling	2018
The future of end-of-life care.	Bone AE, Evans CJ, Higginson IJ.	The Lancet.	2018
Palliative long-term abdominal drains versus repeated drainage in individuals with untreatable ascites due to advanced cirrhosis: study protocol for a feasibility randomised controlled trial.	Macken, L. Mason, L. Evans, C. Gage, H. Jordan, J. Austin, M. Parnell, N. Cooper, M. Steer, S. Boles, J. Bremner, S. Lambert, D. Crook, D. Earl, G. Timeyin, J. Verma, S	Trials	2018
How can a measure improve assessment and management of symptoms and concerns for people with dementia in care homes? A mixed-methods feasibility and process evaluation of IPOS-Dem.	Ellis-Smith C, Higginson IJ, Daveson BA, Henson LA, Evans CJ	PLOS One	2018
Taking Patient and Public Involvement Online: Qualitative evaluation of an online forum for palliative care and rehabilitation research.	Brighton LJ*, Pask S, Benalia H, Bailey S, Sumerfield M, Witt J, de Wolf-Linder S, Etkind S, Murtagh FEM, Koffman J, Evans CJ.	BMC Research Involvement and Engagement	2018

Publication Title	Authors	Journal	Year Published
A framework for complexity in palliative care: A qualitative study with patients, family carers and professionals.	Pask S, Pinto C, Bristowe K, van Vliet L, Nicholson C, Evans CJ, George R, Bailey K, Davies JM, Guo P, Daveson BA, Higginson IJ and Murtagh FEM	Palliative Medicine	2018
Factors associated with older people's emergency department attendance towards the end of life: A systematic review.	Bone AE, Evans CJ, Etkind SN, Sleeman KE, Gomes B, Aldridge M, Keep J, Verne J, Higginson IJ.	European Journal of Public Health	2018
The conceptual models and mechanisms of action that underpin advance care planning for cancer patients: A systematic review of randomised controlled trials.	Lin C-P, Evans CJ, Koffman J, Armes J, Murtagh FEM, Harding R.	Palliative Medicine DOI: 10.1177/0269216318809582	2018
Service delivery models to maximise quality of life for older people at the end-of-life: a rapid review.	Evans CJ, Ison L, Ellis-Smith C, Nicholson C, Costa A, Oluyase AO, Namisango E, Bone AE, Brighton LJ, Yi D, Combes S, Bajwah S, Gao W, Harding R, Ong P, Higginson IJ, Maddocks M	The Milbank Quarterly	2019 (in press)
The Eating and Drinking Ability Classification System for cerebral palsy: a study of reliability and stability over time.	Sellers D, Bryant E, Campbell V, Hunter A and Morris C	Journal Paediatric Rehabilitation Medicine	2019 Accepted subject to making requested changes.
Letter to the Editor: Eating and Drinking Ability Classification System.	Sellers D	Dysphagia DOI: 10.1007/s00455-018-9943-2	2018 in press
Letter to the Editor: Identification and prevention of respiratory problems linked to eating and drinking difficulties for children and young people with cerebral palsy.	Sellers D	Archives of Diseases in Childhood URL: <a href="https://adc.bmj.com/content/early/2018/07/18/archdischild-2018-315134">https://adc.bmj.com/content/early/2018/07/18/archdischild-2018-315134</a>	2018
"When things go wrong": causes and assessment of oral sensorimotor dysfunction.	Sellers D	Chapter 2 in Nutrition and Neurodisability. Editors: Sullivan P, Anderson G and Andrews M, MacKeith Press.	2018 in press
The Eating and Drinking Ability Classification System: concurrent validity and reliability in children with cerebral palsy.	Tschirren Wandeler L, Bauer S, Hanser C, Marsico P, Sellers D, van Hedel H	Developmental Medicine Child Neurology 60: 611-617. doi:10.1111/dmcn.13751	2018

Publication Title	Authors	Journal	Year Published
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, Geurts A	Journal of Pediatric Rehabilitation Medicine, vol. 11, no. 2, pp. 115-124	2018
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).	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	BDJ224,38–42. <a href="https://www.nature.com/articles/sj.bdj.2018.5">https://www.nature.com/articles/sj.bdj.2018.5</a>	2018

### Published Abstracts

Publication Title	Authors	Journal	Year Published
A collaborative approach between clinical and academic experts in dementia care to improve clinical effectiveness and priorities for research.	Kinley J, Ellis-Smith C, Hurt M, McIvor K, Campion C, Higginson IJ, Evans CJ ‘	Palliative Medicine	2018
Mini-EDACS: Eating and Drinking Ability Classification System for young children with cerebral palsy.	Sellers D, Pennington I, Bryant E, Benfer K, Weir K and Morris C	Developmental Medicine and Child Neurology Conference proceedings May 2019.	2019

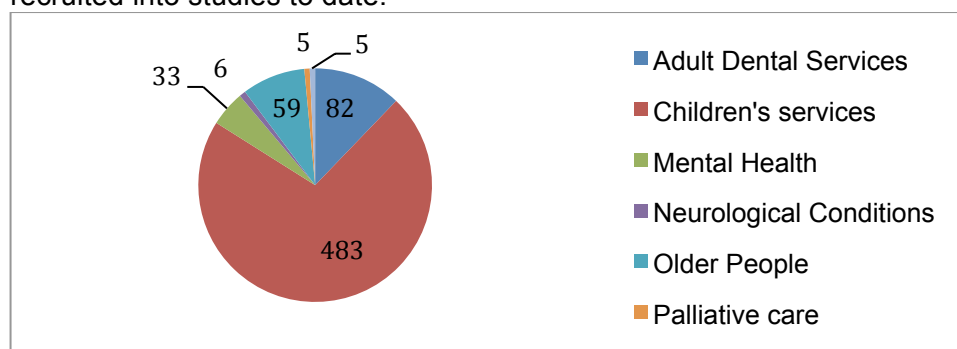
### Research and Study Presentations

Presentation Title	Venue	Authors	Year
Standing frames for children with cerebral palsy.	Kent, Surrey and Sussex NIHR Clinical Research Network, Study Day: Gatwick	Dr Sarah Crombie	2019
Evaluation of a strategy for patient and public involvement in palliative care and rehabilitation research.	International Perspectives on Evaluation of Patient and Public Involvement in Research conference: Newcastle, UK	Brighton LJ, Etkind SN, Johnson H, Yu P, Oluyase A, Chukwusa E, Ogden M, Bailey S, Smith P, de Wolf-Linder S, Koffman J and Evans CJ	2018

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

## Clinical Services involved in Research Activity

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



## Appendix 3 - Glossary of Terms

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 - <b>CQC</b>	The independent health and social care regulator for England.
Chronic Obstructive Pulmonary Disease - <b>COPD</b>	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 <b>COPD</b> diagnosis.
Clinical Audit	<p>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.</p> <p>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).</p>
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 - <b>CCGs</b>	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 <i>Difficile</i> - <b>C. difficile</b>	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 - <b>CQUIN</b>	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 - <b>CIDS</b>	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.
Department of Health - <b>DH</b>	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

Term	Description
	social care services are heard and taken seriously at a local and national level.
Improving Access to Psychological Therapies - <b>IAPT</b>	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 - <b>MRSA</b>	Staphylococcus <i>aureus</i> (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 <i>Staphylococcus aureus</i> or MRSA.
Metrics	Measures, usually statistical, used to assess any sort of performance such as financial, quality of care, waiting times, etc.
NHS England - <b>NHSE</b>	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 - <b>NHSI</b>	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 - <b>NIHR</b>	A government body that coordinates and funds research for the NHS in England.
National Institute for Health & Care Excellence - <b>NICE</b>	An independent organisation responsible for providing national guidance on promoting good health, and on preventing and treating ill health.
National Patient Safety Agency - <b>NPSA</b>	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 - <b>NRLS</b>	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 - <b>PALS</b>	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 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 Sussex Community NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (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 6 May 2016. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019 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 2019 subject to limited assurance consist of one of 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 (page 44).
- 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 (page 45).

