NHS
Sussex Partnership
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS 2017-2018

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Sussex Partnership NHS Foundation Trust
Annual Report and Accounts 2017 - 18

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

Contents

1. Performance report

1.1 Overview

This section of the Annual Report provides an overview of key achievements and challenges during 2017/18.

Statement from the Chief Executive

Our services
Over the course of 2017/18 our staff worked incredibly hard to manage significant, sustained pressure on our community and inpatient services. One symptom of the pressure upon the whole health and social care system is the fact that, at one point, we had to transfer 26 people to inpatient care outside of our own services, and at times many miles away from home. We managed to reduce this to zero, which unquestionably allows us to provide a better experience of care for the people we serve and their families. But we need long term solutions to manage this.

The issue of delayed discharges from mental health inpatient services provides another illustration of the pressure within the system. Helping people leave hospital when they are ready is a crucial part of promoting recovery. But, too often, the need to arrange suitable accommodation, social care and follow-up support can get in the way. Solutions can only come from the health and social care system working together, rather than in silos.

The need for bold action to improve services for people with lived experience of mental health issues is shown by an analysis published by Sussex and East Surrey Sustainability and Transformation Partnership (STP) in July 2017. This highlighted that people with mental health problems in Sussex and East Surrey:

- live up to 20 years less than the general population
- are around 2-4 times more likely to die of cancer, circulatory or respiratory disease than the rest of the population
- account for 20% of all A&E attendances and emergency admissions, despite making up only 7% of the overall population

The research was part of a review commissioned by the STP – published in September - on how mental health services are funded, planned and provided across the area.

The fact that you end up living up to 20 years less if you are someone using mental health services is truly shocking. Its shows that health and social care services aren't meeting the physical health needs of people with mental health problems. Getting a grip on this is about saving lives.

The STP research was part of a wider review of the mental health system in Sussex and East Surrey STP commissioned and published by our STP last year. We will use the learning from this, alongside the aspirations of our own clinical strategy (published in November 2017) to drive improvements on behalf of the patients, families and local communities we serve.

Delivering our clinical strategy is a key priority for us in 2018/19. We have established the leadership and project management infrastructure required to put it into action. We are now working on detailed implementation plans for each of the areas for action identified in the strategy including suicide prevention, providing a single point of access for all our services, improving crisis care and promoting recovery.

Care Quality Commission
In January 2018 we were awarded an overall rating of 'good' by the Care Quality Commission (CQC) and assessed 'outstanding' for being caring. This new rating followed an inspection of the Trust's services in Autumn 2017.

We value the CQC's role in helping us improve care and treatment for the patients, families and local communities we serve. I'm delighted we have moved from 'requires improvement' to 'good' because it reflects our passion for providing high quality patient care and working with carers, families and our partners to learn and improve.

I am proud to be part of an organisation providing outstanding care. I am also proud to work alongside colleagues who come to work committed to helping people with their mental health and wellbeing who are committed to the values of the NHS.

In their assessment of the Trust's services, the CQC:

- awarded an overall rating of 'good' based on performance in five domains: safe (assessed as good); effective (good); caring (outstanding); responsive (good) and well-led (good)
- visited the Trust's acute wards for adults of working age and psychiatric intensive care units and wards for older people with mental health problems; community-based mental health services for adults of working age; specialist community mental health services for children and young people
- spoke with 134 patients and 65 carers
- held 21 focus groups involving 192 staff
- spoke with 280 staff in the course of inspecting services

The inspectors also noted:

- "Patients and carers all gave positive feedback about the care they received. They said they were involved in decisions about their care and that staff considered their wellbeing and experiences as a patient, as well as their physical health needs"
- 'Outstanding' examples of practice such as clinical leadership and service user involvement at Langley Green Hospital in Crawley; a focus on improving the safety of older people in hospital in Hove; physical health care support for people using mental health services in Brighton; our mental health drop-in clinic for young people in Hastings; and our suicide awareness campaign for young people in Hampshire

Staff experience
A critical part of providing a positive experience for the people who use our services is making sure we continuously pay attention to the experience of staff.

I was pleased to note that this year's NHS staff survey showed we have made improvements since last year:

- 92% agree that the Trust takes positive action on health and wellbeing
- 75% agree that the care of patients and service users is the Trust's top priority
- 64% said that they are satisfied with opportunities for flexible working
- 88% know who the senior managers are
- 67% are given feedback about changes made in response to reported errors.

Compared to other mental health trusts, we have also rated higher than average for staff feeling that they get recognition for their work, for senior managers involving staff in important decisions, and for staff being treated fairly in their career progression.

There are also areas, of course, where we need to do better. This includes staff feeling that they not think there are enough staff for them to be able to do their job properly or to provide the level of care they want to.

Having regular supervision and being part of an effective team are crucial in supporting staff in their role. Alongside the annual appraisal process, every member of staff needs to know which team they are part of, to participate in team development and know the purpose of the team you belong to. Each of these is fundamental to how we continue to deliver outstanding care. This is why one of our objectives for last year was encourage, support and enable every team across the organisation to have two developments days together (something we continue to focus on).

Encouraging people to raise concerns is another key element of improving staff and patient experience. Freedom to Speak Up is a national policy that aims to ensure NHS staff are able to discuss issues about patient safety, patient experience and any concerns about their working environment or the quality of our services.

We employed a Freedom to Speak Up Guardian to help develop a culture of openness where staff can talk openly about any concerns they have and if necessary, be a support to our staff in the speaking up process.

Having an open and responsive route for staff to raise concerns, where staff feel confident to speak up when things go wrong, helps ensure a safe and effective workforce. We want to be an organisation that places less emphasis on blame when things go wrong and more importance on transparency and learning from mistakes.

We want to listen to our staff and learn from their concerns. We want them to know we encourage our workforce to talk about things that are not working well, and when care is not as good or as safe as it should be. This can help enormously to improve the service we deliver, ensure patient safety, and make our organisation a better place to work.

Service developments

We introduced a number of positive developments in 2017/18 to help us provide the best possible care to people.

In March 2018 we officially launched a new perinatal service offering support to new mums across Sussex and East Surrey experiencing mental health problems. The Specialist Perinatal Mental Health Service (SPMHS) is a community-based service for mums experiencing severe mental

health difficulties during pregnancy or up to a year after birth. The team also supports expectant mothers who are currently well but have experienced mental health difficulties in the past.

The service comprises four teams of mental health professionals from a range of backgrounds including psychiatrists, nurses, psychologists, parent-infant psychotherapists and nursery nurses. It offers face to face clinics at a range of different locations across Sussex and East Surrey, including in the family home, and fathers and partners are encouraged to attend the appointments.

Our inpatient ward for people with dementia was relocated to Mill View Hospital in Hove. The move enabled Brunswick ward staff to provide high quality care in a specially designed unit, built to meet the needs of patients living with dementia. The new ward was designed in collaboration with patients, carers and staff, following guidelines from dementia studies specialists at the University of Stirling. It sets the bar (quite rightly) very high for the quality of care environment we should be striving for, for everyone who uses our services.

We launched a new service to help armed forces veterans get faster access to mental health support in Sussex. This is provided by the new London and South East NHS Veterans Mental Health Transition, Intervention and Liaison (TIL) Service, our collaboration and Camden and Islington NHS Foundation Trust.

This specialist service helps veterans to access treatment and support for mental health issues, as well as providing therapeutic treatment for complex mental health difficulties and psychological trauma. It is available to any ex-member of the armed forces who is concerned about their mental health. It can also support those who are up to six months away from being discharged and are preparing to transition to civilian life.

We opened two new wards at the Woodlands Centre for Acute Care, in Hastings, which provides inpatient care for adults with acute mental health conditions: the 14 bed Abbey Ward for women and the 9 bed Castle Ward for men. The idea to change the layout at Woodlands, from one mixed ward to two single sex wards, came from staff working on the ward, who felt the changes would make a safer and improved therapeutic environment for both the patients and staff.

Promoting mental health, wellbeing and recovery

With times as pressurised as they are for the whole health and social care system, we need to be innovative about different ways of providing people with help for their mental health and wellbeing. Mindfulness is one example of how we are doing this.

National research has shown that mindfulness significantly reduces the risk that people with a history of recurrent depression will experience a relapse. Although it has been recommended as a treatment for depression since 2004 by the National Institute for Health and Care Excellence (NICE), it is not available on the NHS in many areas of the UK.

This is why it is really exciting that, last year, our Sussex Mindfulness Centre teamed up with other mindfulness centres across the UK to offer the training for frontline NHS professionals. This programme will involve helping nearly 50 staff who work in NHS talking therapy services across the country learn the skills to offer mindfulness sessions to people who suffer from recurrent depression.

In October 2017 our Heads On charity launched Year of Drawing, a year-long site specific drawing project that will increase access to the arts for people facing mental health challenges in Sussex and Hampshire through public drawing events.

1 in 4 people each year will experience mental health problems and there is a growing body of evidence that shows participation in the arts can make a positive contribution to health and wellbeing. The project is part of Make Your Mark, Sussex Partnership's arts and health programme. The year-long project is supported by artists Annis Joslin, Jane Fordham and Jane Fox, who have been commissioned to deliver the programme alongside three Peer Arts Workers with lived experience of mental health challenges.

Funded by the National Lottery through Arts Council England and grants from Chalk Cliff Trust, John Horniman's Children's Trust and Rockinghorse Children's Charity, the project will cover Sussex Partnership's Adult Mental Health Services in Sussex and Child and Adolescent Mental Health Services (CAMHS) in Sussex and Hampshire.

In December 2017, research was published which shows our pioneering Sussex Recovery College - that teaches students how to manage their own mental health conditions - is keeping people well, preventing stays in hospital and saving the NHS thousands of pounds.

In one of the most comprehensive studies ever undertaken into the impact of the free Sussex Recovery College courses on the students who sign up for them, the new research paper published in the Journal of Mental Health shows that:

- Students used mental health services less after attending courses
- Students who attended Recovery College were less likely to need to be admitted to hospital, or treated under Section, and had fewer contacts with community mental health professionals
- The reduction in mental health services needed by students who registered for Sussex Recovery College courses equated to a saving of around £1,200 for the NHS per student per year
- Sussex Recovery College is a joint project between Sussex Partnership NHS Foundation Trust, Southdown Housing Association and local voluntary organisations in East and West Sussex and Brighton & Hove

The Recovery College delivers free comprehensive, peer-led education and training courses, providing education as a route to recovery. Courses are co-devised and co-delivered by people with lived experience of mental illness and by mental health professionals. It is exactly the kind of creative, innovative alternative to traditional mental health services that we need to be developing more of.

Positive Practice Awards
It's so important, given the demands faced by our staff and services, to take time out to celebrate what we do well.

We received more entries than ever (320) for our annual Positive Practice Awards, where 500 people came together to hear about the winners from each of our 14 categories. The wards - kindly sponsored by Daisy Group and Realm IT - were a truly humbling reminder of the talented and committed people we are fortunate to have working across all our teams.

This year's winners and runners up were as follows:

The **Inspired to Improve award** is for an individual or team who improves their service, listens and responds positively to feedback.

Bronze
Emma Casson - for working with families referred to the West Sussex CAMHS complex behaviour support team, empowering them to feel more confident supporting their child's treatment.

Silver
Helen Boxall and the Drug and Alcohol Recovery Team - for their work with HMP Ford service users to evaluate and improve their services.

Gold
Lucinda Walsh - for developing the autism assessment care pathway and supporting teams to roll it out in Hampshire Child and Adolescent Mental Health Services.

This **Research and Teaching award** is for research or teaching that demonstrates a clear improvement in quality of care and improved patient outcomes.

Bronze
Cassie Hazell - for her dedication to improving patient care through research, working closely with patients to design studies and share the findings.

Silver
Clinic and safety book, Coral Ward (Langley Green Hospital). The work was led by Kim Ballesteros and Kevin McPhoy, who have been championing physical health through the NEWS policy and safety book.

Gold
Laura Lea and the Service User and Carer Involvement Team for putting service users and carers at the heart of research.

The **Quality and Innovation award** is for individual or team who has put a good idea into action by thinking differently, either directly improving patient care or supporting staff to deliver high quality services.

Bronze
Cavita Chapman - for her work developing the staff BME Network, improving staff involvement and launching a mentorship programme.

Silver
Time for Dementia - which has seen 850 medical students, working with 600 families across Sussex and Surrey, improve their knowledge, attitudes and empathy towards people with dementia.

Gold
Peer Support Specialist Pilot Project Team - for establishing and promoting a professional peer support network to improve service user experience and recovery.

This **Partnership in Practice award** is for a team who works effectively in partnership with others, crossing professional, clinical or organisational boundaries.

Bronze
Theatrical skills group, Chichester Centre and Chichester Festival Theatre - for designing and delivering workshops for service users that promote confidence, creativity and social inclusion.

Silver
Sustainable School Liaison Service, Chichester Children and Young People's Services - for their work with St Anthony's school, enabling staff to identify pupils in need of support and working closely with the family to target interventions.

Gold
Make your Mark - for working with artists and peer supporters to develop arts courses to support people in their recovery.

The **Bethan Smith award** is a new category to recognise an individual who has gone the extra mile in their work for Sussex Partnership. The winner was Debbie Rimmer – for providing outstanding care.

Our **Heads on Heroes award** is for staff who have made a positive difference to patient care through fundraising.

Bronze
Shepherd House garden project - for their fundraising to improve and revitalise the outside space for their service users.

Silver
Dylan Hibbert and Alison Naylor - for their continued fundraising which allows the Hellingly Centre to hold creative events as part of their recovery programme, including an annual art exhibition.

Gold
Joanna Stevens - for her efforts to secure large charitable grants to support the continued work of the Make your Mark arts programme.

The **Team award (non clinical)** is for a non-clinical team that has made an outstanding contribution, going 'the extra mile'.

Bronze
Information Governance and Health Records - for their work to reduce subject access request breaches and achieving the Trust's highest score on the Information Governance Toolkit.

Silver
West Hampshire CAMHS Single Point of Access - for their efforts setting up and running this brand new service, which deals with all new referrals and enquiries.

Gold
Clinical Governance Team - for significantly improving the way we work with, and support, families after serious incidents.

The **Team award (clinical)** is for a clinical team that has made an outstanding contribution, going 'the extra mile'.

Bronze
Caburn Ward, Mill View Hospital - for the compassionate care they provide and their continued efforts to improve the ward environment in their own time.

Silver
Selden Centre - for the consistently high quality care they provide to people with complex and challenging behaviour.

Gold
Langley Green Hospital - for the significant and continued improvements being made to patient care across all areas of the hospital.

The **Shining Star award** is for someone who has made an individual difference to the services we provide.

Bronze
Georgina Marler - for her longstanding dedication to her job and to her colleagues, and for the commitment she continues to show to patients every single day, even after 40 years as a mental health nurse.

Silver
Paul Christopher - for championing physical health alongside mental health recovery and for his total commitment to getting service users involved in sports and physical activities.

Gold
Katy Stafford - for being an amazing role model to both staff and patients, for being an inspiring nurse and for leading her team from the front with humility, tenacity and commitment.

Our **Outstanding student nurse mentor award** went to:

Bronze
Mark Richardson - for encouraging students to think and be inquisitive and to take an evidence-based approach to care.

Silver
Emma Searle - for her dedication to developing students and for her ability to identify and tease out their hidden strengths and talents.

Gold
Mandie Kane - for empowering and inspiring countless newly qualified nurses by sharing her experience, skills and expertise.

This year, as a special one-off, we decided to have a specials category to recognise the work our **Estates and Facilities** teams.

Bronze
Iain Martin and team - for their hard work and dedication during the place of safety refurbishment project.

Silver
Our Estates Team in West Sussex - for their kind and considerate attitude, always putting the needs of service users first.

Gold
Our Hellingly Centre domestic team - for going above and beyond in their tireless efforts to maintain standards during the recent refurbishment work.

External award winners

i-Rock
The i-Rock project, which supports young people in Hastings and Rother won a prestigious award at the first ever National Children and Young People's Mental Health (CYPMH) Awards.

The i-Rock drop-in centre in Hastings has won the 'partnership working and co-production' award at the inaugural CYPMH Awards, which took place in January 2018. The award ceremony celebrated outstanding mental health services, innovations in care, and the groups that have made a real difference to young people.

i-Rock is a place where young people aged 14-25 can seek support for things including mental health, wellbeing, housing, employment and education. This is a truly exciting partnership with East Sussex County Council and Hastings & Rother CCG which involves a wide range of third sector providers including Princes Trust, Education Futures Trust, Youth Employability Service and Counselling Plus.

Time for Dementia
Time for Dementia, a ground-breaking and innovative educational programme to help influence the way healthcare professionals view dementia, won the 'Improving outcomes through learning and development' category at the Health Service Journal Awards, as well as the Education award at the National Positive Practice in Mental Health awards.

The initiative, launched two years ago, has involved more than 1,300 medical, nursing and paramedic students spending regular time with around 600 families affected by dementia. Students visit a family up to six times over two academic years, for up to two hours each time.

The idea is to improve knowledge, attitudes and empathy towards people with dementia and their carers. The programme is being delivered by Brighton and Sussex Medical School and the University of Surrey in partnership with the Alzheimer's Society and the NHS.

Time for Dementia is funded by Health Education England, working across Kent, Surrey and Sussex, which is the body that funds undergraduate training of healthcare professionals. The other

NHS organisation taking part alongside Sussex Partnership is Surrey and Borders Partnership NHS Foundation Trust.

The programme has proved so successful that three further universities have become partners. The University of Greenwich, University of Canterbury and the University of Brighton will now roll out the programme among their student healthcare professionals.

Hampshire Child and Adolescent Mental Health Service (CAMHS)
In January 2018 we launched a new campaign aimed at young people in Hampshire will raise awareness of eating disorders, the importance of positive body image and being comfortable with your body.

The Everybody Campaign, run by Sussex Partnership NHS Foundation Trust's Child and Adolescent Mental Health Service (CAMHS) in Hampshire focuses on raising awareness and promoting an understanding of eating disorders, positive body image and self-esteem in children and young people.

In the UK there are 1.25 million people living with an eating disorder, and it has the highest death rate of any mental health condition. Eating disorders include conditions such as bulimia, binge eating disorder and anorexia. There is no single cause for developing an eating disorder and they can affect anyone, no matter their age, gender or background.

The year-long campaign will be run collaboratively with young people, families and local organisations. Throughout the year there will be many opportunities for young people to get involved in creative activities, such as 'The Great Big Bunting Off', where students from local schools will design and decorate their own section of bunting. When put together it will attempt to break the Guinness World Record for the longest string of bunting, which currently stands at 11 miles!

The bunting will also be brought together as a single display to mark the NHS 70th birthday celebrations on Thursday 5 July 2018.

Using research to improve patient care
A league table was published in August 2017 by the National institute of Health Research shows that for 2016/17 Sussex Partnership was the second highest recruiter to high quality research studies. This high level of research activity has been maintained for several years and illustrates our commitment to be a learning organisation which continuously improves.

One example of how we are using research to improve practice is our trial of SlowMo, the first digital therapy for paranoia (launched in Sussex following trials in London and Oxford). Pharmacological and psychological treatments can have limited effectiveness for some patients, so this trial is causing a lot of excitement among clinicians keen to find a solution to help patients manage their symptoms and lead a better quality of life. We are leading the trial locally for the Sussex area over the next two years with University of Sussex.

In conclusion
The phrase I would use to sum up the past year, and the one ahead, at Sussex Partnership is grounded optimism. It's a phrase that combines awareness of the challenges we face with a sense of hope for the future, based on looking at what we can achieve when we work together.

In my first year as CEO, I felt humbled, heartened and inspired to be part of a network of health and social care professionals, people with lived experience, families and partner agencies who are determined to continuously improve services for patients.

One of the things which moved me personally was The Starfish Story, the inspiration behind one of the many fantastic campaigns run by Hampshire Children and Adolescent Mental Health Services (CAMHS).

In this story, a young boy was seen throwing starfish back into the sea that had been swept on to the shore. A man asked him why he was doing this, given that there were miles of beach and the boy couldn't save them all. The young boy explained that he could make a difference to the few he could help. It's a story that encapsulates the value of every single positive change we can make to improve things for the vulnerable people under our care.

Sam Allen
Chief Executive Date: 23 May 2018

Purpose and activities of the Trust

Sussex Partnership NHS Foundation Trust is a large NHS organisation that offers clinical services to children, young people, adults and older adults who have emotional and mental health problems or learning disabilities.

We support people with conditions such as psychosis, depression, anxiety disorders, eating disorders, dementia and personality disorder.

We also provide community and inpatient care for people with complex health needs that can't be met elsewhere, through our learning disability, neurobehavioral, forensic healthcare and Care Home Plus services.

We employ approximately 5,000 staff across services based in Sussex, Kent, Medway and Hampshire.

We provide care in people's homes, in specialist clinics, hospitals, GP surgeries and prisons. Our services are aimed at children, young people and adults of all ages and many are provided in partnership with other organisations.

Our overarching strategy 'Our 2020 Vision' sets out how we will provide outstanding care and treatment you can be confident in.

Our goals:

1. Safe, effective, quality patient care
2. Local, joined up patient care
3. Put research, innovation and learning in to practice
4. Be the provider, employer and partner of choice
5. Live within our means

Our values:

- People first
- Future focused
- Embracing change
- Working together
- Everyone counts

A brief history of the Trust

Sussex Partnership was formed in April 2006 as an NHS Trust and established as an NHS Foundation Trust with teaching Trust status in August 2008.

We work closely with Brighton and Sussex Medical School, a partnership between the Universities of Brighton and Sussex. In 2015 we became a member of the Association of UK University

Hospitals, the representative body for university hospitals with major teaching and research interests across the UK and internationally.

In 2015 the Trust began re-organising the way it delivered services, establishing Care Delivery Services, tasked with providing overarching leadership for a particular care group and / or geographical area. During 2016/2017 the eight Care Delivery Services (CDSs) became fully established.

Overall leadership of each CDS is provided by a service director and/or a clinical director, with a multi-disciplinary leadership team (including different clinical professions and business, finance, HR, IT and estates and facilities support staff) providing additional leadership and governance oversight.

The move towards a CDS structure has helped us:

- move away from central 'command and control' to more devolved leadership
- provide services that can flex to local needs
- improve clinical leadership
- encourage clinical engagement within services
- promote more local accountability
- develop new partnerships with local third sector organisations
- make more decisions taken closer to where patients are treated
- promote more local accountability

The CDS model has helped us continue to improve services for patients and carers. Work continues to provide consistently high quality services, working together in partnership with each other, the people who use our services and other organisations.

Key issues and risks

The key issues identified in our Operating Plan for 2017/18 were:

- Recruitment and retention, particularly qualified nurses and doctors
- Demand and capacity, particularly in Adult services
- Release of the Five Year Forward view money to enable significant service developments, including urgent and crisis care and improving access to services
- Capital planning and estates requirements, particularly in West Sussex and East Sussex

Below is the agreed appetite for risk the Trust was prepared to accept in the pursuit of the delivery of the Trust's annual business objectives for 2017/18 and the risk score at quarter 4.

Business Objective 2017/18	Action	Appetite for Risk Score	Risk Score Q4
Safe, Effective Quality Care	Care plans: Increase the quality of care plans through audit; 65% care plans signed / agreed with patients and / or carers; 95% care plan for people are reviewed as a minimum every 12 months.	3	6
	Suicide prevention: 95% of patients discharged from hospital are seen within 7 days of discharge and 95% of patients have a risk assessment; we will aim to make a follow up call at 72hrs following discharge; 90% of patients on CPA have a crisis plan.	4	9
	Physical Health: 90% of inpatients weight and height recorded and BMI calculated; 95% of patients admitted receive a physical health assessment.	3	6
	Patient and Carer Engagement and Experience: develop outcome measures to take into account feedback from service users, carers, governors and staff.	4	6
Local Joined up Care	We will continue to involve patients, carers, staff, commissioners and other partners in developing our clinical strategy, once the first draft has been published in April 2017.	4	6
	We will recruit 150 nurses and employ over 100 apprentices to help us continue improving the quality of our services and design targeted recruitment campaigns for other professional roles, services and locations.	6	6
Put Research, Innovation & Learning into Practice	We will increase the number of people we recruit to high quality research studies by 30% to 2,300. Our Clinical Academic Groups will help us to improve the way we make best use of research and learning, to improve patient care.	4	9
	Our focus on learning will be demonstrated by us achieving 95% compliance with mandatory training and launching Sussex Wellbeing and Recovery College.	2	9
Be the Provider, Employer & Partner of Choice	We will make sure every team is able to hold two development days a year to reflect on practice, performance and objectives.	4	6
	Sickness levels maintained at, or below 3.5%	4	15
	80% staff received clinical and / or managerial supervision 6 weekly and 90% staff receive an annual appraisal	6	9
	2% reduction in turnover (Focused on Band 2-5).	4	9
	Increase in the number of people recommending the Trust as a place to work (2% increase)	2	6

Living Within our Means	We will achieve financial breakeven or better by making best use of our resources and delivering our Service Improvement Plans (SIPs).	9	3
	We will make sure our support services operate as effectively and efficiently as possible to help clinical services deliver the best possible care to patients. We will participate in national benchmarking to achieve high levels of efficiency for support services.	4	12
	We make use of technology to help our staff, such as by continuing to use clinical feedback to improve our patient information system Carenotes. We continue to support our workforce to be digitally skilled and optimize the use of Trust digital assets. We see an improved confidence from staff in using quality information for decision making and improved data input and reporting processes.	6	9
	We ensure we provide efficient buildings and sites to reduce our carbon footprint and maximise the money we spend directly on clinical care	6	9

Going concern

After making enquiries, the directors have a reasonable expectation that Sussex Partnership NHS Foundation 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.

1.2 Performance analysis

How we measure performance

The Board of Directors receives a Quality and Assurance report at each of its public meetings. This describes the performance of each Care Delivery Service (CDS) in relation to the CQC domains (Safety, Effective, Response, Caring and Well-Led). In addition, a section describing activity is included for each CDS.

Performance for each area is described using a run-chart. The run charts detail monthly performance against the rolling average of the 12 month period (median) and the target, where applicable, to support effective decision making. Chart frames are also colour coded (red, amber, green) to highlight whether the performance is on target for key metrics.

Assurance Process:

Each CDS prepares individual quality assurance reports monthly that are reviewed by a review group, which includes the Chief Operating Officer, Performance Director and representatives from Finance and HR. Where there are gaps in assurance, written requests are made for further assurance by the Chief Operating Officer.

These reports are reviewed in more detail and a presentation is provided by each CDS at quarterly performance review meeting which is Executive led. Through this process, the areas of good practice and areas of concern and risks for each CQC domain are reviewed. Further actions are then taken as appropriate with the oversight of the Trust Executive Assurance Committee.

Key performance issues for 2017/18

During 2017/18 we experienced significant demand upon our services; a reflection of wider pressures within the local health and social care system, particularly A&E. Simultaneously, we have been working with our partners to manage new requirements relating to use of Places of Safety (Section 136 suites) following a change to mental health law.

Operational pressure

A specific issue for mental health services relates to patients whose discharge from mental health inpatient services is delayed. Managing this issue is difficult when there is limited specialist support available for people with complex needs. There are particular challenges in relation to housing; specifically, a shortage of mental health supported accommodation to support people with combination of psychosis, risk histories, forensic presentation and substance misuse issues.

Local factors include the shortage of nursing and residential accommodation able to accommodate people with functional and organic mental health problems. There are a number of patients with learning disabilities at the Selden Centre, our Assessment and Treatment Centre, whose discharge is delayed due to lack of suitable local and national placements, an issue not directly within our control.

In some areas we experience a high number of patients admitted with No Fixed Abode which presents significant challenges to access appropriate accommodation and increases length of stay.

The pressure on our services is illustrated by the increasing number of people we had to place within inpatient services outside the local area during 2017/18.

In February 2018 the Trust entered into business continuity in order to place additional, focused, collective attention on the issue of bed management, purposeful admissions and timely discharges. We agreed we would do this for a short period of time in order to manage intense operational pressure which is above the norm. The specific trigger for entering business continuity was the fact that the number of people receiving inpatient care outside our own services – some of whom who transferred outside the local area – had reached 26. This was subsequently reduced to zero by March 2018.

Action taken to address operating pressure included the following:

- As a result of funding received to address winter pressures, we focused on providing psychiatric liaison support within A&E. We also developed a centralised, clinically led management process to co-ordinate the use of inpatient beds as effectively as possible. This includes reviewing the length of stay of individual patents in hospital and reducing this where clinically appropriate. Our commissioners are playing a leading role in helping us address this issue as a health and social care system
- Ongoing work through the STP mental health work stream to develop a set of priorities for mental health care in Sussex including access to acute and urgent care. This includes reviewing the local transformation plans for children and young people
- Ongoing work with Clinical Commissioning Group and Local Authority partners to identify suitable mental health accommodation plans to support the residential / nursing home sector, the development of care pathways in areas such as residential and community rehabilitation, and the expansion of self-directed support
- Ongoing work with commissioners to create multi-agency pathways for areas of increased demand such as neurodevelopmental assessments for children and young people.
- Increased capacity for drop in services for young people aged 14 – 25
- Our involvement in the national programme of New Care Models for young people who require Tier 4 bed and reducing both length of stay and inappropriate admissions, delivering multi-agency care packages closer to home

Policing and Crime Act

Changes to legislation relating to Section 136 of the Mental Health Act came into effect in December 2017 as part of the Policing and Crime Act. This means:

- all people (with very limited exceptions) detained under s.136 will need to be brought to a hospital place of safety rather than police custody
- Section 136 detention must be completed within 24 hours - a reduction on the 72 hour time limit previously in place;
- no young people detained under Section 136 will be taken to police custody

Action taken to manage the change is legislation - working closely with our partners including the police included:

- ensuring all Five Trust 136 ('place of safety') suites across the Trust remain open and in use for Section 136 detentions only at all times
- collecting, analysing and sharing data related to the use of 136 suites with relevant partners to support ongoing planning
- ensuring that a single coordinator based at Mill View Hospital (in Hove) has access to up to date information about the status of each suite at all times and that this information is available to Sussex Police
- continuing to work towards reducing the rates of Section 136 detention across Sussex in partnership with Sussex Police
- ensuring onward placement for those detainees requiring admission or social care placement (young people) is accessible in a timely way in order to manage patient care is managed safely and effectively
- developing a 136 business case for Chalkhill (in Haywards Heath) and reviewing the options for extended use for those under 25 years of age
- supporting Richmond Fellowship's, Horsham business case for an alternative place of safety / 136 suite for weekend use which has been submitted to CCG commissioners;
- reviewing and developing options with South East Coast Ambulance NHS Foundation Trust (SECAMB) for conveying patients
- liaising with acute partners regarding the use of A&E departments across Sussex as potential alternative use of 136 places of safety

There have been no inappropriate detentions in police custody since the new legislation was introduced.

Waiting times for specialist mental health services

We have continued to report on target performance against the key NHS Improvement indicators for Improving Access to Psychological Therapy (IAPT) waiting times and recovery rates, as well as waiting times for early intervention services.

Follow up of patients following discharge from mental health acute wards

We did not achieve the 7 day follow ups indicator for a few months earlier in the year. It is important that patients are a followed up within 7 days following discharge to ensure their safety. We have rolled out a new process across adult service which has resulted in a significant improvement to performance. As a result, the target was met more consistently over the last 6 months of 2017/18.

Clinical strategy

Over the last three years we've been trying to change the way we work to promote more positive staff, service user and carer experience. This includes:

- developing values to guide the way we work with each other, people who use our services and who work with us

- developing an overarching strategy ‘Our 2020 Vision’ to achieve our vision: outstanding care and treatment you can be confident in
- overhauling the way our clinical services are managed by creating Care Delivery Services; designed to help us move away from a centralised ‘command and control’ leadership style towards more local decision making, closer to where patients are treated

Our clinical strategy, published in November 2017, builds on all this work. It outlines the type and range of clinical services we want to offer by 2020 to deliver the best possible care to patients.

We cannot continue offering services the way we do now. The NHS faces a number of challenges including increasing demand, changing health and social care needs, financial pressure and staff recruitment and retention.

In order to continue providing the best possible care, we need to think and work differently. Across the NHS and social care system, we need to focus more on:

- health promotion and early intervention
- treating people in the community rather than in hospital
- working much more effectively in partnership.

We have received a lot of feedback from people about what they would like from our services. We have also involved service users and carers in developing the first draft of our strategy, and will involve more as we go along.

Our staff provide care and treatment with skill and compassion. Their work is highly stressful and demanding. Our clinical strategy focuses on how we can support staff to do the best job they can. We will put teams at the heart of our strategy, because strong teams and teamwork are essential in providing high quality, effective clinical care.

The principles which underpin our clinical strategy are as follows:

- Provide service users and carers with effective, high quality and compassionate care
- Put teams at the heart of our strategy
- Provide care based on clear goals
- Promote partnership with the people who use our services
- Intervene early
- Deliver truly recovery-orientated services
- Offer more integrated services with other partners
- Continue to challenge discrimination and inequality
- Provide care based on reliable, up to date research evidence
- Demonstrate the value and outcome of every penny spent on our clinical care services.

The priorities outlined in our strategy are as follows:

- Provide better access
- Focus on communities
- Reduce barriers between teams
- Further develop our community services offering

- Provide better mental health care for 14-25 year olds
- Secure funding for and implement 24/7 crisis care
- Improve our use of digital technology
- Use data to make services better
- Develop services that meet people's mental and physical health care needs.

Finance Report

The financial plans for the year took into account our overarching priorities to maintain and develop services and to implement the redesign of services, which also included continued development of our workforce.

During the year we continued with our site rationalisation programme and we also continued to pursue new business opportunities.

As we move through this challenging period for the NHS, balancing delivery of financial plans whilst maintaining quality has never been more important. During 2017/18 cost improvement schemes were designed, wherever possible, to improve quality of care at the same time as delivering savings.

Delivering against these strategies we are reporting a total comprehensive income (surplus) of £0.5m, which includes £0.4m of sustainability and transformation (STF) funding.

The headline results for 2017/18 are set out in the table below, with comparatives for the previous financial year.

	2017-18 £m	2016-17 £m
Income	251.5	252.3
Operating Expenses	-245.7	-249.1
Operating Surplus	**5.8**	**3.2**
Net Finance Costs	-6.9	-7.0
Profit on disposal of assets	1.5	0.7
Share of (loss) / profit of joint venture	0.1	-0.4
(Deficit) / Surplus for the year	**0.5**	**-3.5**
Net gain on revaluation	0.0	1.4
Total Comprehensive (Expenditure) / Income	**0.5**	**-2.1**

In 2017-18 the only fixed asset adjustments related to profit on disposal. However, during 2016-17 there were various adjustments relating to the disposal, revaluation and impairment of fixed assets. Due to this, an explanation of the total comprehensive expense after excluding fixed asset related adjustments in shown below.

	2017-18 £m	2016-17 £m
Total Comprehensive (Expenditure) / Income	0.5	-2.1
Less gain on revaluation	0.0	-2.1
Plus loss on revaluation	0.0	0.7
Less profit on disposal of assets	-1.5	-0.7
Plus net impairments	0.0	2.3
Total Comprehensive (Expenditure) / Income	**-1.0**	**-1.9**

Income and Expenditure Position

Details of our income and expenditure for the year are set out in the Annual Accounts. The accounts provide detail in respect of the director's responsibilities for preparing the accounts and also the auditor's responsibilities. However, a summary of the key areas for the year with comparatives to the previous year are set out below.

Income

As a mental health provider we receive most of our funding for providing clinical care, which comes through block contract income with Clinical Commissioning Groups (CCGs) and NHS England.

In 2017-18 the majority of our income was from contracts with the seven CCGs in Sussex (Crawley CCG, Horsham and Mid Sussex CCG, Coastal West Sussex CCG, Brighton and Hove CCG, Eastbourne, Hailsham and Seaford CCG, High Weald, Lewes and Havens CCG, and Hastings and Rother CCG).

The other main sources of CCG income relates to our Children and Young People's Services (ChYPS) in Hampshire and Kent (although the Kent service was transferred to a new provider from September 2017), and in addition to this, we also had a large contract with NHS England, relating to various specialist services.

We also receive clinical income through our clinical partnership with local authorities and other care providers. In addition Sussex Partnership receives other income to support training and education, research and development and for the provision of services and facilities to other organisations.

The Trust has met the requirements within Section 43(2) of the NHS Act 2006 in respect of the income from the provision of goods and services for the purposes of the health service in England, being that it is greater than its income from the provision of goods and services for any other purposes.

Total income for the year was £251.5m, which was a £0.8m, or 0.3% reduction compared to 2016-17. This reduction was primarily due to the transfer to the Kent ChYPS service, off-set by investment from CCG's to develop new services or to properly fund existing services, in Sussex and Hampshire.

An analysis of income is set out below.

Income	2017-18 £m	2016-17 £m
Income from clinical services	234.5	236.3
Education, Training, Research and Development	9.8	9.3
Other Income	7.2	6.7
Total Income	**251.5**	**252.3**

Operating Expenses

Total operating expenses was £245.7m, which was a £3.4m, or 1.4%, reduction compared to 2016-17.

Pay costs reduced by £1.9m, which was mainly due to the transfer of Kent Children and Young People's Service, off-set by the cost of annual increments for agenda for change staff, nationally mandated pay inflation and new service developments.

Other non-pay expenditure reduced in year by £1.5m. Although Drugs and Clinical Supplies increased by £2.0m (mainly due to the increased costs of extra contractual referrals), this was off-set by a reduction in impairments and training costs (shown in 'Other Costs' below). An analysis of operating expenses is set out below.

Operating Expenses	2017-18 £m	2016-17 £m
Pay	197.2	199.1
Drugs and Clinical Supplies	12.8	10.8
Premises Costs	9.2	9.0
Depreciation and Amortisation	4.5	4.4
Establishment and General Supplies	7.1	7.1
Information Technology	5.4	5.8
Other Costs	9.5	12.9
Total Expenses	**245.7**	**249.1**

Cost Improvement Programme

During the year Sussex Partnership delivered savings of £14.6m, through a number of initiatives including service and workforce redesign, rationalisation of its estate, reduction of corporate overheads and procurement.

However, it should be noted that £5.7m, or 39%, of these savings were non recurrent, which increases the financial pressure that the Trust will face during 2018-19.

The Trust measures its economy, efficiency and effectiveness through a number of ways, including internal and external benchmarking, strong budget management, and the development of management information covering both financial, performance and quality measures.

Capital Investment

In 2017-18 Sussex Partnership invested £6.3m in a variety of capital projects. These included -

- The re-development of Promenade Ward in Mill View, Hove, into a dementia ward (Brunswick Ward)
- Investment in Information Technology
- Improvements identified during CQC inspections

Through its capital programme the Trust also continued to invest in planned maintenance, which includes reducing ligature risks and health and safety.

Statement of Financial Position and Cashflow

Over the financial year the Trust's capital employed increased by £0.9m, which was primarily due to the year-end surplus position, and an increase in cash.

The Trust's level of cash increased from £35.9m at the start of 2017-18, to £37.4m at the end of 2017-18, which was primarily due to the receipt of cash which will be spent during 2018-19, as well as an underspend on the capital programme.

Future Financial Performance

The Trust's financial performance for 2017-18 was set in the context of a further year of unprecedented financial challenge. This was evidenced by the small year-end surplus position of £0.5m (with £0.4m of that relating to STF income), and the high level of non-recurrent savings (£5.7m) achieved in the year.

Going into 2018-19, the Trust expects a further year of significant financial challenge, as the underlying cost pressures will continue into the new financial year. A particular concern for us is the pressure on the mental health system and the need to ensure that the commitment to 'parity of esteem' and implementation of the five year forward view for mental health informs levels of investment in mental health spend.

However, we are confident that, because of the plans we have in place to improve services whilst maintaining financial balance, we expect we will achieve our control total, which is a surplus of £1.2m (before the application of STF income) by the end of 2018-19.

Delivering Sustainable Healthcare - Care Without Carbon at Sussex Partnership

In 2017 the Trust reinforced its commitment to sustainability by developing a new Sustainable Development Management Plan, Care Without Carbon (CWC). This addresses one of the Trust's five strategic goals, to live within our means. As such, we are working with three key aims in mind:

1. Working towards long-term financial sustainability
2. Minimising our impact on the environment (specifically, to reduce our carbon footprint by 34% by 2020)

3. Supporting staff wellbeing to enable a happy, healthy and productive workforce

CWC sets out how we will achieve this across seven key areas between now and 2020.
Summary of our environmental impact: In delivering our services we consume a significant amount of energy and water, produce a large volume of waste and use fuel for transporting Trust staff, patients and goods. This has an impact on the environment, for example:

- Our carbon footprint is 4,293 tCO2e
- We produced 843 tonnes of waste in 2017/2018. 22% of our non-healthcare waste was recycled. 17% of our bagged healthcare waste was disposed of as offensive waste
- Our staff travel over 4 million business miles each year

NOTE: all figures are subject to final validation.

Sustainable Healthcare across Sussex and East Surrey

In order to advance our work on sustainability we are beginning to take a more coordinated approach across the Sussex & East Surrey Sustainability & Transformation Partnership (STP). We are coming together with our NHS provider partners to align our sustainability goals and develop a number of projects aimed at enabling us to progress our work in ways that would not be possible if we acted alone. Three collaborative projects have been initiated to date:

- Joint procurement of an Energy Performance Contract (EPC). This will enable us to focus new investment in our estate in order to improve the energy efficiency of our hospitals, reducing operating costs and improving the patient environment.
- A review of commercial transport (courier) services across the STP area to reduce emissions and costs.
- A joint waste contract tender with four other local trusts, delivering economies of scale and allowing us to progress a number of collaborative waste reduction opportunities.

We are also exploring the opportunity to jointly roll out a staff engagement programme.
As well as delivering better value, these projects are about sharing best practice, encouraging innovation and improving system-wide management of sustainability impacts.
A full report on 2017/18 sustainability progress can be found in our new Estates Strategy.

Equality, Diversity and Human Rights

We remain fully committed to placing Equality, Diversity and Inclusion (EDI) in the heart of our operations and day-to-day business. As a Trust, we build on a culture that recognises every person is different. We aim for inclusion and fairness as an integral part in everything we do, both as an employer and a healthcare provider. People from all backgrounds and difference are welcome to work here and use our services.

To inform our areas of improvement we gather equality monitoring data through our Equality Performance Hub report produced annually. Through data and national reporting we continually improve upon our patient and staff experience. Our Equality Reference groups set ambitious and innovative projects to ensure that EDI is at the heart of who we are and what we do as well as continually improve our services.

All new or proposed functions, policy or process demonstrates “due regard” for characteristics protected by the Equality Act 2010. Our Equality and Human Rights Impact Analysis framework ensures a rigorous process that also includes articles under the Human Rights Act 1998.

In 2018 we will release our Equality, Diversity and Inclusion strategy. This will demonstrate how we will ensure we effectively monitor EDI in our services and continue to be outstanding in care and become the employer of choice were everyone feels valued.

Sam Allen
Chief Executive Date: 23 May 2018

2. Accountability report

2.1 Directors' report

This section includes information about how the Trust is run, our directors and governors, the role of our Foundation Trust members, and our staff and their achievements.

How the Trust is run

Sussex Partnership was established as an NHS Foundation Trust with teaching status in August 2008. We were granted University Status in March 2015. We are part of the NHS and regulated by NHS Improvement (formerly Monitor). We are a public benefit corporation accountable to local people. The framework for ensuring local accountability is the Council of Governors which has a range of statutory duties and, through the non-executive members of the Board of Directors, holds the Board to account for performance of the Trust.

The Board of Directors sets our strategic direction, overseeing and approving the operational activity which is delegated to management within the Trust. It ensures robust arrangements are in place to govern service quality, as set out in the Annual Governance Statement and Quality Report.

The Board of Directors is a corporate decision-making body with executive and non-executive directors being equal members. Their role as members of the board of directors is to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

Executive directors are permanent appointments. Non-executive directors have a term of office of three years, which can be extended up to two further three year terms, if so agreed by the Council of Governors.

As of 1 April 2018, the Chair of Sussex Partnership is Peter Molyneux.

Board of Directors

The Board of Directors was chaired by Caroline Armitage (from 1 April 2017 until 31 July 2017) and then Richard Bayley as Interim Chair (from 31 July 2017 until 31 March 2018). The Deputy Chair was Richard Bayley (from 1 April 2017 until 30 July 2017) and then Martin Richards as Deputy Chair (from 31 July 2017 until 31 March 2018). Diana Marsland is the Senior Independent Director.

The Chair and Non-Executive Directors are appointed by the Council of Governors. The appointment of the Chair or Non-Executive Directors may be terminated by the Council of Governors at a General Meeting, if it is supported by three quarters of the governors. All non-executive directors are deemed to be independent. All our Board meetings have been held in public throughout 2017/18.

The Board of Directors includes members with a diverse range of skills, experience and backgrounds in both public and private sectors. Members of the Board are:

Caroline Armitage, Chair (until 31 July 2017)
Caroline joined us as Chair on 1 April 2015. She is an experienced board level leader having operated as both a non-executive Chair and as Chief Executive. Previously Chief Executive of the Royal Blind Society, she brings commercial experience gained from an earlier career within the legal sector. She has developed a relevant understanding of mental health through her current role as Chair of Livability, and has a track record of working in the Third Sector to improve outcomes for people with disabilities.

Sam Allen, Chief Executive
Sam joined the Trust in 2009 and became a member of our Board in 2013. She is a Chartered Manager and a Fellow of the Chartered Management Institute and the Trust Professional Lead for Administration.

Sam started work in the NHS in 1996 and has a background both in the operational management and leadership of mental health services and health and social care commissioning. Sam also gained valuable experience working with an international healthcare organisation in the private sector. An important aspect of her work is developing effective partnerships with experts by experience, families and carers, clinicians, support staff and partner organisations, to ensure efficient clinical care and ultimately improve experience and outcomes using resources effectively.

In December 2016, Sam was appointed as Chief Executive-designate, to succeed Colm Donaghy as Chief Executive.

Richard Bayley, Non-Executive Director, Deputy Chair (until 30 July 2017) and Interim Chair (from 31 July 2017)
Richard Bayley is a specialist in developing regulated businesses in the public/private sector including improving the performance of property assets and customer satisfaction, together with stakeholder involvement. He spent 12 years with BAA plc in senior planning and management and more recently as research and strategy director for two large housing associations. During his time at the Trust Richard chaired our Finance and Investment Committee. He also spent time as both deputy chair and interim chair.
Term of office: 23 April 2012 to 22 April 2018.

Martin Richards, Non-Executive Director and Deputy Chair (from 31 July 2017)
After a long career in the police service in five different counties Martin has experience of mental health challenges at both street and strategic level. As Chief Constable first in Wiltshire and (more recently) Sussex he has a record of achievement in organisational and cultural change especially in the context of budget reductions.

He joined the Trust in January 2016 and is independent chair of the Safeguarding of Children and Vulnerable Adults in the Diocese of Chichester. He also serves as a governor at St Christopher's School, Hove.
Term of office: 1 January 2016 to 31 December 2018.

Diana Marsland, Non-Executive Director and Senior Independent Director
Diana Marsland's expertise is in engaging with customers and stakeholders to build reputation and growth. Her diverse experience has been gained working in the corporate, non-profit and public sectors for organisations such as Fidelity Investments, Roffey Park Institute and the Foreign and

Commonwealth Office. Diana is a visiting lecturer at City University and teaches organisational behaviour.
Term of office: 16 May 2011 to 15 May 2018.

Anne Beales MBE, Non-Executive Director
Anne Beales has many years' experience working directly with those who access mental health services. She describes 'working in partnership to bring about positive change' as the best summary of her philosophy and uses her own experiences of accessing mental health services in her roles.

Anne supported the formal setting up of the service user led West Sussex charity the 'Capital Project' and remained director as it grew until 2004. In 2007 Anne received an MBE for services to health care. During this time she moved to the national charity Together, working to set up, develop, and lead the new Service User Involvement Directorate where she worked until her retirement in 2016. Anne was a founding member and continues to be a supporter of the National Survivor User Network, and from 2008 to 2014 she was a service user consultant to the NHS Confederation Mental Health Network. She also served as part of the government Social Work Task Force, set up to examine the quality, recruitment and retention of the profession. Anne was trustee at Disability Rights U.K. and was Chair for two years until she stood down in 2017.

Anne is currently Chair of the Trust's Charity Committee 'Heads On' and sits on the Audit Committee.
Term of office: 11 January 2016 to 10 January 2019.

Professor Gordon Ferns, Non-Executive Director
In recognition of our status as a teaching Trust, Professor Ferns represents Brighton and Sussex Medical School on our Board. He was the Acting Dean of Brighton and Sussex Medical School at the University of Sussex from 2013-2014, and holds the post of Professor of Medical Education and Metabolic Medicine and is a Consultant in Clinical Biochemistry at Brighton and Sussex University Hospitals.

Professor Ferns is currently also the Clinical Director of the KSS Clinical Research Network, and has been associated with the NIHR Comprehensive Research Network for the past seven years, both in Surrey and Sussex and previously in the West Midlands.

He is a distinguished clinical scientist and has an MD and DSc from the University of London, and Fellowships of the Royal Colleges of Pathologists and Physicians of London.
Term of office: 7 January 2014 to 6 January 2020.

Lewis Doyle, Non-Executive Director
Lewis Doyle is a Public Chartered Accountant and is Chair of the Audit Committee. He has worked in a number of sectors including defence and aerospace, support services, financial services and the public sector.

Lewis is currently a board adviser to a SME (small and medium sized enterprise), a pension trustee, a member of the disciplinary panels for two of the UK Accountancy bodies and an independent member at a National Park.
Term of office: 01 April 2016 to 31 March 2019.

Simone Button, Chief Operating Officer
Simone has worked in a range of Director level roles within Sussex Partnership prior to being appointed to this position in March 2017. Simone trained as a general nurse at Westminster hospital and has a psychology background.

She is passionate about ensuring vulnerable people have a strong voice and we deliver services that achieve the very best outcomes. Simone is committed to collaborative working and believes that through working together we can achieve great things.

Sally Flint, Chief Finance Officer and Deputy Chief Executive (from September 2017)
Sally Flint is a qualified accountant (FCCA) and leads on financial planning, contracting, and procurement and is our professional lead for the finance workforce. She is also responsible for managing estates and IT services.

Sally was appointed as Executive Director of Finance and Performance in October 2009. Previously Director of Finance at Queen Victoria NHS Foundation Trust, she has held several posts at a senior level in both acute and community/mental health settings, including City and Hackney and Barts and the London. She also spent five years as the Group Financial Controller for Housing 21, a national housing association providing sheltered accommodation for the elderly.

Dr Rick Fraser, Chief Medical Officer
Dr Rick Fraser has been a consultant psychiatrist with Sussex Partnership Foundation Trust since January 2010. Initially he worked as clinical lead for the Early Intervention in Psychosis Service and later as clinical director for the Children and Young People's Service.

Rick is an honorary senior lecturer at the Brighton and Sussex Medical School and trained in psychiatry in London at the Maudsley Hospital. Prior to working in Sussex he spent five years at Orygen Youth Health in Melbourne, Australia, where he was the lead psychiatrist within the Early Psychosis Prevention and Intervention Centre (EPPIC) from 2005 - 2009 and Medical Director for the Orygen Youth Health clinical program between 2007 and 2009.

Rick became Chief Medical Officer in April 2017. His research interests include youth mental health, autism spectrum conditions and first episode psychosis. He has publications, book chapters and regularly lectures on these subjects.

Dr Tim Ojo, Executive Medical Director (until 25 April 2017)
Dr Tim Ojo is Executive Medical Director and is the responsible officer for medical revalidation for the Trust. He is responsible for providing medical advice to the Board and leads on medical education, drugs and therapeutics. Tim is also the lead director responsible for overseeing the quality agenda; working with other clinical, academic operational, corporate, strategic and improvement leads to improve the care the Trust delivers. He is a qualified executive coach and leadership mentor, an accredited alternative dispute resolution mediator and is co-leader of the coaching network of the Faculty of Medical Leadership and Management. He has been on the clinical advisory forum for Monitor and is on the General Medical Council responsible officer reference group. He is passionately committed to the delivery of high quality care and has a growing interest in human factors/safety science.

Diane Hull, Chief Nurse
Diane qualified as an RMN in 1990 and began working in East London initially as a Staff Nurse in St Clements before moving to Hackney and holding a number of positions including nurse specialist PICU matron and lead nurse. In 2003 Diane was appointed as Head of Nursing for Forensic services and in 2005 became Associate Director of Forensic Nursing. In 2010 Diane was appointed to the Trust-wide Deputy Director of Nursing post for East London NHS Foundation Trust.

Diane was the nurse lead when ELFT successfully completed the acquisition of all the mental health services in Luton and Bedfordshire. In addition to the Deputy Director of Nursing role Diane was Service Director for all inpatient services in Luton and Bedfordshire and was part of the transformation team.
Diane joined Sussex Partnership in July 2016 as the executive lead for nursing and patient experience.

Beth Lawton, Chief Digital and Information Officer (from January 2018)
Beth joined the Trust in January 2018 after working in a variety of public and third sector organisations, most recently as Director of Technology and Transformation at the Big Lottery Fund. Beth has a particular interest in using technology to transform business services and the customer experience, and was appointed Member of the Royal Victorian Order, in 2007 in recognition of her transformative work at the Royal Household.

Beth was a board apprentice at Nottinghamshire Healthcare NHS Foundation Trust, and has been a Trustee of a mental health charity since 2014.

Other non-voting Board members:

Andrew Vickers, Interim Director of Human Resources (from October 2017)
Andrew has enjoyed a number of senior operational and strategic roles in human resources in both the NHS and the UK power utilities sector. He was previously the Deputy HR Director at North West London Hospitals and was the Head of Employee Relations at West London Mental Health Trust. His interests are around change leadership and engagement, HR service models and delivery and permanent and contingent worker resourcing. Andrew has an MBA from Bradford University, a Masters Degree in Employment Law and is a Fellow of the Chartered Institute of Personnel Management.

Sue Esser, Director of Human Resources and Organisational Development (until November 2017)
Lead for workforce planning and organisational development and professional lead for the human resources workforce. Sue joined the Trust in 2013 from East London NHS Foundation Trust. She is a very experienced human resources and organisational development professional with over 14 years' experience, working in a range of human resources roles in the public, private and third sector.

Sue is a fellow Chartered Institute of Personnel and Development member and has a postgraduate degree in human resources management. She is passionate about people development and is committed to improving patient and staff wellbeing.

Dominic Ford, Director of Corporate Affairs (from September 2017)
Dominic joined Sussex Partnership in September 2017; he has responsibility for both board administration and the Council of Governors and attends the board meetings in the role of

Company Secretary having been in a similar role at Brighton and Sussex University Hospitals NHS Trust for almost five years. Dominic has worked in the NHS since 1989, in the acute and mental health sectors and spent five years in the predecessor organisations to the Care Quality Commission, leading the mental health programmes there.

Dr Kay Macdonald, Clinical Academic Director (until 06 April 2017)
Lead for innovation and creativity. Responsible for managing research and development and the Trust's relationships with its academic partners and professional lead for the Therapies workforce. Kay Macdonald was a member of our executive team since its formation in 2006. Her entire career has been dedicated to mental health. She is a Consultant Clinical Therapist (DCLin Psych) and a trained systemic family therapist. Her role at Sussex Partnership is to ensure delivery of effective care and includes providing the overall lead for Psychology and Psychological Therapies, Occupational Therapy; and the development of Vocational Services. She also leads on learning and development.

Dr Nick Lake, Director of Clinical Strategy (from March 2018)
Nick is currently leading the development and implementation of the Sussex Partnership Clinical Strategy as well as holding an interim role as joint Professional Lead for Psychology and Psychological Therapy services within the Trust. He has previously held positions as Clinical & Service Director and Senior Clinical Director Primary Care Mental Health and Wellbeing services, and Lead for Workforce and Training in Psychology and Psychological Therapy. He has also worked as the Academic Director in the Salomons Clinical Psychology Training Scheme.

As a practicing clinician, his main clinical and research interests lie in the fields of trauma work, veterans' mental health, couples therapy and psychological consultation.

How to obtain register of interests

The Board of Directors and Council of Governors interests are available at www.sussexpartnership.nhs.uk. The register is also available for inspection during normal office hours at the Trust Headquarters, Swandean, Arundel Road, Worthing, West Sussex BN13 3EP.

The Trust can confirm that it has appropriate insurance to cover the risk of legal action against its directors.

The Trust can confirm that no political donations were made during the year.

The Trust has met the requirements within Section 43(2a) of the NHS Act 2006 in respect of the income from the provision of goods and services for the purposes of health service in England is greater than its income from the provision of goods and services for any other purposes.

Enhanced quality governance reporting

The Trust has a well-established board governance structure and through its three main committees (finance and investment, quality, and audit) ensures robust oversight of service quality. The Annual Governance Statement (review of effectiveness) describes how the effectiveness of the system of internal control is overseen. There are no material inconsistencies between;

- the annual governance statement; annual and quarterly board statements required by the Risk Assessment Framework;
- the corporate governance statement submitted with the annual plan, the quality report, and annual report; and
- reports arising from Care Quality Commission planned and responsive reviews of the Trust and any consequent action plans

The Trust Board considers NHS Improvement's Quality Governance Framework in reviewing its quality governance arrangements. The Trust has strengthened the role of the Quality Committee in order to ensure that there is robust oversight and scrutiny of quality issues within the organisation, aligning assurance to the CQC domains and NHS Improvements Single Oversight Framework.

Board of Directors – governance

The Board of Directors uses the NHS Foundation Trust Code of Governance as best practice advice to improve our governance practices. It has agreed a scheme of reservation and delegation which sets out those decisions which must be taken by the Board and those which may be delegated to Executive Assurance Committee, Service Delivery Board or to Board Committees.

The Board sets the Trust's strategic aims and provides active leadership of the Trust. It is collectively responsible for the exercise of powers and the performance of the Trust, for ensuring compliance with the terms of authorisation, relevant statutory requirements and contractual obligations, and for ensuring the quality and safety of services. It does this through the approval of key policies and procedures, the annual plan and budget for the year, and schemes for investment or disinvestment above the level of delegation. The Board of Directors believes that it has the appropriate membership and skills to meet the requirements of the NHS Foundation Trust.

The Chair and Non-Executive Directors are appointed by the Council of Governors. The appointment of the Chair or Non-Executive Directors may be terminated by the Council of Governors at a General Meeting, if supported by three quarters of the governors.

The table below shows the number of public meetings attended out of a maximum of nine. There have been several changes mid-year, so not all Board members had the opportunity to attend all meetings. Meetings are well attended by members of staff and governors.

Name	Meetings attended
Caroline Armitage Chair	3/4
Richard Bayley Interim Chair, Deputy Chair and Non-Executive Director	9/9
Martin Richards Deputy Chair and Non-Executive Director	8/9
Diana Marsland Senior Independent Director and Non-Executive Director	8/9
Anne Beales Non-Executive Director	8/9
Lewis Doyle Non-Executive Director	8/9
Gordon Ferns Non-Executive Director	8/9
Samantha Allen Chief Executive	9/9
Sally Flint Chief Finance Officer	9/9
Simone Button Chief Operating Officer	9/9
Rick Fraser Chief Medical Officer	9/9
Diane Hull Chief Nurse	9/9
Beth Lawton Chief Digital and Information Officer	2/2

Leadership and Governance arrangements

The Board of Directors manages the business of Sussex Partnership NHS Foundation Trust by setting strategy and overseeing performance. The Executive team manages the day to day operational running of the organisation and regularly reports on activity to the Board. The Board also works closely with the Council of Governors and representatives meet regularly. We would follow the procedures laid down in our Constitution if any disagreements were to arise between our Council of Governors and our Board of Directors.

The Board of Directors sets the leadership expectations and tone for the organisation. This is then further modeled by the executive, strategic and service directors. The Board of Directors represents considerable experience and expertise.

Board, Committee and Directors' performance appraisal

The Board of Directors holds a minimum of two review days each year, at which it considers the way in which the board is working, and undertakes a review of strategic direction concentrating on service quality.

The Board and in particular the Non-Executive Directors work closely with the Council of Governors to understand the views of governors and the members they represent. This is

undertaking mainly through both groups regularly meeting and attending each other's meetings. There was also two joint board and council development days in January and March. These were focused on annual planning and partnership working.

The Board meets in public at least nine times a year, and meetings are well attended by members of staff and governors. Positive and unsolicited feedback has been regularly received from observers who often comment on the significant level of detail received by the board, particularly in relation to the quality of services.

Six committees support the board, each chaired by a Non-Executive Director. These are:

- Appointment and Remuneration Committee
- Audit Committee
- Charitable Funds Committee
- Finance and Investment Committee
- Quality Committee
- Mental Health Act Committee

Appointment and Remuneration Committee

The Trust has an Appointment and Remuneration Committee (Executive Director appointments and remuneration) and Nomination and Remuneration Committee (Chair and Non-Executive Director appointments and remuneration), A&R comprises the Chair, NEDs and CEO, and N&R, Chair and four Governors. This met on five occasions during the year 2017/18

Members and attendance:

Name	Designation	Meetings attended
Caroline Armitage	Trust Chair and Chair of the Committee	1/1
Richard Bayley	Interim Chair and Non-Executive Director	5/5
Anne Beales	Non-Executive Director	2/5
Lewis Doyle	Non-Executive Director	5/5
Gordon Ferns	Non-Executive Director	4/5
Diana Marsland	Non-Executive Director	4/5
Martin Richards	Non-Executive Director	4/5

Audit committee

The existence of an independent audit committee is an important means by which the Board provides formal and transparent arrangements for considering how it should apply the financial reporting and internal control principles and for maintaining an appropriate relationship with the NHS foundation trust's auditors. In addition the Audit Committee provides an independent check upon the executive arm of the Board.

The terms of reference for the Trust's Audit Committee set out in detail how it intends to fulfil these roles and responsibilities under a number of headings, as follows:

- Financial Statements and the Annual Report
- Internal Control and Risk Management

- Whistleblowing
- Corporate Governance
- Internal Audit
- External Audit
- Standing Orders, Standing Financial Instructions and Standards of Business Conduct
- Other Assurance Functions

The annual work plan of the Audit Committee therefore sets out to ensure that throughout the financial year the work of the Committee fulfils the roles and responsibilities as required by NHSI through compliance with its terms of reference.

The Audit Committee membership in respect of the financial year 2017/18 was:

- Lewis Doyle, Non-Executive Director and Chair of Audit Committee
- Anne Beales, Non-Executive Director
- Diana Marsland, Non-Executive Director

Members of the Council of Governors are invited to attend the meetings of the Audit Committee as observers.

The Chief Finance Officer, Director of Innovation and Improvement, Director of Corporate Affairs, Director of Finance, Local Counter Fraud Manager, Internal and External Auditors regularly attend the meetings of the Audit Committee. The Committee requests other Trust Officers to attend for specific agenda items as required. The Committee is supported by a Head of Financial Accounting.

The Audit Committee meets bi-monthly, although additional meetings are scheduled as required. The Audit Committee holds private discussions with Internal Audit, External Audit and the Local Counter Fraud Specialist prior to each of the main Audit Committee meetings. The Audit Committee seeks to ensure commitment and consistency of meeting attendance and the register of member's attendance can be found below.

Name	Designation	Meetings attended
Lewis Doyle	Non-Executive Director and Chair of the Committee	7/7
Anne Beales	Non-Executive Director	6/7
Diana Marsland	Non-Executive Director	5/7

The quorum for the committee is two members; however the committee was supplemented by a further member during the year.

External Audit

External audit services are provided by KPMG LLP. The Audit Committee has reviewed the work and findings of the external auditor and considered the implications and management's response to their findings. This has been achieved through the following:

- consideration of the scope and planning of the external audit through review of the external audit plan
- consideration of the agreed fees and resources required
- review of the findings of external audit

- assessing the independence of the external auditor via review of any proposed additional work and reports provided by external audit
- regular meetings between the Chief Finance Officer, Head of Financial Accounting and wider finance team and the audit engagement lead and wider team.

Through the work of External Audit, the Committee has not been made aware of any significant weaknesses in internal control.

Company Secretary

The Board of Directors has direct access throughout the year to the services of the Company Secretary. The Company Secretary is responsible for ensuring that the Board of Directors and Council of Governors, and their associated Committees, follow procedure in line with the organisation's governance requirements.

Council of Governors

The Council of Governors is made up of 32 governors: 24 elected and 8 appointed. Elected governors are members who are voted in by the Foundation Trust members in the appropriate constituency. The Council of Governors meets quarterly in public. Their general duty is to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors and to represent the interests of our members and the public.

The governors' statutory duties are to:

- Appoint or remove the chair and non-executive directors
- Approve the appointment of the Chief Executive
- Decide the remuneration and terms and conditions of non-executives
- Appoint our financial auditor
- Receive the annual accounts
- Provide a view on forward planning
- Approve significant transactions
- Approve mergers and acquisitions
- Approve separations or dissolutions
- Approve an increase or more than 5% of non-NHS activities
- Approve changes to our Constitution (unless it is around the powers and duties of the Council of Governors).

Our governors also have the right to:

- Propose a vote on the organisation's or director's performance
- Require one or more directors to attend a meeting to obtain information about the organisation's or director's performance and
- Refer a question to NHS Improvement's advisory panel as to whether the trust has failed or is failing to act in accordance with the Constitution.

None of these rights were used in 2017/18.

The following tables list the names of the governors, the constituency or organisation they represent, their end of term of office and the number of meetings attended out of a maximum of four. Several governors changed mid-year, so did not have the opportunity to attend all meetings.

Service User / Carer Constituency

Name	Constituency	Term of office end	Attendance
Karen Braysher	Brighton & Hove	10 September 2018	4/4
Amy Dickinson	Brighton & Hove	19 February 2018	1/4
Diana Byrne	East Sussex	31 July 2017	0/2
Fiona McLay	East Sussex	31 July 2019	3/4
Andrew Voyce	East Sussex	31 July 2017	0/2
James Domanic	East Sussex	10 September 2020	1/2
Paul Burris	West Sussex	31 July 2017	1/2
Michael Decker	West Sussex	20 February 2018	1/4
Gabrielle Gardner	West Sussex	07 July 2018	3/4
Elizabeth Hall	West Sussex	31 July 2017	2/2
Angie Culham	West Sussex	10 September 2020	0/2
Mel Smith	West Sussex	10 September 2020	2/2
Amy Herring *Lead Governor*	Outside of Sussex	07 July 2018	4/4
Sophie Campbell	Carer	31 July 2019	0/1
Brian Goodenough	Carer	31 July 2019	3/4
Mark Hughes	Carer	31 July 2019	4/4

Public Constituency

Name	Constituency	Term of office end	Attendance
Claire Quigley	Brighton & Hove	31 July 2017	1/2
Scott Hunt	East Sussex	10 September 2020	4/4
Phyllida de Salis	East Sussex	31 July 2019	4/4
Peter Thompson	West Sussex	10 September 2020	2/2
Elizabeth Hall	West Sussex	10 September 2020	2/2
Gary Beecheno	Outside of Sussex	22 December 2017	1/1

Staff Constituency

Name	Term of office end	Attendance
Jose Belda, Consultant Psychiatrist	31 July 2017	2/2
Jayne Bruce, Deputy Chief Nurse	31 July 2019	4/4
Louise Patmore, Senior Peer Trainer	31 July 2017	2/2
Sarah Reynolds, Family/Drama Specialist	31 July 2017	0/2
Simon Street, Complaints and PALS Manager	07 July 2018	1/4
Alex Garner, People Participation Lead	10 September 2020	2/2
Shannon Guglietti, Clinical Effectiveness Facilitator	10 September 2020	1/2
Glen Woolgar, Head of Incident Management and Safety	10 September 2020	2/2

Appointed Governors

Name	Organisation	Term of office end	Attendance
Giles Adams	NHS South East Coast Ambulance Service NHS Foundation Trust	31 July 2020	4/4
Brian Doughty	Brighton & Hove City Council	31 August 2019	1/4
Debbie Kennard	West Sussex County Council	31 July 2017	1/2
David Simmons	West Sussex County Council	31 July 2020	2/2
Sarah Gates	Sussex Police	31 April 2018	3/4
Prof David Fowler	University	31 July 2017	0/2
Natasha Sigala	University	31 July 2020	2/2
Rachel Brett	Sussex YMCA Downs Link	31 August 2019	3/4
John Holmstrom	Worthing Churches Homeless Project	31 October 2019	3/4
Katie Glover	Coastal West Sussex MIND	31 May 2020	2/3

Public, staff and service user/carer governors are elected by members of their own constituency using the single transferable vote system. Governors are elected for a fixed term of three years. For appointed governors, our partner organisations as defined in our constitution were asked to nominate a representative. Appointed governors are appointed for a fixed term of three years.

Governor election

During 2017/18, one general election was held for places on the Council of Governors created as a result of Governors coming to the end of their terms of office or leaving the Council. The results of these elections were:

Constituency	Number of Candidates	Turnout	Outcome of voting	Term commenced
Public, East Sussex 1 vacancy	8	6.6%	1 elected	September 2017
Public, West Sussex 2 vacancies	6	6.7%	2 elected	September 2017
Public, Brighton & Hove 1 vacancy	0	n/a	0 elected	n/a
Public, Outside of Sussex 1 vacancy	1	n/a	1 elected	September 2017
Service User, Brighton & Hove 1 vacancy	2	8.4%	1 elected	September 2017
Service User, East Sussex 2 vacancies	2	n/a	2 elected	September 2017
Service User, West Sussex 2 vacancies	4	7.9%	2 elected	September 2017
Staff 3 vacancies	5	7.6%	3 elected	September 2017

Committees of the Council of Governors

Nomination and Remuneration Committee

The Governors are responsible for setting the pay and terms and conditions of Non-Executive Directors and the Chair of Sussex Partnership. The Council of Governors appoints the Chair and Non-Executive Directors and can terminate their appointment. They also approve the appointment of the Chief Executive. The Nominations and Remuneration Committee advises the Council of Governors on these matters and meets as and when required. During 2017/18 the Committee recommended the appointment for the Interim Chair from 31 July 2017, the Deputy Chair from 31 July 2017 and the Chair from 01 April 2018. The Committee also commenced the recruitment process for two non-executive directors.

The Nomination and Remuneration Committee met five times during 2017/18 and focused on appointing the Chair and receiving the Chair and Non-Executive Directors' appraisals and objectives.

Name	Designation	Meetings attended
Caroline Armitage	Trust Chair and Chair of the Committee	1/1
Richard Bayley	Interim Chair and Chair of the Committee	3/3
Elizabeth Hall	Service User Governor	2/2
Amy Herring	Service User Governor	5/5
Scott Hunt	Public Governor	5/5
Gabrielle Gardner	Service User Governor	3/5
Simon Street	Staff Governor	5/5

The membership of this Committee was reviewed part way through the year.

Membership Committee

The Membership Committee reviews and monitors the Membership Development Strategy, to make sure that our membership reflects the diverse population we serve. It meets four times a year and reports to the Council of Governors.

Council of Governors Development

The Council of Governors holds a number of development sessions each year. The topics for these are decided by the Governors Training and Development Committee and during 2017/18 they concentrated on the Clinical Strategy, the governors' role in recruitment and selection of board members and developing their own strengths to build a strong and effective Council. In addition governors are welcomed to participate in external bespoke governor development courses, in particular as part of their initial induction into the role.

The Board of Directors and Council of Governors have also established and well regarded programme of joint development, which creates more opportunities for joint working and for governors to contribute fully to strategic planning. Two review days a year provide opportunities for board members and governors to review the Trust's strategic direction and agree priorities for the next planning period.

The Board of Directors values the views of the Council of Governors and is always keen to seek input from the Governors. In 2017/18 this included:

- The Board and Council held two joint development sessions; on 30 January 2018 they discussed annual planning and worked together on the Clinical Strategy Workstreams and on 23 March 2018 they discussed Principled Ways of Working.
- Directors regularly attend Council of Governor meetings to present reports and seek feedback relating to proposed actions
- Governors help to make senior executive appointments and sit on the committees involved in the development of services.
- Each Board sub-committee has at least one Governor representative present to observe

Should any disagreements arise between our Council of Governors and our Board of Directors, we would follow the procedures laid down in our Constitution.

The directors are responsible for preparing the annual report and accounts and have considered the report and accounts as a whole to ensure that they are fair, balanced and understandable and that they provide the information necessary for patients, regulators and other stakeholders to access our performance, business model and strategy. Further information on our approach to governance is described in our Annual Governance Statement.

Contacting the Governors

Members can contact the Governors directly, or via the Corporate Governance Manager:

- By email: Governors@sussexpartnership.nhs.uk
- By telephone to 0300 304 2066
- In writing to: Governors via the Corporate Governance Manager, Trust Headquarters, Swandean, Arundel Road, Worthing, West Sussex, BN13 3EP

Membership

All Sussex Partnership staff are automatically members, unless they chose to opt out. As of April 2018 we had 3,520 staff members

Our public membership is as follows:

	April 2017	**April 2018**
Public	5,271	2,680
Patients	4,661	2073
Carers	821	422
Total	**10,753**	**5,175**

At the end of the 2017/18 year we had 8,695 members in total

Members are asked to provide gender identity, disabilities, ethnicity, sexual orientation and religion and belief so that we can ensure that our membership is truly representative of the communities we serve.

Membership Constituencies and Eligibility Requirements

Members of Sussex Partnership must be at least 14 years of age and meet the criteria for one of our four membership categories:

- Service user category: for people who have used any of Sussex Partnership's services in the past five years may become or continue as a member.
- Carer category: for carers of people who have used any of Sussex Partnership's services in the past five years.
- General public category: for anyone interested in Sussex Partnership's services and who live in an area Sussex Partnership provides services; this includes Brighton and Hove, East Sussex and West Sussex, and South East England and Greater London.
- Staff category: for staff employed by Sussex Partnership on a permanent contract or on a fixed term contract of at least 12 months and for social care staff who work in Sussex Partnership.

Membership strategy

During the latter part of the year we reviewed our membership strategy which is underpinned by the previous three objectives, but has been strengthened to set out the priorities to help inform how each objective will be met. This will be sent out to members of consultation at the beginning of 2018/19. In the meantime the Membership Committee throughout 2017/18 have continued to review each objective that relate to:

- Engaging and involving our members
- Identifying and addressing under representation
- Developing communications

Cost allocation and charging requirements

We have complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Better practice code

The Better Payment Practice Code requires us to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. This was the performance during the year:

Better Payments Practice Code	By Volume	By Value
Non-NHS Payables	92%	95%
NHS Payables	74%	56%
Total	**91%**	**89%**

The Trust did not pay any interest charges under the Late Payment of Commercial Debts (Interest) Act 1998.

Patient care

Our 2020 Vision

Our 2020 Vision, launched April 2015, describes what we will do over 5 years to improve patient care and achieve our vision: outstanding care and treatment you can be confident in. There are five goals described in Our 2020 Vision:

1. Safe, effective, quality patient care
2. Local, joined up patient care
3. Put research, innovation and learning into practice
4. Be the provider, employer and partner of choice
5. Live within our means

To help us achieve this, we have established Care Delivery Services: new structures that aim to encourage more local decision making, closer to where patients are treated, with greater clinical involvement.

Patient and Carer feedback

In 2017/18 Sussex Partnership has worked to increase the range, volume and impact of feedback from service users and carers. In late 2016/17 patient experience work in the Trust was reorganised into a People Participation structure with an explicit remit to support service users to contribute to service development. The majority of the team now consists of people with lived experience of mental distress and includes a Service User Leader who works at a CDS Board level in Forensic services and leads work on the Trust's Peer Strategy

The team has focused on a range of work streams aligned with the Clinical Strategy to take forward this objective:

- Working Together Groups (WTG) and projects have been established in Forensic Healthcare, East Sussex, West Sussex and Brighton and Hove Clinical Delivery Services (CDSs). WTG are open fora where current service users can come together to give their views and work collaboratively to improve services. These are supported by a central WTG which also draws in the good practice from Primary Care, Children and Young People and Learning Disability CDS' which have participation arrangements.
- Phase one of our Experts by Experience (EBE) programme has been completed with a database of 400 people interested in using their lived experience to participate created, a foundation training workshop on participation delivered to 150 EBE with a further 20 taking part in a higher level 3 day course. We have also created a clear values based process and a series of guides for staff to promote high quality involvement opportunities based on the 4PI's, a national set of service user developed involvement standards
- We have developed a Peer Strategy and started work to develop closer links with third sector organisations to increase the opportunities for our service users to get support from a person with lived experience. We have developed a charter for working with people with lived experience through a highly evaluated Principled Ways of Working Conference. We have taken steps to develop a sustainable model for training and employing peer support workers in Sussex Partnership through brokering a hybrid peer support apprenticeship, which we understand to be the first in the country.

- We have also developed and undertaken a programme of Quality Reviews - service user led visits to services to identify concerns and gather feedback.

These work streams and the capacity they build to seek, hear and act on service users and carers' views has been complemented by numerous initiatives which have developed in operational teams as part of their ongoing service development. Together they have been successful in changing the culture of the organisation as demonstrated by the National Staff Survey 2017/18 in which the trust showed an improvement against Key Finding 32 on the effective use of service user feedback.

Our information about patient experience has also been increased by other national initiatives including the CQC National Patient Survey, and the Friends and Family Test.

The National Patient Survey 2017 ran between February and June. The sample for the survey (850) was generated at random on the agreed national protocol from all people on the Care Programme Approach (CPA) and Non CPA Register seen between 1 September and 30 November 2016. There was a response rate of 24% (191 responses).

In all categories Sussex Partnership overall scored 'about the same' as other mental health organisations. On specific questions falling under those categories Sussex Partnership scored 'better' than other trusts on:

- Contact - for those told who is in charge of organising their care, being able to contact this person if concerned about their care
- Involvement in care planning - for those who have agreed what care and services they will receive, being involved as much as they would like in agreeing this
- Personal circumstances - for those who have agreed what care and services they will receive, that this agreement takes into account their personal circumstances

And 'worse' than other trusts on the following areas where we put in place action plans to address them as follows:

- Care review - for having had a formal meeting with someone from NHS mental health services to discuss how their care is working in the last 12 months. Action: We are reviewing the CPA process including care planning, risk assessment and involvement and review.
- Medicine review - for those receiving medicines for 12 months or longer, that a mental health worker checked how they are getting on with their medicines. Action: All CDS community leads have been asked to incorporate this feedback into their planning and a project has been started to look at communication around review and appointment involving pharmacy and the Medical Director for Service Improvement.
- Help finding support for physical health needs - for those with physical health needs receiving help or advice with finding support for this, if they needed this. Action: We have expanded the physical healthcare team and introduced a range of new interventions such as pop up clinics.

The Friends and Family Test continued to provide anonymous ratings and free text about whether people would recommend the care they receive from teams in the trust. In October 2017 in response to staff feedback we redesigned and extended the survey so that it could be delivered

across more platforms including an app and integrated the results into our existing performance reporting system Report Manager. We also added 5 questions developed by service user and carers based around the CQC Key Lines of Enquiry (KLOE). Feedback is used to populate 'You said we did' boards across the organisation's sites.

In January 2018, the Care Quality Commission (CQC) published its most recent inspection report on Sussex Partnership and rated the Trust overall as 'Good'. We were particularly heartened to receive an 'Outstanding' rating for patient care by the CQC. The CQC and NHS Improvement have signaled their commitment to working with Sussex Partnership over the next year with the intention to assist us to maintain the progress towards achieving a rating of 'Outstanding' in 2019. A Quality Summit, led by the CQC took place on 15 March 2018 where we will investigate the inspection findings in more detail with staff and partners. A quality summit is not required for trusts rated good but we decided to adopt this approach to consolidate existing good practice and look at how we can progress to an 'Outstanding' rating. The change in our inspection rating domains are set out in the table below:

Table: Change in CQC Inspection Rating – Services Inspected in 2017

Rating	2016	2017	Change
Requires Improvement	12	1	-11
Good	8	17	+9
Outstanding	0	2	+2

The CQC identified some of the outstanding practice they saw in all the services they inspected. Examples of these include:

- The family liaison leads who lead on the investigation of serious incidents and work with bereaved families during this process. We are the first trust in the country to implement this team.
- We are one of only two services in the country to have a discovery college for young people.
- Langley Green Hospital wards have implemented the 'leader leader' model where staff and patients are encouraged to be leaders in the roles they have on the ward. Service leaders have a role in contributing to how the ward is run and their views are welcomed at daily and weekly community and risk management meetings.
- Staff share incident data with patients in weekly community meetings to ask for their view on incidents which have occurred on their wards and canvas suggestions as to why these happened and how to prevent recurrence.
- Brunswick ward has improved patient safety and experience on admission to the ward with the ward manager or matron visiting the person in their home prior to admission to carry out a falls risk assessment and meet with the family to gain as much information as possible about the person being admitted.
- A number of wards carry out a daily 'safety huddle' which is a nationally recognised good practice initiative to reduce patient harm and improve the safety culture on the wards.
- The CQC commented upon Glebelands where the team has set up partnership working with people using the service and third sector organisations, such as the charity MIND, called the Pathfinder Alliance. This is only one of three such working arrangements in the country.
- At Ifield Drive, the team has developed a service to provide mental health support to armed service veterans. The service aims to support veterans' transition into civilian life

and has specialist practitioners who understand military culture and what veterans may have been through.

- The early intervention service has a physical health champion, where over 90% of all people using the service receive their annual physical health screening.
- The iRock service in Hastings is a unique and innovative drop in clinic for young people to attend.
- The Hampshire CAMHS team has a dedicated innovation lead who arranges and completes multiple innovative and effective events within the service. These include the suicide awareness for everybody (SAFE) campaign and fit fest campaign.
- The Basingstoke CAMHS team incorporate a monthly informal meeting with parents and carers of young people on the waiting lists.
- The Hampshire CAMHS has undertaken a pilot where pharmacists carried out routine physical health monitoring for patients when dispensing medications. This offers more flexibility to patients whilst also freeing up clinical time for staff in the service.
- In Sussex, the CAMHS teams had recently conducted a project in which the urgent help team completed telephone assessments of patients to reduce the waiting lists for assessment and get patients directly onto specific treatment pathways.