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 2018/19' 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 2018/19' (published on 6 November 2018), which is supported by NHS Improvement's 'Detailed requirements for quality reports 2018/19' (published on 17 December 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 2018/19' 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 2018/19' and supporting guidance and the



six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2018/19' 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 2018/19'. These are:

- Board minutes for the period April 2018 to 28 May 2019
- Papers relating to quality reported to the Board over the period April 2018 to 28 May 2019
- feedback from commissioners, dated 03/05/2019
- feedback from governors, dated 24/05/2019
- feedback from local Healthwatch organisations
- feedback from Overview and Scrutiny Committee dated 25/04/2019
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
- the latest national patient survey
- the latest national staff survey
- the Head of Internal Audit's annual opinion over the trust's control environment, dated May 2019
- Care Quality Commission inspection report dated 30/07/2018; 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 2019, 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 2018/19' 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 2018/19' 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.

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 2019:

- 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 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 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 2018/19'; 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 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 2018) issued by NHS Improvement.



Paul King  
Ernst & Young  
Southampton  
28 May 2019

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 2019

## **Foreword to the accounts**

### **Sussex Community NHS Foundation Trust**

These accounts, for the year ended 31 March 2019, 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** .....

<b>Name</b>	<b>Siobhan Melia</b>
<b>Job title</b>	<b>Chief Executive</b>
<b>Date</b>	<b>24 May 2019</b>

## Statement of Comprehensive Income

		2018/19	2017/18
	Note	£000	£000
Operating income from patient care activities	3	217,370	213,185
Other operating income	4	19,681	16,447
Operating expenses	6	(229,707)	(225,765)
<b>Operating surplus/(deficit) from continuing operations</b>		<b>7,344</b>	<b>3,867</b>
Finance income	11	43	23
Finance expenses	12	(117)	(139)
PDC dividends payable		(1,160)	(998)
<b>Net finance costs</b>		<b>(1,234)</b>	<b>(1,114)</b>
Other gains / (losses)	13	7	19
Share of profit / (losses) of associates / joint arrangements		-	-
Gains / (losses) arising from transfers by absorption		-	-
Corporation tax expense		-	-
<b>Surplus / (deficit) for the year from continuing operations</b>		<b>6,117</b>	<b>2,772</b>
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		-	-
<b>Surplus / (deficit) for the year</b>		<b>6,117</b>	<b>2,772</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	(34)	(107)
Revaluations		623	982
Share of comprehensive income from associates and joint ventures		-	-
Fair value gains/(losses) on equity instruments designated at fair value through OCI		-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset		-	-
Other reserve movements		-	-
<b>Total comprehensive income / (expense) for the period</b>		<b>6,706</b>	<b>3,647</b>

The surplus for the 2018/19 year includes £4,911 K of Provider Sustainability Funding, which is non recurring  
This compares to £ 1,639 K of similar non recurring funding in 2017/18

# Statement of Financial Position

		31 March 2019 £000	31 March 2018 £000
	Note		
<b>Non-current assets</b>			
Intangible assets	14	7,064	6,589
Property, plant and equipment	15	44,497	43,579
Investment property		-	-
Investments in associates and joint ventures		-	-
Other investments / financial assets		-	-
Receivables	19	204	182
Other assets		-	-
<b>Total non-current assets</b>		<b>51,765</b>	<b>50,350</b>
<b>Current assets</b>			
Inventories	18	1,112	1,067
Receivables	19	21,229	16,872
Other investments / financial assets		-	-
Other assets		-	-
Non-current assets held for sale / assets in disposal groups		-	-
Cash and cash equivalents	20	4,901	5,663
<b>Total current assets</b>		<b>27,242</b>	<b>23,602</b>
<b>Current liabilities</b>			
Trade and other payables	21	(22,172)	(22,249)
Borrowings	22	(1,590)	(1,575)
Other financial liabilities		-	-
Provisions	24	(68)	(73)
Other liabilities		-	-
Liabilities in disposal groups		-	-
<b>Total current liabilities</b>		<b>(23,830)</b>	<b>(23,897)</b>
<b>Total assets less current liabilities</b>		<b>55,177</b>	<b>50,055</b>
<b>Non-current liabilities</b>			
Trade and other payables		-	-
Borrowings	22	(5,016)	(6,596)
Other financial liabilities		-	-
Provisions	24	(787)	(803)
Other liabilities		-	-
<b>Total non-current liabilities</b>		<b>(5,803)</b>	<b>(7,399)</b>
<b>Total assets employed</b>		<b>49,374</b>	<b>42,656</b>
<b>Financed by</b>			
Public dividend capital		1,526	1,514
Revaluation reserve		13,172	12,583
Financial assets reserve		-	-
Other reserves		(11,603)	(11,603)
Merger reserve		-	-
Income and expenditure reserve		46,279	40,162
<b>Total taxpayers' equity</b>		<b>49,374</b>	<b>42,656</b>

Notes 1 to 34 form part of these accounts.

Name  
Position  
Date

Siobhan Melia  
Chief Executive  
24 May 2019



## Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve* £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2018 - brought forward</b>	<b>1,514</b>	<b>12,583</b>	<b>-</b>	<b>(11,603)</b>	<b>-</b>	<b>40,162</b>	<b>42,656</b>
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-	-	-
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	-	-	-
Surplus/(deficit) for the year	-	-	-	-	-	6,117	<b>6,117</b>
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	-	(34)	-	-	-	-	<b>(34)</b>
Revaluations	-	623	-	-	-	-	<b>623</b>
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	-
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	-
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	-
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	12	-	-	-	-	-	<b>12</b>
Public dividend capital repaid	-	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-	-
Other reserve movements	-	-	-	-	-	-	-
<b>Taxpayers' equity at 31 March 2019</b>	<b>1,526</b>	<b>13,172</b>	<b>-</b>	<b>(11,603)</b>	<b>-</b>	<b>46,279</b>	<b>49,374</b>

\* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'



## Statement of Changes in Equity for the year ended 31 March 2018

	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
<b>Taxpayers' equity at 1 April 2017 - brought forward</b>	<b>1,184</b>	<b>11,708</b>	<b>-</b>	<b>(11,603)</b>	<b>-</b>	<b>37,390</b>	<b>38,679</b>
Prior period adjustment	-	-	-	-	-	-	-
<b>Taxpayers' equity at 1 April 2017 - restated</b>	<b>1,184</b>	<b>11,708</b>	<b>-</b>	<b>(11,603)</b>	<b>-</b>	<b>37,390</b>	<b>38,679</b>
Surplus/(deficit) for the year	-	-	-	-	-	2,772	<b>2,772</b>
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)	-	-	-	-	<b>(107)</b>
Revaluations	-	982	-	-	-	-	<b>982</b>
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	-	-	-	-	-	<b>330</b>
Public dividend capital repaid	-	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-	-
Other reserve movements	-	-	-	-	-	-	-
<b>Taxpayers' equity at 31 March 2018</b>	<b>1,514</b>	<b>12,583</b>	<b>-</b>	<b>(11,603)</b>	<b>-</b>	<b>40,162</b>	<b>42,656</b>