Service changes and developments

Children and young people in Hampshire

In May 2017, significant funding funding was announced for the Hampshire Cultural Trust (HCT) for a new project working with children and young people in Hampshire. The ICE Project is a £200,000 programme, which will now be able to run for the next three years. The project works with young people supported by Child and Adolescent Mental Health Services (CAMHS), as well as groups identified as being at a higher risk of developing mental health problems.

Investment for the project has come from Artswork, Sussex Partnership NHS Foundation Trust and The Coles-Medlock Foundation. The aim of the project is to promote positive mental health, support young people in building emotional resilience and encourage everyone to be able to speak about self-harm and suicide in young people.

Woodlands Wards

Two new wards opened at Woodlands Centre for Acute Care in Hastings in November 2017 (one for women and one for men).

Woodlands provide inpatient care for adults with acute mental health conditions and is run by Sussex Partnership NHS Foundation Trust.

The new female ward has fourteen beds and has been named Abbey Ward and the male ward has nine beds and is called Castle Ward. The idea to change the layout at Woodlands, from one mixed ward to two single sex wards, came from staff working on the ward, who felt the changes would make a safer and improved therapeutic environment for both the patients and staff.

Mental health support for armed forces veterans

A new service that helps armed forces veterans get faster access to mental health support was launched in Sussex in November 2017.

The service is provided by the new London and South East NHS Veterans Mental Health Transition, Intervention and Liaison (TIL) Service, a collaboration between Sussex Partnership NHS Foundation Trust and Camden and Islington NHS Foundation Trust.

It is available to any ex-member of the armed forces who is concerned about their mental health. It can also support those who are up to six months away from being discharged and are preparing to transition to civilian life.

The specialist service helps veterans to access treatment and support for mental health issues, as well as providing therapeutic treatment for complex mental health difficulties and psychological trauma.

Veterans can refer themselves for help; alternatively referrals can be made by any health and social care professional, such as GPs and social workers, or representatives from armed forces support charities.

All referrals are looked at by a single team of trained mental health professionals. An initial face to face assessment is offered within two weeks and where appropriate, a clinical appointment within another fortnight.

Veterans may be linked to local support services or in cases of more complex mental health problems, are seen by specialist practitioners who have an understanding of military culture and what individuals may have been through.

Brunswick Ward
Brunswick Ward moved to its new location at Mill View Hospital in Januray 2018. This move enables staff to provide high quality care in a specially designed unit, purpose built to meet the needs of patients living with dementia. The ward features a virtual fish tank to help patients relax as well as a virtual fireplace providing a cosy, homely addition to the ward while maintaining patient safety. The furnishings have all been chosen to make it as easy as possible for patients to adapt to their environment and feel comfortable. Heated skirting boards bring warmth without the risk of sharp radiator edges or burns risks to vulnerable patients.

Performance against key health care targets

Information about our performance against key national and local health targets is reported to our monthly, public Board of Directors meeting and published on our website:
www.sussexpartnership.nhs.uk/board-meetings

Service quality: stakeholder relations

We are committed to working with and within the local communities where we provide services. As an NHS Foundation Trust, we are directly accountable to the local community across Brighton and Hove, East Sussex and West Sussex through our membership as represented by the Council of Governors. We hold regular members' meetings where people can raise topics with us.

We are members of joint planning forums with our social services authority partners and with Sussex Police with whom we work closely on crime reduction and alternatives to court appearances for vulnerable people who use our services.

Statement as to disclosure to auditors

For each individual who is a director at the time that the report is approved: (1) so far as the director is aware, there is no relevant audit information of which the NHS foundation trust's auditor is unaware and (2) the director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS foundation trust's auditor is aware of that information.

Sam Allen
Chief Executive Date: 23 May 2018

2.2 Remuneration report

Annual statement on remuneration

Having a clear and transparent approach to pay and reward for senior leaders and managers not covered under Agenda for Change (AfC) is part of effective workforce planning, one of the Trust's People Management goals. It is vital that all staff feel valued and appropriately rewarded, and have a transparent pay system which enables them to see how they can progress or increase their pay. This in turn reflects Trust values in terms of what the organisation wants to reward.

The Trust has a performance related pay scheme, introduced in 2015, which aligns pay and the delivery of the Trust's strategic objectives for Senior Directors. This enables the Trust to recruit and retain highly experienced and skilled Executive Directors/senior managers and also introduces a performance related element which rewards sustained contribution in the role and incentivises and motivates individuals. The scheme brings clarity and transparency to senior pay and reward and makes it clear to individuals how their pay is calculated and how they might progress.

The Trust can confirm that no senior managers serve as non-executive directors for other organisations, and that no payments were made to previous senior managers during the year.

Senior managers' remuneration policy

The following factors and underlying principles were taken into account when developing the performance related pay scheme proposals:

The need to ensure that salaries link to external market rates so that the Trust can recruit and retain high quality staff:

- Ensuring, as far as possible, that pay arrangements provide equal pay for work of equal value.
- Taking into account internal relativities – between the Executive team and with other senior posts, both Agenda for Change (AfC) and non-AfC.
- Transparency of all processes so that individuals know how their pay may be increased and third-parties can be clear that the processes are auditable and compliant.
- Robust assessment processes for annual review.
- Ensuring the use of sound information and analysis of up-to-date data.

Current Trust Financial and NHS pay context, in line with the FT Code of Governance, which states that the following principles will apply to performance-related pay, aimed at:

- Improving and motivating individual performance
- Improving individual competences as set out in job descriptions
- Promoting the long-term sustainability of the Trust
- Ensuring alignment with the long-term interests of the public and patients
- Ensuring that targets are stretching and relevant.

Future policy table

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.

	Salary	Taxable benefits	Performance related bonuses	Long term bonuses	Pension benefits
Support for long and short term Trust objectives	Ensuring recruitment and retention of Executive Directors with sufficient quality / experience	N/A	N/A	N/A	Ensuring recruitment and retention of Executive Directors with sufficient quality / experience
How the component works	Standard monthly pay	N/A	N/A	N/A	Standard monthly pay
Maximum payment	Basic salary	N/A	N/A	N/A	Basic salary
Framework used to assess performance	Trust appraisal system	N/A	N/A	N/A	Trust appraisal system
Performance measures	Appraisal based on individual and team objectives agreed with the Chief Executive and Trust Board	N/A	N/A	N/A	Appraisal based on individual and team objectives agreed with the Chief Executive and Trust Board
Performance period	Financial year	N/A	N/A	N/A	Financial year
Amount paid for minimum level of performance	Basic salary for minimum performance, no performance related pay element	N/A	N/A	N/A	Basic salary for minimum performance, no performance related pay element

Arrangements for Redundancy Pay

A. The Trust will comply with applicable national arrangements with which it is required to comply and which are in force from time to time. Any payment(s) referred to in this clause may be made on a staged basis, to be made in 12 equal monthly payments following termination of employment, all subject to a requirement that prior to each payment being made, the employee certify that he/she has not found new employment as further described below.

B. Following termination of employment the employee will then be required to inform the Chief Executive Officer in writing each month of any interviews undertaken and any offers of alternative work (including work on a self-employed or consultancy basis). Any failure to do so and any unreasonable refusal on their part to accept a job offer will result in further payments being withheld from them in whole or part.

C. Once the employee has received an offer of work (including work on a self-employed or consultancy basis) in writing, he/she is required to telephone in the first instance and send a copy of any offer letter/documentation in the strictest of confidence to the Chief Executive Officer and discuss whether he/she intends to accept the offer and any start date.

D. If the employee has a reasonable basis for rejecting a job offer, then further payments as set out above may continue.

E. Failure to notify the Chief Executive Officer of any offer of work, acceptance of a job offer or that the employee has commenced new employment, will result in he/she being regarded as in material breach of their agreement and any payments made in connection with the contract of employment will cease as a result of this material breach and any payments made by the Trust during periods of new employment will be recoverable by the Trust as a debt under this agreement.

Policy on payment for loss of office

The appointment is subject to notice of termination in writing as follows:

- Notice of termination by the Trust six months.
- Notice of termination by the post holder six months.
- Notwithstanding the above the Trust reserves the right in its sole discretion to terminate employment with immediate effect by making a payment (or part payment) in lieu of notice equal to basic salary only subject to prior deductions for tax and national insurance contributions. For the avoidance of doubt the sum paid in lieu of notice shall not include any element in respect of holiday entitlement that would have accrued during the period for which the payment is made.
- The Trust may pay any sum in lieu of notice in equal monthly instalments until the date on which the notice period would have expired if notice had been given and worked. The employee shall be obliged to seek alternative income and mitigate their losses howsoever the termination of the employment occurs during this period and to notify the Trust if he/she shall receive such income. The instalments shall then be reduced by the amount of income.
- Nothing in the agreement prevents either party terminating the employment without notice by reason of the conduct of the other party.
- Notice by either party will not be required where there is mutual agreement to terminate. The Trust may terminate the contract with immediate effect and without compensation (notwithstanding that the Trust may have allowed any time to elapse or on a former occasion may have waived its right under this clause) if the employee:
    - commits any act of gross misconduct;
    - commits an act which in the reasonable opinion of the Chief Executive Officer brings the employee or the Trust or the NHS into disrepute or are convicted of any

criminal offence (excluding a road traffic offence for which they are not sentenced to imprisonment) which is deemed to be of sufficient seriousness;
- fails to report to duty without prior notification;
- is precluded from holding office through reason of statute;
- becomes bankrupt or make any arrangement with their creditors or are prohibited by law from being a Director;
- ceases to be eligible to work in the United Kingdom;
- commits any act of negligence or dishonesty whether relating to the Trust, the NHS any of its or their employees, patients or otherwise; or
- commits any serious or persistent breach of any of the provision of their contract.

Statement of consideration of employment conditions elsewhere in the Foundation Trust.

Very Senior Manager (VSM) pay for Executive Directors is subject to interim guidance by NHS Improvement (NHSI) last issued in March 2018; as a Foundation Trust, Sussex Partnership takes account of the guidance and NHSI opinion in determining pay. The pay arrangements for directors during the year was consistent with this guidance with no VSM pay exceeding the median benchmark levels detailed in NHS Improvement guidance.

Service contracts

Senior managers are employed on a permanent basis and their notice period is 6 months. The term of office for non-executive directors is included in the Directors Report with their biographies.

Code of Governance disclosures

Sussex Partnership NHS Foundation Trust has applied the principles of the NGS 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.

Disclosures required by Health and Social Care Act

Expenses for Directors and Governors

2017-18 Board of Directors

Total number of Directors	14
Total number of Directors who claimed expenses	13
Total aggregated expenses	£19,102.86

2016-17 Board of Directors

Total number of Directors	20
Total number of Directors who claimed expenses	18
Total aggregated expenses	£20,311.90

2017-18 Governors

Total number of Governors	32
Total number of Governors who claimed expenses	17
Total aggregated expenses	£9,269.86

2016-17 Governors

Total number of Governors	32
Total number of Governors who claimed expenses	11
Total aggregated expenses	£5,002.66

Salary and Pension Entitlements of Senior Managers

Remuneration

Salary and Pension Entitlements of Senior Managers

Remuneration

2017/18

Name	Title	Term of Office	Salary and fees (in bands of £5,000) £000	All taxable benefits (total to the nearest £100) £	Annual performance-related bonuses (in bands of £5,000) £000	Long-term performance-related bonuses (in bands of £5,000) £000	all pension related benefits (in bands of £2,500) £000	Total (in bands of £5,000) £000
Sam Allen	Chief Executive		145-150	1000			225-227.5	370-375
Sally Flint	Chief Finance Officer		125-130				40-42.5	170-175
Tim Ojo	Executive Medical Director and Executive Director of Quality	to 25/04/2017	10-15				-2.5-5	5-10
Simone Button	Chief Operating Officer		110-115				47.5-50	160-165
Diane Hull	Chief Nurse		115-120				2.5-5	120-125
Rick Fraser	Chief Medical Director	from 26/04/2017	140-145				127.5-130	270-275
Beth Lawton	Chief Digital and Information Officer	from 08/01/2018	25-30				0-2.5	25-30
Caroline Armitage	Chairman	to 30/09/2017	20-25					20-25
Diana Marsland	Non-Executive Director		10-15					10-15
Richard Bayley	Non-Executive Director / Interim Chairman	to 30/07/2017 / from 31/07/2017	30-35					30-35
Gordon Ferns	Non-Executive Director		15-20					15-20
Martin Richards	Non-Executive Director		10-15					10-15
Anne Beales	Non-Executive Director		10-15					10-15
Lewis Doyle	Non-Executive Director		10-15					10-15

2016/17

Name	Title	Term of Office	Salary and fees (in bands of £5,000) £000	All taxable benefits (total to the nearest £100) £	Annual performance-related bonuses (in bands of £5,000) £000	Long-term performance-related bonuses (in bands of £5,000) £000	all pension related benefits (in bands of £2,500) £000	Total (in bands of £5,000) £000
Colm Donaghy	Chief Executive		170-175				1,562.5-1,565	1,730-1,735
Sam Allen	Deputy Chief Executive and Executive Director of Strategy and Improvement / Chief Executive	to 28/02/2017 / from 01/03/2017	105-110	700			67.5-70	170-175
Sally Flint	Chief Finance Officer		120-125				27.5-30	150-155
Helen Greatorex	Executive Director Of Nursing and Quality	to 03/06/2016	15-20				45-47.5	65-70
Sue Morris	Executive Director of Corporate Services	to 30/06/2016	25-30				2.5-5	25-30
Tim Ojo	Executive Medical Director and Executive Director of Quality		170-175				35-37.5	210-215
Lorraine Reid	Executive Director of Service Delivery and Performance	to 21/11/2016	75-80				15-17.5	90-95
Simone Button	Chief Operating Officer		55-60				35-37.5	95-100
Emma Wadey	Interim Executive Director Of Nursing and Quality	04/06/2016 to 24/07/2016	10-15				17.5-20	30-35
Diane Hull	Chief Nurse	from 25/07/2016	75-80				30-32.5	110-115
Caroline Armitage	Chairman		45-50					45-50
Diana Marsland	Non-Executive Director		10-15					10-15
Richard Bayley	Non-Executive Director		10-15					10-15
Gordon Ferns	Non-Executive Director		10-15					10-15
Martin Richards	Non-Executive Director		10-15					10-15
Anne Beales	Non-Executive Director		10-15					10-15
Lewis Doyle	Non-Executive Director		10-15					10-15

Salary and Pension Entitlements of Senior Managers

Salary and Pension Entitlements of Senior Managers (continued)

Pensions - 31 March 2018									
Name	Title	Term of Office	Real increase in pension at age 60 (bands of £2,500) £000	Lump sum at age 60 related to increase in accrued pension at 31 March 2018 (bands of £2,500) £000	Accrued pension at age 60 at 31 March 2018 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2018 (bands of £5,000) £000	CETV at 1 April 2017 (to the nearest £1,000) £000	CETV at 31 March 2018 (to the nearest £1,000) £000	Real increase in CETV (to the nearest £1,000) £000
Sam Allen*	Chief Executive		10-12.5	25-27.5	35-40	90-95	352	538	178
Sally Flint	Chief Finance Officer		2.5-5	7.5-10	45-50	135-140	841	962	101
Tim Ojo	Executive Medical Director and Executive Director of Quality	to 25/04/2017	-0-2.5	-0-2.5	45-50	140-145	870	879	-1
Simone Button	Chief Operating Officer		2.5-5	7.5-10	35-40	105-110	680	792	97
Diane Hull	Chief Nurse		0-2.5	-2.5-5	15-20	0-5	226	261	30
Rick Fraser*	Chief Medical Director	from 26/04/2017	5-7.5	17.5-20	25-30	80-85	404	556	133
Beth Lawton	Chief Digital and Information Officer	from 08/01/2018	0-2.5	-	0-5	-	-	6	1

Pensions - 31 March 2017									
Name	Title	Term of Office	Real increase in pension at age 60 (bands of £2,500) £000	Lump sum at age 60 related to increase in accrued pension at 31 March 2017 (bands of £2,500) £000	Accrued pension at age 60 at 31 March 2017 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2017 (bands of £5,000) £000	CETV at 1 April 2016 (to the nearest £1,000) £000	CETV at 31 March 2017 (to the nearest £1,000) £000	Real increase in CETV (to the nearest £1,000) £000
Colm Donaghy	Chief Executive		67.5-70	202.5-205	70-75	200-205	44	1,628	1,583
Sam Allen	Deputy Chief Executive and Executive Director of Strategy and Improvement / Chief Executive	to 28/02/2017 / from 01/03/2017	2.5-5	2.5-5	25-30	65-70	317	352	27
Sally Flint	Chief Finance Officer		0-2.5	2.5-5	40-45	125-130	775	841	48
Helen Greatorex	Executive Director Of Nursing and Quality	to 03/06/2016	0-2.5	5-7.5	45-50	140-145	639	899	43
Sue Morris	Executive Director of Corporate Services	to 30/06/2016	0-2.5	0-2.5	45-50	145-150	1,008	-	N/A
Tim Ojo	Executive Medical Director and Executive Director of Quality		0-2.5	2.5-5	45-50	140-145	760	870	93
Lorraine Reid	Executive Director of Service Delivery and Performance	to 21/11/2016	0-2.5	0-2.5	55-60	175-180	1,251	1,343	41
Simone Button**	Chief Operating Officer		0-2.5	2.5-5	30-35	90-95	583	680	44
Emma Wadey	Interim Executive Director Of Nursing and Quality	04/06/2016 to 24/07/2016	0-2.5	0-2.5	15-20	45-50	162	244	11
Diane Hull	Chief Nurse	from 25/07/2016	0-2.5	-0-2.5	15-20	5-10	186	226	24

* The increase in the all pension related benefits were due to the changes in their roles
** Managing Director of Specialist Services (to 31/05/2016) Interim Executive Director of Service Delivery and Performance (from 21/11/2016); Chief Operating Officer (from 01/02/2017)

A Cash Equivalent Transfer Value (CETV) 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.

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 other pensions).

Fair Pay Multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the workforce.

The remuneration of the highest paid director in the year ended 31 March 2018 was £148k (2016-17: £175k). This was 8.1 times (2016-17: 9.1) the median remuneration of the workforce, which was £18k (2016-17: £19k).

Total remuneration includes salary, any additional performance related pay, benefits in kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The median pay calculation is based on the payments made to staff in post on 31 March 2018.

The reported salary used to estimate the median pay is the gross cost to the Trust, less employers Pension and employers Social Security costs.

The reported annual salary for each whole time equivalent has been estimated by multiplying the March 2018 payment by 12 months.

Payments made in March 2018 to staff who were part-time were pro-rated to a whole time equivalent salary.

The estimated annual salary is based on the payments made in March 2018. Therefore, it was necessary to remove 'non-recurrent' items paid within the March payroll. This was undertaken as a manual exercise on an individual staff member basis. There were no adjustments made for holiday pay or national holidays.

The median salary has been calculated as the middle salary if salaries were ranked in ascending order.

The highest paid director is excluded from the median pay calculation.

The highest paid director's remuneration is based on their total remuneration which includes salary, any additional performance related pay as well as severance payments.

In 2017-18 the highest paid director remuneration reduced due to changes to the Board. The median total remuneration reduced due to the transfer of the Kent ChYPS service. These two factors account for the overall ratio reducing compared to 2016-17.

	2017-18	2016-17
Band of highest paid Director's total remuneration	£145k - £150k	£170k - £175k
Median Total Remuneration	£18,157	£19,217
Ratio	8.1	9.1

The remuneration report complies with:

- Sections 420 to 422 of the Companies Act 2006 (section 420(2) and (3), section 421(3) and (4) and section 422(2) and (3) do not apply to NHS foundation trusts)
- Regulation 11 and Parts 3 and 5 of Schedule 810 of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) ("the Regulations")
- Parts 2 and 4 of Schedule 8 of the Regulations as adopted by Monitor in this Manual and
- Elements of the NHS Foundation Trust Code of Governance.

Sam Allen
Chief Executive Date: 23 May 2018

2.3 Staff report

Staff survey: commentary

We know that staff engagement and satisfaction have a direct link to the outcomes and experiences of our patients, carers and families. This is why improving staff engagement remains a priority for us. We have a range of mechanisms and initiatives to help us achieve this.

Care Delivery Services

Our 2020 Vision describes our aspirations over the next 5 years to improve patient care and provide outstanding care and treatment you can be confident in. To help us turn this vision into reality, we need to operate as an organisation which is clinically-led and patient focused. The establishment of our Care Delivery Services supports local decision-making much closer to where patients are treated. Devolving more autonomy to local services is also part of our ongoing strategy to empower staff and engage them more effectively in how our organisation is run.

Our values and behaviours

The way we go about achieving Our 2020 Vision is as important as what we do.

During 2017/2018 we have continued to work with staff to embed our values and behaviours framework, designed to help us deliver better services by creating a more positive working environment.

Our values are:

People first
People are at the heart of everything we do.

Future focused
We are optimistic, we learn and we always try to improve.

Embracing change
We are bold, innovative and disciplined about making use of our resources to continuously improve.

Working together
We provide services in partnership with patients, families and others.

Everyone counts
We value, appreciate and respect each other.

These values describe the way in which we want people who come into contact with Sussex Partnership to experience us. They underpin the way we do things, including appraisal and supervision meetings, recruitment, working with patients and families and developing services in partnership with other organisations.

We also use these values and behaviours to provide feedback about where things are not going well or need improving.

We have deliberately avoided introducing our values and behaviours as a mandatory requirement because believe that people need to adopt, own and embed them within their own teams for them to have a meaningful, positive and long lasting impact.

Leadership Development Programme

During the year 2017/18, 55 staff took part in our Leadership Development Programme.

Based on NHS the 'Gateway to Leadership Programme', it is designed to engage, support and develop capable managers in the Trust so they have the right skills and competencies to become the leaders of our future.

The programme helps our staff:

- have a greater understanding of how people and organisations behave
- challenge established practices and introduce new ideas
- strengthen their own performance and effectiveness
- focus on the skills required for team working
- focus on their skill development for transformational leadership qualities and the use of emotional intelligence in the workplace
- recognise and work effectively across service and professional boundaries
- network with colleagues gaining new ideas and approaches
- work with conflict and diversity
- develop effective communication skills
- become more reflective about their own experiences and learn to use the experiences of others
- find new ways to work through intractable problems.

The effectiveness of the Leadership Development Programme is one of the measures that have led to a significant improvement in the Trust's staff survey responses since the start of the programme in 2014. .

Emerging Leaders Programme

A further four cohorts of our popular Emerging Leaders Programme have now been completed; bring our total to 215 staff having undertaken the programme.

The programme is intended to promote the development of integrated systems leadership jointly funded by Health Education England – Kent, Surrey and Sussex (HEEKSS) and launched in October 2016. A third bid to HEEKSS has been successful and a further 3 cohorts are in the pipeline for autumn 2018 as well as an alumni event.

The programme is aimed at emerging leaders from all backgrounds and focuses on staff in all grades up to and including AfC band 6 (clinical and non-clinical) and equivalent integrated social care workers from our partner organisations. Our partners make up approximately 10% of participants and are drawn from organisations such as MSK; Brighton Housing Trust; Brighton &

Hove Racial Harassment Forum; Barnardos and No Limits for whom we provide places free of charge.

The programme enables emerging leaders to explore and develop their leadership and management skills; to be able to challenge the status quo where needed; demonstrate new found leadership skills with confidence; be more effective culture carriers; and create a talent managed succession plan and pool for the organisations involved.

We have received overwhelmingly positive feedback throughout the 10 cohorts and we have an extensive waiting list for future ones.

To evaluate its effectiveness, participants are surveyed before, during and several months after completing the course using the Leadership Academy's LEADer framework. Managers of participants are also surveyed before the course starts and several months later. Of participants responding, 97% would recommend attending the programme to a colleague.

An alumni event is also planned to take place later this year to enable participants to network and further develop their leadership skills.

Organisational Development Practitioners Programme

Following on from the success of our in-house Organisation Development Practitioner (ODP) Skills Programme we now have 25 ODPs in operation across the Trust helping teams and individuals develop and improve as well as helping to design and deliver stakeholder events. This core team is committed to spending 2 days each month on OD interventions. This programme has now grown and spread beyond the Trust via a collaborative project with East Sussex Better Together (ESBT) financed by a successful bid to the HEE KSS Leadership Academy 'In Place' Leadership fund. This collaborative aims to promote integrated systems partnership working by training a further 19 ODPs drawn from a number of organisations across the ESBT/Sussex Partnership system (CCGs; acute; mental health; MSK; and County Councils) supplemented by a series of masterclasses at which the ODPs and systems leaders learn and explore how to enable workplace innovations, led by values and remain resilient in the face of competing agendas as well as create a culture of inclusion across the system.

The aims of the Organisation Development Practitioners Programme are to:

- grow OD capacity and capability across East Sussex Better Together and Sussex Partnership
- transfer skills from external consultants to internal practitioners and integrated systems leaders
- recognise and develop the OD talent within the organisations
- offer a bespoke learning experience to a cross section of the organisations
- share learning and good practice across boundaries
- stimulate OD dialogue and to continue to promote a culture of development
- deliver safe, effective and cost effective OD to East Sussex Better Together and Sussex Partnership.

This programme is aligned to Our 2020 vision, in particular goal 4: to be the provider, employer and partner of choice. It's also aligned to the Trust's workforce strategy and the continuing delivery of a number of programmes under the strategy including promoting greater partnership

in delivering the integrated organisation development objectives for both health and social care staff.

Positive Practice Awards

Sharing and celebrating what we do well is an important component of our staff engagement strategy. First launched in 2015 our annual awards are now a fixture in the Trust's calendar – an opportunity to celebrate individuals and teams who have made an exceptional contribution to the work of Sussex Partnership and the services we provide to patients. In the 2017 Positive Practice Awards we had 320 nominations, up from 160 the previous year.

Staff Networks

We have three staff networks covering Black and Minority Ethnic, Lesbian, Gay, Bisexual and Transgender, and Disability issues. Their role is to raise staff awareness, develop workplace policies and support us to deliver our commitment to equality and diversity in the workplace. Our policy is to encourage people who have a disability, or who become affected by a disability, to seek support and advice through our occupational health service, and requires manages to make reasonable adjustments to support people in their work. The disability network promotes this policy and supports staff who have a disability to seek advice and help.

Partnership Forum

We have a strong Partnership Forum which brings together staff side and management representatives to develop and agree workplace policies and to discuss issues relating to staff wellbeing. It is the formal body within Sussex Partnership for staff representatives to respond to consultations.

Chief Executive staff forums

Our CEO hosts regular drop in sessions for staff at locations across the whole area that the Trust serves. These are open to all staff and are an informal Q and A session where a wide range of issues are discussed. They also give the CEO an opportunity to outline future plans and explain how staff can get involved.

Staff survey – summary of performance

The Trust's response rate for 2017 was 55% an improvement of 2% from 2016. The key results from 2017 were:

- Staff engagement: The Trust's score for staff engagement for 2017 has remained stable at 3.75 in 2017 compared to 3.75 in 2016. Our Trust score is on par with the national average of 3.76.
- Staff health and wellbeing: The Trust achieved a 4% increase in the score for definitely taking positive action on health and wellbeing (from 29% in 2016 to 33% in 2017). However 45% of staff responded that they had felt unwell due to work related stress in the last 12 months, an increase of 3% since 2016 (42%). This is higher than the national average of 42%.

- The Trust score for staff satisfaction with resourcing and support did not change significantly between 2016 (3.19) and 2017 (3.21), and remains below the national average (3.35).
- Standard of patient care: Trust staff scored 3.70 for staff reporting they felt satisfied with the quality of work and patient care they were able to deliver, which was no change from 2016, but maintaining the increases seen in recent years and on a par with the national average. Staff recommendation of the organisation as a place to work or receive treatment remained stable at 3.64 (2017) compared to 3.61 (2016) and on a par with the national average (3.67).
- The Trust's score for the fairness and effectiveness of incident reporting procedures increased again in 2017 to 3.77 from 3.72 in 2016 and 3.60 in 2015. This is in line with the national average of 3.75.
- The Trust's score for the quality of non-mandatory training, learning or development remained stable in 2017 (4.02) compared to 2016 (4.07), and was on a par with the national average (4.06).

Response rate	**2016/17 (previous year)**		**2017/18 (current year)**		**Improvement or deterioration**
	Trust	**Benchmarking group (trust type) average**	**Trust**	**Benchmarking group (trust type) average**	Increase/decrease in % points
Response rate	53%	50%	55%	50%	2% Improvement

	2016/17 (previous year)		**2017/18 (current year)**		**Improvement or deterioration**
Top 5 ranking scores	**Trust**	**National average**	**Trust**	**National average**	
KF15. Percentage of staff satisfied with the opportunities for flexible working patterns	64%	59%	63%	60%	No change
KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	18%	21%	19%	22%	No change
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	88%	87%	88%	85%	No change
KF5. Recognition and value of staff by managers and the organisation	3.59	3.56	3.63	3.59	Improvement
KF6. Percentage of staff reporting good communication between senior management and staff	36%	35%	40%	36%	Improvement

	2015/16 (previous year)		2016/17 (current year)		Improvement or deterioration
Bottom 5 ranking scores	**Trust**	**National average**	**Trust**	**National average**	
KF14. Staff satisfaction with resourcing and support	3.19	3.36	3.21	3.35	Improvement
KF16. Percentage of staff working extra hours	77%	72%	77%	72%	No change
KF 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	56%	60%	56%	61%	No change
KF24. Percentage of staff / colleagues reporting most recent experience of violence	91%	93%	90%	93%	No change
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.71	3.85	3.70	3.83	No change

Staff survey: future priorities and targets

In response the feedback from staff in the survey, these are the actions that are planned for 2018.

What are the things we're going to keep doing?

- Development of teams, including all staff have 2 away days per year. The organisation development (OD) practitioners to support away days and support learning from the staff survey being part of the away days
- Sharing of learning with staff from incidents, complaints and claims
- CEO all staff messages and briefings
- Each CDS is discussing the staff survey results locally and developing local actions

What are we going to do more of?

- Increasing visibility of the planned programme of health and wellbeing support for staff, including recognisable health and wellbeing branding, notice boards, health and wellbeing days, bulletins
- Targeted work on recruitment, retention of staff and new job roles to minimise vacancies and support workload pressures, including engaging with staff about what makes them want to stay working for the Trust
- Strengthening our approach to communications based on the feedback from staff in the communications survey

What are we going to do that's new?

A Trust wide workstream to explore and strengthen methods to support staff facing harassment or violence in the workplace, looking at prevention, follow up, behavioral contracts with patients Sharing the staff survey results with staff and obtain staff input into the planned actions via a webinar available to all, including case studies from areas that achieved improved results

Using the May 2017 CEO Briefing as an engagement opportunity to talk to staff about the results and obtain staff input into the planned actions in response to the results

We will continue the dialogue with our staff on how to make changes that will benefit their working lives so that we can continue delivering outstanding care and treatment we can be confident in.

Staff costs

			2017/18	2016/17
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	134,620	17,470	**151,342**	**152,499**
Social security costs	13,618	1,207	**14,825**	**14,720**
Employer's contributions to NHS pensions	17,009	1,508	**18,517**	**18,627**
Pension cost - other	-	-	**-**	**-**
Other post employment benefits	-	-	**-**	**-**
Other employment benefits	-	-	**-**	**-**
Termination benefits	-	-	**-**	**-**
Temporary staff	-	10,998	**11,746**	**12,915**
Apprenticeship Levy	671	60	**731**	**-**
Total gross staff costs	**165,918**	**31,243**	**197,161**	**198,761**
Recoveries in respect of seconded staff	-	-	**-**	**-**
Total staff costs	**165,918**	**31,243**	**197,161**	**198,761**
Of which				
Costs capitalised as part of assets	**275**	**-**	**275**	**331**

Average number of employees (WTE basis)

			2017/18	2016/17
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	242	28	**270**	277
Ambulance staff	-	-	**-**	-
Administration and estates	1,100	87	**1,187**	1,207
Healthcare assistants and other support staff	690	213	**903**	890
Nursing, midwifery and health visiting staff	1,199	196	**1,395**	1,466
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	619	34	**653**	678
Healthcare science staff	-		**-**	-
Social care staff	-	75	**75**	86
Other	6		**6**	13
Total average numbers	3,856	633	**4,489**	4,617
Of which:				
Number of employees (WTE) engaged on capital projects	5	-	**5**	**6**

A breakdown at March 2018 of Male and Female Staff

	Female WTE	Female Headcount	Male WTE	Male Headcount	Total WTE	Total Headcount
Director	7.00	7	3.00	3	10.00	10
Employee	2,662.75	3,176.00	1,091.30	1,198.00	3,754.06	4,374
Senior Manager	58.20	65.00	35.80	37.00	94.00	102

A breakdown at March 2017 of male and female staff

	Female WTE	Female Headcount	Male WTE	Male Headcount	Total WTE	Total Headcount
Director	10.09	11	5.00	5	15.09	16
Senior Manager	54.08	61	32.40	33	86.48	94
Employee	2,757.30	3,256	1,121.23	1,216	3,878.54	4,472

Reporting high paid off-pay payroll arrangements

For all off-payroll engagements as of 31 Mar 2018, for more than £220 per day and that last for longer than six months	
Number of existing engagements as of 31 Mar 2018	0
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	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

For all new off-payroll engagements, or those that reached six months in duration, between 01 April 2017 and 31 March 2018, for more than £220 per day and that last for longer than six months	
Number of new engagements, or those that reached six months in duration between 01 April 2017 and 31 March 2018	0
Number of the above 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

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 01 April 2017 and 31 March 2018	
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	7

Reporting of compensation schemes - exit packages 2017/18

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	1	-	**1**
£10,001 - £25,000	3	-	**3**
£25,001 - 50,000	4	-	**4**
£50,001 - £100,000	1	-	**1**
£100,001 - £150,000	2	-	**2**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**11**	**-**	**11**
Total resource cost (£)	507,920	-	**£507,920**

Reporting of compensation schemes - exit packages 2016/17

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	2	5	**7**
£10,001 - £25,000	2	3	**5**
£25,001 - 50,000	5	2	**7**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	1	-	**1**
>£200,000	-	-	**-**
Total number of exit packages by type	**10**	**10**	**20**
Total resource cost (£)	370,307	142,641	**£512,948**

Exit packages: other (non-compulsory) departure payments				
	2017/18		2016/17	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	8	132
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	2	11
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**-**	**-**	**10**	**143**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

NB the figures for male/female ratios exclude social care staff, agency, contract and bank staff as they are not classed as Trust employees on our Electronic Staff Register.

Staff sickness absence

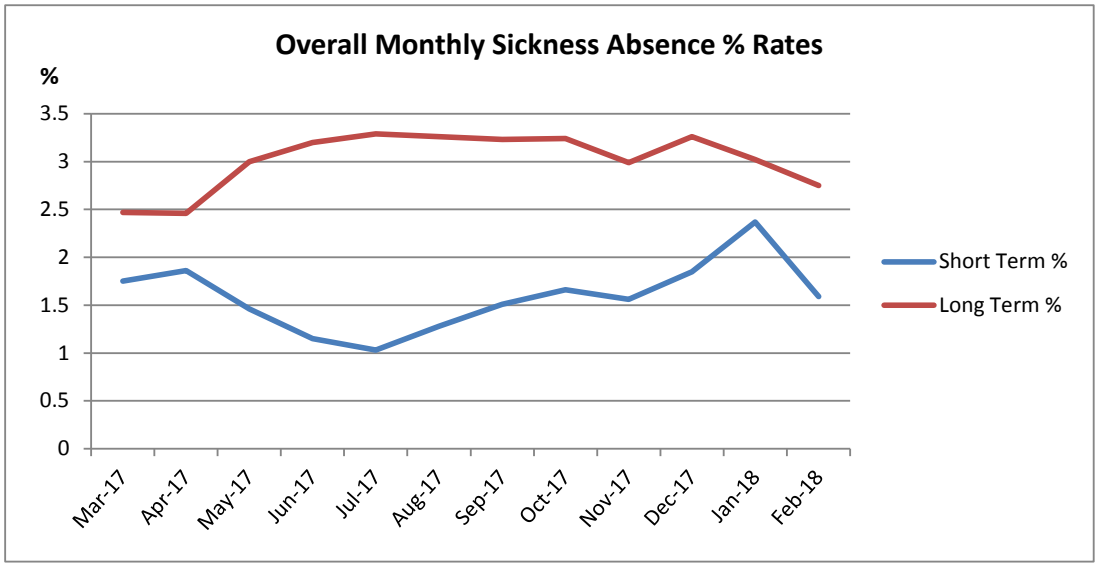
It is a HM Treasury Government Financial Reporting Manual (FReM) requirement that public bodies must report sickness absence data as part of their staff report. The data must be consistent to permit aggregation across the NHS and with similar data for the Core Department.

The data in the table below is based on the 2016 calendar year, due to timing difficulties with financial year data. The Department of Health considers the resulting figures to be a reasonable proxy for financial year equivalents.

The figures below are estimates calculated from statistics published by NHS Digital, using data drawn for January 2016 to December 2016 from the ESR national data warehouse. Underlying figures have been converted to the Cabinet Office measurement base by applying a factor of 225/365 to convert from calendar days to working days lost.

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2016	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
3,917	37,727	9.6	1,429,815	61,202

The Trust's own sickness data is presented in the tables below:



	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Short Term %	1.75	1.86	1.46	1.15	1.03	1.28	1.51	1.66	1.56	1.85	2.37	1.59
Long Term %	2.47	2.46	3.00	3.20	3.29	3.26	3.23	3.24	2.99	3.26	3.02	2.75
Overall %	4.22	4.32	4.46	4.35	4.32	4.54	4.74	4.9	4.55	5.11	5.39	4.34

In line with the HM Treasury requirements, disclosures relating to staff costs are now required to be included in the staff report section of this annual report.

2.4 Disclosures set out in the NHS Foundation Trust Code of Governance

Sussex Partnership NHS Foundation Trust has applied the principles of the NGS 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.

2.5 Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy.

The Trust is currently rated 2.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place.

Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance.

This segmentation information is the Trust's position as at April 2017. 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.

Area	Metric	Plan	Q1	Q2	Q3	Q4
Financial sustainability	Capital service capacity	2	4	4	4	3
Financial sustainability	Liquidity	1	1	1	1	1
Financial efficiency	I&E Margin	1	3	3	4	2
Financial controls	I&E Margin variance	1	3	4	4	3
Financial controls	Agency spend	1	4	4	4	4
Total Use of Resources Rating		**1**	**3**	**3**	**4**	**3**

2.6 Statement of the Chief Executive's responsibilities as the Accounting Officer of Sussex Partnership 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 by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Sussex Partnership NHS Foundation 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 Partnership 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 Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgments 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 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 and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust'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 they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

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

Sam Allen
Chief Executive Date: 23 May 2018

2.7 Annual Governance Statement

Scope or 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.

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 on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Sussex Partnership 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 Partnership NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust recognises risk is inherent in the provision of healthcare and its services, and that a defined approach is necessary to identify risk context, ensuring that the Trust understands and is aware of the risks it is prepared to accept in the pursuit of the delivery of the Trust's aims and objectives.

The Trust approach to the management of risk is detailed in the Risk Management Strategy and Policy, which was revised in 2017/18, and approved by the Board on 28th March 2018, following consideration by the Audit Committee in January 2018.

The Trust risk management framework is detailed below. The key executive forums are the Executive Assurance Committee and the Service Delivery Board.

Chaired by the Chief Executive, the Executive Assurance Committee (EAC) meets bi-monthly and helps management seek assurance that the Trust maintains robust systems of governance, risk management and internal control that enables safe, high quality, patient-centered care. EAC reviews the Board Assurance Framework (BAF) and Strategic Risk Register (SRR) prior to submission to the Board and ensures appropriate action is taken to manage the risks in the BAF and SRR. The Service Delivery Board (SDB) oversees strategic operational risks and risks relating to the Trust Digital and Clinical Strategies.

The Audit Committee is a standing committee of the Board of Directors providing it with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across all of the trust's activities. The Audit Committee has primary

responsibility for monitoring the integrity of the financial statements, assisting the board of directors in its oversight of risk management and the effectiveness of internal control, oversight of compliance with corporate governance standards and matters relating to the external and internal audit functions.

Executive Directors of the Board are accountable and responsible for ensuring that all staff implement the Risk Management Strategy. They also have specific responsibility for managing risks which relate to their Directorates, including the following specific responsibilities:

- The Chief Executive has overall individual accountability and responsibility for the management of risks to the safe and effective, sustainable delivery of the business of the Trust and internal controls
- The Chief Medical Officer is responsible for managing risks associated with medical workforce planning and clinical risk management
- The Chief Nurse is responsible for managing risks associated with infection prevention and control and clinical risk management
- The Director of Human Resources and Organisational Development is responsible for managing risks associated with workforce planning;
- The Chief Digital and Information Officer and Senior Information Risk Officer is responsible for managing risks associated with information governance; and
- The Chief Financial Officer is responsible for managing risks to ensure the delivery of the financial plans agreed by the Board (including Counter Fraud).
- The Director of Corporate Affairs is accountable for the strategic development and implementation of organisational risk management
- The Chief Operating Officer is responsible for managing risks to ensure the delivery of operational performance
- The Director of Estates holds responsibility for providing a safe estate. This includes fire safety, managing the Capital Programme, emergency planning, providing safe and secure premises and hotel services, including managing waste and environmental security.