## **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

		2018/19	2017/18
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating surplus / (deficit)		7,344	3,867
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	2.1	4,614	4,580
Net impairments	3	(299)	(140)
Income recognised in respect of capital donations		(210)	(226)
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		-	-
(Increase) / decrease in receivables and other assets		(4,418)	(1,529)
(Increase) / decrease in inventories		(45)	(191)
Increase / (decrease) in payables and other liabilities		(393)	1,901
Increase / (decrease) in provisions		(20)	(53)
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		10	-
<b>Net cash generated from / (used in) operating activities</b>		<b>6,583</b>	<b>8,209</b>
<b>Cash flows from investing activities</b>			
Interest received		43	23
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(1,494)	(1,123)
Sales of intangible assets		-	-
Purchase of property, plant, equipment and investment property		(3,139)	(3,931)
Sales of property, plant, equipment and investment property		12	-
Receipt of cash donations to purchase capital assets		-	15
Prepayment of PFI capital contributions		-	-
Investing cash flows of discontinued operations		-	-
Cash movement from acquisitions / disposals of subsidiaries		-	-
<b>Net cash generated from / (used in) investing activities</b>		<b>(4,578)</b>	<b>(5,016)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		12	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		(700)	(691)
Capital element of PFI, LIFT and other service concession payments		-	-
Interest on loans		(77)	(89)
Other interest		-	-
Interest paid on finance lease liabilities		(41)	(47)
Interest paid on PFI, LIFT and other service concession obligations		-	-
PDC dividend (paid) / refunded		(1,085)	(979)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
<b>Net cash generated from / (used in) financing activities</b>		<b>(2,767)</b>	<b>(2,352)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b>(762)</b>	<b>841</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>5,663</b>	<b>4,822</b>
Prior period adjustments		-	-
<b>Cash and cash equivalents at 1 April - restated</b>		<b>5,663</b>	<b>4,822</b>
<b>Cash and cash equivalents at start of period for new FTs</b>		<b>-</b>	<b>-</b>
<b>Cash and cash equivalents at 31 March</b>		<b>4,901</b>	<b>5,663</b>

## **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 2018/19 issued by the Department of Health and Social Care. 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 the 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 1.2 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 1.3 Critical accounting judgements and key sources of estimation uncertainty**

In the application of the foundation trust's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

##### **Note 1.3.1 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 Barclays Wealth Management, 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 2019 is £1,544 K, as reported in the investment manager's report as at 31 March 2019.

The Trust has concluded that consolidation of the charity and preparation of group accounts is not required in 2018/19. 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 2018/19.

### Note 1.3.2 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 Trust's Trade Payables figure includes an amount of £5.5 million payable to NHS Property Services for the lease of land and buildings used in the provision of patient services. The amount recognised in our accounts is consistent with our spending in previous years. In our view this is appropriate because there have been no significant changes either to portfolio of properties which we are leasing, to the value of those properties or to the terms of our engagement with NHS Property Services.

However NHS Property Services have invoiced the Trust for significantly more than the amount recognised in the financial statements. The agreement of balances exercise shows a difference between our payables and Property Services receivables of £5.7 million, which is material. Despite repeated requests NHS Property Services have not provided the Trust with a written basis for their invoicing or with any explanation of the reasons for the significant increases. Sussex Community NHS Foundation Trust disagrees with the amounts invoiced and has escalated the matter to NHS Improvement.

If this matter were to escalate to a formal dispute and if that dispute were to be resolved against the Trust, the result would be to increase the Trust's payables and expenditure. The Trust does not consider this to be a likely outcome and consequently we have not recognised it. It is relevant also to note that previous disputes with NHS Property Services have been resolved in the Trust's favour.

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.

Leasehold improvements are written off over the shorter of remaining life of the lease or the useful economic life of the asset. The uncertainty in deciding on the life of an asset means that it is possible to over or under-estimate its life and also the cost that needs to be written off each year to the income & expenditure account.

#### Useful lives

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives for Property, Plant and Equipment are shown in the table below:

	<b>Min life</b>	<b>Max life</b>
	<b>Years</b>	<b>Years</b>
Buildings, excluding dwellings	9	80
Plant & machinery	5	25
Transport equipment	7	7
Information technology	5	10
Furniture & fittings	7	10

The range of useful lives for intangible assets are shown below

	<b>Min life</b>	<b>Max life</b>
	<b>Years</b>	<b>Years</b>
Information technology	5	10
Software	2	5

### Note 1.4 Revenue

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

The main source of revenue for the Trust is through contracts with commissioners in respect of healthcare services. Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year.

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

The value of the benefit received when the Trust accesses funds from the Government's apprenticeship service is recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

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.

Payment terms are standard reflecting cross government principles, with payment due within 14 days of the invoice date.

### **note 1.5 Expenditure on employee benefits**

#### **Short-term employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees including non-consolidated performance pay earned but not yet paid. 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. Therefore, the scheme is accounted for as though it is a defined contribution scheme. 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.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

#### **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 2% of qualifying earnings with an employer contribution of 3%. 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 Other expenses**

Other operating expenses are recognised when and to the extent that the goods or services have been received. They are measured at the fair value of the consideration payable.

The Trust does not award any grants to other bodies

## **Note 1.7 Value Added Tax**

Most of the Trust's activities are outside the scope of value added tax (VAT). Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## **Note 1.8 Property, Plant and Equipment**

### **1.8.1 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
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, 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, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

### **1.8.2 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.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

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.

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'.

#### **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.

### **1.8.3 Depreciation, amortisation and impairments**

Freehold land, assets under construction or development and assets held for sale are not depreciated.

Otherwise depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Assets held under finance lease are depreciated over the shorter of the lease term and the estimated useful life unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

At each financial year end the Trust checks whether there is any indication that its property, plant and equipment have suffered an impairment loss. If there is indication of such an impairment the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure.

### **1.9 Assets held for sale**

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 ie:
  - 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' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned 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 useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### **1.10 Donated 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.



## **1.11. 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; and where the cost is at least £5,000.

Expenditure on research is not capitalised; it is recognised as an operating expense in the period in which it is incurred. Internally generated assets are recognised if and only if the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use
- The intention to complete the intangible asset and use it
- The ability to sell or use the intangible asset
- How the intangible asset will generate probable economic benefits or service potential
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it, and
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

### **Software**

Software which is integral to the operation of hardware, eg 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, eg 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. Internally developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment.

### **Amortisation**

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

## **Note 1.12 Inventories**

Inventories are valued at the lower of cost and net realisable value using the first in, first out method.

## **Note 1.13 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 1.14 Financial assets and financial liabilities**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Financial instruments are accounted for under IFRS 9. As directed by the GAM, the transition to IFRS 9 in 2018/19 has been completed and there is no significant impact on the financial statements. We have applied the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities are classified into the following categories:

- amortised cost
- fair value through comprehensive income
- fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS9, and is determined at the time of initial recognition.

#### ***Financial assets and financial liabilities at amortised cost***

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

#### **Financial assets and liabilities measured at fair value through other comprehensive income**

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

The Trust does not have any financial assets or liabilities at fair value through other comprehensive income.

#### **Financial assets and financial liabilities at fair value through income and expenditure**

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives.

The Trust does not have any financial assets or liabilities at fair value through income and expenditure.

#### **Impairment of financial assets**

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Expected credit losses on receivables are assessed by reviewing outstanding debtors for objective evidence of impairment. The Trust applies the practical expedient set out in IFRS9 and calculates a provision based on the length of time a receivable had been outstanding. The following percentages are provided.

- Between 3 and 6 months	25%
- Between 6 months and 1 year	50%
- Over 1 year	100%

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairment against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer funds assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally the Department of Health and Social Care provides a guarantee of last resort against the debts of its arms length bodies and NHS bodies (excluding NHS charities) and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

#### **De-recognition**

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

#### **Note 1.15 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.

##### **1.15.1 The Trust as lessee**

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. Where a lease is for land and buildings the land and building components are separated and individually assessed as to whether they are operating or finance leases.

The annual rental charge 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 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.

##### **1.15.2 The Trust as lessor**

#### **Finance leases**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

#### **Operating leases**

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

## **Note 1.16 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation as a result of a past event, 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.

## **Note 1.17 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 25 but is not recognised in the Trust's accounts.

## **Note 1.18 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 1.19 Contingent assets and contingent liabilities**

Contingent assets (events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 26, 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 1.20 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 and Social Care (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 1.21 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*.