The Trust recognises the important role all leaders within the Trust have in developing a strong risk management approach and ensuring it forms an integral part of philosophy and practice. Care Delivery Services (CDSs) were established based on the underpinning principles of clinical leadership and local accountability.

The CDS accountability framework, modelled on Monitor's Risk Assessment Framework, provides the process in which clinical and managerial leaders are held to account for the quality and performance of their CDS. Service and Clinical Directors are accountable for ensuring that risk is managed in line with this Strategy within their Care Delivery Service and wider areas of responsibility. They are required to:

- maintain a suitable local forum for the discussion of risks arising, at which the local Risk Register is reviewed at least monthly;
- ensure that risks raised by staff are fully considered, captured on local Risk Registers, kept up to date, re-assessed, and re-graded as necessary;
- develop and implement action plans to ensure risks identified are appropriately treated;
- ensure that appropriate and effective risk management processes are in place within their designated area and scope of responsibility and that all staff are made aware of the risks within their work environment and of their personal responsibilities to minimise risk;

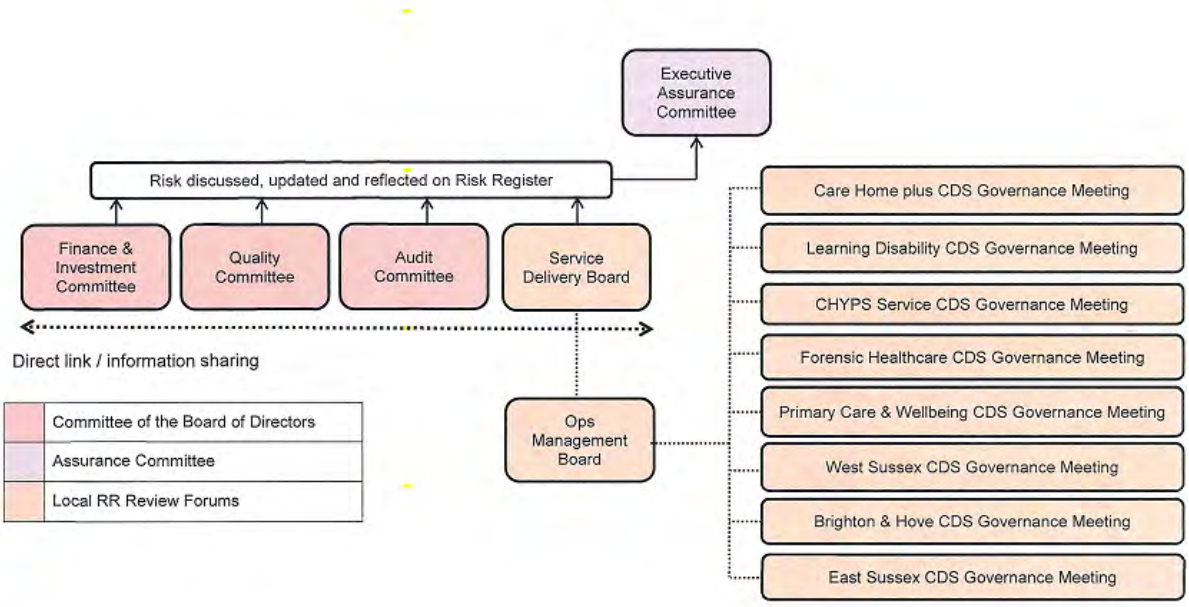
- monitor any risk management control measures implemented within their designated area and scope of responsibility, ensuring that they are appropriate and adequate.

The Board of Directors recognises that risk management is an integral part of good management practice and to be most effective should become part of the Trust's culture. The Board is therefore committed to ensuring that risk management forms an integral part of its philosophy, practice and planning rather than viewed or practiced as a separate programme and that responsibility for implementation is accepted at all levels of the organisation. The provision of appropriate training is central to the achievement of this aim.

The Trust seeks to learn from good practice through a range of mechanisms including benchmarking, clinical supervision and reflective practice, individual and peer reviews, performance management, continuing professional development, clinical audit, the application of evidence-based practice and reviewing compliance with risk management standards. There are formal mechanisms in place to ensure that external changes to best practice, such as those issued by the National Institute for Health and Clinical Excellence (NICE), are incorporated into Trust policies and procedures.

The risk and control framework

The Risk Management Strategy and Policy sets out the framework and process by which the trust implements control of risk. It describes what is meant by risk management; and it defines the roles and responsibilities of staff (including the key accountable officers).



Specific committees have been established to consider potential risks; these include the Quality Committee, Mental Health Act Committee and Finance and Investment Committee, together with the Well-Led and Workforce Committee, Information Governance Group (which seeks assurance about risks to data security), Health and Safety Committee, Serious Incident Review Group, Homicide and Suicide Review Group, Estates and Facilities Executive Group and Information Management and Technology Strategy Group.

The Quality Committee seeks assurance on compliance with CQC registration requirements and the Fundamental Standards, and reviews the outcome of CQC inspections, incidents, serious incidents, complaints, and legal claims.

The Trust uses a risk management database, Ulysses, which ensures that having been recorded, risks are rated, mitigated and removed efficiently. Each risk is owned by a 'risk owner' and escalated accordingly. Examples of risk registers being used in practice include their informing the work the Estates Department requiring remedial minor capital works across a range of settings reviews of staffing levels and informing CDS of their top risks.

Board Assurance Framework

The highest risks are added to the Board Assurance Framework, which includes all strategic risks and details how each one is identified and managed. The Board Assurance Framework is a dynamic risk management tool reviewed in full by the Board of Directors quarterly, and considered by the Audit Committee. It takes account of feedback from a range of sources including the Trust's internal auditors.

The 'Risk Radar' is designed to show at a glance the changes in the level of risk, highlighting the most significant risks at any point in time. Each principal risk is linked to an Executive Director, and those risks assessed as extreme are captured separately on a risk mapping template and reviewed by the board of directors and the Executive Assurance Committee quarterly; ensuring the mitigation is robust and management actions are taken.

Internal Audit Opinion

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit has provided a head of internal audit opinion on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes during 2017/18. It confirms that:

- The organisation has an adequate and effective framework for risk management, governance and internal control
- However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective

Internal Audit did identify issues of compliance in some areas, for which the Trust had specifically requested reviews from Internal Audit, which were as follows:

Management of Employee Relations Cases

In terms of the audit as a whole the areas reviewed generally demonstrate there is an effective control framework in place. However, risks associated with not concluding all cases within the anticipated timescales and inconsistent structure of the retention of case related documents could potentially pose risks.

Data Quality - Delay of Transfer of Care

The main issues identified were that there was no Trust guidance or training provided to aid staff understanding with regard to delayed transfer of care reporting, although there was a general understanding of what the definition of a delayed transfer is and there are instructions on completion of the Delayed Transfer spreadsheet used for submission of delayed transfer of care data. Our testing identified that 44% of wards in our sample period had not provided the required information regarding Delayed Transfers of Care, leading to concerns around completeness of data. Finally, the Care notes patient record system has the facility to record planned discharge dates, however, dates are generally not recorded on the system or are not being completed consistently.

Clinical Delivery Service (CDS) Assurance Report

The Trust's CDS Assurance Report, which is received and monitored by the Board of Directors and Quality Committee and linked to Care Delivery Services, includes national and local priorities with measurable quality improvement targets.

Strategic Risk Register

The major risks in 2017/18 as identified in the Strategic Risk Register (SRR) related to:

- Demand and capacity and its impact on waiting times, out of area placements and staff morale
- Recruitment and retention;
- Funding gap and delivery of the financial plan

The financial and quality risks in year were closely monitored by the Executive Assurance Committee, which I chair, in order to help ensure management actions were robust. Assurance was then sought on behalf of the Board by both the Finance and Investment Committee and the Quality Committee.

Incident reporting is actively encouraged and a robust system of investigation and follow up is in place. Relative low reporting of incidents in previous years has seen corrective action and in 2017/18 there has been a significant increase in the level of reporting, specifically low level incidents.

Serious Incidents are subject to a thorough internal review to identify root causes and learning, and feedback from clinical commissioning group scrutiny panels is carefully considered. The Board receives a report on Serious Incidents at each of its meetings.

The Board of Directors developed its business objectives for 2017/18 after engaging staff and the Council of Governors through seminars and joint Board and Governor sessions. All objectives are quantifiable and measurable and performance is reviewed by the Executive Assurance Committee and Board of Directors.

Engagement

The Trust provides information and assurance to key stakeholders, including the public, patients and carers, on its performance against its principal risks and objectives. It does this in various ways, including:

- As a Foundation Trust, the organisation has established a membership of 8,708; represented by the Council of Governors which consists of 32 Governors (elected service users; carers; public; staff; and appointed from partner organisations)
- The Council of Governors helps to shape the trust strategy and objectives and at its general meetings receives regular reports in order to help it hold the non-executive directors to account for the performance of the Trust Board.
- Council members observe each Board Committee and the private board meetings so that they have sight on the key issues and risks
- In addition to the formal general meetings, there are regular joint Board and Council meetings/workshops to ensure opportunity to fully engage, represent their constituents, and influence policy.

Patient Experience remains a priority for the Trust. In 2017/18 we introduced the Sussex Experience Survey which incorporates the Friends and Family Test (FFT) into a set of questions developed by service users and carers. Results are integrated into our existing performance reporting and available in 'close to real time' to operational staff.

In 2017/18 we have had a renewed focus on the goals that support the Clinical Strategy. We have also worked to raise the profile and efficacy of participation work with restructure of the team, a newsletter and increased use of social media.

The Trust has established Working Together Groups and projects, open fora for current service users across Adult and Forensic services with a focus on service improvement, and a central group for feedback and innovation to be shared has met twice. The Trust has also delivered foundation and higher level participation workshops to support service users and carers to get involved in recruitment and operational and strategic development.

A database of service users who wish to be involved has been compiled and support and supervision is offered to those already engaged. We have redeveloped Service User and Carer Quality and Safety Reviews which run in parallel to the professionally led visits to services. In November 2017 we ran the 'Principled ways of Working' conference to explore best practice when working with people with lived experience in a range of roles and settings. From this a Peer Charter has been designed around the 4Pi involvement standards which we have also begun to introduce to raise and standardize the quality of involvement across the Trust. We have also continued to develop and support the small but growing number of directly employed peer workers within the organisation and made progress on developing a Peer Apprenticeship.

There have been significant developments in the CAMHS and Learning Disability Services with the development of the Discovery College and Springwell project respectively and continuing work to involve service users in Primary Care Services. There have also been many locally lead projects based on patient experience data from a wide range of sources such as FFT and complaints. These are publicised locally through the continuing use of 'You said we did' posters.

This year the Carer Lead for the organisation has worked to support our commitment to implement the Triangle of Care in all services and a Service User Lead was appointed to champion the user voice in the Clinical Strategy.

The Positive Experience subcommittee of the Quality Committee was established in 2017/18 and has begun to offer oversight and governance to participation work driven centrally and by the CDS'. It will be central to increasing the quality and reach of work to put service users and carers voices at the heart of the Trust, with a particular focus on measuring and demonstrating impact in 18/19.

As well as using information provided through reports and updates from Board Committees, the Board of Directors takes the opportunity to identify risks and concerns as a result of director visits to front-line services through a programme of Internal Safety and Quality Reviews Led by the Chief Nurse. These involve a wide group of staff, service users, carers and external stakeholders in the process.

Triangle of Care – working together with family and friend carers

The Trust became a member of the Triangle of Care (ToC) on 1 August 2017. This is a national programme supported by the Carers Trust and is a therapeutic alliance between service users, staff and family and friend carers which promotes safety, supports recovery and sustains wellbeing.

The Trust's first year of membership to Triangle of Care will run until August 2018, at which time the Carers Trust will evaluate their progress. The results of this will inform how the Trust continues to progress their work with family and friend carers.

In the initial year of membership, the Carers Trust specifies that Trusts must focus on inpatient settings however, Sussex Partnership has also looked to develop practice in relation to family and friend carers across all groups and settings. There are up to 72 teams in the Trust that need to complete a self-assessment by July 2018 and admin and project support is being secured to support this process across the Trust.

Actions completed so far have included;

- appointing a Carer Leader within the Trust
- updating the Carenotes system, to ensure family and friend carer details are properly recorded at the time of referral, and carers are acknowledged in appointment letters
- nominated Triangle of Care leads within every team across the Trust
- a dedicated Triangle of Care page on the staff intranet, with useful resources for staff to use to improve their work with family and friend carers
- a dedicated Triangle of Care page on the public Trust website, with useful resources for family and friend carers
- development of Carer Awareness and Triangle of Care training, which is delivered by Sussex Partnership staff, carers and service users
- developments of welcome packs to include information about support available for family and friend carers
- establishing closer working relationships with strategic partners; Care for the Carers, The Carer Centre for Brighton & Hove and Carers Support West Sussex

- revamping the Trust-wide Triangle of Care group, to focus on learning and sharing good practice
- creation of short films with staff, service users and carers, speaking about Triangle of Care and what it means to them

In recognition of their commitment and progress made, the Trust received an award from Care for the Carers, a key strategic partner for the Triangle of Care.

CQC Inspection

CQC carried out a Well-Led inspection of the Trust from September to December 2017. The CQC inspection report was published in January 2017 and the Trust received an overall 'Good' rating with 'Outstanding' for the caring domain. The Trust was rated as 'good' in all 5 CQC domains.

A series of 39 (plus 2 Early Intervention Services) unannounced inspections took place across those services that were rated as Requires Improvement during the September 2016 Wave Inspection;

- Adult Inpatient Wards
- Older Peoples Inpatient Wards
- Specialist Community Teams for Children and Young People
- Community Teams for Adults of Working Age

A series of Focus Groups took place where groups of staff were invited to discuss their experience working for the Trust. In addition specific focus groups were provided for Staff Side organisations, BME staff, BME managers and Medical staff. In all 198 staff attended the focus groups.

The inspection culminated with a series of interviews during the week commencing 4 December 2017. A group of 7 inspectors held a series of group and individual interviews with senior staff and Board members.

The CQC highlighted the improvements made across all services inspected and the sense they got from the organisation through the information submitted and focus groups and commentary from our partner agencies around the change in culture. They commented that the culture across the Trust was consistent with Trust's that were rated as "Outstanding". They noted the positive impact of the changes within the Executive Team and the pride demonstrated by staff in the services they were responsible for.

The overall rating sheet for mental health services appears as follows:

Services	**Safe**	**Effective**	**Caring**	**Responsive**	**Well-Led**	**Overall**
Acute Adult Wards	RI	G	O	G	G	G
*Long stay Rehabilitation Wards	G	G	G	G	G	G

*Forensic/Secure Wards	G	O	G	G	G	G
*CAMHS Wards	G	G	O	G	G	G
Older People's Wards	G	G	G	G	G	G
*LD Wards	G	G	G	G	G	G
Adult Community Teams	G	G	G	G	G	G
*Crisis Services and Place of Safety	RI	G	G	G	G	G
CAMHS Community Teams	G	G	O	G	G	G
*Older People's Community Teams	G	G	G	G	G	G
* LD Community Teams	G	G	G	G	G	G
Overall	G	G	O	G	G	G

* indicates those services that were not inspected during the run up to the Well Led inspection week.

The improvements since 2016 inspection as follow:

Change in CQC Inspection Rating – All Core Services			
Rating	2016	2017	Change
Requires Improvement	13	2	-11
Good	40	49	+9
Outstanding	2	4	+2

The improvement is better illustrated when comparing those services which were re-inspected as part of the 2017 Well Led Inspection as follows:

Change in CQC Inspection Rating – Services Inspected in 2017			
Rating	2016	2017	Change
Requires Improvement	12	1	-11
Good	8	17	+9
Outstanding	0	2	+2

Adult Social Care Services are rated separately and whilst evidence was collected for these services in the overall review, they do not form part of the mental health services rating:

Services	Safe	Effective	Caring	Responsive	Well-Led	Overall
Lindridge	RI	G	G	G	RI	RI
Avenida Lodge	G	G	G	G	G	G

The Trust has undertaken further work to strengthen the governance of the Lindridge service.

CQC identified some of the outstanding practice they saw in all the services they inspected. Examples of these include:

- The family liaison leads who lead on the investigation of serious incidents and work with bereaved families during this process. We are the first trust in the country to implement this team.
- We are one of only two services in the country to have a discovery college for young people.
- Langley Green Hospital wards have implemented the 'leader leader' model where staff and patients are encouraged to be leaders in the roles they have on the ward. Service leaders have a role in contributing to how the ward is run and their views are welcomed at daily and weekly community and risk management meetings.
- Staff share incident data with patients in weekly community meetings to ask for their view on incidents which have occurred on their wards and canvas suggestions as to why these happened and how to prevent recurrence.

The CQC report also identified areas for further improvement as follows.

Action the trust MUST take to improve
CQC identified one regulatory breach during this inspection. This was in relation to maintaining the equipment and premises on in the acute wards for adults of working age and psychiatric intensive care units.

Action the trust SHOULD take to improve
CQC advised the Trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services. These comprise:

- Ensure all staff understand their responsibilities under the Mental Capacity Act 2005 and implement these in their work with patients
- Ensure that mandatory training levels for all training subjects meet the trust's compliance target of 85%
- Ensure all older adult wards comply with the Department of Health eliminating mixed sex accommodation requirements
- Progress the action plan to ensure that serious incident investigations are completed to the timelines within their policy
- Ensure that evidence is held of occupational health screening for all executive and non-executive directors

- Ensure that staff receive regular appraisal
- Ensure all staff upload their supervision and appraisal onto the centralised system

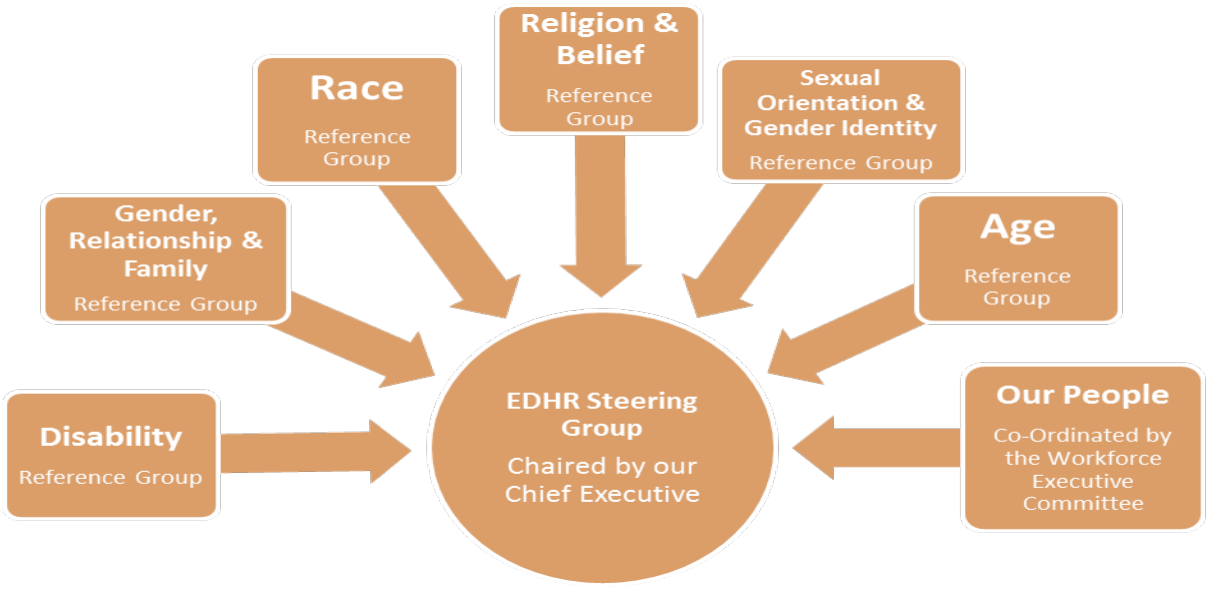
A number of 'should do' actions were also identified for individual core services.

A Quality Summit, led by the CQC took place on 15 March 2018 where the inspection findings were presented by CQC and discussed with staff and partners.

Equality, diversity and human rights

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 Equality Performance Scheme 2014-2018, provides a unified governance structure for tackling discriminatory practice and supports the trust to deliver high class services across the protected characteristics. It is aligned to the national Equality Delivery System (EDS2) and evidences our progress against the Workplace Race Equality Standards (WRES). Review and scrutiny of our 25 strategic objectives and the progress of our equality reference groups is vital to maintain a corporate position of compliance. The Equality and Diversity Steering Group, which I Chair, reviews progress every six months and we publish our progress online: http://www.sussexpartnership.nhs.uk/equality-performance-scheme-2014-2018-equality

The governance of equality, diversity and inclusion in the Trust is described below:



The Board has agreed aims and expected outcomes for each of the reference groups. In addition, the Board has made a commitment to Board and Executive mentorship with the aim of achieving a more inclusive leadership at senior level of the trust from Board level, with a specific focus on BME, LGBTQ+ and staff that have identified as having a disability.

Carbon Reduction

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP

2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The trust ensures economy, efficiency and effectiveness through a variety of means, including;

- A robust pay and non-pay budgetary control system
- Financial and establishment controls
- Effective tendering procedures
- Continuous programme of modernisation and quality and cost improvement

The Board of Directors performs an integral role in maintaining the system of internal control, supported by the work of its committees, internal and external audit and its regulators.

The trust works closely with Internal Audit to gain additional assurance on Trust processes. Areas of concern are highlighted and reviewed, following which action plans are developed and monitored through to implementation.

Over the last five years we have made considerable savings against the Service Improvement Plans (SIPs), demonstrating sustainability and improvements in economy and efficiency.

The Trust achieved a small surplus in 2017/18 of £79k.

Information Governance

The Trust has an Information Governance Manager whose role is predominantly focused on achieving the standards set out in the Information Governance Toolkit. The Information Governance Group, a sub-committee of the Executive Assurance Committee reviews and agrees key information policies within the Trust.

Through the Chief Digital and Information Officer, who is the Senior Information Risk Officer (SIRO), and the Information Governance Group, the trust is working to embed information governance in the organisation.

Breaches to confidentiality or other information governance-related serious incidents are reviewed by the Information Governance Group.

The Trust recorded 1 serious incident requiring investigation and deemed reportable during 2017/18.

A subject access request was submitted by a young person's social worker, for the young person to receive her deceased mother's health records. The young person received the incorrect set of records; the records received were for a service user with the same name as the deceased. The Subject Access Request was received by the Health Records team on 17th May 2017 and completed on 8 June 2017 and sent directly to the social worker. The social worked delivered the notes to the young person on 19th September 2017.

A staff member visited the young person and her carer at their home on 30th October 2017. The staff member was informed that a subject access request had been made for information relating to a diagnosis of the service users deceased mother. The young person had started to read the notes and realised they did not relate to her mother, as the family members mentioned were different, as well as the address. The only similarity was that their names were the same.

The staff member advised that the records needed to be returned as soon as possible and had taken them from the young person to be collected/returned to the Health Records Department.

Upon investigation, it is evident that at the point of the subject access request being inputted onto the system incorrectly, the information was not correctly and thoroughly checked, and procedure was not adhered to. The team deal with up to 150 access requests per month and this type of incident is very rare.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (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.

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 [and risk/ clinical governance/ quality committee, if appropriate] and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board and its Committees have a substantial role in reviewing the effectiveness of the system of internal control. The processes that have been applied in this regard include;

Board of Directors

I provide an update on any significant events or matters that affect the trust at each meeting of the Board of Directors. The Board also receives regular reports on the significant risks identified in the Board Assurance Framework and actions to mitigate these, and summary reports from each board committee.

Changes in the composition of the Board of Directors

The Trust Chair, Caroline Armitage, stepped down in July 2017 and Richard Bayley, Non-Executive Director, became interim Chair. A substantive Chair, Peter Molyneux was appointed, effective from 1 April 2018.

The Trust appointed a Chief Digital and Information Officer, Beth Lawton, one of the Executive Director members of the Board, who joined the Trust in January 2018.

Audit Committee

The Audit Committee is a standing committee of the Board of Directors. Its membership comprises of non-executive directors and it is responsible for overseeing the activities of Internal Audit, External Audit and the Local Counter Fraud and Bribery Specialist. For each of these it:

- approved the annual (and strategic) audit plans at the beginning of the financial year
- received reports on the work undertaken to date and the findings
- reviewed the management response to reports, in particular the implementation of recommendations to date.

The Audit Committee is also responsible for reviewing evidence of the overall effectiveness of the system of internal control, governance and risk management. The internal audit programme is risk based and focused on high risk areas identified on the Trust's Assurance Framework. The programme includes matters of concern identified by management and the Audit Committee during the planning phase, and has flexibility to review any urgent issues that might arise.

Many of the key internal control processes and data quality were tested through the year. As set out in the section above (risk and control framework) no significant gaps in control or assurance were identified.

The Audit Committee reviews all action plans arising from Internal Audits to ensure compliance, and reviews the Annual Accounts before approval and provides a report to the Trust Board on its activities following each meeting.

The Audit Committee carries out an annual self-assessment, which all members and attendees complete, to ensure it is operating effectively.

Quality Committee

The Quality Committee is also a standing committee of the Board of Directors. It provides strategic direction on the implementation of the CQC Fundamental Standards and assurance to the Board in relation to quality, safety, effectiveness and patient experience. It is chaired by a non-executive director and clinical directors attend to ensure a strong link between the board and lead clinicians.

The Quality Committee also takes responsibility for overseeing the progress of the Trust in compliance with external standards. Following a review of the Quality Committee, four sub-committees report to it, by exception, at each meeting:

- Effective Care and Treatment Committee

- Safety Committee
- Patient Responsiveness Committee
- Well-Led and Workforce Committee

The committee has a key function in assessing the cost improvement programme (SIP) against the impact on quality, and ensuring SIP plans are approved by senior clinical leads.

Clinical audit

The Board lead for Clinical Audit is the Chief Medical Officer who ensures sustained focus and attention to detail of clinical audit activity. Reports are regularly provided to the Quality Committee.

Internal audit

Internal audit provide an independent and objective opinion on the degree to which risk management, control and governance support the achievement of the Trust's objectives.

The executive management team request Internal Audit to carry out reviews in specific areas were tighter controls is deemed necessary. In 2017/18 the outcome of some of these audits highlighted concerns as outlined earlier in this statement.

External audit

External Audit report to the Trust on the findings from the audit work, in particular their review of the accounts and the Trust's economy, efficiency and effectiveness in its use of resources. During 2017/18 no significant issues were identified (TBC).

The Audit Committee asked external audit to carry out a detailed review of compliance with the provisions of the Trust Constitution following the identification of earlier breaches of the Constitution.

Compliance with the Trust Constitution

Two breaches of the Trust Constitution which had occurred in 2015/16 were identified in 2017/18. The first concerned the completion of the appointment process for the Deputy Chair and Senior Independent Director, by the Council of Governors and Board of Directors respectively. The second concerned the continued eligibility of one of the Non-Executive Directors who had moved out of one of the Trust public constituencies.

Both breaches were corrected in 2017/18. The Trust commissioned a review by its external auditor of compliance with the provisions of the Trust Constitution. The review found no further breaches and made recommendations to ensure consistency with the FT Model Constitution.

These were approved by the Board of Directors and Council of Governors in March and April 2018 respectively.

Conclusion

Over the last year I have overseen actions to ensure that we continue to improve the systems of control we operate.

No significant gaps in control were identified in the period covered by this statement.

Feedback from internal and external sources has been generally positive, and where weaknesses or areas for improvement have been identified, action plans have been put in place to ensure delivery.

Sam Allen
Chief Executive Date: 23 May 2018

3. Quality Report

Part 1: Statement on quality from the chief executive of the NHS foundation trust

This year has presented the NHS, mental health and learning disability services in particular, with significant challenges, but providing the best possible care to patients and their families with the resources we have remains our priority.

Over the last 12 months we have developed new services, including specialist perinatal and eating disorder services and been recognised nationally with awards for Time for Dementia – a ground-breaking programme that pairs trainee health professionals with people who have dementia and their families in a bid to improve care and understanding of the illness – and the iRock information and support service for young people in Hastings. Our Principled Ways of Working Conference in 2018 brought together people with lived experience of mental health, trust staff and local and national voluntary sector organisations to hear about excellence in working with experts by experience in a wide range of roles from governors, to peer support workers and peer volunteers - something we are passionate about and that is reflected in our organisational values.

As a University Trust, we believe in providing the right education for everyone about mental health, wellbeing and recovery. Our education and training programmes are delivered in partnership with universities, colleges and other organisations across the south east. Internationally recognised academic experts lead and work in our services, often jointly appointed with university partners. Working in partnership with Brighton and Sussex Medical School we provide high-quality education in medicine, nursing, psychology and psychological therapies, occupational therapy, social care and other aspects of wellbeing and healthcare. Our approach to peer-led education through our Recovery and Discovery Colleges has been recognised for its success nationally. These colleges offer educational courses co-produced by academics and people with lived experience of mental health, about mental health and recovery which are designed to increase knowledge and skills and promote self-management.

While we meet the many challenges of today head on, we also have an eye firmly on the future. We are now the most active mental health research organisation in the south of England and more than 9000 participants have taken part in high quality research studies. We have generated over £9 million in income and have more than 600 papers affiliated to us in peer-reviewed journals.

During 2017/18 we have seen sustained pressure on all our services, from children and young people to older adults. It is therefore important to recognise the commitment and hard work of our staff, service users, carers, Council of Governors, volunteers and partner organisations that are all responding to the ongoing demands across the NHS. This year we have developed our Clinical Strategy that sets out how we plan to work together to help respond to the ongoing challenges and in particular focus more on prevention and early intervention.

During the year the Trust also underwent a major inspection from the Care Quality Commission (CQC) and I am so very proud they rated Sussex Partnership NHS Foundation Trust ‘Good’ overall and gave a rating of ‘Outstanding’ caring.

CQC Inspectors recognised the compassion, kindness and dedication of staff who work day in and day out to provide the very best high quality care for the communities we serve in the most difficult and challenging of circumstances.

They saw staff putting into practice the values and behaviours of our organisation and the determination of all staff to deliver Our 2020 Vision: outstanding care and treatment you can be confident in.

I know the experience that service users and carers have of using our services is crucially dependent on the experience of staff working in our services and the quality of care that we provide. This is important in all our services including adult mental health, children and young people, forensic, learning disabilities, primary care and in our care home services.

Our 2020 Vision is underpinned by five goals which we are working towards:

1. Safe, effective, quality patient care
2. Local, joined up patient care
3. Put research, innovation and learning in to practice
4. Be the provider, employer and partner of choice
5. Live within our means

We remain committed to listening to and involving our service users/patients and their families and carers in our work and have signed up to the Triangle of Care. Our Family Liaison Leads, who provide dedicated support to families through Serious Incident investigations, are a key example of where we have listened to feedback from patients/service users and their families about how we can improve the service they receive from us.

We have launched our 'Towards Zero Suicide' strategy and are working with our communities and partners to make Sussex suicide free.

We also continue to embed principles of Quality Improvement throughout the organisation.

Valuing staff remains a key component of delivering quality care. This year we have continued to strengthen our existing values and behaviours framework which describes the kind of organisation we want everyone to experience.

Our values are:

- People first - people are at the heart of everything we do.
- Future focused - we are optimistic, we learn and we always try to improve.
- Embracing change - we are bold, innovative and disciplined about making use of our resources to continuously improve.
- Working together - we provide services in partnership with patients, families and others.
- Everyone counts - we value, appreciate and respect each other.

Our clinical strategy has been developed drawing on feedback from external agencies such as the CQC and comments from our staff, our patients, their carers, families and our partner organisations.

This strategy describes the services we want to offer and involves:

- Service users, carers and families at the centre of everything we do
- Greater focus on supporting the community in which people live
- Care for the 'whole' person and the factors which affects mental health and wellbeing
- Supporting staff / teams to provide the best possible care
- Thinking different and thinking boldly about how we provide services
- Doing more in partnership with others – particularly third sector groups – and working in a much more joined up way so that we make best use of our shared resources
- Introducing new roles such as peer support workers.

Consultation and feedback over the past year has led to the development of five priorities for improving the quality of our services which are embedded in Sussex Partnership's objectives for the coming year. They are:

- Care planning
- Suicide prevention
- Physical healthcare
- Staff health, wellbeing and development
- Patient and carer engagement and experience

Having a strategy is one thing, but putting it into practice is what really counts. It isn't always easy, especially when we are facing increasing and sometimes competing demands on mental health and learning disability services locally and nationally, but by putting our service users, their families and the communities we serve at the centre of everything we do, in line with our values, we will continue to improve the quality of our services.

To the best of my knowledge the information contained in this report is correct.

Sam Allen
Chief Executive Date: 23 May 2018

Part 2: Priorities for improvement and statements of assurance from the board

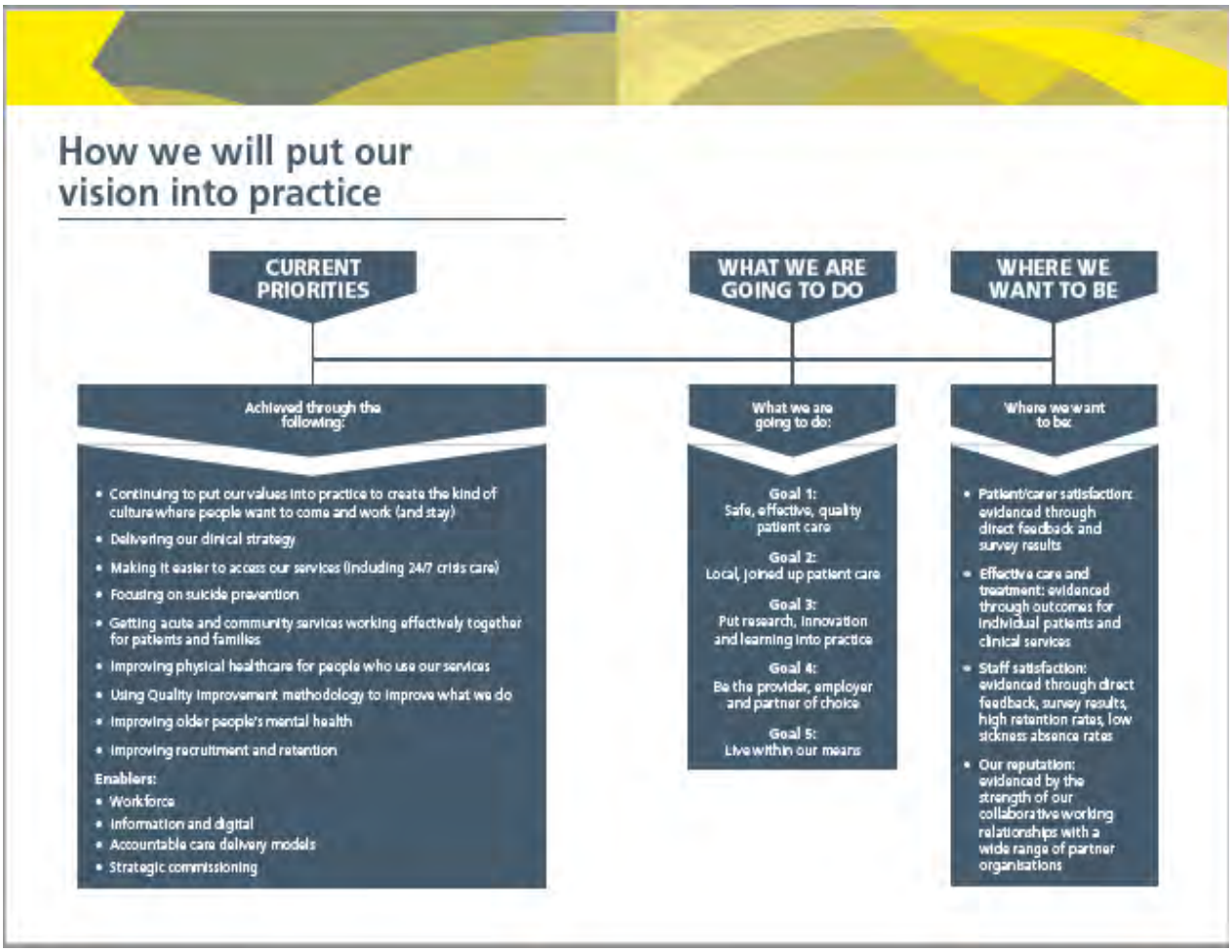
2.1 Priorities for improvement for 2018/19

Our 2020 Vision and Clinical Strategy

Our overarching strategy 'Our 2020 Vision' sets out how we will provide outstanding care and treatment you can be confident in.

'Our 2020 Vision' has shaped the development of our clinical services over the last three years. We have introduced a number of initiatives which have developed and, in some cases, fundamentally reshaped how we deliver services. The key change has been the introduction of Care Delivery Services (CDSs). This has strengthened local leadership and clinical engagement. It has also helped us develop new types of partnerships with local commissioners and partner agencies.

We have sought to change the way our organisation works to develop a culture that promotes positive staff, service user and carer experience. We have developed a set of values which guide the way we want to work with each other with the people who use our services and the people who work with us. Our most recent staff survey feedback shows we are heading in the right direction, though we have more to do.



Our clinical strategy aims to help us achieve this vision. It outlines the type and range of clinical services we want to offer by 2020 to deliver the best care we can for service users, carers and their families within the resources we have available. It also describes the type of partnerships we want to form, the key changes in services and clinical practice we want to see, and the support we will put in place to make these changes happen.

The clinical strategy has been developed in partnership with patients, carers, staff, commissioners and other key stakeholders. It aims to directly address the concerns and ambitions of each stakeholder group.

Our Ethos

Our clinical strategy is underpinned by an approach to health and wellbeing that considers the impact that physical, psychological, financial, social, housing and environmental factors have on our mental health and wellbeing. Our recovery focused services will aim to:

- help people to understand how they have got to where they are
- support people to make informed choices about treatment and the broader social care support they need to help them to reach their full potential

We will also commit to work within the communities that we and our service users belong to, to help people access the full range of support available.

Clinical Strategy Delivery

The delivery of the strategy is all of our business. It is as much about the planning and implementation of local ideas, initiatives or developments that align with the strategy, as it is about the design and implementation of large scale change programmes. To that extent, this must been seen as OUR clinical strategy as every service user and carer lead, staff member, commissioner and partner organisation has a responsibility to see through its implementation.

Delivery of the strategy will also be underpinned by the adoption of a new set of trust-wide Quality Improvement (QI) tools and methodologies that will ensure all change programmes are patient centred, measurable and effective in producing the changes we want to see. This will also help ensure that the implementation of the clinical strategy remains a live and on-going endeavour that continues to develop in response to changing circumstances and feedback.

Our Three Priority Change Programmes

1. Our Offer – Our new Service Model

To develop and implement our new service model we will:

- Focus on communities, working with local authority partners and community organisations to support the development of emotional resilience and help prevent or intervene early in someone's mental health journey.

- Create a single point of Access for mental health services that run alongside access to social care and third sector services, and provide clearer information on what services we offer.
- Secure funding for and provide 24/7 crisis care services so that fewer people need to attend A&E or be admitted to hospital.
- Build on the success of our recovery and discovery colleges, embedding them into existing care pathways with increased in-reach from these colleges into community, crisis and acute settings.
- Expand on the Tier 2 Pathfinder partnerships in West Sussex to create a new service offer, delivered in partnership with a coalition of third sector partners, and that sit between primary and secondary care. These partnership services will help intervene earlier in someone's mental health journey. They will also help people transition back from secondary care by enabling them to make full use of resources available to them in the community.
- Develop seamless services led by our community mental health teams. Community services will take a greater leadership role in managing the care pathways across community, crisis and acute services. Staff will follow the patient across traditional care and team boundaries, with the creation of a more seamless service from the perspective of service users, carers and families. As part of this, we will also provide better mental health care for 14-25 year olds through implementing our youth services strategy across the Trust.

2. New Partnerships and New Ways of Working

To create new partnerships and introduce new ways of working we will:

- To implement a new 'towards zero' suicide prevention approach to suicide in partnership with local authorities.
- Create new roles to address difficulties with recruitment and retention but to also offer the best care that we can within the resources we have available.
- Develop services that meet people's mental health and physical health care needs in more integrated ways

3. Supporting Best Practice

To offer more effective and consistent care across services we will:

- Support our teams to be as effective as they can be through a new focus on team development, team outcomes and the introduction of two away days a year for every team in the Trust.
- Improve our use of digital technology. Our Digital by Design strategy will ensure that we make much more effective use of digital and online resources in enabling people to access services and deliver high quality clinical care.

- Use data and our new care pathways to make services better. We will use our clinical care intelligence data and our new care pathways to ensure that all teams and staff are able to learn from best practice and to constantly improve what they are doing.
- Implement QI methodology, training and improvement networks to support the delivery of the clinical strategy workstreams

Update on our approach to Quality Improvement

There are 3 organisational objectives relating to the implementation of our Quality Improvement (QI) strategy:

1. Establish the QI Team and define their roles
2. Embed a 'Just Culture' which underpins and supports QI
3. Establish and sustain an improvement led organisation

The QI strategy has been presented to the Trust Board and now our QI implementation plan has been developed: The QI Team will consist of the core leadership team, QI trainers and coaches and data analysts. The training programme will target all staff for basic level (bronze) training and then for some staff more in depth (silver) or trainer status (gold). Regular conferences and team development sessions will support the programme as will coaches, mentors and QI trainers.

The budget, communications strategy and partner organisation engagement will be developed to support the roll out of the training programme. QI is seen as the key enabler for our Clinical Strategy which is the Trust's priority as we move towards 2020. Our Digital Strategy will support this process and a central location for QI on our intranet (QLife) has been identified to fulfil this role so we can monitor projects, support progress, share learning and celebrate success.

Update on Clinical Academic Groups

The Clinical Academic Groups (CAGs) continue to support evidence-based care across the Trust. They do this by bringing clinical and lived experience expertise together to ensure that people who use our services achieve the best outcomes possible within the resources available. There are eight CAGs that cover all services the Trust provides. Each CAG consists of a small group of service users, friend and family carers, as well as clinicians and researchers who represent all professions as well as the geographical location of services. The CAGs produce Menus of Care and Interventions which help guide services in their provision. Menus that have been signed off by the Effective Care and Treatment Committee (ECAT), a sub-committee of the Quality Committee, include Psychosis, Bipolar, Complex Emotional Difficulties (Personality Disorders), Forensic and Mental Health in Learning Disability. The CAGs also lead and report on the effective treatment standards laid down by ECAT. The CAG position statement on outcome measurement has been approved as a Trust-wide standard by the Quality Committee.

Priorities for 2017/18

Sussex Partnership has identified five areas for improvement in the quality of the services we provide for 2018/19 as agreed at the Board of Directors meeting on 28 March 2018. These are the same as the priorities that we identified last year.

- Care Planning
- Suicide Prevention
- Physical Health
- Staff health, wellbeing and development
- Patient and Carer Engagement and Experience.

These priorities are embedded in our objectives for the coming year and have been developed in consultation with the Council of Governors and Trust Board. They have been formulated by drawing on feedback from service users, carers, staff and the public. We have considered what partner organisations, including commissioners, Healthwatch, local Overview and Scrutiny Committees and the CQC, have had to say about our services. We held a Quality Summit in March 2018 which was chaired by the CQC and NHS Improvement. This was an opportunity to identify with partners our priorities for improvement. We have also taken into account the feedback we have received from consultations on strategy, from patient and staff survey results, compliments, complaints and feedback through our Patient Advice and Liaison service (PALS). The priorities have built on learning from clinical audits, serious incident investigations, clinical care intelligence, national and local priorities and learning from what works well in our services.

The priorities we have set for 2018/19 and what we plan to measure within those are:

Care Planning

The community care plan currently in use on Carenotes is in the process of being reviewed. The aim is to make the care plan more recovery orientated, and focus on the strengths, likes and hopes of the service user. We will ensure that care plans are written in a language which is hopeful and engages the service user and their family/carer/ support system. An expert reference group has recently been established which includes Lead Practitioners from each of the CDS's and a literature review has occurred to establish current good practice. The expert reference group have the responsibility to link with colleagues, peer support workers, service users and carers so developments can be linked to clinical practice. The National Institute for Health and Care Excellence (NICE) have expressed an interest in working with the Trust with the aim of linking our developments to refreshing national guidance.

A draft of the new care plan is planned for implementation in late May 2018, testing will occur before it is put into use. Bespoke risk, crisis plan and care plan training is planned for all community teams for July 2018 onwards. The outcome aimed for is collaborative person centred care plan with the implementation underpinned by training.

In 2018/19 we plan to ensure that:

- 95% of Care plans are person centred (as measured by the Sussex Partnership's Care Planning Audit)

- 95% of Care plans for people on CPA are reviewed in the past 12 months

Suicide Prevention

Suicide Prevention is a priority workstream in the Clinical Strategy. Sussex Partnership holds the view that the suicide of those in our care should always be seen as having been potentially preventable at some point in a person's mental health journey. We have therefore adopted a 'Towards Zero' suicide approach, which will constantly strive to eliminate suicide for all people in our care. A 'Towards Zero' approach does not mean that we won't engage in positive risk taking and in providing care that aims to empower people to take control over their lives. Indeed, this is a key element in helping to reduce risk and suicide over the medium to longer term. Rather, it views all suicide as having been potentially preventable if something was done differently in a person's life journey and therefore seeks to strive to learn from events, and improve care and practice, in a constant attempt to reduce the number of suicides of people in our care to zero. It may not mean that we will ever eliminate suicide completely, but we will continually strive to do so.

This year's actions will include:

- a focus on suicide prevention within our inpatient units
- publication of a 'Towards Zero Suicide' strategy co-produced with those with a lived experience
- the embedding of the 'stay alive app' into clinical practice
- continued roll out of the See, Say it, Signpost it – zero suicide alliance training to all staff
- a commitment to 3-day follow up after discharge from our hospitals, in light of the recommendations on Suicide Prevention from the Government's Health Committee that all service users discharged from inpatients should be followed up in three days. We will do this by regularly reporting on performance and improving access to 24/7 home treatment.
- Identifying our baseline performance and implementing processes for 7-day follow up for under 18's

In 2018/19 we plan to ensure that:

- 95% of patients discharged from hospital are seen within 7 days of discharge
- 95% of patients have a risk screening or risk assessment
- 90% of patients on CPA have a crisis plan

In 2017/18 we had not consistently been able to achieve all of these. The aim for the coming year is to learn and develop in keeping with the QI methodology that underpins improvement in our organisation.

Physical Health

We aim to develop services that meet people's mental health and physical health care needs in more integrated ways as a priority in our Clinical Strategy.

Within Sussex and East Surrey, people with a serious mental health problem or learning disability will on average die between 15 and 20 years earlier than other people. 17% of A&E admissions are for people with mental health problems although they only represent 7% of the population. People with serious mental health problems are three times more likely to

smoke but are less likely to be offered support to stop. Poor diet, less exercise, increased rates of alcohol and substance misuse and weight gain are all side effects of antipsychotics and contribute to diabetes and cardiovascular disease.

We aim to ensure that everyone we work with will have an integrated care plan where physical, psychological and social needs are fully addressed. Physical healthcare and mental healthcare services will be brought together to work seamlessly around the person's needs. We will give people with learning disabilities and mental health problems support to live healthy lives and stop smoking by helping them access prevention services, education and information.

As part of our Clinical Strategy we aim to:

- Communicate a clear vision for what good integrated care should look like
- Support physical health services, including the new GP care clusters, to better meet the psychological and mental health needs of patients by providing training, advice and guidance
- Expand our perinatal and liaison psychiatry services
- Expand our Improving Access to Psychological Therapies (IAPT) services to meet the needs of people with long term conditions and medically unexplained symptoms
- Introduce peer support workers (health buddies) to help people access community resources and improve wellbeing
- Ensure all people with a serious mental illness or a learning disability are offered lifestyle screening and physical health care plans in secondary care every 12 months
- Develop physical health clinics for people with severe and enduring mental health problems who find it difficult to access traditional primary care
- Work with partners in primary care and paediatrics to ensure young people and families can access physical and emotional care alongside each other
- Participate fully in shared care planning with physical health, substance misuse and those in social care to promote consistent support for young people and families across all settings
- Make sure that people with complex communication needs can access services and represent their needs clearly - addressing diagnostic overshadowing issues
- Ensure that people are supported to fully access primary and secondary physical health services… and to engage in activity to promote health and wellbeing

We also plan to:

- Continue to develop physical health clinics for people with severe and enduring mental health problems who find it difficult to access traditional primary care and joint clinics with primary cares for people that are at high risk of developing cardio metabolic disorders.
- Develop a physical health skills handbook for staff to support the education and training needs for our workforce. This is underpinned by a physical health training package to strengthen knowledge, skills and understanding. This is currently being rolled out to all teams.
- Additional resource has been agreed to increase the capacity of the trust physical healthcare team to provide enhanced support to frontline teams.

In 2018/19 we plan to ensure that:

- 95% of inpatients and 75% of community patients are offered a physical health assessment and interventions around their BMI, blood pressure, smoking, alcohol, substance misuse, diet, exercise and blood tests to check for diabetes mellitus and cholesterol;
- All staff have had physical health training relevant to their roles;

Staff Wellbeing and Development

Our staff deliver care and treatment with skill and compassion. However, it can be highly stressful and demanding work. We want to ensure we support our staff to do the best job that they can.

Research shows the factors with the biggest positive effect on staff health and wellbeing are positive team culture, a supportive manager, making a positive contribution, being able to participate and being kept informed.

Key sources of stress and burnout include excessive job demands, staff feeling they have little control, a perception of high effort for little reward, having a lack of clarity over their task or role, a poor work environment, bullying, and lack of social support in the workplace (Harvey et al, 2017).

What are the things we're going to keep doing?

- To increase staff engagement, sharing of knowledge and skills, and support team development all teams will have two away days per year. The organisational development (OD) practitioners are available to support away days.
- To increase staff engagement, sharing of knowledge and skills we will continue to promote sharing of learning with staff from incidents, complaints and claims.
- To communicate effectively with staff we will continue with the Chief Executive's regular messages and briefings for all staff.
- Each CDS will be supported to discuss the staff survey results locally and developing local actions to ensure there is relevant and targeted support for staff.
- Promote the use of our internal Bullying and Harassment Advisors Service.

What are we going to do more of?

- Increasing visibility of the planned programme of health and wellbeing support for staff, including recognisable health and wellbeing branding, notice boards, health and wellbeing days, and bulletins because evidence shows that healthier staff lead to healthier patients.
- Targeted work on recruitment, retention of staff and new job roles to minimise vacancies and support workload pressures, including engaging with staff about what makes them want to stay working for the Trust to improve staff recruitment and retention.
- Strengthening our approach to communications based on the feedback from staff in the communications survey we conducted earlier in the year to ensure are as effective as possible.
- Ensure all staff have clear job plans with clear and realistic expectations set around task and workload.

- Make sure all teams are using our new clinical intelligence data to develop systems and processes that more effectively match demand to capacity.

What are we going to do that's new?

- Establish a Trust wide workstream to explore and strengthen methods to support staff facing harassment or violence in the workplace, looking at prevention, follow up, and behavioural contracts with patients. This is to ensure staff who are faced with verbal harassment or violence, are supported as fully as possible.
- To communicate widely and engage with staff about the staff survey results by sharing the staff survey results and obtaining input into the planned actions via a webinar available to all. This will include case studies from areas that achieved improved results.
- Using the May 2018 Chief Executive Briefing as an engagement opportunity to talk to staff about the staff survey results and obtain staff input into the planned actions in response to the survey.
- Introduce a new self-referral system where staff can anonymously refer themselves to talking therapy services outside their work area" with "services, outside their work area if they wish.
- Ensure all teams conduct a workplace environment review to identify solutions to improve the working environment for staff (for example, the introduction of a quiet room for mindfulness).

In 2018/19 we plan to ensure that:

- Sickness levels are at or below 4%
- 80% of clinical staff receive clinical supervision monthly and 80% of non-clinical staff to receive management supervision every 6 weeks
- 90% of staff receive an annual appraisal

Patient and Carer Engagement

We know the best way to develop and maintain services that meet the needs of those using them is to place those service users and their carers at the heart of our organisation. People Participation is one of the workstreams in the Clinical Strategy. Our ambition is to ensure that service users and carers are central to our thinking and part of everything we do. We want to embed full participation and partnership into our daily work with patient participation leads working in all Care Delivery Services. We also want to create new opportunities for service users and carers to meaningfully influence how services are developed and to review how our services are performing. Additionally we aim to:

- Ensure all parties are supported to work effectively with each other, in full partnership, using the standards set out by the National Survivors User Network
- Support the further development and integration of peer workers - people who have experiences of using mental health services
- Give people the opportunity to be involved in a way that suits them and provides opportunities for further training and routes into employment

Over the coming year we will:

- Establish local service user and carer forums in all localities to focus on service improvement. The groups will identify good practice as well as areas of concern and will work with local staff teams to plan appropriate responses to this feedback. This is part of Clinical Strategy Participation supporting work stream. Maintaining Working Together Groups is central to hearing and acting on the views of current service users.
- Establish a Trust-wide Central Working Together Group. This group will seek to resolve issues that can't be addressed locally and will be a place to share best practice and new initiatives
- Implement the Triangle of Care way of working, a scheme run by the Carers Trust, a charity for carers to help our services work closely with carers
- Develop new Quality and Safety Reviews, with service users, carers and Governors taking a leading role in identifying concerns and gathering feedback
- Develop and maintain a database of service users and carers who want to be involved with the Trust and actively seek to engage people from age groups, backgrounds and cultures that are not well represented at the moment. This is also part of the Clinical Strategy Participation supporting work stream. In 18/19 we will actively seek to diversify the Experts by Experience that are engaged in participation activity and develop an evaluation process to ensure that the opportunities that have been created through it meet the 4Pi participation standards.
- Develop training to support service users and carers to sit on interview panels and to take part in service improvement work. We will continue to deliver one day workshops and develop further training to support Experts by Experience.
- Develop and implement a peer strategy for the organisation to support the goal of having a peer worker in every team. We will develop further cohorts of peer apprenticeships and develop a training and support programme for teams supporting these roles. We will continue to work with 3rd sector partners to develop a range of options for peer support to service users and carer in our services.
- Work with colleagues to ensure we are able to offer service users, carers and peer workers greater opportunities to access further education and employment opportunities. This year we are refreshing the Involvement Strategy to make the alignment of participation work with recovery goals more explicit.

In 2018/19 we plan to ensure that:

- There is an improvement to achieve or exceed the national average score in all three elements in staff survey key finding 32 "Effective use of patient / service user feedback. This is comprised of the following questions:
  "Is patient / service user experience feedback collected within your directorate / department?"
  "I receive regular updates on patient / service user experience feedback in my directorate / department"
  "Feedback from patients / service users is used to make informed decisions within my directorate / department"

- Achieve the national average for ratings and numbers of returns in mental health trusts in 2018/19 in the Friends and Family test (incorporated in the Sussex Experience Survey for service users and carers).

Statements of assurance from the board

1. During 2017/18 the Sussex Partnership NHS Foundation Trust provided and/or sub-contracted 232 relevant health services.

    1.1 The Sussex Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in 232 of these relevant health services.

    1.2 The income generated by the relevant health services reviewed in 2017/18 represents 100% of the total income generated from the provision of relevant health services by the Sussex Partnership NHS Foundation Trust for 2017/18.

2. Clinical Audit
During 2017-18 five national clinical audits, two national review programs and one confidential enquiry covered relevant health services that Sussex Partnership NHS Foundation Trust provides.

    2.1 During that period Sussex Partnership NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

    2.2 The national clinical audits and national confidential enquiries in which Sussex Partnership NHS Trust was eligible to participate during 2017/18 are as follows:

    - Child Health Clinical Outcome Review Programme – Young people's mental health
    - Early Intervention for Psychosis Services Network (EIPN)
    - Learning Disability Mortality Review Programme (LeDeR)
    - Mental Health Clinical Outcome Review Programme - Suicide by children and young people in England(National Confidential Inquiry Suicide & Homicide NCISH)
    - Mental Health Clinical Outcome Review Programme - Suicide, Homicide & Sudden Unexplained Death (NCISH)
    - Mental Health Clinical Outcome Review Programme - The management and risk of patients with personality disorder prior to suicide and homicide (NCISH)
    - National Audit of Psychosis (NCAP)
    - Prescribing High Dose and Combined Antipsychotics on Adult Psychiatric Wards – Prescribing Observatory for Mental Health (POMH)
    - The use of Depot/ Long-acting Injectable (LAI) Antipsychotic for Relapse Prevention (POMH)
    - Prescribing Valproate for Bipolar Disorder (POMH)

    2.3 The national clinical audits and national confidential enquiries that Sussex Partnership NHS Trust participated in during 2017/18 are as follows:

    - Child Health Clinical Outcome Review Programme – Young people's mental health
    - Early Intervention for Psychosis Services Network (EIPN)

- Learning Disability Mortality Review Programme (LeDeR)
- Mental Health Clinical Outcome Review Programme - Suicide by children and young people in England(National Confidential Inquiry Suicide & Homicide NCISH)
- Mental Health Clinical Outcome Review Programme - Suicide, Homicide & Sudden Unexplained Death (NCISH)
- Mental Health Clinical Outcome Review Programme - The management and risk of patients with personality disorder prior to suicide and homicide (NCISH)
- National Audit of Psychosis (NCAP)
- Prescribing High Dose and Combined Antipsychotics on Adult Psychiatric Wards – Prescribing Observatory for Mental Health (POMH)
- The use of Depot/ Long-acting Injectable (LAI) Antipsychotic for Relapse Prevention (POMH)
- Prescribing Valproate for Bipolar Disorder (POMH)

2.4 The national clinical audits and national confidential enquiries that Sussex Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit title	Participation	% of cases submitted
Child Health Clinical Outcome Review Programme – Young people's mental health	Yes	Organisational audit only
Early Intervention for Psychosis Services Network (EIPN)	Yes	100
Learning Disability Mortality Review Programme (LeDeR)	Yes	NA
Mental Health Clinical Outcome Review Programme - Suicide by children and young people in England(National Confidential Inquiry Suicide & Homicide NCISH)	Yes	100
Mental Health Clinical Outcome Review Programme - Suicide, Homicide & Sudden Unexplained Death (NCISH)	Yes	99
Mental Health Clinical Outcome Review Programme - The management and risk of patients with personality disorder prior to suicide and homicide (NCISH)	Yes	100
National Audit of Psychosis (NCAP)	Yes	100
Prescribing High Dose and Combined Antipsychotics on Adult Psychiatric Wards – Prescribing Observatory for Mental Health (POMH)	Yes	100
The use of Depot/ Long-acting Injectable (LAI) Antipsychotic for Relapse Prevention (POMH)	Yes	100
Prescribing Valproate for Bipolar Disorder (POMH)	Yes	100

2.5 The reports of five national clinical audits and one confidential Inquiry were reviewed by the provider in 2017/18 and Sussex Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (note – these are the national clinical audits that reported in 2017/18, Sussex Partnership NHS Foundation Trust participated in data collection in the preceding year 2016/2017):

2.6 **Early Intervention in Psychosis self-assessment audit – EIP Network,** The Early Intervention service participated in the 2018 National CCQI self-assessment. This is the second time that all six teams have participated in this National audit. The 2018 audit focused on service compliance at a patient level compared to the 2016/17 assessment that focused at a team level. We are still awaiting the results from the 2018 audit. Following the 2016/17 audit, the service established six workstreams to focus on aspects of the access waiting time target. The particular areas of focus for continuing action are to continue improvements to achieve the access and waiting time standards and effectiveness of interventions especially relating to physical health. We are optimistic the results from the 2018 audit will support us to monitor improvement and areas for continuing action.

Prescribing antipsychotic medication for people with dementia - Prescribing Observatory for Mental Health (POMH) – The results have informed local quality and safety reviews of dementia services and have now been encompassed within them. The aim is to ensure antipsychotic prescribing is kept to a minimum and physical health monitoring is completed to a high standard when it is used for behaviour that challenges. The audit reported continuing reductions in use of antipsychotics and the quality and safety reviews have mirrored these findings. The dementia service have published the fifth edition of the **GP resource pack – reducing antipsychotic use in patients living with dementia**. An audit of the use of antipsychotics by GPs is also being completed. A project to ensure the equipment is available for physical health monitoring is also underway.

Prescribing high dose and combined antipsychotics - Prescribing Observatory for Mental Health (POMH) – The re-audit demonstrated that the Trust has continued to make improvement, achieving evidence based standards for prescribing high dose and combined antipsychotics in acute, forensic and rehabilitation/ complex needs services. Overall physical health checks and side effect monitoring for patients prescribed these medications was also completed to a high standard. The national audit of psychosis completed in November 2017 included further re-audit of these prescribing standards and the sample included community services in addition to acute. Although the national report has yet to be published a local analysis suggests a similar picture to that of the POMH audit. The aim of the Trust is to sustain the improvement and good practice with ongoing actions for example, High Dose Antipsychotic Treatment (HDAT) Monitoring Form used for all patients on HDAT/ combined antipsychotics. All community patients will get annual health checks. Standardised inpatient monitoring forms have been developed in line with NEWS. The prescribing team are also developing an HDAT ready reckoner app. which enables prescribers to easily calculate dosage.

Rapid tranquillisation in the context of pharmacological management of acutely-disturbed behaviour - Prescribing Observatory for Mental Health (POMH)
This audit provided a useful benchmark of information about the use of rapid tranquillisation in the Trust against the new NICE guidance and prior to the rollout of the new local policy and procedure for rapid tranquillisation. The new guidance was implemented and acute units adopted the new recommendations for prescribing, monitoring and recording information. Each ward also carried out ongoing audit and

quality improvements as a result of a CQC visit. A subsequent visit found that improvements were made. Internal quality and safety reviews have noted a reduction in the use of rapid tranquillisation for acutely disturbed behaviour. In order to sustain the good practice and ensure ongoing good practice drug charts have been redesigned to provide a new rapid tranquillisation section to ensure first doses are prescribed as single doses. A second version of the new policy for rapid tranquillisation has also been published and circulated to all prescribers and psychiatrists in the Trust.

Monitoring of patients prescribed lithium (POMH) – The re-audit demonstrated that the Trust had made some improvements to testing patients prior to prescribing Lithium medication and that information about side effects, toxicity and risk factors for toxicity was provided. Ongoing monitoring for risk and side effects of lithium required improvements to be made. The following improvement actions have been taken: Lithium booklets and patient information - Staff involved in prescribing for and monitoring patients on lithium must ensure that these patients have a lithium monitoring booklet, which they should ideally carry with them at all times. The booklet provides information, including what to do when ill and should hold the results of the patient's monitoring, so they can share it with any health profession they come into contact with. The Trust has its own version of the lithium booklet. The Choice & medication site was updated with extra details of lithium toxicity on all leaflets. These updates are shared with all psychiatrists and prescribers through the quarterly Drugs & Therapeutics bulletin.

A summary of evidence-based treatment recommendations for bipolar disorder produced by the mood and anxiety clinical academic group has now been approved for implementation across the Trust. The CAGs purpose is to support evidence-based care (EBC), the design and delivery of best practice clinical pathways, and the development and monitoring of core clinical standards across the Trust. It does this by bringing clinical and lived experience expertise together to ensure that people who use our services achieve the best outcomes possible within the resources available. An individual's care pathway will be collaboratively visualised within a care planning process; agreed between the service-user and their care team, and involving friends and family members where appropriate.

National confidential Inquiry for suicide & homicide (NCISH) - In relation to suicide specifically we have signed up to 'Towards Zero suicide'. A refreshed approach to suicide prevention which is based on the fundamental principle that suicide is not inevitable and can be preventable. Actions this year include the establishment of a Towards Zero suicide steering group, development and roll out of Recovery College courses on suicide prevention, bespoke training for Nurse Preceptorship program, masterclasses for service users and carers and staff with a lived experience of suicide. An official launch is planned for May 2018.

NCISH children's – Services have developed action plans which include actions in the following areas: Leadership, Suicide prevention awareness, mental health and wellness promotion, training and sharing learning, intervention and clinical support.

Leadership: Clinicians have been identified across Children and Young People's Services and are linked into steering groups and working parties. These include

lifespan steering groups in Hampshire alongside adult and children's services as well as presence at the safeguarding steering group and Child Death Overview Panel (CDOP). All areas have clinicians with part of their role to review and share the learning form serious incidents. Specific examples include the request for a multi-agency review to consider increases in prevalence of self-harm in specific geographical area. This has been completed and learning shared.

Suicide prevention awareness: Hampshire services organised a 12 month long campaign to highlight the issue of suicide in young people with a focus on prevention, awareness raising and information sharing. There were a number of events throughout the year. The plan and evaluation are both available. Safer practice and harm reduction training has been up-dated with best practice. Information on App's such as the "stay alive" App have been circulated to clinicians and are made widely available to families. Other resources such as the "Help is at Hand" books have been made available.

Mental health and wellness promotion has been incorporated into strategy to support staff and teams. On-going work internally and with other agencies to improve knowledge of mental health, wellbeing and sharing learning is supported.

Training has focused on risk training and management for all ChYPS staff, incorporating learning from families and serious incidents. The 2017 report has also been shared with key themes and high risk factors highlighted to staff. Shared learning is a theme across all domains and is done in a number of forums including team meetings, newsletters and supervision.

Suicide intervention and on-going clinical support: continue to make resources available to clinicians and families. Staff offered training in Cognitive behavioural therapy (CBT) and Interpersonal Therapy (IPT) through Children and Young People IAPT. The depression pathway has been reviewed and includes evidence based interventions.

2.7 The reports of 26 local clinical audits were reviewed by the provider in 2017/18. Each Care delivery service (CDS) takes actions for improvement appropriate to the local results for each audit. An example of actions taken as a result of clinical audit to improve the quality of healthcare provided by Sussex Partnership NHS Foundation Trust are:

2.8 **Integrated clinical risk, crisis and contingency planning and care plan clinical audit** - An annual clinical risk audit is completed as part of the Trust Clinical audit forward programme. In 2017-18 this audit was extended to address recommendations made from an independent investigation, actions for improvement within the local action plan and response to areas of concern.

The audit question is: can patients be confident that the Trust will carry out clinical risk assessment, crisis and contingency and care planning to a high quality standard which reflects an integrated approach across their pathway of care; where everyone involved contributes, is involved and understands what to do especially at times of crisis and where staff receive appropriate training and support in clinical practice.

Total overall compliance with the quality standards in clinical risk assessment and management; crisis and contingency planning and care planning is 78%. The result of the audit demonstrates some excellent examples of good practice against the clinical standards. There is an improvement in the number of valid risk assessments and care plans in all services over time. In carrying out data collection it is clear that some patients can be sure that they have a pathway of care whereby assessment, planning and management meets a very high standard of quality. Substantial quality improvement at Trust and service level has been taking place to address high risk. Where risk areas are highlighted services are ensuring ongoing quality improvement takes place which includes shared learning of good practice and remedial actions for improvement. A re-audit will form part of the clinical audit forward programme in 2018-19 to monitor further improvement and provide assurance of sustained good practice.

Actions taken for improvement during 2017-18 by the Trust:

- Standardised inpatient community and inpatient form on Carenotes which includes risk rating and information.
- Phased rollout of triangle of care
- Clinical risk assessment and safety planning/ risk management – policy on a page
- CPA policy (including standard care) – policy on a page
- Risk assessment audit for medical staff
- Guidance on completing the risk screening forms and care plans for medical staff managing sole practitioners through outpatient clinics (LD & CHYPS)
- Revised clinical risk policy published
- Revised clinical risk e-learning published on my learning
- Each CDS developed and rolled out a face to face training strategy to supplement e-learning.
- Publication of flowchart – personal support planning adult services (community)
- Publication of brief guidance on the lead practitioner role
- Preparing to discuss my personal support plan – checklist to be published and implemented

3. The number of patients receiving relevant health services provided or sub-contracted by Sussex Partnership NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 1016.

   A further 1483 participants were recruited to studies, and were either staff, students or carers.

4. A proportion of Sussex Partnership NHS Foundation Trust income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Sussex Partnership NHS Foundation Trust 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.

Further details of the agreed goals for 2017/18 and for the following 12-month period are available electronically at https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

The monetary total for income in 2017/18 conditional upon achieving quality improvement and innovation goals is £2,186,793. At the time of reporting Sussex Partnership NHS Foundation Trust is confident of achieving the majority of this income due to the successful delivery of quality improvement and innovation goals.

In 2016/17 Sussex Partnership NHS Foundation Trust had a total monetary income from achieving quality improvement and innovation goals of £4,407,066.38

Between 16/17 and 17/18 NHS guidance in relation to the amount of CQUIN earned as a direct result of quality schemes fell from 2.5% of income values to 1.5%. Although 2.5% remained available in total, 1% was dependent on achieving financial control totals and engagement with the STP process.

5. Sussex Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is without condition.

   5.1 The Care Quality Commission has not taken enforcement action against Sussex Partnership NHS Foundation Trust during 2017/18.

6. *Removed from the legislation by the 2011 amendments*

7. Sussex Partnership NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

8. Sussex Partnership NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

   which included the patient's valid NHS number was:
   98.42% for admitted patient care
   98.93% for outpatient care and
   We do not submit this dataset for accident and emergency care.

   which included the patient's valid General Medical Practice Code was:
   100% for admitted patient care;
   99.99% for outpatient care; and
   We do not submit this dataset for accident and emergency care.

9. Sussex Partnership NHS Foundation Trust Information Governance Assessment Report overall score for 2017/18 was 93% and was graded Green.

10. Sussex Partnership NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

However, an audit was undertaken by Maxwell Stanley Consulting on 26 February 2018. Maxwell Stanley Consulting is Sussex Partnership's Clinical Coding provider.

A sample of 50 records were provided by the Information Management team, these were consultant episodes and covered Adult Mental Health, Forensic Psychology, Child and Adolescent Mental health and Old Age Psychiatry following National Clinical Coding Standards. The results of the audit were: Primary Diagnosis: 100% and Secondary Diagnosis: 97.6%.

The recommendations arising from the audit were:

1. Liaise with clinicians and administrative staff to ensure documents pertaining to an inpatient stay accurately summarise all influencing factors contributing to inpatient stays. Immediate and ongoing effect.

2. Continue to liaise with IT staff to implement on Carenotes the use of the current ICD-10 5th Edition. With immediate effect.
   This has now been completed.

3. Coder to search all documentation within the timeframe of the inpatient spell to check for relevant and mandatory comorbidity information. Immediate effect and ongoing.

4. Continue to impress upon clinical and administrative staff the importance of complete and timely availability of all documentation. With immediate and ongoing effect.

5. Ensure future data sets capture all forms for each Consultant Episode (CE). Within 3 months.

The recommendations have been highlighted to the Information Governance and Security Assurance Group and discussed with the Senior Information Risk Owner and Clinical Leads to ensure Carenotes uploads are correct and up to date, and to ensure all secondary diagnoses and comorbidities are included within the discharge summary. This will also be included within the new Data Protection and Security training which will be released later in August.

Learning from Deaths

The following elements are newly added for 2017/18 as part of 'Learning From Deaths' updates made to the quality accounts regulations:

Please note the figures reflect the number of fatalities that have been reported on the system in the period from 01/04/2017 – 31/03/2018 not the actual deaths that occurred in that period. This is because there may be a delay in reporting the death due to the function of the team, such as the Memory Assessment Service who due to their commissioned arrangements often only see patients for an annual review.

27.1 During 2017/18 1599 of Sussex Partnership NHS Foundation Trust patients died not including those investigated as Serious Incidents. This comprised the following number of deaths which occurred in each quarter of that reporting period: 391 in the first quarter; 384 in the second quarter; 384 in the third quarter; 439 in the fourth quarter.

27.2 By 11th April 2018, 1599 case record reviews and 51 investigations have been carried out in relation to 1599 of the deaths included in item 27.1.

In 51 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: zero in the first quarter; zero in the second quarter; 23 in the third quarter; 28 in the fourth quarter. (Note the new processes were only implemented from quarter 3)

Case record reviews involve a screening by the originating team and the Governance Team to identify cases that require an investigation or further review as outlined in point 27.6 below.

27.3 The Learning from Death framework published in March 2017 required Trusts to publish their policy by the end of September 2017. This was completed in the required timeframe by incorporating the expectations of the framework into our existing Serious Incident Policy. This was to ensure the two different elements of learning from both unexpected natural causes deaths and Serious Incidents afforded the same level of scrutiny and learning.

However, the initial implementation of the Learning from Deaths framework, namely the Structured Judgement Review (SJR) tool, the avoidability score and subsequent training was solely geared towards Acute Hospital Trusts with the expectation that mental health trusts would need to adapt the tool and for their use and be proportionate in the number of reviews they would undertake.

After seeking national guidance in regards to the expectations for mental health trusts, Sussex Partnership NHS Foundation Trust developed their unexpected natural causes deaths mortality review criteria and internal tool and this was put into place in October 2017. This was on the understanding that the Royal College of Psychiatrists had been commissioned to develop a specific tool for mental health trusts which would be available in February 2018. Therefore, the framework for deciding if the provider judges the death was more likely or not to have been due to problems in care is not currently available for mental health trusts. As a consequence, this Quality Account does not include data on deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

27.4 To date 32 Mortality Reviews have been completed and our early learning themes are as follows:

1. There is a need to ensure annual health checks are completed for people with a diagnosis of serious mental illness which includes standard blood tests for blood sugars, cholesterol, weight, height and BMI. This is to ensure if the risk markers for metabolic syndrome are present or developing, then appropriate intervention can be offered.
2. There is a need to ensure blood tests are completed and followed up and there needs to be clarity as to where this responsibility sits between secondary or primary care services.
3. There is a need for clarity in regards to shared care responsibilities between general hospitals and Sussex Partnership NHS Foundation Trust

4. There is a need for better co-ordination of care when patients present with both complex physical health and mental health needs.

Positive practice identified included:

1. Good evidence of family involvement in care (especially for people with a Learning Disability)
2. Good evidence of coordinated and person centered care for both mental health and learning disability
3. In some cases, good evidence of medical sign review of blood tests and ECG's

27.5 Sussex Partnership NHS Foundation Trust has undertaken actions and proposes to take actions as outlined in the section "Priorities for 2017/18" above in consequence of what was learnt in point 27.4

The overarching actions undertaken in relation to the Learning from Deaths requirement are the establishment of a new mortality process which includes screening of all deaths regardless of cause; the establishment of a mortality scrutiny process and a two stage sign off process by senior clinicians. Whilst awaiting publishing of the SJR tool from the Royal College of Psychiatrists, Sussex Partnership NHS Foundation Trust has developed and trialled different types of tools and are currently using a mortality tool based on the LeDeR programme. The Trust has appointed a RGN to lead on the Learning from Deaths agenda and will be responsible for completing Mortality Reviews and taking the learning into the clinical teams to influence and improve care.

27.6 From the aspect of scrutiny and assurance, Sussex Partnership NHS Foundation Trust has in place a clear process of initial screening (case record) review of all deaths; a criteria which enables the allocation of timely and proportionate Mortality Reviews; two tier sign off of all mortality reviews and finally a Mortality Scrutiny group. The newly appointed Team Leader for Mortality will be responsible for sharing learning with the teams and this is the next stage of development for Sussex Partnership NHS Foundation Trust.

27.7 The case record reviews and the investigations completed which related to deaths which took place before the start of the reporting period is not applicable as Sussex Partnership NHS Foundation Trust only commenced reporting in April 2017 and started to allocate unexpected natural causes deaths for mortality review from October 2017 onwards.

27.8 The number of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient is not applicable as outlined in point 27.7 above.

27.9 The number of the patient deaths during the previous reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient is not applicable as outlined in point 27.7 above.

2.2 Reporting against core indicators

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to Sussex Partnership NHS Foundation Trust by NHS Digital. These indicators are set out in the following section and are correct at the time of publication; the final position for 2017/18 is subject to change due to ongoing validation of data. Where the required data is made available by NHS Digital the Trust's performance is compared with the national average for Mental Health Trusts and the highest and lowest performing Trusts.

13. The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.

	Discharged	Followed up	% followed up
SPFT 2012/13	3,123	3,053	97.8%
SPFT 2013/14	3,389	3,301	97.4%
SPFT 2014/15	3,164	3,062	96.8%
SPFT 2015/16	3,098	2,975	96.0%
SPFT 2016/17	3,197	2,931	91.7%
SPFT 2017/18	3,015	2,869	95.2%
National Average 2017/18	64,387	66,691	96.5%
Highest Performing Trust 2017/18	1,626	1,635	99.5%
Lowest Performing Trust 2017/18	964	1,207	79.9%

The Sussex Partnership NHS Foundation Trust considers that this data is as described for the following reasons.

- The Trust reviewed and standardised processes for planning follow up of patients following discharge across adult services. Implementation of these processes has led to improved consistency of performance.

The Sussex Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

- The Trust intends to continue with this approach and review breaches to ensure continuous improvement.

17. The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.

	Discharged	Gatekept	% Gatekept
SPFT 2012/13	2,477	2,473	99.8%
SPFT 2013/14	2,389	2,381	99.7%
SPFT 2014/15	2,321	2,317	99.8%
SPFT 2015/16	2,341	2,328	99.4%
SPFT 2016/17	2,279	2,267	99.5%
SPFT 2017/18	2,123	2,112	99.5%
National Average 2017/18	64,810	65,701	98.6%
Highest Performing Trust 2017/18	2,679	2,679	100.0%
Lowest Performing Trust 2017/18	1,304	1,390	93.8%

The Sussex Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has robust process in place for ensuring that Crisis Resolution and Home Treatment Teams gatekeep admissions to inpatient services 24 hours a day.

The Sussex Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

- reviewing breaches and ensuring that the Trust continually improvements.

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

Readmissions aged 0 to 14	Readmitted	% Readmitted
SPFT 2012/13	1	3.3%
SPFT 2013/14	2	4.5%
SPFT 2014/15	2	4.9%
SPFT 2015/16	3	8.3%
SPFT 2016/17	2	8.0%
SPFT 2017/18	0	0.0%

Readmissions aged 16 or over	Readmitted	% Readmitted
SPFT 2012/13	457	7.5%
SPFT 2013/14	380	6.4%
SPFT 2014/15	366	6.5%
SPFT 2015/16	369	6.8%
SPFT 2016/17	419	8.4%
SPFT 2017/18	314	6.8%

Note that NHS Improvement have acknowledged that an error was made in the drafting of the regulations and that the split of patients for this indicator should be (i) 0 to 15; and (ii) 16 or over. In previous years Sussex Partnership NHS Foundation Trust had reported as per the regulations for (i) 0 to 14 and (ii) 15 or over.
Note NHS Digital does not provide data on national averages or comparator Trusts for readmission rates.

The Sussex Partnership NHS Foundation Trust considers that this data is as described for the following reasons.

- Performance is reported regularly for CDS's to monitor.
- Performance is reviewed quarterly with operational staff.

The Sussex Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

- Ensuring that this is a key component of the Clinical Strategy which has actions to reduce readmissions
- The Trust has established a Patient Flow group that is using a data driven approach to reviewing inpatient admissions and improving bed capacity
- Focusing on community services supporting relapse prevention

22. The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.

The Care Quality Commission National Patient Survey 2017 was undertaken between February and June selecting from a random sample of 850 patients, aged 18 or over who had been using our community mental health services between September and November 2016. There was a response rate of 24% (191 responses of the useable sample of 808).

Health and social care workers		SPFT 2015	SPFT 2016	SPFT 2017	Number of SPFT respondents	Lowest performing Trust	Highest performing Trust
S1	Section score out of 10		7.2	7.2		6.4	8.1
Q4	Did the person or people you saw listen carefully to you?	7.8	7.7	7.6	180	7.2	8.7
Q5	Were you given enough time to discuss your needs and treatment?	7.2	7.2	7.3	178	6.2	8.2
Q6	Did the person or people you saw understand how your mental health needs affect other areas of your life?	6.4	6.8	6.7	171	5.8	7.8

The Sussex Partnership NHS Foundation Trust considers that this data is as described for the following reasons.

- The Trust's performance does not differ much from last year and nor does the national figures. It is expected that the Trust's performance reflects national trends.
- Community teams continue to have high workloads which means that staff don't always have the time they would like to spend with patients

The Sussex Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

- The Positive Experience Committee (PEC) will review progress on the recommendations with particular focus on the areas where we are worse than other trusts and ensure that the survey results contribute to the continuing triangulation of the range of feedback data and patient experience information we draw on to inform service improvements.
- Continuing with demand and capacity work to ensure that teams are properly resourced to meet demand and ensuring staff have clear job plans for managing workloads.
- Putting teams at the heart of our Clinical Strategy. We will support teams to function effectively and efficiently, grow and develop, and learn from best practice elsewhere.

25. Patient safety incidents

A patient safety incident is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.

The data made available to the trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Trust data - Actual Impact April 2016 – March 2018

Actual Impact	2016/2017	2017/2018
1 – No Harm (No Injury – Insignificant)	3247	3336
2 – Low Harm (Minor Injury – Not Permanent)	1100	1290
3 – Moderate Harm (Significant Injury – Not Perm)	99	60
4 – Severe Harm (Significant Injury – Permanent)	10	5
5 – Death (Directly Attributable To The PSI)	123	87
6 – Near Miss Prevented Incident	0	0
Total	**4579**	**4778**

Note that the 2016/17 figures show a slight variation compared to the published figures in the last quality account due to the NRLS deadline being after the published date of the report and subsequent incident reports received after publication. This is due to the fact that we reported incidents that were waiting grading and subsequently not categorised as patient safety incidents or subject to revalidation. Additionally some incident reports were received outside of the NRLS deadlines which will account for some variance in published data.

During the period 01 April 2017 – 31 March 2018 a total of 4778 patient safety incidents were reported compared to 4579 the previous year. During this period a total of 87 deaths were reported to the National Reporting Learning Service (NRLS). It is important to note that this figure also includes service user deaths in the community. In the previous year a total of 123 deaths were reported. As a percentage of total incidents reported to the NRLS this currently equates to 1.8% for the period April 17 – March 18 compared to 2.7% for the April 16 – March 17 period.

The overall number includes all deaths of those people receiving community treatment from Sussex Partnership and those whom it is suspected have taken their own lives.

All patient safety incident deaths and serious incidents continue to be checked weekly by the Chief Medical Director and Deputy Chief Nurse.