## **Note 1.22 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).

## **Note 1.23 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 does not make any gifts.

## **Note 1.24 Standards that have been issued but have not yet been adopted**

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020-21, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

The implementation of IFRS16 in the NHS has been deferred to at least 2020/21. Early adoption is not permitted and we will also not be required to restate the 2019/20 comparatives. We have responded to consultation requests from HM Treasury and from DHSC and as part of that process we have begun to collate the information needed to apply the standard. We are awaiting further guidance and 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**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
<b>Acute services</b>		
A & E income	6,783	5,716
High cost drugs income from commissioners (excluding pass-through costs)	2,629	2,636
Other NHS clinical income	-	-
<b>Mental health services</b>		
Cost and volume contract income	-	-
Block contract income	8,689	8,560
<b>Community services</b>		
Community services income from CCGs and NHS England	166,655	164,095
Income from other sources (e.g. local authorities)	21,950	22,785
<b>All services</b>		
Private patient income	293	86
Agenda for Change pay award central funding	2,916	-
Other clinical income	7,455	9,307
<b>Total income from activities</b>	<b>217,370</b>	<b>213,185</b>

**Note 3.2 Income from patient care activities (by source)**

<b>Income from patient care activities received from:</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
NHS England	10,723	11,160
Clinical commissioning groups	174,033	171,499
Department of Health and Social Care	2,939	-
Other NHS providers	2,883	3,306
NHS other	-	-
Local authorities	19,067	19,313
Non-NHS: private patients	293	86
Non-NHS: overseas patients (chargeable to patient)	1	-
Injury cost recovery scheme	326	302
Non NHS: other	7,105	7,519
<b>Total income from activities</b>	<b>217,370</b>	<b>213,185</b>
<b>Of which:</b>		
Related to continuing operations	217,370	213,185
Related to discontinued operations	-	-

**Note 3.3 Overseas visitors (relating to patients charged directly by the provider)**

	2018/19	2017/18
	£000	£000
Income recognised this year	1	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-

**Note 4 Other operating income**

	2018/19	2017/18
	£000	£000
<b>Other operating income from contracts with customers:</b>		
Research and development (contract)	370	452
Education and training (excluding notional apprenticeship levy income)	2,191	4,544
Non-patient care services to other bodies	9,009	6,957
 Provider sustainability / sustainability and transformation fund income (PSF / STF) *	4,911	1,639
Income in respect of employee benefits accounted on a gross basis	603	523
Other contract income	1,866	1,636
<b>Other non-contract operating income</b>		
Research and development (non-contract)	-	-
Education and training - notional income from apprenticeship fund	-	-
Receipt of capital grants and donations	210	226
Charitable and other contributions to expenditure	196	143
Support from the Department of Health and Social Care for mergers	-	-
Rental revenue from finance leases	-	-
Rental revenue from operating leases	325	327
Amortisation of PFI deferred income / credits	-	-
Other non-contract income	-	-
<b>Total other operating income</b>	<b>19,681</b>	<b>16,447</b>
<b>Of which:</b>		
Related to continuing operations	19,681	16,447
Related to discontinued operations	-	-

\* The Provider sustainability income includes PSF incentive funding of £2,495 K and is non recurring

#### **Note 5.1 Additional disclosures in respect of IFRS15**

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The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

#### **Note 5.2 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:

	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
Income from services designated as commissioner requested services	65,639	64,591
Income from services not designated as commissioner requested services	151,731	148,594
<b>Total</b>	<b>217,370</b>	<b>213,185</b>

#### **Note 5.3 Profits and losses on disposal of property, plant and equipment**

There were no significant disposals of Property, Plant and Equipment in 2018/19



**Note 6.1 Operating expenses**

	2018/19	2017/18
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	4,682	5,400
Purchase of healthcare from non-NHS and non-DHSC bodies	5,098	6,433
Purchase of social care	-	-
Staff and executive directors costs	170,013	161,319
Remuneration of non-executive directors	110	111
Supplies and services - clinical (excluding drugs costs)	14,511	14,622
Supplies and services - general	2,056	1,998
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,158	3,602
Inventories written down	-	11
Consultancy costs	64	113
Establishment	2,308	2,567
Premises	7,088	8,062
Transport (including patient travel)	3,735	3,634
Depreciation on property, plant and equipment	3,715	3,821
Amortisation on intangible assets	899	759
Net impairments	(299)	(140)
Movement in credit loss allowance: contract receivables / contract assets	(386)	
Movement in credit loss allowance: all other receivables and investments	-	(182)
Increase/(decrease) in other provisions	(14)	2
Change in provisions discount rate(s)	42	16
Audit fees payable to the external auditor		
audit services- statutory audit	81	75
other auditor remuneration (external auditor only)	43	1
Internal audit costs	132	125
Clinical negligence	483	404
Legal fees	121	93
Insurance	252	251
Research and development	419	428
Education and training	667	436
Rentals under operating leases	9,334	9,940
Early retirements	-	-
Redundancy	15	67
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	-	-
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	117	90
Hospitality	17	14
Losses, ex gratia & special payments	14	19
Grossing up consortium arrangements	-	-
Other services, eg external payroll	1,232	1,666
Other	-	8
<b>Total</b>	<b>229,707</b>	<b>225,765</b>
<b>Of which:</b>		
Related to continuing operations	229,707	225,765
Related to discontinued operations	-	-

**Note 6.2 Other auditor remuneration**

	2018/19 £000	2017/18 £000
<b>Other auditor remuneration paid to the external auditor:</b>		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	43	1
<b>Total</b>	<b>43</b>	<b>1</b>

**Note 6.3 Limitation on auditor's liability**

The limitation on the auditor's liability for external audit work is £3 million.

**Note 7 Impairment of assets**

	2018/19 £000	2017/18 £000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
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	(299)	(140)
Other	-	-
<b>Total net impairments charged to operating surplus / deficit</b>	<b>(299)</b>	<b>(140)</b>
Impairments charged to the revaluation reserve	34	107
<b>Total net impairments</b>	<b>(265)</b>	<b>(33)</b>

**Note 8 Employee benefits**

	2018/19	2017/18
	<b>Total</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>
Salaries and wages	134,834	129,606
Social security costs	12,527	11,106
Apprenticeship levy	660	625
Employer's contributions to NHS pensions	17,151	16,502
Pension cost - other	28	14
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	6,774	5,274
<b>Total gross staff costs</b>	<b>171,974</b>	<b>163,127</b>
Recoveries in respect of seconded staff	-	-
<b>Total staff costs</b>	<b>171,974</b>	<b>163,127</b>
<b>Of which</b>		
Costs capitalised as part of assets	1,527	1,327

**Note 8.1 Retirements due to ill-health**

During 2018/19 there were 2 early retirements from the Trust agreed on the grounds of ill-health (7 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £76k (£211k in 2017/18).

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](http://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) 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 2019, is based on valuation data as at 31 March 2018, updated to 31 March 2019, with summary global member and accounting data. In undertaking this actuarial assessment the methodology prescribed in IAS19, 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 latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgement from the Court of Appeal in December 2018 the Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

## **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 their 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 to 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 suffering 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.

	2018/19 £000	2017/18 £000
<b>Operating lease revenue</b>		
Minimum lease receipts	325	327
Contingent rent	-	-
Other	-	-
<b>Total</b>	<b>325</b>	<b>327</b>
	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Future minimum lease receipts due:</b>		
- not later than one year;	325	327
- later than one year and not later than five years;	318	318
- later than five years.	875	954
<b>Total</b>	<b>1,518</b>	<b>1,599</b>

### 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.

	2018/19 £000	2017/18 £000
<b>Operating lease expense</b>		
Minimum lease payments	9,334	9,940
Contingent rents	-	-
Less sublease payments received	-	-
<b>Total</b>	<b>9,334</b>	<b>9,940</b>
	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Future minimum lease payments due:</b>		
- not later than one year;	9,195	9,827
- later than one year and not later than five years;	438	641
- later than five years.	613	433
<b>Total</b>	<b>10,246</b>	<b>10,901</b>
Future minimum sublease payments to be received	-	-

**Note 11 Finance income**

Finance income represents interest received on assets and investments in the period.