National Reporting and Learning System data - 01 April 2017 to 30 September 2017

Patient safety incidents are reported to the NRLS who publish reports every six months. The most recent data published covers the first six months of 2017/18. The following tables are drawn from the Health and Social Care Information Centre. Trusts that are reporting higher number of incidents are seen as having an increased open, transparent and learning culture. The smaller the percentage of all incidents that resulted in severe harm or death the ‘higher’ the Trust is judged to

be performing in terms of high level incidents being potentially reflective of learning from lower level incidents.

In each table both the number of incidents and the rate or percentage are reported. (Lowest performance is based on the % of incidents reported by the trust).

	National Average	SPFT	Highest Performing Trust by bed days	Lowest Performing Trust by bed days
Number of incidents occurring	3160	2472	4744	2064
Rate of incidents per 1000 bed days	52	23.42	126.47	16

	National Average	SPFT	Highest Performing Trust	Lowest Performing Trust
Number of severe harm incidents occurring	10	4	0	75
Severe harm incidents as a % of total incidents	0.3	0.2	0	2

	National Average	SPFT	Highest Performing Trust	Lowest Performing Trust
Number of Death incidents occurring	23	55	0	29
Deaths as a % of total incidents	0.9	2.2	0	3.4

Sussex Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

- Performance has been managed throughout the year through clear reporting
- Processes which include manual verification of data.

Sussex Partnership NHS Foundation Trust continues to take the following actions to improve this percentage, and so the quality of its services, by:

- Monitoring trends in reported levels of performance and exceptions by team
- Ensuring all staff are aware of the targets and are supported to achieve the standards
- Ensuring that the Trusts clinical standards are up to date and evidence based.
- Ensuring reporters receive feedback on incidents to encourage a reporting culture.
- Enabling service managers to start producing their own incident reports with access to incident data.
- Reviewing data at various forums and committees such as the Quality Committee

During 2017/18 the following developments were made with regards to incident reporting:

- Progressing towards the robust recording of all mortality data to be linked from NHS Spine to the trust incident database. This is to ensure all deaths are reviewed and where necessary a relevant investigation can take place in accordance with the national learning from deaths agenda.

- SMART incident forms (where the form has been adapted to the incident being reported) have been live since April 17 and receiving positive feedback from staff. Development is ongoing as staff feedback and requests are received from operational and corporate services.
- In order to reduce the data required on an incident form, only information relevant to the incident cause group is now requested. Tick functions are also used for specific clinical actions where the actions have arisen from a PSI – e.g. seclusion / long-term segregation.
- Further improvements have been the adding of a self-harm questionnaire to self-harming incidents. This enables further information is available to illustrate clinical decision making and good governance.
- The interactive incident dashboard is being used widely by teams to identify incident themes and trends and to identify learning and improve patient care.
- Since the start of 2018 developing Incident Workshops to engage with staff. The aim of the workshops is to discuss with staff:

    - The Risk & Safety Team and their roles
    - The importance of incident reporting
    - How we identify trends and themes of incidents happening in local areas
    - Identify how we can make incident reporting easier for staff
    - How we learn from no harm incidents
    - How to use the incident dashboard
    - Good practice and challenges to reporting

We have continued to demonstrate a strong and transparent culture of reporting serious incidents and deaths. However, reporting of no harm or low harm incidents remains low overall in comparison with other mental health trusts. We have continued to see steady growth in incident reporting for example in the six monthly reporting period October 16 – March 17 we reported 2235 patient safety incidents compared to 2472 for the April 17 – September 17 period (2292 incidents for the same period the year before-2016 and 1825 for the 2015 April to September period). Despite this growth nationally our rate of incidents per 1000 beds day remains low when compared to other mental health trusts.

Part of our 2020 vision is to provide safe, effective quality patient care and we continue to be committed to becoming the safest mental health trust. To drive this forward we have held Patient Safety Events and 'Learning from When Things Go Wrong' events. The aim of these events is to share learning from incidents, to reflect on practice, and consider the steps we can take to improve patient safety. They are open to all staff and are being widely advertised through the Patient Safety Matters, SUSI (intranet) and email communications to line managers.

The trust has continued to invest in training family liaison leads and protocols have been developed for them to act as conduit between family and services in keeping the family informed following a serious incidents. Our family liaison leads have also spoken nationally on this work through conferences held by NHS England – Making Families Count. In addition to this our Root Cause Analysis (RCA) training has been reviewed and presented to a number of trust staff to ensure thorough investigations following RCA techniques whilst enhancing family involvement and duty of candour.

During 2018/19 we have plans to examine lower level incidents in more detail to ensure we develop in to a learning organization for all levels of incidents and not just serious incidents. This will be overseen by the trusts Safety Committee.

Section 3: Other Information

Part 3: What progress have we made to achieve the priorities we set last year?

Care Planning

Last year, we said we would:

- *Ensure that 95% of Care plans are person centred (as measured by the Sussex Partnership's Care Planning Audit)*

  The Risk Assessment & Care planning audit completed in 2017 shows an overall compliance of 78% on the standards with Forensic and Children and Young People's Services scoring over 90%.

  Evidence of assessing strengths and needs and understanding treatment values, treatment preferences and setting goals is good in the care planning process especially if the Personal Support Plan forms are used.

  Each area has been asked to complete an action plan to address areas of low compliance, and the audit will be repeated in 2018/19.

- *95% of Care plans for people on CPA are reviewed in the past 12 months*

  88.2% of patients on CPA were reviewed in the 12 months up until 31st March 2018, this was a slight decrease from the 88.6% completed in the previous year. High Community Team workloads, difficulties with use of Carenotes and turnover of staff have meant that we did not meet this target over the past year. Plans are in place to share learning across CDSs and reviewing action plans to improve our performance over the coming year.

- *Ratify the new Personal Support Planning policy (incorporating CPA and standard care)*

  The new policy was ratified in November 2017.

- *Develop a leaflet specific to the needs of people with dementia and their carers.*

  This was not completed in 2017/18 but has been included in the Dementia Clinical Academic Group work plan for the coming year.

- *Ensure all teams have access to face to face training delivered by clinicians and peer trainers. This will include a focus on collaboration with service users as a result of feedback from our patient survey.*

  Collaborative Care Planning Training was designed, and delivered via a train the trainer process, the design and delivery of the training was all co-produced with Peer Trainers and Clinical staff. All community teams in East Sussex and Brighton & Hove had a training session.

- *Launch online basic care planning training for all staff.*

  This has progressed but is not yet available. A training pack was purchased from the Care Plan Association but needs to be modified for internal use. This work will be a priority on the 2018/19 training plan.

- *Develop a Care Plan Review checklist as a result of recommendations from the Thematic Review.*

  A checklist is now available, which was designed by the CPA QI group which has service user, carer and clinical involvement. The checklist has been sent to each CDS for implementation.

Progress on improving Care Planning in each CDS

- **East Sussex**
  The Refocus model has been rolled out as Collaborative Care Planning training which has been delivered by a clinician and a peer over four workshops.

  Hastings Crisis Resolution and Home Treatment Team have started a Quality Improvement project with the aim that all care plans will be written in patients own words.

- **West Sussex**
  The CDS has been rolling out collaborative care planning training the benefit is that this includes peers in the training. Langley Green Hospital have been noted to be an outstanding area of practice in terms of person centred care planning. Our community lead nurses are reviewing our care planning document and standard tool with the aim to ensure language is accessible as possible; and the assessment document supports collaborative care planning.

- **Forensic Healthcare**
  The Forensic Healthcare care planning process is based on the principles of 'My Shared Pathway' (Ayub and McCann 2011) which is an evidence based patient centred approach within Forensic mental health. The Care planning and Care Programme Approach (CPA) process has been reviewed by the Forensic Healthcare service user lead having consulted with patients, staff and other stakeholders making it more personalised.

  The 'New to Forensic' induction and training programme has been developed to ensure staff and patients are trained in the Forensic Healthcare approach to care planning and the Secure Recovery model (Drennan and Alred 2012). The CDS complies with the trust standards 95% of Care plans are person centred and 95% of Care plans for people on CPA are reviewed in the past 12 months.

- **Children and Young People Services (ChYPS) and Child and Adolescent Mental Health Services (CAMHS)**
  ChYPS co-produced a care plan pro forma which is completed with the young person and family and is easily printable and transportable and meets the needs of families.

  CAMHS has completed a piece of work to co-produce a progress report for young people with ADHD which can be used throughout their time with the service and can provide an

ongoing and cumulative record of their care and treatment and of the things that are important to them.

- **Brighton & Hove**
  The community teams have been reviewing the quality of care plans and are working to devise a minimum standards template which will help improvements. Additionally the Assertive Outreach Teams are reviewing their care planning process. This will be shared with carers and service users. Learning from this work will be shared across the CDS.

- **Learning Disability Services**
  The Springwell project (service user coproduction) is in its final phase and is coproducing a film with people with learning disabilities, it is about giving voice to people with a learning disability in their care. It is focussed on helping people with a learning disability understand how to be involved in their care and for staff to facilitate this. There is a set of involvement standards for staff to adhere to which have been developed by service users for staff.

  Over the coming year we will produce an additional film of the Springwell group to show the process of co-production as a model of National best practice. We will also use care planning for people with a learning disability to build on accessible care plans and make the process understandable for people who use our services which recognises complex communication needs.

- **Primary Care and Wellbeing**
  Primary care mental health services care planning is undertaken collaboratively with clients. Routine practice is for assessment outcome/ treatment planning communications to be made directly to clients with GPs/ referrers copied in.

  The most recent care planning audit completed in 2017/18 confirmed that 99% of clients are routinely actively involved in their own care planning.

  Clinical Health Psychology services have undertaken local training and clinical engagement via their monthly Governance Meeting in relation to the revised Personal Support Planning policy which was introduced in 2017.

- **Carehome Plus**
  This service is currently not on an electronic care planning system. 2017 saw the beginning of work to consolidate the documentation being used in the care home to an easier to use format. The service is reviewing systems which may provide the ability to share data effectively as appropriate with a view to implementing a new system.

Suicide Prevention

As part of our Clinical Strategy we have:

- Established a 'Towards Zero' Suicide Programme Board to oversee the implementation of a revised Suicide Prevention Strategy with Service User and Carer involvement as well as linking with other agencies and the community. This is chaired by the Chief Medical Officer
- Agreed areas of priority for action including reducing access to means, training and development of staff, access to interventions in a crisis, and patient/family collaboration in

safety planning, together with measurable outcomes that can be monitored and evaluated. The approach is underpinned by a consistent QI methodology.
- Undertaken a detailed analysis of local moderate/severe self-harm, near miss and suicide data to better inform the updated strategy
- Reviewed findings from Thematic Review of Serious Incidents for areas of learning
- Reviewed evaluation findings from the SAFE program in Hampshire

Last year, we said we would:

- *Report on the percentage of inpatients followed up within 3 days of discharge from acute inpatient units.*

  Of the 3,014 patients discharged from adult mental health inpatient services in 2017/18 1,984 were followed up within 3 days (excluding the day of discharge). This was 65.8% of patients, an improvement from 59.6% in the previous year.

% FOLLOWED UP WITHIN 72 HOURS

	2016-17				2017-18		
	Followed up	**Discharged**	**% <72 Hours**		**Followed up**	**Discharged**	**% <72 Hours**
Coastal West Sussex	534	960	55.6%		463	814	56.9%
North West Sussex	222	395	56.2%		297	464	64.0%
Brighton and Hove	377	654	57.6%		408	640	63.8%
East Sussex	733	1,124	65.2%		816	1,096	74.5%
Grand Total	**1,866**	**3,133**	**59.6%**		**1,984**	**3,014**	**65.8%**

The Clinical Care Intelligence team have developed regular reports on follow ups that will be used in monthly Quality and Performance Reviews.

- *Describe the clinical model for crisis home treatment, mental health liaison and 24/7 crisis care and work to secure the additional resources we require to deliver the full Five Year Forward View implementation. In doing this we will develop a new clinical model that breaks down barriers between community, crisis and acute services.*

This is a priority workstream within the Clinical Strategy.

We have identified the following outcomes as central to developing effective Crisis Care:

- Reducing admissions by Improved access, rapid response, effective gatekeeping
- Reducing relapse for Crisis Resolution and Home Treatment users by delivering frequent visits at home
- Improving service user experience through individualised care, range of interventions

We have completed a qualitative gap analysis which identifies areas of low fidelity to the University College London audit tool. We now need to understand what the impact of

developing these areas will have on demand and therefore on capacity. We are working with CCGs and finance and performance colleagues to quantify these areas with a view to informing a robust business case.

We are working to engage staff in the development process to promote a more consistent approach to crisis care across the Trust and we have delivered a one day workshop which was attended by crisis and urgent care staff and other interested groups, including Recovery staff, Approved Mental Health Practitioners and commissioners, to begin the process of identifying areas to prioritise for consistency across the Trust. We have secured funding from Health Education England for specific crisis care training which will provide a firm foundation for this work as well as assisting progress in improving the Service user experience.

A project group has been identified from the service managers in Urgent Care across the Trust to take this work forward in a co-ordinated and inclusive way.

- *Continue to build local Suicide-Safer Communities through initiatives working with local people and organisations led by public health teams*

And

- *Identify opportunities to introduce new clinical interventions such as 'Open Dialogue.*

And

- *Identify best practice and effective interventions with the support of Clinical Academic Groups*

In the autumn of 2017 the trust signed up to 'Towards Zero suicide' and joined the Zero Suicide Alliance. A refreshed approach to suicide prevention, towards zero suicide is based on the fundamental principle that suicide is not inevitable and can be preventable. Actions already completed this year include the establishment of a Towards Zero suicide steering group, continued collaboration with community partners and public health, development and roll out of recovery college courses on suicide prevention, bespoke training for Nurse preceptorship program, masterclasses for service users and carers and staff with a lived experience of suicide and engagement events with staff to begin the design of quality improvement initiatives. An official launch is planned for May 2018.

We have been working in co-operation with colleagues at NHS England and from the University College of London to understand the priority areas which will inform the new model.

- *Hold a "Making Families Count" Seminar as planned for 13th June 2017.*
  This seminar was run by NHS England and jointly hosted by Sussex Partnership NHS Foundation Trust and was attended by over 130 members of staff. The "Making Families Count" Seminar is in a format agreed with the 100 Families organisation, and the agenda was to promote the status of families in investigations, ensuring they are central to the process. Feedback following the conference indicated that all who attended found that what they heard and learned gave improved awareness and understanding of the need to

better involve families in investigations and explored opportunities for helping families to fully participate in reviews.

We have also run a number of Learning Events across the Trust. The sessions are open to all staff. We have run 10 sessions and the feedback has been very positive. Attendance is between 20-35 front line staff. Themes have been:

- Incidents in relation to medication.
- Incidents focussing on Involving carers. These have been co-facilitated by a carer.
- Incidents where the theme is risk.

In addition, the Governance Team facilitate feedback relating to specific Serious Incidents when they are quite complex. For example the outcome of a recent independent report into an incident was fed back to the two individual teams involved. Staff teams are requesting more bespoke feedback for their teams and there are sessions planned for individual teams.

The Governance Team also produce the ' Patient Safety Matters' briefing every 6 weeks – this relates to a theme and an Serious Incident, the national evidence, what we know about our Trust and actions the member of staff can take to improve safety. They are often co-produced by a range of professionals and on one occasion a carer. These have been very well received. This theme for April 2018 was working with people with a diagnosis of personality disorder.

Ensure that:

- *95% of patients discharged from hospital are seen within 7 days of discharge*
  In 2017/18 we met this target with 95.2% of patients seen within 7 days of discharge compared with 91.7% in the previous year. Further detail of our performance is outlined in section 2.3 above. The Trust reviewed and standardised processes for planning follow up of patients following discharge across adult services. Implementation of these processes has led to improved consistency of performance. The Trust intends to continue with this approach and review breaches to ensure continuous improvement.

- *95% of patients have a risk assessment*
  At the end of March 2018 there were 81.2% of patients who had a risk assessment completed or updated in the previous 12 months compared with 76.3% in the previous 12 months. Often risk assessments are completed in letters to patients and GPs, however, this information isn't always completed in the appropriate form on Carenotes. A standard template has been implemented to ensure that this process is simplified and to improve data collection relating to risk assessments.

- *90% of patients on CPA have a crisis plan*
  At the end of March 2018 there were 87.9% of patients on CPA who had a crisis plan which was an improvement from last year's performance of 78.4%. Similar to CPA reviews, pressures on community teams mean that these have not been completed. The form now sits within the CPA care plan review form and is mandatory to complete. It is expected that completion rates will improve over the coming year.

Progress on Suicide Prevention in each CDS

- **East Sussex**
  There has been a significant increase in the number of people followed up within seven days of discharge from an inpatient ward

  The East Sussex Recovery College piloted the first suicide preventions and awareness course and ran two courses in 2017. The course was run in partnership with Sussex Community Counselling. New courses for carers and people with lived experience of suicidal feelings and thoughts are in the 2018 prospectus.

  The CDS has set up an urgent care lounge in Hastings, avoiding A&E if there is no medical need. Additionally there is a Staying Well space providing by Southdown for out of hours support 7 days a week evenings for people in crisis to get advice and support.

- **West Sussex**
  The CDS has identified suicide prevention leads in both North West and Coastal. There are small QI projects planned including an inpatient project on Rowan ward and we are consistently using learning from Serious Incidents to support and to keep people safe as well as constantly looking at innovative ways with our partners in West Sussex. We have launched Pathfinder to support people in distress which is an alliance with eleven third sector providers providing clinical support and who are able to refer directly to our crisis services.

- **Forensic Healthcare**
  The CDS has a suicide prevention action plan and have been working very closely with partners especially within HMP Lewes where there are initiatives to reduce suicide across the prison population. During 2017/18 inmates with mental health issues requiring inpatient care have been prioritised for transfer to mental health hospitals promptly; aiming for transfer within 14 days. The Forensic Healthcare New Care Models across Kent, Surry and Sussex (KSS) has helped services increase their responsiveness to prison transfers preventing patients from being transferred out of area where possible.

  The Forensic healthcare Clinical Academic group (FCAG) has developed a menu of interventions which includes addressing the needs of patients with depression; self-harming behaviours and suicidal ideation. The CDS meets the Trust targets of 95% of patients discharged from hospital are seen within 7 days of discharge; 95% of patients have a risk assessment and 90% of patients on CPA have a crisis plan.

- **ChYPS / CAMHS**
  ChYPS CDS delivered the SAFE campaign across Hampshire, a year-long campaign to highlight suicide to communities, including art exhibitions, workshops for young people, professionals and families and media promotions.

  ChYPS also reviewed its risk training package to promote zero harm and delivered to staff across both Hampshire and Sussex in a case discussion mode.

Perinatal services have introduced the risk processes appropriate for the people who use their services which are co-produced with the patient and those who care for them in a holistic way and can be transferred with them to any future service provision.

- **Brighton & Hove**
  The first of five general risk training sessions was delivered in February which received positive feedback. A key suggestion was to ensure teams had dedicated time to update and review risk formulations and plans together.

  There was a Brighton and Hove Stakeholder day led by Public Health held on 21 March 2018 and a plan for 2018-2019 will be developed.

  Following a pilot, the self-harm clinic in A&E has now been commissioned.

- **Learning Disability Services**
  Last year we have developed mental health and behaviour support pathways involving service users, carers and commissioners these will ensure that people with a learning disability get access to the right mental health care and behaviour support. We have continued to raise the profile of the needs of people with autism in mental health services and champion the need to provide better health care through our work with the Transforming care partnership.

  This year we will make sure our neurobehavioral service is more closely linked with the suicide prevention strategy so that the needs of people with autism are considered further. This year we will further develop the mental health and behaviour support pathways, embed them in practice, complete a baseline standards audit, and introduce outcome measures for each pathway.

- **Primary Care and Wellbeing**
  Health in Mind have rolled out their Report and Learn Forum during 2017/18 with a view to improving reflection and learning in relation to serious incidents including those involving suicide.

  The CDS is actively involved in the Trust's 'Towards Zero Suicide' group and will review the CDS-specific Suicide Prevention Strategy to incorporate principles and best practice arising from this group.

- **Carehome Plus**
  The specialist nature of the Carehome Plus CDS in providing later life and dementia care means that targeted actions for Suicide Prevention are not directly relevant for the groups of service users.

Physical Health

Last year, we said we would:

- *Communicate a clear vision for what good integrated physical and mental health care should look like*

We continue to work closely with primary care and wider health and wellbeing services to look at more integrated working and better communication. Our new physical health assessment form includes all information about relevant physical health assessment and interventions in one place which can be communicated to primary care and incorporated into peoples' care plans enabling metabolic parameters monitoring. We have established our new physical health care team. In West Sussex, Brighton and Hove we have dedicated physical health co-ordinators that carry out annual physical health checks and support people to access local healthier lifestyle services, this has led to significant improvements. There are plans in East Sussex for a new service developed with NHS England and public health funding. We have held "pop up" clinics in inpatient settings especially where people have historically had problems accessing primary care such as on our female forensic ward. We have developed a number of training programmes both on line and face to face for all levels of staff to understand physical health better in order to really embed the culture of integration with physical health and run a joint programme for medical staff with Brighton & Sussex Medical School.

- *Fully implement NEWS. The agreed layout and supporting documentation is finalised and Trust-wide implementation has begun The Physical healthcare team and pilot sites will champion this work as early implementers and will buddy up with other services to support the transition from MEWs to NEWS with accompanying monthly audits cycles.*

  The National Early Warning Scoring Tool (NEWS) has been implemented in all Trust inpatient settings. Implementation has been supported by a comprehensive training tool and competency workbook and is enhanced by face to face training sessions including clinical scenarios from practice delivered by the physical healthcare team.

- *Ensure all our services have access to Sussex Partnership's Physical Healthcare team for urgent advice Monday to Friday.*

  The Physical Healthcare team are available via email and telephone. Additional out of hours support has been provided to all teams where there are complex and urgent physical health requirements such as sepsis.

- *Undertake and evaluate a quality improvement project to implement falls detection technologies*

  This has been piloted on Meridian Ward in Brighton and Hove.

- *Improve the monitoring of Trust-wide compliance with the Code of Practice for Infection Control through an Infection Control Committee that includes incident reporting, learning from incidents, training, national and local guidance*

  We have established an Infection Prevention and Control Committee which has a focus to share learning from incidents and local best practice guidance. We have developed a bespoke Link Practitioner course for local leads which is underpinned by a role profile.

- *Expand our perinatal and liaison psychiatry services as well as expand our Improving Access to Psychological Therapies (IAPT) services to meet the needs of people with long term conditions and medically unexplained symptoms*

In October 2016 NHS England awarded Sussex and East Surrey Sustainability and Transformation Partnership £4.6 million over 3 years to set up and deliver specialist community perinatal mental health teams across Sussex and East Surrey. This money was to expand and develop the existing small perinatal community services in Brighton and Hove and East Sussex. The teams were set up according to the Royal College of Psychiatry Perinatal guidance. The new service is a member of the College Centre for Quality Improvement network, undergoing yearly peer reviews and aiming for accreditation in 2019/20. Total caseload at present is 611 and the average wait for assessment is 13 days. As of the end of March 98.7% of service users were assessed within 4 weeks for routine referrals and 100% within 5 days for priority referrals.

NHS England funding was secured for increased older peoples liaison services in Princess Royal Hospital which has helped improve assessment times, length of stay, patient flow and patient experience. In Brighton and Hove we have secured investment to extend the hours of the liaison services. An evaluation is being completed during 18/19 with a focus primarily on length of stay reduction for older people on acute medical wards. We have also worked across Sussex to improve joint care planning for frequent attenders to A&E.

Our Increasing Access to Psychological Therapies (IAPT) services for those with long term physical health Conditions have developed integrated pathways, such as in the new pain management services Eastbourne, and piloted training of staff in acute hospital services in advanced communication skills so they can incorporate psychological care successfully. There is ongoing work on cardiology, neurological rehabilitation and a pilot service with primary care for complex medically unexplained symptoms. We have supported the development of a patient guide written by one of our experts by experience in psychology services for people with long term conditions with support of Faculty of Clinical Health Psychology.

In 2016/17 our aim was to ensure that:

- *90% of inpatients have their weight and height recorded and BMI calculated*

And

- *95% of patients admitted receive a physical health assessment*
  59.4% of inpatients had a physical health assessment in 2017/18 which would have included weight and height recorded and BMI calculated. This is an improvement on the 2016/17 performance of 41%. A higher number of patients in both years would have had weight and height recorded and BMI calculated as this is a component of the full physical health assessment.

Progress on improving Physical Healthcare in each CDS

- **East Sussex**
  Development of bespoke physical healthcare roles including an urgent care physical health champion in Hastings

  Local bitesize training has been provided for urgent care staff

Work has been undertaken to ensure that physical health is incorporated in to care planning

- **West Sussex**
  There are physical health workers appointed and working across North West Sussex and Coastal specifically providing physical health checks and supporting well-being. A multi-disciplinary staff engagement event has been held to promote standardised ways of working with regards to supporting physical health. Our lead nurse in the community is running a QI project to support standardised learning and working across West Sussex.

- **Forensic Healthcare**
  The CDS has formed a physical health steering group during 2017/18 to ensure physical health assessments are undertaken and to monitor and improve physical health outcomes. Forensic Healthcare has a combination of physical health care nurse practitioners and GPs within the offender health care and secure inpatient services. Hellingly is negotiating with a local GP service for further primary health care services and have employed a physical health nurse practitioner during 2017/18. The Chichester centre has employed a GP during 2017/18 to replace the previous GP who retired from her post.

  Negotiations with Public health England have now identified local services to ensure patients have access to national screening services despite not being registered with a GP. The national early warning scores (NEWS) have been introduced within the CDS and are embedded within the services. The FCAG has identified a number of good practice physical healthcare supports within its menu of interventions and monitors this through the Physical Healthcare steering group. The CDS are compliant with targets of 90% of inpatients have their weight and height recorded and BMI calculated and 95% of patients admitted receive a physical health assessment

- **ChYPS / CAMHS**
  The Early Intervention for Psychosis (EIP) service have focused on developing their skills and expertise in relation to physical health with excellent results and increased confidence in supporting service users in a holistic way.

  The newly established eating disorder services have focused on physical health in risk assessment and care planning which was included is incorporated into their bespoke training package.

  The “new to CAMHS” modular training incorporates sessions on physical wellbeing and child development to increase confidence in all staff groups

  Chalkhill inpatient unit have identified a physical health champion for the ward who is dual trained and is working with and training other ward staff of all disciplines in supporting physical wellbeing.

- **Brighton & Hove**
  Falls and risk awareness training for staff has been undertaken and completion of falls prevention action plan. We have held a falls awareness event for service users, carers and staff which was delivered jointly with physical services.

Community services have developed two Health Care Assistant posts to work across Brighton & Hove to support teams carrying out physical health checks. Each team has a physical health lead and all meet monthly at the CDS Physical Health Circle to ensure that everyone is up to date with new innovations in physical health and to update each other on the progress in each service area. Feedback received from service users has been very positive.

Through our Greenlight Meeting we are ensuring that service users with a learning disability and mental health problem are receiving reasonable adjustments when physical health checks are carried out.

- **Learning Disability Service**
  The CDS continues to provide specialist health care provision to people with a learning disability who have complex physical health needs. We have established a complex physical health care pathway specific to people with a learning disability.

  This year we will further develop the pathway with users cares and commissioners, embed it in practice, complete a baseline standards audit, and introduce outcome measures.

  At the Selden Centre we will develop a physical health and wellbeing programme for the service to promote positive physical and mental health for our service users and staff at the service.

- **Primary Care and Wellbeing**
  The CDS with both Clinical Health Psychology and Primary Care Mental Health service provision across Sussex has been at the forefront of developing and improving integrated working arrangements between mental health and physical health service provision across both community and acute physical healthcare settings. Examples of innovative practice and service development include:
    - A pilot Clinical Health Psychology/ MDT service in Brighton for patients presenting with medically unexplained symptoms
    - A pilot Clinical Health Psychology service for patients within ITU in Eastbourne (recently confirmed funding for this to be established as a mainstream funded service).
    - The development of clinical pathways and CBT/ psychological therapy based services across a range of long term conditions in East Sussex including diabetes, CVD and CHD.

- **Carehome Plus**
  The service provides for people with complex needs and end of life requirements and has been working in close partnership with other trusts, charities and social care providers.

Patient and Carer Engagement and Experience

Last year, we said we would:

- *Improve in staff survey key finding 32 "Effective use of patient / service user feedback.*

The 17/18 survey saw an overall improvement in key finding 32. In 2 of the 3 elements that comprise it (receiving regular updates and feedback being used) the trust is now meeting or exceeding the national average.

- *That we implement and improve on the results of our Sussex Experience Survey*
  We have improved our score in the National Community mental health survey from 66.4% in 2016 to 66% in 2017. Recommendations where we score worse than other Trusts (care review, medicine review and finding support for physical health needs) have been integrated into service improvement plans with designated leads. Although there has been an improvement in this score we remain in the lowest 20% of trusts for the national community mental health survey.

- *Carers: Work to achieve Triangle of Care membership and implement the Triangle of Care way of working*
  The Trust became a member of the Triangle of Care on 1st August 2017. The Trust's first year of membership to Triangle of Care will run until August 2018, at which time the Carers Trust will evaluate their progress. In recognition of their commitment and progress made, the Trust received an award from Care for the Carers, a key strategic partner for the Triangle of Care.

- *Service User and Carer groups: Establish local service user and carer forums in all localities to focus on service improvement*
  Working Together groups and service improvement projects have been established in acute and community adult and forensic services across the organisation. A range of service improvement projects have emerged from these including developing the ward garden at Meadowfield Hospital and improving ward rounds.

- *Service User and Carers Involvement Opportunities: Develop and maintain a database of service users and carers who want to be involved with Sussex Partnership and actively seek to engage people from age groups, backgrounds and cultures that are not well represented at the moment.*
  The Participation data base has been developed and currently holds details of over 400 people who have expressed an interest in participation. These people are routinely offered training and support in their Expert by Experience role. The 4Pi Participation standards have been used to develop a request and placement process to promote the development of high quality participation opportunities

- *We will undertake new Quality and Safety Reviews, with service users, carers and Governors taking a leading role in identifying concerns and gathering feedback about services.*
  Service users and carers have been involved in parallel Quality and Safety visits throughout 17/18 where the results have been integrated into the Governance led Quality and Safety reviews. This has created high quality opportunities to feedback on services valued by service users and staff in the services visited.

- *We will develop training to support service users and carers to sit on interview panels and to take part in service improvement work*
  150 service users have been trained in a series of one day workshops delivered by a peer trainer through the Recovery College. We have also co-developed and co-delivered, with

Recovery Partners, a peer lead organisation, a three day higher level workshop to support 21 service users. This workshop was designed to support participation in more strategic roles such as on CAGs and Quality sub-committees of the Trust Board.

- *We will also ensure we are able to offer service users, carers and peer workers greater opportunities to access further education and employment*
  This is an ongoing trust commitment and part of Clinical Strategy Participation supporting work stream. In Q1 18/19 we are refreshing the Involvement strategy to make the alignment of participation work with recovery goals more explicit.

- *Peers: Develop and implement a peer strategy for the organisation to support the ambition of having a peer worker in every team by 2020.*
  The trust has a peer strategy and has co-developed with peers and 3rd sector organisations a Charter of Principles for working with people with lived experience including paid peer roles. We have developed a peer apprenticeship programme to scale up paid peer roles and redeveloped our peer supervision and continuing professional development opportunities. We have employed a service user leader to lead this work.

- **East Sussex**
  The new Personality disorder service "Thinking Well" (named by service users) has been entirely co-produced alongside people with lived experience. Service users have participated in focus groups and two individuals have been part of the steering group since 2014. These individuals have shaped the service specification and service model and were very much part of the induction and training package for the new team. The service user representatives are both now working within the new service one as a paid Peer and the other as a volunteer service user consultant.

  An urgent care carers leaflet has been designed,

  The Triangle of care group is looking at how to ensure that we learn from carers experiences when reviewing Serious Incidents.

  We are currently in the process of planning staff training in Hastings around carers' awareness, confidentiality, sharing of information, Triangle of Care and carers support.

  Acute services have carers monthly clinics held at Woodlands by Care for the Carers offering inpatient and CRHTT carers support

- **West Sussex**
  The Adur team has created a carers induction and support pack which was a coproduction with carers; this is now being rolled out across community teams throughout West Sussex. Every team across the County has had carer training delivered and there is a carer attending mini CAGs across the CDS. Langley Green have set up Carer support drop in sessions and have just recruited a carer lead post. The carer support meeting started in Langley Green has been extended to be a collaboration between the inpatient unit and the community and the feedback has been very positive. Meadowfield also has a carers support group.

- **Forensic Healthcare**
  The CDS has a Service User Lead (expert by experience) employed as part of the leadership team.

  The 'Working together groups' have further developed throughout 2017/18 contributing to the formation of local polices and protocols.

  All inpatient wards have 'patient consultants' who represent the views of the other patients and attend business meetings.

  Peer support workers have been embedded within Hellingly and now there are plans to extend the amount of Peer support workers across the CDS utilising the apprenticeship scheme.

  All services with the CDS have a carers forum and a carers lead.

  The New to Forensic induction and training programme being developed will include patients and carers as well as staff. The Forensic Recovery College is also being co-produced by patients and staff.

- **ChYPS / CAMHS**
  ChYPS have reviewed and refreshed and co-produced the CDS Participation Strategy to incorporate feedback from as wide a group as possible including families.

  ChYPS have established a short life group to work with the CAG to establish clarity around consent from young people and communication mechanisms to ensure inclusion and confidentiality are managed appropriately.

  Hampshire CAMHS undertook a partnership project with the arts council which produced films and artwork for use by young people which were showcased in Eastleigh in March 2018.

  The new co-produced website for Hampshire CAMHS was launched in March 2018 as part of our communications strategy. The website will localised and launched in Sussex in autumn 2018.

  The 2018/19 operational plan includes the feedback gained through working with young people on the areas they want to see some improvement in which have been included in the plan's objectives.

- **Brighton and Hove**
  We have an established Service User and Carer engagement CDS steering group that meets bi-monthly and has Experts by Experience as part of the membership.

  We are developing a carers' hub at Millview. This will deliver bespoke carer awareness training for ward staff as difficult for them to access training delivered in community.

  Community services are sending out Carers information with first appointment letters and reviewed our service information leaflet.

We have improved the website pages for Brighton & Hove which is being led by our Communications Officer.

In addition, we have also been responding to service user and carer feedback which has highlighted the need to:

- Improve our understanding and the experience of people with Autism spectrum disorder within mental health services – we have shared links and information with colleagues to enhance awareness and shared the feedback with those leading on the Autism Pathway for the Trust.
- Improve the quality of information given to people in our in-patient service - ongoing work is now taking place to develop our in-patient information pack with service user involvement.
- Consider how we are managing conversations with service users and carers at times when we are not able to offer a service and how we help maintain a sense of hope and signpost onto other organisations where appropriate – this is an ongoing piece of work.

- **Learning Disability Services**
  This year the CDS has focussed on its carer strategy at the Selden centre this has included regular feedback from carers of people using the service , involving two local carer organisations the West Sussex Parent Carer Forum and Carer Support West Sussex regarding the development of a welcome letter and our carer strategy . Selden offers welcome packs for carers and clients in an accessible version.

  The CHAT (carer health and training) project has been launched in West Sussex. This is a coproduced project with Carer Support West Sussex, where clinicians and family carers are designing a series of wellbeing and educational events for families. The project focuses on what helps families "bounce back "and how clinicians can support this in a range of innovative ways outside of the traditional referral process.

  The CDS has also created a permanent user participation post to work with Team Springwell as service user group all focussed about people having a voice in their health care.

- **Primary Care and Wellbeing**
  The primary care mental health services have continued to develop their local service user fora and are engaging proactively with the recently reformed Positive Experience Committee to ensure best practice is shared.

  The CDS has collaborated with the Education and Training Dept in a successful bid to establish Wellbeing College courses in East Sussex underpinned by the Recovery College model with co-designed and co-delivered courses working with peer trainers.

  The CDS is reviewing the Triangle of Care approach to develop a CDS strategy to improve the engagement and involvement of carers in the development and provision of clinical services.

- **Carehome Plus**
  There has been good progress with the planned engagement and involvement work stream, with positive feedback from service users and their families. We are pleased to be working closely with one of the Trust's Non Executive Directors to continue to develop this further.

Staff Health and Wellbeing Development

Last year, we said we would:

- *Sickness levels are maintained at or below 3.5%*

  The Trusts sickness rates for 2017 (Jan-Nov) was 4.39%, this was an improvement on last year's performance of 4.7% and the sector average score for mental health trusts of 4.73%. Bite size training for managers on supporting staff with sickness, has been delivered to managers across the Trust, with a particular emphasis on supporting staff early and at an informal stage. The Employee Relations team in HR have been providing support to managers across the Trust, holding regular meetings with managers of those with high levels of sickness to offer focused advice and support. Sickness levels remain an agenda item at key management and assurance management meetings to retain focus. The Trust has retendered its Occupational health contract, and is in the process of changing the online referral form and outcome reports to ensure usability and effectiveness.

- *80% of staff receive clinical and/or managerial supervision 6 weekly*

  Clinical Supervision Rates by service:

Core Service	July/August 2017	November 2017
Child and adolescent mental health wards	100%	100%
Forensic inpatient	100%	100%
Specialist community mental health services for children and young people.	90%	90%
Community-based mental health services for older people	80%	95%
Wards for older people with mental health problems	76%	80%
Mental health crisis services and health-based places of safety	73%	81%
Community-based mental health services for adults of working age.	63%	85%
Long stay/rehabilitation mental health wards for working age adults	62%	83%
Acute wards for adults of working age and psychiatric intensive care units.	57%	91%
TOTAL	**76%**	**89%**

The Education and Training department offer managers regular training sessions on supervision and appraisals, including how to support staff effectively, particularly around appraisal time.

- *90% of staff receive an annual appraisal*

  90% of respondents in the 2017 staff survey stated they had had an appraisal. On the My Learning system 61% of staff are recorded as having an appraisal compared with 17% in the previous year, but there are known issues with this centralised record being not fully completed.

  The Education and Training department offer managers regular training on supervision and appraisals, particularly around pre appraisal time, communicating and developing managers on how to support staff effectively through supervision and appraisals. Work has been undertaken to improve the centralised record system MyLearning to ensure better recording of appraisals. The centralised record provides a way of following up regularly with areas where appraisals are not shown as being fully completed.

- *Work with staff to help them to produce the quality of work and patient care that they aspire to.*

  The Trust scored 3.70 in the 2017 staff survey for staff reporting that they felt satisfied with the quality of work and patient care they were able to deliver, which was no change from 2016, but maintains the increases seen in previous years and this is on a par with the national average.

  The Trust's OD Practitioners have been supporting team away days with the aim of designing and delivering days with staff which support them to deliver the best patient care possible.

- *Continue to encourage, support and enable staff to report errors, near misses or incidents, and share the learning from these within and between teams.*

  Fairness and effectiveness of procedures for reporting errors, near misses and incidents was one of the areas of improvement identified for the Trust and in the 2017 staff survey, 3.77 up from 3.73 in 2016. In particular staff being given feedback about changes made in response to reported errors has improved, notably since the publication of the thematic review.

  This has been an area that has been of continued focus, with regular Trust wide and also local communications about encouraging staff to report errors as well as communicating the outcomes of incidents. Learning forums are held for staff and also management meetings to discuss incidents and share and develop learning from them.

- *Improve working environments and create the opportunities for development & career progression which will improve the retention of staff and reduce the pressures at work.*

  The annual estates plan has continued to improve working environments wherever possible.

Work has been underway to begin to develop apprenticeship pathways. The first cohort of Nursing Associates started Mar 2018. Several corporate departments have apprentices. There is ongoing work to develop other clinical and non-clinical apprenticeships.

One of our top ranking scores from the 2017 staff survey was the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (88% compared to sector average of 85%).

We encourage internal progression opportunities wherever possible, such as offering acting up opportunities via expressions of interest to pools of internal candidates, or secondments where staff can develop skills and experiences. The Trust runs several developmental programmes such as Emerging Leaders, Leadership Development Programme and Organisational Development Practitioners, all of which have all held cohorts in the past year.

- *Create conditions to enable staff to be up to date with their essential training e.g. protected time for learning and development activities*

  Different services and teams from across the Trust have been doing localised initiatives to enable staff to have protected time for completing essential training, e.g. 'pizza days', setting up additional temporary computer areas, training days, amending shift pattern times to enable increased time at crossover times for completion of mandatory training. 81% of staff are recorded on the My Learning record system as being compliant with statutory and mandatory training. The target is 95%.

  Work is being done to increase the capacity to deliver statutory and mandatory training such as increased online training and additional PMVA trainer time.

- *Continue and increase the support for staff health and wellbeing*

- *Develop a sustainably funded staff wellbeing programme and define the range of evidence-based interventions that will be offered including resilience training*

  The health and wellbeing annual programme of events have continued, including a team walking challenge in 2017 that nearly 25% of the workforce took part in. Over 200 staff took part in a HEKSS funded research study into the efficacy of either mindfulness course or a 1 day CBT course.

  Organisation and management interest in, and action on, health and wellbeing was an area of improvement in the 2017 staff survey from 3.66 in 2016 to 3.78 in 2017.