	2018/19	2017/18
	£000	£000
Interest on bank accounts	43	17
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	6
Other finance income	-	-
<b>Total finance income</b>	<b>43</b>	<b>23</b>

**Note 12.1 Finance expenditure**

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19	2017/18
	£000	£000
<b>Interest expense:</b>		
Loans from the Department of Health and Social Care	77	89
Other loans	-	-
Overdrafts	-	-
Finance leases	41	49
Interest on late payment of commercial debt	-	-
<b>Total interest expense</b>	<b>118</b>	<b>138</b>
Unwinding of discount on provisions	(1)	1
Other finance costs	-	-
<b>Total finance costs</b>	<b>117</b>	<b>139</b>

**Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015**

	2018/19	2017/18
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

**Note 13 Other gains / (losses)**

	2018/19	2017/18
	£000	£000
Gains on disposal of assets	7	19
Losses on disposal of assets	-	-
<b>Total gains / (losses) on disposal of assets</b>	<b>7</b>	<b>19</b>
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 financial assets mandated as fair value through OCI	-	-
<b>Total other gains / (losses)</b>	<b>7</b>	<b>19</b>

**Note 14.1 Intangible assets - 2018/19**

	Software licences £000	Licences & trademarks £000	Internally generated information technology £000	Development expenditure £000	Websites £000	Intangible assets under construction £000	Total £000
<b>Valuation / gross cost at 1 April 2018 - brought forward</b>	<b>1,164</b>	<b>-</b>	<b>6,773</b>	<b>-</b>	<b>-</b>	<b>89</b>	<b>8,026</b>
Transfers by absorption	-	-	-	-	-	-	-
Additions	163	22	1,189	-	-	-	<b>1,374</b>
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-
Reclassifications	-	-	89	-	-	(89)	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-
Disposals / derecognition	(53)	-	-	-	-	-	<b>(53)</b>
<b>Valuation / gross cost at 31 March 2019</b>	<b>1,274</b>	<b>22</b>	<b>8,051</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>9,347</b>
<b>Amortisation at 1 April 2018 - brought forward</b>	<b>831</b>	<b>-</b>	<b>606</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,437</b>
Transfers by absorption	-	-	-	-	-	-	-
Provided during the year	155	4	740	-	-	-	<b>899</b>
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-
Disposals / derecognition	(53)	-	-	-	-	-	<b>(53)</b>
<b>Amortisation at 31 March 2019</b>	<b>933</b>	<b>4</b>	<b>1,346</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,283</b>
<b>Net book value at 31 March 2019</b>	<b>341</b>	<b>18</b>	<b>6,705</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,064</b>
<b>Net book value at 1 April 2018</b>	<b>333</b>	<b>-</b>	<b>6,167</b>	<b>-</b>	<b>-</b>	<b>89</b>	<b>6,589</b>



**Note 14.2 Intangible assets - 2017/18**

	Software licences £000	Licences & trademarks £000	Internally generated information technology £000	Development expenditure £000	Websites £000	Intangible assets under construction £000	Total £000
<b>Valuation / gross cost at 1 April 2017 - as previously stated</b>	<b>930</b>	-	<b>5,858</b>	-	-	<b>11</b>	<b>6,799</b>
Prior period adjustments	-	-	-	-	-	-	-
<b>Valuation / gross cost at 1 April 2017</b>	<b>930</b>	-	<b>5,858</b>	-	-	<b>11</b>	<b>6,799</b>
Transfers by absorption	-	-	-	-	-	-	-
Additions	234	-	915	-	-	78	<b>1,227</b>
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-
<b>Valuation / gross cost at 31 March 2018</b>	<b>1,164</b>	-	<b>6,773</b>	-	-	<b>89</b>	<b>8,026</b>
<b>Amortisation at 1 April 2017 - as previously stated</b>	<b>678</b>	-	-	-	-	-	<b>678</b>
Prior period adjustments	-	-	-	-	-	-	-
<b>Amortisation at 1 April 2017</b>	<b>678</b>	-	-	-	-	-	<b>678</b>
Transfers by absorption	-	-	-	-	-	-	-
Provided during the year	153	-	606	-	-	-	<b>759</b>
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-
<b>Amortisation at 31 March 2018</b>	<b>831</b>	-	<b>606</b>	-	-	-	<b>1,437</b>
<b>Net book value at 31 March 2018</b>	<b>333</b>	-	<b>6,167</b>	-	-	<b>89</b>	<b>6,589</b>
<b>Net book value at 1 April 2017</b>	<b>252</b>	-	<b>5,858</b>	-	-	<b>11</b>	<b>6,121</b>

**Note 15.1 Property, plant and equipment - 2018/19**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2018 - brought forward</b>	<b>7,035</b>	<b>27,722</b>	-	<b>1,420</b>	<b>5,043</b>	<b>603</b>	<b>11,232</b>	<b>933</b>	<b>53,988</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-
Additions	-	999	-	542	399	23	1,768	19	<b>3,750</b>
Impairments	-	(529)	-	-	-	-	-	-	<b>(529)</b>
Reversals of impairments	85	(51)	-	-	-	-	-	-	<b>34</b>
Revaluations	195	(1,487)	-	-	-	-	-	-	<b>(1,292)</b>
Reclassifications	-	-	-	(1,093)	-	-	1,093	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(18)	-	(4)	(211)	(99)	(733)	(27)	<b>(1,092)</b>
<b>Valuation/gross cost at 31 March 2019</b>	<b>7,315</b>	<b>26,636</b>	-	<b>865</b>	<b>5,231</b>	<b>527</b>	<b>13,360</b>	<b>925</b>	<b>54,859</b>
<b>Accumulated depreciation at 1 April 2018 - brought forward</b>	-	<b>1,166</b>	-	-	<b>2,888</b>	<b>527</b>	<b>5,485</b>	<b>343</b>	<b>10,409</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-
Provided during the year	-	1,539	-	-	591	39	1,444	102	<b>3,715</b>
Impairments	-	(275)	-	-	-	-	-	-	<b>(275)</b>
Reversals of impairments	-	(485)	-	-	-	-	-	-	<b>(485)</b>
Revaluations	-	(1,915)	-	-	-	-	-	-	<b>(1,915)</b>
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(18)	-	-	(211)	(98)	(733)	(27)	<b>(1,087)</b>
<b>Accumulated depreciation at 31 March 2019</b>	-	<b>12</b>	-	-	<b>3,268</b>	<b>468</b>	<b>6,196</b>	<b>418</b>	<b>10,362</b>
<b>Net book value at 31 March 2019</b>	<b>7,315</b>	<b>26,624</b>	-	<b>865</b>	<b>1,963</b>	<b>59</b>	<b>7,164</b>	<b>507</b>	<b>44,497</b>
<b>Net book value at 1 April 2018</b>	<b>7,035</b>	<b>26,556</b>	-	<b>1,420</b>	<b>2,155</b>	<b>76</b>	<b>5,747</b>	<b>590</b>	<b>43,579</b>

**Note 15.2 Property, plant and equipment - 2017/18**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation / gross cost at 1 April 2017 - as previously stated</b>	<b>6,660</b>	<b>26,345</b>	<b>-</b>	<b>3</b>	<b>5,028</b>	<b>692</b>	<b>10,703</b>	<b>907</b>	<b>50,338</b>
Prior period adjustments	-	-	-	-	-	-	-	-	-
<b>Valuation / gross cost at 1 April 2017</b>	<b>6,660</b>	<b>26,345</b>	<b>-</b>	<b>3</b>	<b>5,028</b>	<b>692</b>	<b>10,703</b>	<b>907</b>	<b>50,338</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-
Additions	-	1,833	-	1,420	430	-	529	35	<b>4,247</b>
Impairments	-	(580)	-	-	-	-	-	-	<b>(580)</b>
Reversals of impairments	115	(46)	-	-	-	-	-	-	<b>69</b>
Revaluations	260	167	-	-	-	-	-	-	<b>427</b>
Reclassifications	-	3	-	(3)	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(415)	(89)	-	(9)	<b>(513)</b>
<b>Valuation/gross cost at 31 March 2018</b>	<b>7,035</b>	<b>27,722</b>	<b>-</b>	<b>1,420</b>	<b>5,043</b>	<b>603</b>	<b>11,232</b>	<b>933</b>	<b>53,988</b>
<b>Accumulated depreciation at 1 April 2017 - as previously stated</b>	<b>-</b>	<b>779</b>	<b>-</b>	<b>-</b>	<b>2,641</b>	<b>567</b>	<b>3,955</b>	<b>258</b>	<b>8,200</b>
Prior period adjustments	-	-	-	-	-	-	-	-	-
<b>Accumulated depreciation at 1 April 2017</b>	<b>-</b>	<b>779</b>	<b>-</b>	<b>-</b>	<b>2,641</b>	<b>567</b>	<b>3,955</b>	<b>258</b>	<b>8,200</b>
Transfers by absorption	-	-	-	-	-	-	-	-	-
Provided during the year	-	1,486	-	-	662	49	1,530	94	<b>3,821</b>
Impairments	-	(139)	-	-	-	-	-	-	<b>(139)</b>
Reversals of impairments	-	(405)	-	-	-	-	-	-	<b>(405)</b>
Revaluations	-	(555)	-	-	-	-	-	-	<b>(555)</b>
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(415)	(89)	-	(9)	<b>(513)</b>
<b>Accumulated depreciation at 31 March 2018</b>	<b>-</b>	<b>1,166</b>	<b>-</b>	<b>-</b>	<b>2,888</b>	<b>527</b>	<b>5,485</b>	<b>343</b>	<b>10,409</b>
<b>Net book value at 31 March 2018</b>	<b>7,035</b>	<b>26,556</b>	<b>-</b>	<b>1,420</b>	<b>2,155</b>	<b>76</b>	<b>5,747</b>	<b>590</b>	<b>43,579</b>
<b>Net book value at 1 April 2017</b>	<b>6,660</b>	<b>25,566</b>	<b>-</b>	<b>3</b>	<b>2,387</b>	<b>125</b>	<b>6,748</b>	<b>649</b>	<b>42,138</b>

**Note 15.3 Property, plant and equipment financing - 2018/19**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2019</b>									
Owned - purchased	7,315	22,512	-	865	1,259	38	4,439	494	<b>36,922</b>
Finance leased	-	472	-	-	-	-	2,714	-	<b>3,186</b>
Owned - government granted	-	130	-	-	-	-	-	-	<b>130</b>
Owned - donated	-	3,510	-	-	704	21	11	13	<b>4,259</b>
<b>NBV total at 31 March 2019</b>	<b>7,315</b>	<b>26,624</b>	<b>-</b>	<b>865</b>	<b>1,963</b>	<b>59</b>	<b>7,164</b>	<b>507</b>	<b>44,497</b>

**Note 15.4 Property, plant and equipment financing - 2017/18**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2018</b>									
Owned - purchased	7,035	22,496	-	1,420	1,520	76	2,660	573	<b>35,780</b>
Finance leased	-	360	-	-	-	-	3,072	-	<b>3,432</b>
Owned - government granted	-	134	-	-	-	-	-	-	<b>134</b>
Owned - donated	-	3,566	-	-	635	-	15	17	<b>4,233</b>
<b>NBV total at 31 March 2018</b>	<b>7,035</b>	<b>26,556</b>	<b>-</b>	<b>1,420</b>	<b>2,155</b>	<b>76</b>	<b>5,747</b>	<b>590</b>	<b>43,579</b>

#### **Note 15.5 Donations of property, plant and equipment**

In the year ended 31 March 2019 the Trust has received the following donations in respect of assets capitalised in full during the year . This includes £168k relating to a new X-Ray machine at Crowborough hospital

	£000s
Plant and machinery	210
Buildings	0
Total	210

#### **Note 16 Revaluations of property, plant and equipment**

The Valuation Office Agency revalued the Trust's estate as at 31 March 2019. 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 is an increase in land values of £ 280K and in building values of £608K.

In 2018/19 there have been no significant changes in valuation approach, in asset lives, in residual lives or in the approach to the calculation of depreciation. Asset lives are set out in our accounting policy 1.3.2.

## Note 17 Disclosure of interests in other entities

The Trust is the corporate Trustee to Sussex Community NHS Foundation Trust charitable funds. The charity held investments of £1,542 K as at 31 March 2019. Although the charity is a subsidiary of the Trust it is not being consolidated in 2018/19 on the grounds that it is not material, as the fund value is less than 1 per cent 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 which is based on UK Financial Reporting Standard FRS102. The most recent statutory accounts are available on the Charity Commission website.

In November 2018 the Trust registered Sussex Primary Care as a limited company that is wholly owned by Sussex Community NHS Foundation Trust. As at 31 March Sussex Primary Care was not yet trading. Expenditure for 2018/19 consisted of set up costs and staff recharges, and was not material. Hence it has not been consolidated in 2018/19. Sussex Primary Care's ambition is to provide primary care GP services across the county.

## Note 18 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	26	26
Work In progress	40	24
Consumables	432	447
Energy	-	-
Other	614	570
<b>Total inventories</b>	<b>1,112</b>	<b>1,067</b>
<b>of which:</b>		
Held at fair value less costs to sell	-	-

Inventories written off as expenses for the year were £15 K

# **Note 19.1 Trade receivables and other receivables**

	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Current</b>		
Contract receivables*	19,999	
Contract assets*	-	
Trade receivables*		11,869
Capital receivables	8	15
Accrued income*		3,098
Allowance for impaired contract receivables / assets*	(574)	
Allowance for other impaired receivables	-	(963)
Deposits and advances	-	-
Prepayments (non-PFI)	1,425	1,934
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	-	32
VAT receivable	371	242
Corporation and other taxes receivable	-	-
Other receivables	-	645
<b>Total current trade and other receivables</b>	<b>21,229</b>	<b>16,872</b>
<b>Non-current</b>		
Contract receivables*	261	
Contract assets*	-	
Trade receivables*		-
Capital receivables	-	-
Accrued income*		236
Allowance for impaired contract receivables / assets*	(57)	
Allowance for other impaired receivables	-	(54)
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	-	-
<b>Total non-current trade and other receivables</b>	<b>204</b>	<b>182</b>
<b>Of which receivables from NHS and DHSC group bodies:</b>		
Current	13,414	9,598
Non-current	-	-

\*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

## Note 19.2 Allowances for credit losses -

	Contract receivables and contract assets £000	All other receivables £000
<b>Allowances as at 1 Apr 2018 - brought forward</b>		<b>1,017</b>
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1,017	(1,017)
Transfers by absorption	-	-
New allowances arising	65	-
Changes in existing allowances	-	-
Reversals of allowances	(451)	-
Utilisation of allowances (write offs)	-	-
Changes arising following modification of contractual cash flows	-	-
Foreign exchange and other changes	-	-
<b>Allowances as at 31 Mar 2019</b>	<b>631</b>	<b>-</b>

## Note 19.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables £000
<b>Allowances as at 1 Apr 2017 - as previously stated</b>	<b>1,199</b>
Prior period adjustments	
<b>Allowances as at 1 Apr 2017 - restated</b>	<b>1,199</b>
Transfers by absorption	
Increase in provision	
Amounts utilised	
Unused amounts reversed	(182)
<b>Allowances as at 31 Mar 2018</b>	<b>1,017</b>