- *Continue encouraging and enabling staff to report experiences of harassment, bullying or abuse*

  Both the Bullying and Harassment Advisers and the Freedom to Speak Up Guardian have been promoted across the Trust. These have been promoted through CEO Briefings, intranet news items, updates in the staff weekly news bulletin. The percentage of staff / colleagues reporting recent experience of harassment, bullying or abuse in the 2017 staff survey was 56%, compared to sector average of 61%.

This has been an area of continued focus, with regular Trust wide and also local communications about encouraging staff to report experiences of harassment, bullying or abuse, as well as communicating the outcomes of incidents. Learning forums are held for staff and also management meetings to discuss incidents and share and develop learning from them (where appropriate).

- *Encourage staff / colleagues to report experiences of violence experienced at work*

  90% of staff in the 2017 survey stated they had reported their last experience of violence at work, compared to sector average score of 93%.

  This has been an area of continued focus, with regular Trust wide and also local communications about encouraging staff to report experiences of violence as well as communicating the outcomes of incidents. Learning forums are held for staff and also management meetings to discuss incidents and share and develop learning from them.

- *Ensure staff are well informed on how and where to gain access to mentoring and coaching*

  The Trust has a few trained coaches who have completed the NHS Coach to Lead Programme and offer coaching to internal staff. Discussions have been taking place of how to strengthen and develop our coaching offer to staff.

- *Promote the use of our internal Bullying and Harassment Advisors Service*

  The internal Bullying and Harassment Advisors have been promoted throughout the Trust, including weekly staff bulletin, intranet news item, posters, and are more widely known about. The Freedom to Speak Up Guardian enables staff to feel safe raising concerns to someone independent of the management of the Trust.

- *Ensure all staff receive regular supervision and annual appraisals where workload and wellbeing can be regularly reviewed. The updated appraisal form has a section on staff wellbeing.*

  The updated appraisal form has a section on staff wellbeing. 90% of respondents in the 2017 staff survey stated they had had an appraisal. On the My Learning system 61% of staff are recorded as having had an appraisal, but there are known issues with this centralised record being not fully completed.

  The Education and Training department offer managers regular training on supervision and appraisals, including how to support staff effectively, particularly around pre appraisal time.

- *Give all teams two days out over the course of the year to work on improving their effectiveness*

  The two days out per year have been promoted across the Trust and have been championed at CEO Briefings in particular. At the most recent CEO Briefing approx 80% of staff present reporting having had their team days over the past year.

Communications to all staff about the team days out have included CEO briefings where presentations about the benefits of team days have been given. The Trust's weekly all staff bulletin has included promotions about the Trusts support of all staff having 2 team days out per year and the support available for holding these. Support includes the Trusts in-house trained Organisational Development Practitioners who can work in partnership with managers to develop and facilitate away days.

Progress on improving Staff Health, Wellbeing and Development in each CDS

- **East Sussex**
  We have supported Staff Away Days, incorporating a focus on wellbeing.

  Physical health checks have been offered for over 40s.

  A Senior nurse Practitioner pilot has been run in East Sussex urgent care services to support staff wellbeing and development, support with more complex cases and to provide clinical supervision

- **West Sussex**
  All teams have two away days planned which has been very successful.

  Langley Green Hospital have adopted the Leader Leader model to encourage all staff to develop and to support contributions to service developments.

  We have developed a fortnightly update to keep all staff up to date with the changes to the section 75 arrangements with West Sussex County Council and have held an event with 56 attendees. We have now agreed and put into place Social Care professional leads working in identified localities supporting colleagues across localities with the Xare Act. We provided, with the support of our HR business Partners, two staff well-being events which were well attended.

- **Forensic Healthcare**
  We have implemented a 'workforce steering group' in 2017/18 to monitor staff health and wellbeing, including sickness rates, as well as recruitment and retention chaired by the HR Business Partner. The CDS leadership team have attended numerous staff engagement forums throughout 2017/18 addressing staff issues leading to a number of service developments and initiatives such as improving facilities for staff breaks. Reflective practice and debriefs are embedded within Forensic services to support the teams. Staff wellbeing forums are being developed.

  Numerous staff within the CDS have been sponsored to undertake the Open University Nurse Training course and have applied for the new Nurse Associate training course. In addition to this a mental health worker post graduate course has been developed with the local university and six post graduate students are within Forensic services. The CDS continues to work diligently to reduce sickness levels to reach the Trust target of below 3.5%. The service is compliant with 80% of staff receive clinical and/or managerial supervision 6 weekly and 90% of staff receive an annual appraisal (in regard to appraisals

completed and booked to occur within 2017/18). A local updated action plan will be developed based on the 2017/18 staff survey results.

- **ChYPS / CAMHS**
  Working on areas identified within the previous year staff survey, the CDS has focused specifically on wellbeing and increasing engagement and as a result has:
    - Facilitated a whole service away day in both Hampshire and Sussex with sessions on wellbeing.
    - Undertaken a staff wellbeing survey and formed a wellbeing group.
    - Supported local initiatives to improve team wellbeing from protected reflective time to team mindfulness training.

- **Brighton & Hove**
  The psychology & psychological therapy team attend the ATS team away days. This year Physical health checks and Flu vaccinations have been offered to staff.

- **Learning Disability Services**
  A number of staff raised concerns about their health and wellbeing due to work related pressure at the end of 2017. Line Managers actively supported staff by meeting with them to review workload and discuss issues and the team in Hastings used their team day to look at how they can support each other.

  The Clinical Director met with most teams to discuss their health and wellbeing and took actions to address some of the issues raised e.g. parking issues for the community teams.

  The Clinical Director and HR Business Partner have agreed to create a CDS Health and Wellbeing group to focus on the Health and Wellbeing of staff within the CDS and to co-create a Health and Wellbeing plan. Staff will be invited to join this group and work together with HR and managers to identify issues and solutions in partnership.

- **Primary Care and Wellbeing**
  Both key clinical service areas (Primary Care Mental Health and Clinical Health Psychology) have undertaken local staff wellbeing surveys to further understand issues affecting staff wellbeing and service needs. These surveys, alongside feedback from the NHS Staff Survey, have been used to develop service-specific staff wellbeing improvement plans.

  Service away/ development days have been held for both primary care mental health and clinical health psychology services to support staff engagement in planning service developments and to also support staff wellbeing.

- **Carehome Plus**
  We have received good staff survey results for Lindridge. The service is working closely with our HR Business Partner to continue with our strategy to support staff resilience, wellbeing and development. With the appointment of a sign off mentor and Registered Nurses with mentorship experience Lindridge is now able to support Return to Practice nurses and has its first Nursing Apprentice commence early 2018.

a. Duty of Candour

Sussex Partnership NHS Foundation Trust is committed to ensuring that the services we provide are safe and of high quality. If something goes wrong in the care of a patient, the Trust is committed to being open, honest and transparent about the error, and ensuring that information about it is appropriately shared, learning disseminated and required changes made and embedded.

The Trust uses the Ulysses incident management system to record all incidents. Within the system there are clear fields to record the Duty of Candour process i.e. a Duty of Candour tab which includes fields to note 'Has the relevant person been contacted?', 'Was written explanation given?' and 'Was investigation report sent?'. The system allows for documentary evidence to be uploaded to the incident.

When an incident is reported and has an actual impact of moderate, severe or death and is noted as a patient safety incident an automatic email is sent to the Duty of Candour Lead and the Matron / Service Manager to inform of the need to fulfil the Duty of Candour requirements. The email details the process to be followed, where to find guidance on recording Duty of Candour, template letters and guidance on the regulation.

Training has and continues to be given by the Clinical Governance Team on Duty of Candour through Patient Safety Events, Incident training and ad hoc training for individual staff.

The Quality & Safety Assurance Manager reports monthly to the Performance Team on compliance with Duty of Candour for serious incidents and a weekly report of outstanding incidents is sent to Service Directors and General Managers of operational services.

In 2016/17 we reported 88% compliance with the initial Duty of Candour conversation 10 working day timescale. There were 204 incidents that met the Duty of Candour criteria in this period. Of these 10 were not completed as: 5 cases had no Next of Kin or no contact details for Next of Kin; in 4 cases it was considered clinically inappropriate to make contact; and in a further case contact was not made due to safeguarding reasons. Of the remaining 194 incidents 24 (12%) were contacted after the 10 working day timescale.

In 2017/18 we reported 93% compliance with the Duty of Candour 10 working day timescale. There were 129 incidents that met the Duty of Candour criteria in this period. Of these, 6 were not completed as: 3 cases had no Next of Kin or no contact details for Next of Kin and in 3 cases it was considered clinically inappropriate to make contact. Of the remaining 123 incidents, 9 (7%) were contacted after the 10 working day timescale. This was as of 9th April 2018.

3.2 South of England Mental Health Quality & Patient Safety Improvement Collaborative

As agreed with our local Clinical Commissioning Groups, Sussex Partnership NHS Foundation Trust no longer participates in the Sign up to Safety campaign. The Trust participates in the South of England Mental Health Quality & Patient Safety Improvement Collaborative. The collaborative is funded and supported by the three Academic Health Science Networks (AHSNs) in the South of England. In partnership with the three AHSNs, the Collaborative is led and delivered by a faculty of

15 committed professionals. Membership to the Collaborative made up from the fifteen Mental Health Trusts in the South of England.

The Collaborative empowers people with lived experience and healthcare staff to work together to identify and develop solutions to local problems. These will then be implemented and tested within local healthcare organisations before being shared nationally with other collaboratives.

The Collaborative support individuals, teams and organisations to build skills and knowledge about quality and safety improvement, creates space and time to work on safety issues, and provides opportunities to continually learn from each other.

Three Learning Sessions have been held in the 2017/18 year and 24 staff have attended. The LIFE web platform is used by the collaborative to note improvement projects and currently there are 18 active projects noted. Details of three ongoing projects are below.

1. **Risk & Safety Team**

   Aim - To increase no harm incident reporting by 100% by December 2018

   The rationale for this project is that the trust has historically been a low reporter of no harm incidents and it is recognised nationally that Trusts that report higher numbers of no harm incidents have better safety cultures.

   The clinical governance support team are currently testing 'incident workshops' and held the first at Langley Green Hospital in January. Mill View and Meadowfield sites have also signed up to host workshops.

   The incident eLearning package is currently being reviewed and tested with frontline staff. The incident form is currently being reviewed.

   The team have also produced posters and help documents to inform staff why it is important to report incidents.

   The Risk & Safety team continue their project to improve no harm incident reporting by 100% in 2018. For Q4 although no harm incidents decreased by 101 (6%), low harm incident reporting increased by 210 (44%). In the future the team will review the incident form to ensure that it captures relevant information to help staff in timely reporting.

2. **Brunswick Ward**

   Aim - 100% of Brighton and Hove patients admitted to have outreach appointment by 30/06/18.

   This project aims to address an issue that carers and families were not involved in a patient's admission identified through 2 incidents on the ward and carer feedback. The Ward Manager on Brunswick Ward introduced a 48 hour contact rule which meant the family would be contacted at the very latest 48 hrs into the patient stay, ideally beforehand by a nurse who would tell them about the ward and answer any questions. The ward have adopted a co-production approach. The ward team, our community colleagues, patients and

their loved ones, as well as input from our links with the Alzheimer's Society have all contributed towards our project.

The matron or ward manager now visit carers and families before the patient is admitted. They conduct a falls risk assessment in the patient's home so they can be prepared when the patient comes in and they talk to the family about the patient and gain as much information that will be useful to the nursing team as they can. They might also take a few of the patient's belongings so they can be ready on the ward to help them feel more comfortable in unfamiliar surroundings. Family members now receive a phone call within a 48 hour window of their admission and they are given the matron as a point of contact. With a large staffing team carers might see a different person each time they come to visit so having the matron as their point of contact gives some continuity.

Carer feedback has been really positive and Brunswick has not had any complaints since starting the project as staff and families are working in partnership to provide the best care for the patient. Staff are happy because they are equipped with knowledge about the patient before they come in so are prepared and able to provide the right care.

3. **Eastbourne ATS**

Aim - 80% of our patients receiving Long Acting Injections will have had correspondence sent to their GP informing them of their patient's compliance with prescribed treatment.

The urgent care services aim is to significantly improve our service's communications with local GP's in relation to service users' compliance with prescribed Long Acting Injections. The second aim is to ensure that all service users prescribed a Long Acting Injection receive an annual medical review as a minimum standard.

The QI project is well underway now, we have established a database and are in the process of arranging a medical review for all relevant service users as well as offering physical health monitoring. Correspondence is being forwarded to GP's to update them on concordance and outcomes of reviews.

3.3 NHS Staff Survey for the Race Equality Standard

Sussex Partnership NHS Foundation Trust's scores presented below are the un-weighted scores for Key Findings 26, and 21, split between Black, Asian and Minority Ethnic (BAME) staff and White staff, as required for the Workforce Race Equality Standard.

Key Finding	Staff	2017	Average (median) for mental health	2016
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (KF21)	White	89%	87%	89%
	BAME	85%	77%	81%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (KF26)	White	23%	21%	23%
	BAME	28%	26%	22%

Presence of a strong BAME network that is well publicised across the organisation has led to staff feeling more supported to successfully apply for career progression or promotion. Anecdotally it is felt that this network has led to staff feeling more confident to speak up which may account for the 6% rise in the numbers of staff who have indicated that they have been experiencing harassment, bullying or abuse from staff in last 12 months.

Over the past 12 months we have:

- Regular BAME Network events including an Annual General Meeting
- There are now 35 Mentors, including the Chief Executive, for BAME staff
- There are five staff acting as BAME Role Models
- 16 members of BAME staff have been funded to undertake a self-discovery workshop to support compassionate and inclusive leadership for all
- Produced videos for staff on mentorship, role models, wellbeing and patient projects
- Organised a breakfast for BAME staff with the Chief Executive at Langley Green Hospital in Crawley
- Staff Wellbeing focus groups focussing on the WRES indicators relating to staff who experience discrimination from patients or other staff
- Support for staff to attend the NHS Leadership Stepping Up and the Ready Now programmes
- 'Black History Month' celebration at Millview Hospital in Hove
- BAME staff visited Guy's and St Thomas' NHS Foundation Trust to learn from their BAME initiatives
- Regular visits to teams and meetings with managers to update on WRES
- One to one meetings with BAME staff to support development goals

Over the next year we aim to continue with the above and:

- Each member of the Trust Board of Directors will be mentoring a BAME staff member
- Development of the BAME staff network web page

3.4 CQC ratings

2017 Well Led Inspection Programme

The Trust was subject to the new round of CQC Inspections which are referred to as Well Led Inspection. This comprised of a detailed data submission, series of unannounced inspections, information from partners and key stakeholders, focus Groups and culminated in the Well Led inspection week

The CQC feedback highlighted the improvements made across all services inspected and the sense they got from the organisation through the information submitted and focus groups and commentary from our partner agencies around the change in culture. The CQC commented that the culture across the Trust was consistent with Trust's that were rated as "Outstanding". They noted the positive impact of the changes within the Executive Team and the pride demonstrated by staff in the services they were responsible for.

The overall rating sheet for the Trust's services is as follows.

Overall the Trust is rated a “Good” with “Outstanding” for the Caring domain. All core services are rated as Good.

The CQC commented upon the pride and confidence shown by staff. Moreover, the CQC identified some of the outstanding practice they saw in all the services they inspected. The family liaison leads who lead on the investigation of serious incidents and work with bereaved families during

this process. Sussex Partnership is the first Trust in the country to implement this team. The Trust is one of only two services in the country to have a discovery college for young people. Langley Green Hospital has implemented the 'leader leader' model where staff and patients are encouraged to be service leaders contributing to how the ward is run, their views are welcomed at daily and weekly community and risk management meetings. Staff share incident data with patients in weekly community meetings to ask for their view on incidents which have occurred on their wards and canvas suggestions as to why these happened and how to prevent recurrence.

Brunswick ward has improved patient safety and experience on admission to the ward with the ward manager or matron visiting the person in their home prior to admission to carry out a falls risk assessment and meet with the family to gain as much information as possible about the person being admitted. Opal ward have developed a project to reduce patients' length of stay on the ward by improving communication with families, carers and external organisations such as the local authority and supported housing.

A number of wards carry out a daily 'safety huddle' which is a nationally recognised good practice initiative to reduce patient harm and improve the safety culture on the wards.

The CQC commented upon Glebelands where the team has set up partnership working with people using the service and third sector organisations, such as the charity MIND, called the Pathfinder Alliance. This is only one of three such working arrangements in the country. At Ifield Drive, the team has developed a service to provide mental health support to armed service veterans. The service aims to support veterans' transition into civilian life and has specialist practitioners who understand military culture and what veterans may have been through.

The early intervention service has a physical health champion, where over 90% of all people using the service receive their annual physical health screening.

The iROCK service in Hastings is a unique and innovative drop in clinic for young people to attend. The Hampshire CAMHS team has a dedicated innovation lead who arranges and completes multiple innovative and effective events within the service. These include the suicide awareness for everybody (SAFE) campaign and fit fest campaign. The Basingstoke CAMHS team incorporate a monthly informal meeting with parents and carers of young people on the waiting lists. The Hampshire CAMHS service has undertaken a pilot where pharmacists carried out routine physical health monitoring for patients when dispensing medications. This offers more flexibility to patients whilst also freeing up clinical time for staff in the service. In Sussex, the CAMHS teams had recently conducted a project in which the urgent help team completed telephone assessments of patients to reduce the waiting lists for assessment and get patients directly onto specific treatment pathways.

The CQC identified one regulatory breach; **Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises.** The related to the maintenance of the equipment and premises on in the acute wards for adults of working age and psychiatric intensive care units.

They also told the Trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

These included:

- Ensure all staff understand their responsibilities under the Mental Capacity Act 2005 and implement these in their work with patients.
- Ensure that mandatory training levels for all training subjects meet the trust's compliance target of 85%.
- Ensure all older adult wards comply with the Department of Health eliminating mixed sex accommodation requirements.
- Progress the action plan to ensure that serious incident investigations are completed to the timelines within their policy.
- Ensure that evidence is held of occupational health screening for all executive and non-executive directors.
- Ensure that staff receive regular appraisal and upload their supervision and appraisal onto the centralised system.

For acute wards for adults of working age and psychiatric intensive care units;

- Ensure that staff on Rowan, Amber and Maple wards record physical health observations for all patients who received rapid and staff on Rowan ward record all notes on patient's medicine records accurately and record incidents when errors occur.
- Staff to develop care plans on Rowan ward that are personalised and holistic and care plans on Caburn ward should be developed when patients are admitted.
- Care plans on Maple and Woodlands wards should be updated when new risks are identified.
- The CQC identified improvements necessary with Deprivation of Liberty Safeguards authorisation application which should be followed up in a timely manner.
- Improvements were required to weekend activities on Pavilion ward and it was noted that staff morale in Mill View Hospital needed to improve.
- Although patients leave from the wards was managed well, feedback from the approved mental health professionals was that there was not always a bed immediately available to patients recently detained under the Mental Health Act.

For wards for older people with mental health problems:

- Improvements were required to ensure that furniture on St Raphael ward is kept clean and that rooms are adequately equipped with blinds to maintain privacy.
- The Trust should ensure that patients on Heathfield ward have timely access to a tissue viability nurse specialist if required
- Ensure that patients receive capacity assessments/ best-interests decision-making for decisions other than consent to treatment.
- The Trust should ensure that staff supervision achieve the compliance rate on all wards.

For Community-based mental health services for adults of working age:

- The Trust should ensure that all staff keep their mandatory training up to date and ensure that staff at all teams follow the lone working policy.

For Community mental health services for children and young people:

- The Trust should consider the use of alarms across the whole service, ensure that all staff complete mandatory training and review the provision of therapy rooms for the Eastleigh, Hailsham and Chichester locations.

- The service should ensure that all patient risk assessments are updated in line with trust policy, work to reduce the waiting times for assessment in the Hampshire locations and document that patient and/or carer consent to treatment has been sought.

Adult Acute Inpatient Wards Inspection between 4 - 5 April 2017

The inspection was prompted through concerns raised at an inquest in Crawley and a more recent Serious Incident in Hastings. The inspection concentrated on the Safe Domain.

There was noted improved in Rapid Tranquilization but some gaps in physical health monitoring were identified. 11 of the 12 wards inspected were able to demonstrate learning from incidents. The report acknowledges good use of observation policies. All areas were found to have current ligature risk assessments and ligature footprints which were present and displayed in 11 of the 12 ward offices.

Wards and bedrooms were generally clean and well furnished. Infection Prevention and Control audits were complete and clinics were found to be clean and fully equipped with emergency equipment. The CQC noted progress with the recruitment drive to address vacancies and the use of temporary staff cover. Patients commented that they were treated with respect, felt safe and staff were generally caring and approachable. They were mostly involved in care planning but there were some comments that staff were sometimes too busy.

The CQC noted examples of Innovative practice; key ring used on Caburn Ward, the use of the Broset Violence Scale at Regency, “safety huddles” on Coral Ward and in addition to the learning events, the Quality Improvement work across Langley Green which had resulted in a sustained reduction in patient safety incidents.

The CQC identified two regulatory breaches;

Regulation 12: Health and Social Care Act 2008
(Regulated Activities) Regulations 2014. Safe care and treatment
Concerns were raised about the use of observation policy on newly admitted patients. Patients on one ward had access to cigarette lighters despite the trust having a smoke-free policy. Staff on two wards did not always ensure that physical health and general observations were recorded accurately and one ward had not made progress with records of administration medication

Regulation 18: Health and Social Care Act 2008
(Regulated Activities) Regulations 2014. Staffing
The report concludes that the core service failed to meet the Trust’s threshold of 85% compliance in 4 of the 22 mandatory training subjects

3.6 Performance against the relevant indicators and performance thresholds set out in NHS Improvement's Risk Assessment Framework and Single Oversight Framework

Indicator	Target	SPFT 2017/18	Target met	National Average*	Highest Trust*	Lowest Trust*
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	88.5%	Achieved	75.0%	93.6%	33.5%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:						
a) inpatient wards	90%	78%	Not met	n/a	n/a	n/a
b) early intervention in psychosis services	90%	79%	Not met	n/a	n/a	n/a
c) community mental health services (people on care programme approach)	90%	60%	Not met	n/a	n/a	n/a
Improving access to psychological therapies (IAPT): a) proportion of people completing treatment who move to recovery (from IAPT dataset) b) waiting time to begin treatment (from IAPT minimum dataset):						
i. within 6 weeks of referral	75%	90.8%	Achieved	89.9%	100%	65.4%
ii. within 18 weeks of referral	95%	99.9%	Achieved	99.1%	100%	89.6%
Care programme approach (CPA) follow-up: proportion of discharges from hospital followed up within seven days	95%	95.7%	Achieved	96.5%	99.4%	79.9%
Admissions to adult facilities of patients under 16 years old	0	0	Achieved	n/a	n/a	n/a
Inappropriate out-of-area placements for adult mental health services (average days per month)**		366				

**Benchmarking data for CPA 12 month Review and IAPT Wait Times are for the period April - January, 2017-18. The remaining indicators are for the full year in 2017/18. Benchmarking data is from NHS Digital.*

*** The data for inappropriate out-of-area placements for adult mental health services only became a reporting requirement for the NHSI Single Oversight Framework (SOF) for Quarter 4 of 2017/18 and this figure only relates to January, February and March 2018. This figure is lower than the figures originally reported to NHSI as it did not include "internal" out-of-area placements. n/a: NHS Digital does not include benchmarking data for these areas.*

Annex 1: Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

NHS
High Weald Lewes Havens
Clinical Commissioning Group

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Sent via email to: samantha.allen1@sussexpartnership.nhs.uk

AS/AT
18 May 2018

Dear Sam

Draft Quality Report for 2017/18

Thank you for giving the Sussex CCGs (Brighton and Hove; Crawley, Horsham and Mid-Sussex; High Weald Lewes Havens; Eastbourne, Hailsham and Seaford; Hastings and Rother) the opportunity to comment on the draft Quality Report for 2017-18. This response is written on behalf of these CCGs.

The Quality Report has been reviewed with consideration to information presented through quality and performance indicators, and the assurances sought through the monthly Quality Review meetings. We confirm that the account demonstrates progress towards the priorities identified for 2017/18 reflecting the on-going commitment from Sussex Partnership NHS Foundation Trust to quality improvement across the three areas of quality, patient safety, patient experience and clinical effectiveness, by targeting key areas of improvement in a focused and innovative way.

We congratulate the organisation on the results of the recent CQC inspection, which has resulted in a 'Good' rating overall and 'Outstanding' in the Caring domain. In addition, the open and transparent culture across the organisation is recognised, which has further enhanced the collaborative relationship between our organisations.

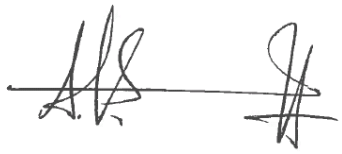
The CCGs would like to commend Sussex Partnership NHS Foundation Trust on the significant reduction in the number of out of area placements, and on the improvement in the numbers of physical health assessments within inpatient and community clusters during the last year.

Also of note is the extensive work being undertaken by the organisation to eliminate Mixed Sex Accommodation by the end of 2018.

The Quality Report 2017-18 outlines three priority change programmes for improvement in 2018-19, which align with STP-wide priorities. The Sussex CCGs support these priorities and anticipate that considerable achievements can be made in developing new service models, new partnerships and ways of working, and in supporting best practice. We will seek assurance regarding the progress of implementing these priorities during the year through standard governance channels. In addition, we will continue to seek assurance around the targets set out in your Clinical Strategy including the improved recognition and management of physical health care in patients with Serious Mental Illness and the reduction in suicides through the 'Towards Zero' campaign, to enable improvement in services throughout 2017-18.

The Sussex CCGs look forward to working collaboratively with Sussex Partnership NHS Foundation Trust in order to ensure excellent quality services for our patients that are fit for the future.

Yours sincerely



Ashley Scarff

Director of Commissioning
High Weald Lewes Havens Clinical Commissioning Group
Part of the Central Sussex and East Surrey Commissioning Alliance

cc Allison Cannon, Chief Nurse, Sussex and East Surrey STP

North East Hampshire and Farnham
Clinical Commissioning Group

17 May 2018

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Re: Sussex Partnership NHS Foundation Trust Quality Accounts 2017/18

North East Hampshire & Farnham Commissioning Group (CCG), North Hampshire CCG, West Hampshire CCG, South Eastern Hampshire and Fareham and Gosport CCG are pleased to comment on the Childrens and Adolescent Mental health (CAMHS) component of Sussex Partnership NHS Foundation Trust's Quality Account for 2017/18 for the services that the Hampshire CCGs commission. All of these CCGs have worked with the Trust over the past year in monitoring the quality of care provided to their local population and identifying areas for improvement.

The CCG support the trust openness and transparency. They are committed to working with the commissioners to achieve service improvements. This work has continued throughout the period of this report and we have seen evidence presented to our Clinical Quality Review Meeting of positive service development and innovation. Unfortunately, many of these Hampshire CAMHS specific initiatives are not highlighted in this quality account report and the use of acronyms within the report makes it difficult for the reader to fully understand the contents of the report.

We would like to highlight the following;

- **Care Quality Commission (CQC)**

The Commissioners were pleased to receive the news that the trust received a good rating overall as a result of the CQC inspection visit on December 2017 with the CAMHS services inspected rated as good and the Caring domain rated as outstanding. CQC also noted that trust teams used innovative ways to monitor and manage risks of adults and young people on the waiting lists.

- **Suicide Prevention**

Commissioners acknowledge the great work that the Hampshire CAMHs service have undertaken to raise awareness of mental health in children and young people including the Suicide Awareness For Everyone (SAFE) campaign for suicide awareness.

- **Patient & Carer Engagement**

The Patient and Carer events (PACE) helping families to better understand the needs and difficulties that young people can face, the Fit Fest events for all young people, carers and schools and the Inspire Create Exchange (ICE) project in partnership with the Hampshire Cultural Trust and Arts Council. Commissioners were invited to the ICE project celebration evening in March 2018 and we were able to see first-hand how this has benefitted young people.

A new redesigned and informative CAMHS web site was launched during March 2018 www.hampshirecamhs.nhs.uk and initial feedback from young people and other professionals has been excellent, the trust hopes that this is going to be a useful resource that they can continue to build and develop.

The Hampshire CAMHS, like all similar services across the country, is experiencing an increase in demand and are working with commissioners to try and address access waiting times and patient experience outcomes.
We welcome the aim of increasing no harm incident reporting by 100% by December 2018, as it is vital we learn from low harm and near miss incidents to create a safety culture with the aim of reducing harm to patients.

We are looking forward to again working closely with the Trust in the coming year to further transform services and ensure that we continue to champion the quality, safety and safeguarding agendas together, for the benefit of the patients for whom we commission services.

Yours sincerely

Emma Boswell
Director of Quality and Nursing – North Hampshire and North East Hampshire and Farnham Hampshire Clinical Commissioning Group Partnership

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18 May 2018

Response from Healthwatch Brighton & Hove to Sussex Partnership NHS Foundation Trust draft 2018/19 Quality Report

Healthwatch Brighton & Hove appreciate having been given the opportunity to comment on the latest Quality Report from Sussex Partnership NHS Foundation Trust. In summary, the broad aims and aspirations set out in the document are to be welcomed and we look forward to seeing progress evidenced across the areas described. We remain concerned however that little mention is made of the pressures under which the Trust is currently operating, and question whether many of the stated outcomes can be achieved given these constraints. Clear identification of relative priorities in terms work going forward might have been helpful in this respect.
Specific comments on the report contents as follows:
1. Need to have concrete measures, time-frame, and especially priorities for aims given the probable financial constraints on the service.
2. The framing of many of the achievement metrics are currently weak (and therefore potentially meaningless), ie, “we will aim to ensure”. We would suggest these should be replaced with stronger, more statements of intent that commit the Trust to achieving a positive and measurable improvement in performance.
3. Descriptions of new ‘pop-up clinics’ for the physical care of long-stay patients appear misleading and suggest a system parallel to the primary care service offering care available on an only ad-hoc basis. It would be more helpful to describe developing a system for referring/accessing the involvement of the relevant clinical service on the ward, in the community, or the patient’s home.
4. The identification of a need to provide access to an independent (outside of trust services) resource for staff requiring psychological support is to be welcomed. However we note again that no new funding has been identified, meaning that costs will have to be met from within existing Trust budgets which may in turn place a considerable limitation on availability and access.
5. Access for staff to appropriate and timely supervision continues to remain a concern. We note also that although the report suggests measures to improve the quantity (how many sessions how often) of supervision provided, very little appears to be in place to assure or describe quality.
6. Under improving patient engagement, reference is made to making ‘Effective use of patient/service user feedback’. How will this be done, and by what criteria assessed?

By way of conclusion, we believe that Healthwatch Brighton & Hove’s contribution to this process would be best made whilst quality measures were being actively considered and developed, rather than as at present being invited to comment at a point where the report is at a final stage. We look forward to taking an earlier and more active role in future Quality Reports.

Healthwatch Hampshire response to Sussex Partnership NHS Trust Quality Report

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

Each year, we are asked to comment on seven Quality Accounts from NHS Trusts. In the past, we have allocated scarce time to read drafts and give guidance on how they could be improved to make them meaningful for the public.

We recognise that this process is imposed on Trusts. However, as the format has largely continued to remain inaccessible to the public, we have concluded that it is not a process that benefits patients or family and friend carers unless the format is changed. So we will no longer comment on Quality Reports individually.

This will release time for us to use our resources to challenge the system with integrity, so we can create more opportunities for local people and communities to co-producing service change. For example, this year, we are again running our 'Community Cash Fund' to offer local organisation and charities the opportunity to carry out projects that help people to stay well both now and in the future. We are currently accepting applications until the end of May.

If you have not already done so, we would ask you to look at the guidance on involvement from Wessex Voices (www.wessexvoices.org.uk) which aims to make sure local people are involved in designing and commissioning health services. Five Local Healthwatch alongside NHS England (Wessex) have produced a Wessex Voices toolkit to support patient and public involvement in commissioning. You can use this to ensure that your quality processes are in line with patients' views, and with the guidance from NICE (www.nice.org.uk/guidance/ng44) and Healthwatch England. (www.healthwatch.co.uk/reports/5-things-communities-should-expect-getting-involved)

If we can help you in planning co-design and participation in future activities, we'd be pleased to hear from you. We will continue to provide feedback to the Trust through a variety of channels to improve the quality, experience and safety of its patients.

Thank you for inviting us to comment

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Together we speak louder

Healthwatch West Sussex response to Sussex Partnership NHS Foundation Trust Quality Account

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 and information.
As we stated last year, local Healthwatch has for a number of years, read, digested and commented on Quality Accounts. In West Sussex this translates to seven Quality Accounts from NHS Trusts, resulting in many hours of valuable time reading draft accounts and giving clear guidance on how they could be improved to make them meaningful for the public.

Repeatedly, we have stated to every Trust they could, and should, be doing more to proactively engage and listen to all the communities they serve.

We recognised this is a restrictive process, that is imposed on Trusts. However, as the format has largely continued to remain inaccessible to the public, we are standing firm in our belief that it is not a process that benefits patients or family and friend carers in its current format and are again declining to review the draft accounts.

We have, and will continue to use our resources, to challenge the system with integrity, so we can create more opportunities for local people and communities to co-produce service change. We are also developing new ways of achieving a broader level of awareness of Healthwatch, so we can support local people to be informed consumers of health services and information.

Our Hospital Visiting *Enter and View* Programme has enabled us to work with a growing number of Trusts and this is something we plan to continue to throughout 2018/2019.

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

Healthwatch West Sussex 2018

Joint Statement from Brighton & Hove Health Overview and Scrutiny Committee, East Sussex Health Overview and Scrutiny Committee, and West Sussex Health and Adult Social Care Select Committee

During 2017/18 the three Committees have welcomed the Trust's continued positive engagement through the joint liaison meetings which offer a regular opportunity for nominated Committee Members to raise issues, receive updates and arrange for any formal scrutiny at individual committees. The Trust's commitment to this engagement has been evidenced through the regular senior representation at meetings, including the Chief Executive.

These regular liaison arrangements have enabled the Committees to monitor a number of the Trust's ongoing programmes. In particular, the progress in implementing the mental health workstream across the Sussex and East Surrey Sustainability and Transformation Partnership (STP), the Trust's Clinical Strategy, and the ongoing development of inpatient services in East and West Sussex. The Committees have also been able to monitor the operational pressures facing the Trust and its quality performance data through these tri-annual meetings.

The three health scrutiny committees welcome the Trust's achievement of a 'Good' rating from its most recent Care Quality Commission (CQC) inspection report in January 2018. Having seen the steady improvements made by the Trust over the past few years, the rating seems to be a fair and well deserved assessment of how SPFT has performed. The Committees welcome the CQC's recognition of some of SPFT's innovative new services such as the iRock service in Hastings and the new family liaison staff.

Areas of concern remain, however, around some services that the Trust is involved in. This includes the provision of and access to Child & Adolescent Mental Health Services (CAMHS); the development of single-sex wards and quality of accommodation; and in some parts of Sussex, delays in discharging patients from acute to community settings. The Committees recognise that these are complex areas of partnership working where improvement is not the responsibility of Sussex Partnership Trust alone.

All are also keen to see a clear patient and carer centred case for fewer inpatient centres of excellence, bearing in mind the serious geographical and transport challenges that exist in Sussex.

Priorities for improvement for 2018/19

It is good to see that SPFT has developed its Clinical Strategy in partnership with patients, carers, staff, commissioners and other key stakeholders, and that the Clinical Strategy aims to directly address the concerns and ambitions of each stakeholder group. The Committees also welcome the commitment to delivering the Strategy in a way that is patient centred, measurable, and effective in producing the desired changes.

The Committees believe that the three priority change programmes for 2018/19 are appropriate to delivering further improvement. The Committees are particularly keen to see the Trust develop and implement the single point of access for mental health services; secure funding for and provide 24/7 crisis care; develop recovery and discovery colleges further; and adopt a 'towards zero' suicide prevention approach.

All understand that the Care Delivery Service (CDS) model has made a positive difference to staff engagement and local decision making. The Committee would expect to see the continued development of the CDSs over the next year, and see improvement in services for patients and carers as a result.

Progress against 2017/18 quality priorities

All Committees welcome the Trust's progress against the 2017/18 quality priorities and, equally, recognises that not all targets have been met and further work is needed in some areas. The Committees welcome the improvement in the number of inpatients followed up within 3 days of discharge from acute inpatient units, but would expect to see this increase further with the development of 24/7 crisis care teams and the toward zero suicide prevention approach.

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 2017/18 and supporting guidance

- the content of the Quality Report is not inconsistent with internal and external sources of information including:

    - board minutes and papers for the period April 2017 to 23 May 2018
    - papers relating to quality reported to the board over the period April 2017 to 23 May 2018
    - feedback from commissioners dated 14 and 15 May 2018
    - feedback from governors dated 02 May 2018
    - feedback from local Healthwatch organisations dated 11 May 2018
    - feedback from Overview and Scrutiny Committee dated 16 May 2018
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 26 July 2017
    - the latest national patient survey 15 November 2017
    - the latest national staff survey 06 March 2018
    - the Head of Internal Audit's annual opinion of the trust's control environment dated 21 May 2018
    - CQC inspection report dated January 2018

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered

- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

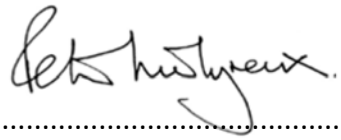
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality

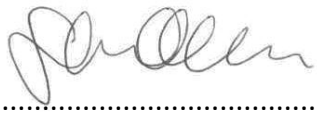
Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board



23 May 2018: Date.....Chairman



23 May 2018: Date.....Chief Executive

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Independent Auditor's Report to the Council of Governors of Sussex Partnership NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Sussex Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of Sussex Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following two national priority indicators (the indicators):

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- inappropriate out-of-area placements for adult mental health services.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

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* 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* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2017/18* ('the Guidance'); 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 and the six dimensions of data quality set out in the *Detailed Requirements for external assurance for quality reports for foundation trusts 2017/18.*

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual 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:

- Board minutes and papers for the period April 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from commissioners, dated 14 and 15 May 2018;

- feedback from governors, dated 2 May 2018;
- feedback from local Healthwatch organisations, dated 11 May 2018;
- feedback from Overview and Scrutiny Committee, dated 16 May 2018;
- 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, dated 15 November 2017;
- the latest national staff survey, dated 6 March 2018;
- Care Quality Commission Inspection, dated January 2018
- the 2017/18 Head of Internal Audit's annual opinion over the trust's control environment, dated 31 March 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 Partnership NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. 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 Partnership 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:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- 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 to the categories reported in the Quality Report; and

- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

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* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Sussex Partnership NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP
Chartered Accountants
15 Canada Square
Canary Wharf
London
E14 5GL

23 May 2018

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4. Accounts

Sussex Partnership NHS Foundation Trust

Accounts

For the year

1 April 2017 to 31 March 2018

CONTENTS

FOREWORD TO THE ACCOUNTS

SUSSEX PARTNERSHIP NHS FOUNDATION TRUST

These accounts for the year ended 31 March 2018 have been prepared by the Sussex Partnership NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the NHS Act 2006.

Date: 23 May 2018

Chief Executive: 

KPMG

Independent auditor's report

to the Council of Governors of Sussex Partnership NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Sussex Partnership NHS Foundation Trust ("the Trust") for the year ended 31 March 2018 which comprise the statement of comprehensive income, the statement of financial position, the statement of cash flows, the statement of changes in taxpayers' equity, and the related notes, including the accounting policies in note 1.

In our opinion:

— the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended; and

— the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2017/18 and the Department of Health Group Accounting Manual 2017/18.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview	
Materiality: financial statements as a whole	£4.8m (2016/17:£4.8m) 2% (2016/17: 2%) of total income from operations

Risks of material misstatement		vs 2016/17
Recurring risks	Valuation of land and buildings	◀▶
	Recognition of NHS and non-NHS income	◀▶

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including 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 forming our opinion thereon, and we do not provide a separate opinion on these matters. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows (unchanged from 2016/17):

	The risk	Our response
Land and buildings (£159m; 2016/17: £159m) *Refer to page 39 Annual report (Audit Committee Report), page 15 (accounting policy) and page 38 (financial disclosures)*	**Subjective valuation** Land and buildings are required to be held at fair value. The Trust's main land and buildings are located across the south east of the UK, with the locations including Hampshire, West Sussex, east Sussex, Brighton & Hove, Kent and Medway. Land and buildings are required to be maintained at up to date estimates of year-end market value in existing use (EUV) for non-specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost of a modern equivalent asset that has the same service potential as the existing property (MEAV). There is significant judgment involved in determining the appropriate basis (EUV or MEAV) for each asset according to the degree of specialisation, as well as over the assumptions made in arriving at the valuation and the condition of the asset. In particular, the MEAV basis requires an assumption as to whether the replacement asset would be situated on the existing site or, if more appropriate, on an alternative site, with a potentially significant effect on the valuation. The Trust values land and non-specialised buildings using the EUV valuation methodology, and values specialised assets using the depreciation replacement cost methodology. Full valuations are required every five years, with desktop valuations completed in interim periods. In 2017/18 the Trust undertook a desktop revaluation of its land and buildings by Cushman & Wakefield as at 31 March 2018.	Our procedures included: — **Assess valuer's credentials:** We assessed the competence, capability, objectivity and independence of the Trust's external valuer and consider the terms of engagement of, and the instructions issued to, the valuer for consistency with the requirements of the Department of Health's Group Accounting Manual 2017/18; — **Data comparisons:** We reconciled the information supplied to the external valuer to the Fixed Asset Register and considered the accuracy of the estate base data provided to the valuer to complete the desktop valuation to ensure it accurately reflected the Trust estate; — **Tests of details:** We critically assessed the appropriateness of the valuation bases and assumptions applied to a sample of material assets subject to the revaluation exercise by reference to property records held by the Trust on the condition of the assets, the basis of ownership and the basis of their use; — **Methodology implementation:** We considered how the Trust and the Trust's valuer had assessed the need for any impairment across its asset base either due to loss of value or reduction in future benefits that would be achieved; and — **Assessing transparency:** We considered the adequacy of the disclosures about the key judgments and degree of estimation involved in arriving at the valuation and the related sensitivities with reference to the Group Accounting Manual 2017/18.