## Note 19.4 Credit quality of financial assets

	31 Mar 2019 receivables £000	31-Mar 2018 receivables £000
<b>Ageing of allowance for credit losses</b>		
0 - 30 days	-	11
30-60 Days	-	6
60-90 days	-	13
90- 180 days	9	26
Over 180 days	622	961
<b>Total</b>	<b>631</b>	<b>1,017</b>
<b>Ageing of non-impaired financial assets past their due date</b>		
0 - 30 days	1,895	572
30-60 Days	596	925
60-90 days	623	787
90- 180 days	1,972	1,107
Over 180 days	3,448	3,763
<b>Total</b>	<b>8,534</b>	<b>7,154</b>



## Note 20 Cash and cash equivalents 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.

	2018/19	2017/18
	£000	£000
<b>At 1 April</b>	<b>5,663</b>	<b>4,822</b>
Prior period adjustments	-	-
<b>At 1 April (restated)</b>	<b>5,663</b>	<b>4,822</b>
Transfers by absorption	-	-
Net change in year	(762)	841
<b>At 31 March</b>	<b>4,901</b>	<b>5,663</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	15	24
Cash with the Government Banking Service	4,886	5,639
Deposits with the National Loan Fund	-	-
Other current investments	-	-
<b>Total cash and cash equivalents as in SoFP</b>	<b>4,901</b>	<b>5,663</b>
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
<b>Total cash and cash equivalents as in SoCF</b>	<b>4,901</b>	<b>5,663</b>

### Third party assets held by the trust

The Trust does not hold any third party assets

**Note 21 Trade and other payables**

	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Current</b>		
Trade payables	14,705	14,475
Capital payables	797	516
Accruals	3,376	3,980
Receipts in advance (including payments on account)	16	17
Social security costs	3,192	1,935
VAT payables	-	-
Other taxes payable	-	1,241
PDC dividend payable	43	-
Accrued interest on loans*		8
Other payables	43	77
<b>Total current trade and other payables</b>	<b>22,172</b>	<b>22,249</b>
<b>Non-current</b>		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance (including payments on account)	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
<b>Total non-current trade and other payables</b>	<b>-</b>	<b>-</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	8,749	8,013
Non-current	-	-

\*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note . IFRS 9 is applied without restatement therefore comparatives have not been restated.

**Early retirements in NHS payables above**

The payables note above does not include amounts in relation to early retirements

## Other liabilities

The Trust does not have any other liabilities

### Note 22.1 Borrowings

	31 March 2019 £000	31 March 2018 £000
<b>Current</b>		
Bank overdrafts	-	-
Drawdown in committed facility	-	-
Loans from the Department of Health and Social Care	883	876
Other loans	-	-
Obligations under finance leases	707	699
PFI lifecycle replacement received in advance	-	-
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	-	-
<b>Total current borrowings</b>	<b>1,590</b>	<b>1,575</b>
<b>Non-current</b>		
Loans from the Department of Health and Social Care	3,980	4,856
Other loans	-	-
Obligations under finance leases	1,036	1,740
PFI lifecycle replacement received in advance	-	-
Obligations under PFI, LIFT or other service concession contracts	-	-
<b>Total non-current borrowings</b>	<b>5,016</b>	<b>6,596</b>

**Note 22.2 Reconciliation of liabilities arising from financing activities**

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
<b>Carrying value at 1 April 2018</b>	<b>5,732</b>	<b>-</b>	<b>2,439</b>	<b>-</b>	<b>8,171</b>
<b>Cash movements:</b>					
Financing cash flows - payments and receipts of principal	(876)	-	(700)	-	(1,576)
Financing cash flows - payments of interest	(77)	-	(41)	-	(118)
<b>Non-cash movements:</b>					
Impact of implementing IFRS 9 on 1 April 2018	8	-	-	-	8
Transfers by absorption	-	-	-	-	-
Additions	-	-	-	-	-
Application of effective interest rate	77	-	41	-	118
Change in effective interest rate	-	-	-	-	-
Changes in fair value	-	-	-	-	-
Other changes	(1)	-	4	-	3
<b>Carrying value at 31 March 2019</b>	<b>4,863</b>	<b>-</b>	<b>1,743</b>	<b>-</b>	<b>6,606</b>

## Note 23 Finance leases

### Note 23.1 Sussex Community NHS FT as a lessor

There were no finance leases where the Trust was the lessor

### Note 23.2 Sussex Community FT as a lessee

Obligations under finance leases where Sussex Community NHS Foundation Trust is the lessee.

	31 March 2019 £000	31 March 2018 £000
<b>Gross lease liabilities</b>	<b>2,452</b>	<b>3,189</b>
of which liabilities are due:		
- not later than one year;	740	740
- later than one year and not later than five years;	656	1,368
- later than five years.	1,056	1,081
Finance charges allocated to future periods	(709)	(750)
<b>Net lease liabilities</b>	<b>1,743</b>	<b>2,439</b>
of which payable:		
- not later than one year;	707	699
- later than one year and not later than five years;	563	1,267
- later than five years.	473	473
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 years 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 per cent (0.5%) of the cost of assets as at the commencement of the managed lease agreement (contract price).

## Note 24 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits* £000	Legal claims £000	Re- structuring £000	Equal Pay (including Agenda for Change) £000	Redundancy £000	Other £000	Total £000
<b>At 1 April 2018</b>	<b>230</b>	<b>615</b>	<b>31</b>	-	-	-	-	<b>876</b>
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	22	20	-	-	-	-	-	<b>42</b>
Arising during the year	-	-	16	-	-	-	-	<b>16</b>
Utilised during the year	(19)	(23)	(6)	-	-	-	-	<b>(48)</b>
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	(15)	-	(15)	-	-	-	-	<b>(30)</b>
Unwinding of discount	-	(1)	-	-	-	-	-	<b>(1)</b>
<b>At 31 March 2019</b>	<b>218</b>	<b>611</b>	<b>26</b>	-	-	-	-	<b>855</b>
<b>Expected timing of cash flows:</b>								
- not later than one year;	19	23	26	-	-	-	-	<b>68</b>
- later than one year and not later than five years;	76	92	-	-	-	-	-	<b>168</b>
- later than five years.	123	496	-	-	-	-	-	<b>619</b>
<b>Total</b>	<b>218</b>	<b>611</b>	<b>26</b>	-	-	-	-	<b>855</b>

\* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within early departure costs

#### **Note 25 Clinical negligence liabilities**

As at 31 March 2019 £ 1,413 K was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sussex Community NHS Foundation Trust (31 March 2018 £ 805k).

#### **Note 26 Contingent assets and liabilities**

The Trust does not recognise any contingent assets.

The Trust has no contingent liabilities to disclose in 2018/19.

#### **Note 27 Contractual capital commitments**

	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
Property, plant and equipment	176	305
Intangible assets	-	-
<b>Total</b>	<b>176</b>	<b>305</b>

The Trust does not have any other commitments under non-cancellable contracts

## **Note 28 Financial instruments**

### **Note 28.1 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.

#### **Market 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 2019. 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 28.2 Carrying values of financial assets**

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

		<b>Held at fair</b>		
	<b>Held at</b>	<b>value</b>	<b>Held at fair</b>	<b>Total book</b>
	<b>amortised</b>	<b>through</b>	<b>value</b>	<b>value</b>
	<b>cost</b>	<b>I&amp;E</b>	<b>through OCI</b>	
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Carrying values of financial assets as at 31</b>				
<b>March 2019 under IFRS 9</b>				
Trade and other receivables excluding non financial assets	19,635	-	-	<b>19,635</b>
Other investments / financial assets	-	-	-	-
Cash and cash equivalents at bank and in hand	4,901	-	-	<b>4,901</b>
<b>Total at 31 March 2019</b>	<b>24,536</b>	<b>-</b>	<b>-</b>	<b>24,536</b>

		<b>Assets at</b>			
	<b>Loans and</b>	<b>through the</b>	<b>Held to</b>	<b>Available-</b>	<b>Total book</b>
	<b>receivables</b>	<b>I&amp;E</b>	<b>maturity</b>	<b>for-sale</b>	<b>value</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Carrying values of financial assets as at 31</b>					
<b>March 2018 under IAS 39</b>					
Trade and other receivables excluding non financial assets	14,515	-	-	-	<b>14,515</b>
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents at bank and in hand	5,663	-	-	-	<b>5,663</b>
<b>Total at 31 March 2018</b>	<b>20,178</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>20,178</b>

**Note 28.3 Carrying value of financial liabilities**

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Held at fair value through the I&E £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2019 under IFRS 9</b>			
Loans from the Department of Health and Social Care	4,863	-	<b>4,863</b>
Obligations under finance leases	1,743	-	<b>1,743</b>
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	18,921	-	<b>18,921</b>
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
<b>Total at 31 March 2019</b>	<b>25,527</b>	<b>-</b>	<b>25,527</b>

	Other financial liabilities £000	Held at fair value through the I&E £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2018 under IAS 39</b>			
Loans from the Department of Health and Social Care	5,732	-	<b>5,732</b>
Obligations under finance leases	2,439	-	<b>2,439</b>
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	19,056	-	<b>19,056</b>
Other financial liabilities	-	-	-
Provisions under contract	31	-	<b>31</b>
<b>Total at 31 March 2018</b>	<b>27,258</b>	<b>-</b>	<b>27,258</b>

**Note 28.4 Fair values of financial assets and liabilities**

Due to the relatively simple nature of assets and liabilities held by the Trust, book value is deemed to be a reasonable proxy for fair value.

**Note 28.5 Maturity of financial liabilities**

	31 March 2019 £000	31 March 2018 £000
In one year or less	20,513	20,662
In more than one year but not more than two years	1,430	1,583
In more than two years but not more than five years	1,674	3,100
In more than five years	1,910	1,913
<b>Total</b>	<b>25,527</b>	<b>27,258</b>

**Note 29 Losses and special payments**

	<b>2018/19</b>		<b>2017/18</b>	
	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>
<b>Losses</b>				
Cash losses	-	-	-	-
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	-	-	-	-
<b>Total losses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Special payments</b>				
Compensation under court order or legally binding arbitration award	4	7	2	10
Extra-contractual payments	-	-	-	-
Ex-gratia payments	11	7	11	19
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
<b>Total special payments</b>	<b>15</b>	<b>14</b>	<b>13</b>	<b>29</b>
<b>Total losses and special payments</b>	<b>15</b>	<b>14</b>	<b>13</b>	<b>29</b>
Compensation payments received		-		-

**Note 30 Gifts**

The Trust has not made any significant gifts in 2018/19

**Note 31.1 Initial application of IFRS 9**

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Sussex Community NHS Foundation Trust does not have any complex financial instruments and this accounting standard has not had a significant impact on the Trust's financial statements.

**Note 31.2 Initial application of IFRS 15**

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

The majority of the Trust's revenue is in the form of annual block contracts with CCGs and local authorities for the provision of healthcare. The introduction of this standard does not materially change the Trust's treatment of its revenue.

## **Note 32 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 and Social Care 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 Hospitals NHS Foundation Trust
- East Sussex Healthcare NHS Trust
- Sussex Partnership NHS Foundation Trust
- NHS East Surrey CCG
- NHS Eastbourne, Hailsham and Seaford CCG
- NHS Guildford and Waverley CCG
- NHS Hastings and Rother CCG
- North East London Commissioning Support Unit
- NHS West Kent CCG
- NHS Litigation Authority

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 with Brighton and Hove City Council and West Sussex County Council in respect of joint enterprises.

In November 2018 the Trust established a subsidiary company, Sussex Primary Care Limited. Spending with the company in 2018/19 consisted mainly of management costs involved with the setting up of the company and totalled £ 351 K.

The Trust Board is also the Trustee of the Sussex Community NHS FT Charitable fund. During the year the Trust made various payments on behalf of the Charity, for which it recharged the charity. These are reflected in the year end accounts as a receivable of £105 K with the charitable fund. The Trust also raises an annual management charge of £43 K to the charity for the administration of the fund.

## **Note 33 Prior period adjustments**

There are no prior period adjustments in 2018/19.

## **Note 34 Events after the reporting date**

The Trust has established a subsidiary company Sussex Primary Care Limited in November 2018. The company is a wholly owned subsidiary limited by shares whose purpose is the provision of Primary Care services in Sussex.

Sussex Primary Care expects to take on responsibility for the Dolphins GP practice in Haywards Heath from 1 June 2019. The turnover (total revenue) of the Practice is approximately £2 million.

Sussex Primary Care's ambition is to acquire further practices in the future although there are no firm plans at this stage.

# **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 2019 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and the related notes 1 to 34, 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 2019 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 and Social Care's Group Accounting Manual 2018/19 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 Foundation 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.

## **Emphasis of matter – Reconciliation Differences in Trust Expenditure**

We draw attention to Note 1.3.2 of the financial statements, which describes a difference between the amount NHS Property Services have invoiced the Trust and the amount the Trust has recognised as payables and expenditure in its financial statements. Our opinion is not modified in respect of this matter. The financial statements do not include the adjustments that would result if the matter were to escalate to a formal dispute and that dispute were to be resolved against the Trust.

## 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

Key audit matters	<ul style="list-style-type: none"><li>• Risk of manipulation of reported financial performance including the risk of management override and the risk of fraud in revenue recognition</li></ul>
Materiality	<ul style="list-style-type: none"><li>• Overall materiality of £4.6m which represents 2% of operating expenses.</li></ul>

## 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
<b>Manipulation of Reported Financial Performance</b>  Refer to the 2017/18 Audit Results Report (page 8).  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	We took a fully substantive approach to testing the related accounts and: <ul style="list-style-type: none"><li>▸ Reviewed and discussed with management any accounting estimates on revenue for evidence of bias</li><li>▸ Developed a testing strategy to test material revenue streams using higher samples for non-system revenue reflecting the higher level of risk</li></ul>	See the commentary on page 8 of the Audit Results Report.



Risk	Our response to the risk	Key observations communicated to the Audit Committee
<p>manipulation of expenditure recognition.</p> <p>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.</p> <p>We have considered the income and expenditure streams of the Trust and consider that 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 beginning of the year and received through regular payments. There are contract variations during the year that could be subject to manipulation.</p> <p>We have therefore concluded that this risk relates specifically to year end income accruals. This would affect both income and accounts receivable (accrued income).</p> <p>These accounts have the following balances in the 2018/19 financial statements:</p> <p>Income: £237 million</p> <p>Accrued Income: £8 million</p> <p>There has been no change in the level of risk compared to the prior year.</p>	<ul style="list-style-type: none"> <li>▶ Reviewed and tested revenue cut-off at the period end date</li> <li>▶ Reviewed Department of Health and Social Care agreement of balances data and investigated differences with counter-parties we consider to be significant</li> <li>▶ Tested the appropriateness of manual journal entries recorded in the general ledger and other adjustments made in preparing the financial statements.</li> <li>▶ Evaluated the business rationale for any significant unusual transactions.</li> </ul>	



In the prior year, our auditor's report included a key audit matter in relation to a similar risk.

## **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 Foundation Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Foundation 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**

There were no significant changes in our approach or audit scope compared to the prior year.

### **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 £4.6 million (2018: £4.5 million), which is 2% (2018: 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% (2018: 75%) of our planning materiality, namely £3.4 million (2018: £3.3 million). We have set performance materiality at this percentage due to the relatively low level of detected and uncorrected misstatements in the prior year.

### **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 £0.229 million (2018: £0.226 million), which is set at 5% of planning materiality, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

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 Annual Report and Accounts 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 2018/19.

## 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 2018/19 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 2018/19 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; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit.
- 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...]; 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 risk 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".*

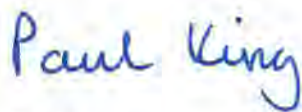
Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk there is no requirement to 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 C&AG.

### **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.



*Paul King*

*for and on behalf of Ernst & Young LLP*

*Southampton*

*28 May 2019*

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.