2. Key audit matters: our assessment of risks of material misstatement (continued)

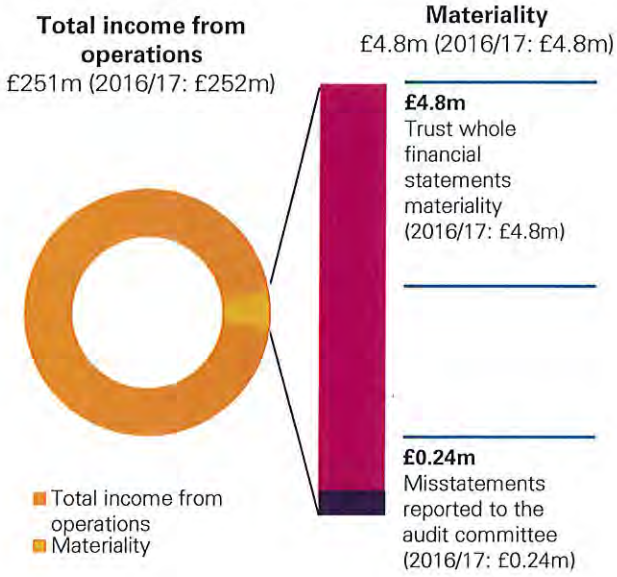
	The risk	Our response
Recognition of NHS and non-NHS income (£251m; 2016/17: £252m) *Refer to page 39 Annual report (Audit Committee Report), page 14 (accounting policy) and page 31 (financial disclosures)*	**2017/18 income** In 2017/18, the Trust reported total income of £251m (2016/17, £252m). Of this, £217m (2016/17: £219m) relates to contracts with CCGs and NHS England. This represents 86% of total income (2016/17: 87%). The remaining £34m (2016/17: £33m) was generated by contracts with local authorities and other non-NHS organisations. The Trust participates in the Agreement of Balances (AoB) exercise which is mandated by the Department of Health (the Department), covering the English NHS only, for the purpose of ensuring that intra-NHS balances are eliminated on the consolidation of the Department's resource account. Mismatches in income and expenditure, and receivables and payables are recognised by the Trust and its counterparties to be resolved. Where mismatches cannot be resolved they can be reclassified as formal disputes. Other operating income is received for non-patient care activity, for example education, training. The Trust is eligible to receive Sustainability and Transformation Plan funding (STF) based on meeting the control total set by NHS Improvement.	Our procedures included: — **Tests of details:** • We reconciled the NHS income recorded in the financial statements to signed contracts and income received in the bank statements for the five largest contracts and reviewed material variations; • We agreed that the levels of over and under performance reported were consistent with contract variations and challenged the Trust's assessment of the level of income where these were not in place considering or own expectation of the income based on our knowledge of the client and experience of the industry; • We assessed the outcome of the AoB exercise with other NHS bodies. Where there were mismatches over £240,000 we obtained evidence to support the Trust's reported income figure; and • We tested material non-NHS income and other material NHS income to invoices raised to determine whether income has been recognised in the appropriate period, classified correctly within the financial statements and received in the bank. — **Accounting analysis and transparency:** Assessing the Trust's reporting and accounting for STF income received from the Department of Health.

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £4.8 million (2016/17: £4.8 million), determined with reference to a benchmark of total income from operations (of which it represents approximately 2%). We consider total income from operations to be more stable than a surplus or deficit related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.24 million (2016/17: £0.24 million), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was performed at the Trust's headquarters in Worthing.



4. We have nothing to report on going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. We have nothing to report in these respects.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Corporate governance disclosures

We are required to report to you if:

— we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or

— the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or

— the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 73, the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust'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 they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

Auditor's responsibilities

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 our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources .

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risk identified during our risk assessment is set out overleaf.

Significant VFM risk	Description	Work carried out and judgements
Financial resilience	When forming our value for money conclusion we consider the in-year performance of the Trust and its future financial sustainability. We are aware that a deficit is being forecast for 2017/18 and we are aware that the Trust has developed a recovery plan.	Our work included: — **Review of financial performance:** We considered the Trust's in year financial performance including: achievement of STF funding; achievement of service improvement plans (SIPs). — **Forward financial planning:** We considered the Trust's 2018/19 budget, including its 2018/19 control total and SIPs target. — **Regulatory findings:** We considered the outcome of the Trust's most recent regulatory reviews, including the CQC inspection report dated 23 January 2018 which provided an overall "good" rating, and the Trust's current Single Oversight Framework rating. **Our findings on this risk area:** We did not find any indication that the Trust has not had regard to its responsibilities to secure economy, efficiency and effectiveness in its use its resources

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, 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 of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Sussex Partnership NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Neil Hewitson
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
15 Canada Square
London
E14 5GL
25 May 2018

KPMG

STATEMENT OF COMPREHENSIVE INCOME

For the year ended 31 March 2018

	NOTE	2017/18 £000	2016/17 £000
Revenue from patient care activities	3	**234,504**	236,276
Other operating revenue	4	**16,962**	16,059
Operating expenses	5	**(245,669)**	(249,102)
OPERATING SURPLUS		**5,797**	3,233
Net Finance costs			
Finance income	7	**77**	80
Finance costs	7	**(2,462)**	(2,494)
Other finance costs - unwinding of discount	12	**(1)**	(2)
Public Dividend Capital dividends payable		**(4,487)**	(4,578)
		(6,873)	(6,994)
Net gain on disposal of property, plant and equipment	9	**1,476**	718
Share of profit / (loss) of joint venture accounted for using the equity method	18	**123**	(422)
RETAINED SURPLUS / (DEFICIT) FOR THE YEAR		**523**	(3,465)
OTHER COMPREHENSIVE INCOME			
Loss on revaluations	9	**0**	(650)
Gains on revaluations	9	**0**	2,052
TOTAL COMPREHENSIVE INCOME / (EXPENDITURE) FOR THE YEAR		**523**	(2,063)

STATEMENT OF FINANCIAL POSITION

As at 31 March 2018

	NOTE	31 March 2018 £000	31 March 2017 £000
NON-CURRENT ASSETS			
Intangible assets	8	**3,578**	4,332
Property, plant and equipment	9	**162,033**	161,670
Trade and other receivables	10	**2,050**	1,974
Investment in joint venture	18	**0**	(169)
		167,661	167,807
CURRENT ASSETS			
Trade and other receivables	10	**18,610**	15,937
Deposits with National loans fund	13	**15,000**	15,000
Assets held for sale	9	**1,049**	1,502
Cash and cash equivalents	13	**22,439**	20,853
		57,098	53,292
CURRENT LIABILITIES			
Trade and other payables	11	**(24,422)**	(25,667)
Obligations under PFI contracts	11	**(483)**	(369)
Other financial liabilities	18	**(46)**	0
Provisions	12	**(443)**	(744)
Deferred Income	11	**(10,451)**	(6,598)
		(35,845)	(33,378)
NET CURRENT ASSETS		**21,253**	19,914
TOTAL ASSETS LESS CURRENT LIABILITIES		**188,914**	187,721
NON-CURRENT LIABILITES			
Obligations under PFI contracts	11	**(19,841)**	(20,324)
Provisions	12	**(675)**	(729)
Deferred Income	11	**(1,975)**	(1,118)
		(22,491)	(22,171)
TOTAL ASSETS EMPLOYED		**166,423**	165,550
FINANCED BY:			
TAXPAYERS' EQUITY			
Public dividend capital		**157,795**	157,445
Revaluation reserve		**29,990**	30,437
Income and expenditure reserve		**(21,362)**	(22,332)
TOTAL TAXPAYERS' EQUITY		**166,423**	165,550

The accounts on pages 10 to 56 were approved by the Board of Directors and signed on its behalf by:

Signed:  (Chief Executive) Date: 23 May 2018

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

For the year ended 31 March 2018

Changes in taxpayers' equity for 2017/18	Public Dividend Capital £000	Income and Expenditure Reserve £000	Revaluation Reserve £000	Total taxpayers' equity £000
Balance brought forward as at 1 April 2017	**157,445**	**(22,332)**	**30,437**	**165,550**
Surplus for the year prior to other comprehensive income	0	523	0	**523**
Asset disposals	0	447	(447)	**0**
Public Dividend Capital received	350	0	0	**350**
Taxpayers' equity at 31 March 2018	**157,795**	**(21,362)**	**29,990**	**166,423**

Changes in taxpayers' equity for 2016/17	Public Dividend Capital £000	Income and Expenditure Reserve £000	Revaluation Reserve £000	Total taxpayers' equity £000
Balance brought forward as at 1 April 2016	**156,946**	**(19,923)**	**30,091**	**167,114**
Surplus for the year prior to other comprehensive income	0	(3,465)	0	**(3,465)**
Impairments	0	0	(650)	**(650)**
Revaluations - Property, Plant and equipment	0	0	2,052	**2,052**
Asset disposals	0	1,056	(1,056)	**0**
Public Dividend Capital received	499	0	0	**499**
Taxpayers' equity at 31 March 2017	**157,445**	**(22,332)**	**30,437**	**165,550**

STATEMENT OF CASH FLOWS

For the year ended 31 March 2018

	NOTES	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus		**5,797**	3,233
Depreciation and amortisation	8 and 9	**4,521**	4,351
Impairments and reversals	5	**0**	2,284
Other movements in operating cash flows		**35**	101
Increase in trade and other receivables		**(2,981)**	(1,657)
(Decrease) / increase in trade and other payables		**(212)**	2,918
Increase in deferred income	11	**4,710**	3,302
(Decrease) / increase in provisions	12	**(355)**	176
Net cash inflow from operating activities		**11,515**	14,708
Cash flows from investing activities			
Interest received	7	**77**	80
Payments for intangible assets		**(1,134)**	(380)
Payments for property, plant and equipment		**(5,921)**	(4,927)
Proceeds from disposal of plant, property and equipment		**4,101**	3,118
Deposit with national loans fund movement		**0**	(10,000)
Prepayment of PFI capital contributions	16	**(78)**	(101)
Net cash outflow from investing activities		**(2,955)**	(12,210)
Cash flows from financing activities			
Public dividend capital received		**350**	499
Interest element of PFI obligations	7	**(2,462)**	(2,494)
Capital element of PFI, LIFT and other service concession payments	16	**(369)**	(268)
PDC dividends paid		**(4,493)**	(4,580)
Net cash outflow from financing		**(6,974)**	(6,843)
Net increase / (decrease) in cash and cash equivalents		**1,586**	(4,345)
Cash and cash equivalents at the beginning of the financial year	13	**20,853**	25,198
Cash and cash equivalents at the end of the financial year	13	**22,439**	20,853

NOTES TO THE ACCOUNTS

1. Accounting Policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health 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 accounts.

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.

1.2 Going Concern

These accounts have been prepared on a going concern basis.

1.3 Income Recognition

Income in respect of services provided is recognised when, and to the extent that performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Foundation Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract. Income is accrued where services have been delivered during the financial year but have not yet been invoiced.

1.4 Short Term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of period is recognised in the accounts to the extent that employees are permitted to carry-forward leave into the following period.

1.5 Pension Costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employers' pension cost contributions are charged to operating expenses as and when they fall 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 operating expenses at the time the Foundation Trust commits itself to the retirement, regardless of the method of payment.

1.6 Expenditure on Other Goods and Services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.7 Property, Plant and Equipment

Recognition
Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

The Foundation Trust capitalises such costs if they meet the above conditions and where they:

- individually have a cost of at least £5,000; or
- form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneously purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at fair value. IAS 16 requires that revaluations should be carried out regularly, so that the carrying amount of an asset does not differ materially from its fair value at the balance sheet date. If an item is revalued, the entire class of assets to which that asset belongs should be revalued. The Foundation Trust will decide annually the type of revaluation needed each year but a full, professional revaluation will be carried out at least every five years on the land and buildings. For the plant and equipment the Foundation Trust owns, this is held at net book value, which is considered to be fair value. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment (PPE) are depreciated over the remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. The useful economic lives are detailed in Note 9.6. Freehold land is considered to have an infinite life and is not depreciated. PPE which has been reclassified as “Held for Sale” ceases to be depreciated upon reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the Foundation Trust.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of “other comprehensive income”.

Impairments
Impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposals are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
- management are committed to a plan to sell the asset;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as "Held for Sale"; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as "Held for Sale" and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.8 Intangible Assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation 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 Foundation Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Foundation Trust intends to complete the asset and sell or use it
- the Foundation Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost less accumulated amortisation and accumulated impairments, 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 fair value. Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating income. Decreases in asset values and impairments 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'.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.9 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 Service Concession Arrangements definition of a service concession, as interpreted in HM Treasury's Financial Reporting Manual, are accounted for as 'on-Statement of Financial Position' by the Foundation Trust.

The underlying assets are recognised as Property, Plant and Equipment at their fair value. An equivalent financial liability is recognised in accordance with IAS 17 Leases. The annual contract payments are apportioned between the repayment of the liability, a finance cost, charges for services and charges for lifecycle costs.

The finance cost is calculated using the implicit interest rate for the scheme. The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

1.10 Provisions

The Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

1.10.1 Legal Claims provision

This provision comprises injury benefit awards against the Foundation Trust, employer liability claims and public liability claims. For injury benefit awards the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 3.7% in real terms, except for early retirements' provisions which use the HM Treasury's pension discount rate of 1.8% in real terms.

1.10.2 Redundancy provision

This provision comprises pay claims for clinical and non-clinical staff, and redundancy benefits.

1.11 Clinical Negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, legal liability remains with the Foundation Trust, but is not recognised because there is no reasonable likelihood of an outflow of economic benefits from the Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Foundation Trust is disclosed at Note 12, but is not recognised in the Foundation Trust's accounts.

1.12 Non Clinical Risk Pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHS Litigation Authority 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.

1.13 Value Added Tax (VAT)

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.
Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase costs of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.14 Corporation Tax

The Foundation Trust has no corporation tax liability as it does not carry out any commercial activity that would be liable to corporation tax.

1.15 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Foundation Trust has no beneficial interest in them. However, they are disclosed in Note 19 in accordance with the requirements of the HM Treasury's FReM.

1.16 Leases

Operating Leases
Leases in which a significant portion of the risks and rewards of ownership are retained by the lessor are classified as operating leases. Operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the reclassification for each is assessed separately.

1.17 Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. 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 NHS foundation 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 NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.18 Financial Instruments and Financial Liabilities

Recognition
Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

De-recognition
All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement
Financial assets are categorised as 'loans and receivables'.

Loans and Receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Foundation Trust's loans and receivables comprise: cash and cash equivalents, and NHS trade and other receivables. Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method, less any impairment losses. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Financial Liabilities
All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future

cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as non-current liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets
At the Statement of Financial Position date, the Foundation Trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

1.19 Revenue government and other grants

Government grants are grants from government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses and are reported to the Audit Committee, a sub-committee of the Foundation Trust Board.

1.21 Accounting standards that have been issued but have not yet been adopted

Standards issued or amended but not yet adopted in FReM	
IFRS 9 Financial Instruments	Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the *FReM*: early adoption is not therefore permitted.
IFRS 14 Regulatory Deferral Accounts	Not yet EU-endorsed.* Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies.
IFRS 15 Revenue from Contracts with Customers	Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the *FReM*: early adoption is not therefore permitted.
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 22 Foreign Currency Transactions and Advance Consideration	Application required for accounting periods beginning on or after 1 January 2018.
IFRIC 23 Uncertainty over Income Tax Treatments	Application required for accounting periods beginning on or after 1 January 2019.

* The European Financial Reporting Advisory Group recommended in October 2015 that the standard should not be endorsed as it is unlikely to be adopted by many EU countries.

1.22 Significant Judgements and Estimates

The accounts include a number of significant estimates and judgements. These are periodically evaluated and are based on historical experience and other factors, including, expectations of future events that are believed to be reasonable under the circumstances.

The Foundation Trust's assets are held at fair value, and this year the Foundation Trust has carried out a desk top valuation review using external valuers. The outcome of the valuation has not been entered into the accounts given the movements are not deemed material.

Other provisions, which include a provision for redundancy of £147k, are based on the basis of best estimate of the timing and expenditure required to settle the obligation.

The Foundation Trust has estimated that all Commissioning for Quality and Innovation (CQUIN) income will be achieved. The basis of the estimate was through discussions with Clinical Commissioning Groups and NHS England.

Apart from the six PFI schemes which are accounted for 'on statement of financial position' in accordance with the Department of Health guidance, the Foundation Trust does not believe any of the Foundation Trust's other lease arrangements meet the test for finance leases.

In the view of the Foundation Trust there are no further estimates or judgements which if wrong could significantly affect financial performance.

1.23 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.

Cash, bank and overdraft balances are recorded at the fair value of these balances in the Foundation Trust's cash book. These balances exclude monies held in the Foundation Trust's bank account belonging to patients (see Note 19 - Third party assets).

1.24 Segmental Reporting

IFRS 8 defines the term Chief Operating Decision Maker (CODM) as a group or individual whose 'function is to allocate resources to and assess the performance of the operating elements of the entity'. For the Foundation Trust the most appropriate interpretation is that the Board of Directors represents the CODM. Operational performance is monitored at the monthly board meetings and key resource allocation decisions are agreed there.

Information is presented to the Board as a single operating segment and is under full IFRS. This has been determined to be sufficient as the Board allocates resources and assesses performance on this basis. This mirrors the information that is submitted to Monitor and enables the Board to make strategic decisions on the Annual Plan.

1.25 Joint Venture

Joint ventures are separate entities over which the Foundation Trust has joint control with one or more other parties. The meaning of control is to exercise control or power to influence so as to gain economic or other benefits.

The Joint Ventures are accounted for using the equity method, with the valuation of the investment in the Joint Ventures being recognised at cost and the carrying amount increased or decreased to recognise the Foundation Trust's share of its profit or loss after tax.

The details of the investments are included in Note 18.

1.26 Subsidiaries

Subsidiary entities are those over which the Foundation Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity.

The subsidiary has not been consolidated within these financial statements on the basis of materiality, and there has been no trading activity in the year. The amounts detailed within these financial statements are drawn from the published financial statements of the subsidiary for the prior year.

The details of the subsidiary are included in Note 18.

1.27 Consolidation of Charitable Funds

The Foundation Trust is the corporate trustee to Heads On (formerly known as Sussex Partnership NHS Trust Charity). The Foundation Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Foundation Trust has the power to govern the financial and operating policies of the charitable fund so as to obtain benefits from its activities for itself, its patients or its staff.

However, the charitable fund does not represent a material subsidiary and has not been consolidated within these accounts under IAS 27.

The principal place of business of the Charitable Fund and Sussex Partnership NHS Foundation Trust is Trust Headquarters, Swandean, Arundel Road, Worthing, West Sussex, BN13 3EP.

Details of the related party transactions are included in Note 15.

2. Information presented to the Chief Operating Decision Maker for the year ended 31 March 2018 (as presented to CODM in April 2018)

Below includes a reconciliation between the published accounts and the information presented to the CODM, for the financial year to 31 March 2018. The Foundation Trust generates the majority of its income from healthcare and related services. The information displayed in the accounts reflects that which is submitted to the Board.

Financial Sustainability Risk Ratings

	2017/18 Actual	2017/18 Plan
Revenue Available for Capital Service	10.0	15.5
Capital Service	-6.8	-7.7
Capital Service Cover Metric	1.5	2.0
Capital Service Cover Rating	**3**	**2**
Cash for CoS Liquidity Purposes	17.8	18.1
Operating Expenses within EBITDA, Total	-241.1	-234.9
Liquidity Metric	26.9	28.1
Liquidity Rating	**1**	**1**
I&E Margin	0.0%	0.0%
I&E Margin Ratio	**2**	**1**
I&E Margin Variance to Plan	0.0%	0.0%
I&E Margin Variance to Plan Ratio	**1**	**1**
Agency spend % Over cap	65.2%	0.0%
Agency Spend Rating	**4**	**1**
Overall Financial Sustainability Risk Rating	**3**	**1**

Finance and Use of Resource Ratings
The year-end has resulted in a finance and use of resources metric rating of 3 against a plan of 1 due to the capital service cover and non-achievement of the agency cap, which has partly been countered by the strong liquidity position. The rating of 4 for agency spend means the trust can be no higher than a 3.

Service Improvements
The year-end recurrent savings amounted to £8,928k against a target of £14,076k, with a year to date shortfall of £5,148k. The main variances relate to the Income and Nursing Workforce work streams. In addition a further £5,227k of non-recurrent savings have been achieved.

Income and Expenditure Account
The year-end has resulted in a surplus of £79k, against a target break even position. The improvement in the month was due to the receipt of additional income and reserve accrual releases, which off-set underlying shortfalls of service improvement projects within pay and non-pay, overspending inpatient wards, and high agency usage.

2.1 Segmental Reporting – Information presented to the Chief Operating Decision Maker for the year ended 31 March 2018

Income and Expenditure Account

	ANNUAL BUDGET £000's	ACTUAL £000's	VARIANCE £000's	ADJUSTMENT AS PER PUBLISHED ACCOUNTS £000's	ACTUAL AS PER ACCOUNTS £000's
Revenue from Activities					
Total Operating Revenue	**(248,278)**	**(251,022)**	**(2,744)**	**(444)**	**(251,466)**
Operating Expenses					
Total Pay Costs	199,270	197,025	(2,245)	0	197,025
Total Non Pay Costs	39,177	44,124	4,947	4,520	48,644
Total Operating Costs	**238,447**	**241,149**	**2,702**	**4,520**	**245,669**
Reserves	0	0	0	0	0
Earnings Before Interest, Taxes, Depreciation and Amortisation / Operating Surplus	**(9,831)**	**(9,873)**	**(42)**	**4,076**	**(5,797)**
Total other Income & Expenditure Items	9,831	9,793	(38)	(4,520)	5,274
Retained Surplus For the Year	**0**	**(79)**	**(79)**	**(444)**	**(523)**
Non Trading (Gains) / Losses	0	0	0	0	0
Retained Surplus For the Year	**0**	**(79)**	**(79)**	**(444)**	**(523)**

Figures reported to the CODM are subject to rounding differences.

The 'Adjustment as per accounts' column shows both the movement between the accounts presented to the Chief Operating Decision Maker and the published accounts relating to presentational classification of items and the result of any audit findings.

The increase in the surplus relates to the 2017/18 Sustainability and Transformation Fund (STF) Incentive and Bonus Scheme. The adjustments noted above relate to the presentation differences of the non-current asset transactions which go through the statement of comprehensive income.

Statement of Financial Position

	As at 31st-March-18			
	31st-Mar-17 £000	31st-Mar-18 £000	ADJUSTMENT AS PER ACCOUNTS £000	ACTUAL AS PER ACCOUNTS £000
Non Current Assets	**167,807**	**167,661**		167,661
Trade and other receivables	15,937	18,166	444	18,610
Assets held for sale	1,502	1,049		1,049
Cash and cash equivalents	35,853	37,439		37,439
Total Current Assets	**53,292**	**56,654**	**444**	**57,098**
Current Liabilities	**(33,378)**	**(37,801)**	1,956	(35,845)
Non-Current Liabilities	**(22,171)**	**(20,535)**	(1,956)	(22,491)
TOTAL ASSETS EMPLOYED	**165,550**	**165,979**	**444**	**166,423**
TAXPAYERS' EQUITY				
Public dividend capital	157,445	157,795		157,795
Revaluation reserve	30,437	29,990		29,990
Retained earnings	(22,332)	(21,806)	444	(21,362)
TOTAL TAXPAYERS EQUITY	**165,550**	**165,979**	**444**	**166,423**

Figures reported to the CODM are subject to rounding differences.

2.2 Segmental Reporting – Information presented to the Chief Operating Decision Maker for the year ended 31 March 2017

Income and Expenditure Account

	ANNUAL BUDGET £000's	ACTUAL £000's	VARIANCE £000's	ADJUSTMENT AS PER PUBLISHED ACCOUNTS £000's	ACTUAL AS PER ACCOUNTS £000's
Revenue from Activities					
Total Operating Revenue	**(250,763)**	**(252,335)**	**(1,571)**	**0**	**(252,335)**
Operating Expenses					
Total Pay Costs	198,729	198,566	(163)	0	198,566
Total Non Pay Costs	40,423	43,904	3,481	6,633	50,537
Total Operating Costs	**239,151**	**242,469**	**3,318**	**6,633**	**249,102**
Reserves	0	0	0	0	0
Earnings Before Interest, Taxes, Depreciation and Amortisation / Operating Surplus	**(11,612)**	**(9,865)**	**1,747**	**6,633**	**(3,233)**
Total other Items	10,892	11,861	969	(5,163)	6,698
Retained Surplus For the Year	**(720)**	**1,996**	**2,715**	**1,470**	**3,465**
Non Trading (Gains) / Losses	(792)	(718)	74	(684)	(1,402)
Retained Surplus For the Year	**(1,512)**	**1,277**	**2,789**	**786**	**2,063**

Figures reported to the CODM are subject to rounding differences.

The 'Adjustment as per accounts' column shows both the movement between the accounts presented to the Chief Operating Decision Maker and the published accounts relating to presentational classification of items and the result of any audit findings.

The adjustments noted above relate to the presentation differences of the non-current asset transactions which go through the statement of comprehensive income.

Statement of Financial Position

	As at 31st-March-17			
	31st-Mar-16 £000	31st-Mar-17 £000	ADJUSTMENT AS PER ACCOUNTS £000	ACTUAL AS PER ACCOUNTS £000
Non Current Assets	**168,653**	**168,688**	(881)	167,807
Trade and other receivables	14,316	16,082	(145)	15,937
Assets held for sale	1,876	1,502		1,502
Cash and cash equivalents	30,198	35,853		35,853
Total Current Assets	**46,390**	**53,436**	**(145)**	**53,292**
Current Liabilities	**(26,462)**	**(34,736)**	1,358	(33,378)
Non-Current Liabilities	**(21,471)**	**(21,053)**	(1,118)	(22,171)
TOTAL ASSETS EMPLOYED	**167,111**	**166,335**	**(786)**	**165,550**
TAXPAYERS' EQUITY				
Public dividend capital	156,946	157,445		157,445
Revaluation reserve	30,091	29,035	1,402	30,437
Retained earnings	(19,926)	(20,145)	(2,187)	(22,332)
TOTAL TAXPAYERS EQUITY	**167,111**	**166,335**	**(785)**	**165,550**

Figures reported to the CODM are subject to rounding differences.

3. Revenue from patient care activities

3.1 Revenue by type

	2017/18	2016/17
	£000	£000
NHS Trusts	558	769
CCGs and NHS England	216,819	218,671
Foundation Trusts	2,463	2,333
Local Authorities	9,427	10,509
Other	5,237	3,994
	234,504	236,276

3.2 Revenue by classification

	2017/18	2016/17
	£000	£000
Block Contract Revenue	222,308	224,905
Cost and Volume contract income	6,953	6,941
Other clinical income	4,034	3,446
Private patients income	1,209	984
	234,504	236,276

For 2017/18 the amount of income relating to Commissioner Requested Services was £229,267k, with £5,237k relating to non-Commissioner Requested services.

For 2016/17 the amount of income relating to Commissioner Requested Services was £232,282k, with £3,994k relating to non-Commissioner Requested services.

The Foundation Trust did not receive any income direct from overseas visitors in 2017/18 or 2016/17.

4. Other operating revenue

	2017/18	2016/17
	£000	£000
Education and training	7,046	6,958
Charitable and other contributions to expenditure	143	0
Research and development	2,784	2,390
Non-patient care services	2,187	2,496
Sustainability and transformation fund (STF)	444	0
Staff Recharges	1,672	1,352
Catering	406	394
Property Recharges	2,280	2,469
	16,962	16,059

5. Operating Expenses

5.1 Operating expenses by type:

		2017/18	2016/17
		£000	£000
Executive Directors' costs	Note 6.1 and 6.3	**880**	1,056
Staff costs	Note 6.1	**196,006**	197,374
Non-executive Directors' costs	Note 6.3	**139**	136
Redundancy costs & related provisions		**143**	512
Drug costs		**5,311**	5,531
Supplies and services - clinical (excluding drug costs)		**7,538**	5,265
Supplies and services - general		**3,514**	3,882
Establishment		**3,547**	3,167
Transport		**2,842**	2,862
Patient travel		**723**	613
Premises		**7,414**	7,860
Rentals under operating leases		**1,754**	1,875
Charges to operating expenditure relating to the PFI scheme		**1,060**	1,124
Information technology		**5,373**	5,807
Increase in provision for impaired receivables		**508**	96
Depreciation and amortisation		**4,521**	4,351
Auditor's remuneration - statutory audit		**85**	85
Auditor's remuneration - other services: audit related assurance services		**11**	13
Auditor's remuneration - other non audit services		**15**	0
Internal audit and counter fraud fees		**130**	129
Clinical negligence		**1,486**	1,362
Net Impairments	Note 5.2	**0**	2,284
Legal fees		**411**	333
Consultancy services		**413**	728
Training, conferences and courses		**1,721**	2,566
Hospitality		**8**	11
Insurance		**116**	80
Total		**245,669**	249,102

5.1.1 Auditor Remuneration

The external auditors for 2017/18 and 2016/17 are KPMG LLP (all figures stated in the table below are exclusive of VAT).

	2017/18	2016/17
	£000	£000
Auditor's remuneration - statutory audit	**71**	71
Auditor's remuneration - other services: audit related assurance services	**9**	11
Auditor's remuneration - other non-audit services	**13**	0
	93	82

The contract signed on 19 January 2016, states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1,000K, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

Internal audit fees relate to internal audit and counter fraud services carried out on behalf of the Foundation Trust Board by RSM Risk Assurance Services LLP.

5.2 Impairment of Assets

	2017/18	2016/17
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	**0**	2,284
Total net impairments charged to operating surplus / deficit	**0**	2,284
Impairments charged to the revaluation reserve	**0**	650
Total net impairments	**0**	2,934

5.3 Operating Leases

5.3.1 Payments recognised as an expense

	2017/18	2016/17
	£000	£000
Minimum lease payments	**1,754**	1,875
	1,754	1,875

Total future minimum lease payments

	2017/18	2016/17
	£000	£000
Payable:		
Within 1 year	**1,534**	1,671
Between 1 and 5 years	**4,162**	4,410
After 5 years	**7,766**	7,960
	13,462	14,041

6. Staff costs

6.1 Staff costs

	2017/18	2016/17
	£000	£000
Salaries and wages	**152,090**	152,499
Social Security Costs	**14,825**	14,720
Employer contributions to NHS Pension Scheme	**18,517**	18,627
Agency staff	**10,998**	12,915
Apprenticeship Levy	**731**	0
	197,161	198,761
Of which		
Costs capitalised as part of assets	**275**	331

Staff costs are compliant with NHS Agenda for Change and other review bodies national guidance. During the year staff costs have decreased across the Foundation Trust due to the loss of the Kent CAMHS contract offset partly by the national pay award and incremental rises.

The above agency staff figure includes £748k of NHS Locum spend (2016/17: £496k).

6.2 Retirements due to ill health

During the year there were 4 (2016/17: 2) early retirements from the Foundation Trust on the grounds of ill health, at a value of £212,531 (2016/17: £98,038). These costs are met by the NHS Business Services Authority - Pensions Division.

6.3 Remuneration of Directors

	Total	**Benefits in Kind**	**Employer's Pension Contributions**	**Employer's NI**	**Remuneration**
	£000	£000	£000	£000	£000
2017/18					
Executive Directors	880	1	99	90	690
Non Executive Directors	139	0	2	11	126

	Total	**Benefits in Kind**	**Employer's Pension Contributions**	**Employer's NI**	**Remuneration**
	£000	£000	£000	£000	£000
2016/17					
Executive Directors	1,056	1	96	110	849
Non Executive Directors	136	0	1	10	125

The highest paid director during the year ended 31 March 2018 was the Chief Executive (£148k) with employer pension contributions of £21k; for the year ended 31 March 2017 it was the Executive Medical Director (£175k), with employer pension contributions of £25k.

6.4 Pensions costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can

be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

7. Finance Costs

7.1 Finance Income

	2017/18	2016/17
	£000	£000
Interest from bank accounts	**77**	80
	77	80

The Foundation Trust receives interest from cash held within the current account used on a day to day basis, but also from utilising the National Loans Fund deposit scheme.

Over the course of the year there was £15m held in the deposit scheme on average per month. The interest received from these investments was £29,491 for the year, with the average interest rate return being 0.20%. Interest received from the current account amounted to £49,960 for the year from an average daily interest rate of 0.24%.

In 2016/17, there was £15m held in the deposit scheme on average per month. The interest received from these investments was £40,698 for the year, with the average interest rate return being 0.42%. Interest received from the current account amounted to £39,800 for the year from an average daily interest rate of 0.25%.

7.2 Finance Expense

	2017/18	2016/17
	£000	£000
Interest on obligations under PFI contracts	**2,462**	2,494

8. Intangible Assets

8.1 Intangible Assets at the statement of financial position date comprise the following elements:

	2017/18	2016/17
	£000	£000
Cost at 1 April	**5,007**	4,209
Additions	**0**	1,449
Disposals	**0**	(651)
Cost at 31 March	**5,007**	5,007
Accumulated amortisation at 1 April	**675**	804
Charged during the year	**754**	522
Disposals	**0**	(651)
Accumulated amortisation at 31 March	**1,429**	675
Net book value		
- Purchased at 31 March	**3,578**	4,332
Total at 31 March	**3,578**	4,332

8.2 Summary of intangible asset economic lives

Minimum life (years)	1
Maximum life (years)	6

9. Property, plant and equipment

9.1 Property, plant and equipment at the Statement of Financial Position date comprise the following elements:

	Land	Buildings excluding dwellings	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	22,872	140,099	1,112	342	2,163	3,237	**169,825**
Additions purchased	0	4,701	117	0	707	734	**6,259**
Impairments	0	0	0	0	0	0	**0**
Revaluation gains	0	0	0	0	0	0	**0**
Revaluation losses	0	0	0	0	0	0	**0**
Reclassified as held for sale	(423)	(987)	0	0	0	0	**(1,410)**
Disposals	(130)	(1,586)	(82)	(230)	(98)	(835)	**(2,961)**
Cost or Valuation at 31 March 2018	**22,319**	**142,227**	**1,147**	**112**	**2,772**	**3,136**	**171,713**
Accumulated Depreciation at 1 April 2017	0	3,742	631	281	1,294	2,207	**8,155**
Charged during the year	0	2,820	128	17	445	357	**3,767**
Impairments	0	0	0	0	0	0	**0**
Revaluation gains	0	0	0	0	0	0	**0**
Revaluation losses	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	(13)	0	0	0	0	**(13)**
Disposals	0	(1,017)	(82)	(230)	(83)	(817)	**(2,229)**
Accumulated Depreciation at 31 March 2018	**0**	**5,532**	**677**	**68**	**1,656**	**1,747**	**9,680**
Net book value							
- Purchased at 31 March 2018	22,061	119,273	470	44	1,116	1,389	**144,353**
- Leased at 31 March 2018	0	16,574	0	0	0	0	**16,574**
- Donated at 31 March 2018	258	848	0	0	0	0	**1,106**
- Total at 31 March 2018	**22,319**	**136,695**	**470**	**44**	**1,116**	**1,389**	**162,033**

9.2 Property, plant and equipment at the Statement of Financial Position date comprise the following elements:

	Land	Buildings excluding dwellings	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2016	23,378	139,871	1,108	342	2,771	3,509	**170,979**
Additions purchased	0	4,604	117	0	125	438	**5,284**
Impairments	0	0	0	0	0	0	**0**
Revaluation gains	103	968	0	0	0	0	**1,071**
Revaluation losses	0	(3,913)	0	0	0	0	**(3,913)**
Reclassified as held for sale	(609)	(1,417)	0	0	0	0	**(2,026)**
Disposals	0	(14)	(113)	0	(733)	(710)	**(1,570)**
Cost or Valuation at 31 March 2017	**22,872**	**140,099**	**1,112**	**342**	**2,163**	**3,237**	**169,825**
Accumulated Depreciation at 1 April 2016	0	2,920	597	264	1,551	2,524	**7,856**
Charged during the year	0	2,800	147	17	472	393	**3,829**
Impairments	0	0	0	0	0	0	**0**
Revaluation gains	0	(1,379)	0	0	0	0	**(1,379)**
Revaluation losses	0	(581)	0	0	0	0	**(581)**
Reclassified as held for sale	0	(4)	0	0	0	0	**(4)**
Disposals	0	(14)	(113)	0	(729)	(710)	**(1,566)**
Accumulated Depreciation at 31 March 2017	**0**	**3,742**	**631**	**281**	**1,294**	**2,207**	**8,155**
Net book value							
- Purchased at 31 March 2017	22,614	119,057	481	61	869	1,030	**144,112**
- Leased at 31 March 2017	0	16,440	0	0	0	0	**16,440**
- Donated at 31 March 2017	258	860	0	0	0	0	**1,118**
- Total at 31 March 2017	**22,872**	**136,357**	**481**	**61**	**869**	**1,030**	**161,670**

9.3 Revaluations and Impairments

The Foundation Trust's assets are held at fair value, and this year the Foundation Trust has carried out a desk top valuation review using external valuers. The outcome of the valuation has not been entered into the accounts given the movements are not deemed material.

In 2016/17, a desktop valuation was undertaken by Cushman and Wakefield to determine the fair value of the Foundation Trust's estate taking into account external economic factors. The total decrease in value was £881k, of which there was an impairment of £3,331k and a gain of £2,450k. The net impairment of £2,284k recognised in operating expenditure relates to an impairment loss of £2,682k and a reversal of prior revaluation losses of £398k. The remaining impairment of £650k made up of reversals of revaluations gains is recognised through the revaluation reserve with the reversal of prior revaluation losses of £2,052k.

9.4 Gross carrying amounts of assets fully written down

The gross carrying amount of assets fully written down at 31 March 2018 is £1,962k (31 March 2017: £2,743k).

9.5 Assets held for sale

There are 3 properties in the process of being sold as at 31 March 2018 (31 March 2017: 2) with combined asset values of £1,049k (31 March 2017: £1,502k). These properties form part of the Foundation Trust's site rationalisation programme.

	2017/18	2016/17
	£000	£000
Net book value of assets held for sale	**1,502**	1,876
Assets classified as available for sale in the year	**1,397**	2,022
Assets sold in the year	**(1,850)**	(2,396)
Less assets removed from the market	**0**	0
Net book value of assets held for sale at 31 March	**1,049**	1,502

9.6 Summary of property, plant and equipment economic lives

	Buildings excluding dwellings	Dwellings
Minimum life (years)	1	0
Maximum life (years)	112	0

	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
Minimum life (years)	1	1	1	1
Maximum life (years)	9	3	5	7

9.7 Profits and losses on disposal of property, plant and equipment

During the year the Foundation Trust has disposed of 5 properties (2016/17: 3) relating to the provision of Commissioner Requested Services. The net book value of these were £2,553k (2016/17: £2,401k), and the sale proceeds were £4,062k (2016/17: £3,226k). The services that were provided from these properties have either been decommissioned or re-provided from another of the Foundation Trust's properties.

In year the Trust also sold furniture and fittings relating to Kent services with a net book value of £29k, and sale proceeds of £39k.

The net profit on sale for 2017/18 amounted to £1,476k (2016/17: £718k).

10. Trade and other receivables

10.1 Trade and other receivables (current)

	31 March 2018	31 March 2017
	£000	£000
NHS trade receivables	**10,505**	9,711
Non NHS trade receivables	**5,314**	2,831
Provision for impaired receivables	**(940)**	(593)
Prepayments	**1,091**	1,639
Accrued income	**1,931**	1,441
PDC receivable	**102**	96
VAT receivable	**417**	567
Other receivables	**190**	245
Total trade and other receivables (current)	**18,610**	15,937

10.2 Trade and other receivables (non-current)

	31 March 2018	31 March 2017
	£000	£000
Prepayments	262	264
PFI prepayments	1,788	1,710
Total trade and other receivables (non-current)	2,050	1,974

10.3 Provision for impairment of NHS receivables

	31 March 2018	31 March 2017
	£000	£000
At 1 April	403	335
Provision for receivables impairment	456	142
Receivables written off during the year as uncollectable	(145)	(74)
Unused amounts reversed	0	0
At 31 March	714	403

10.4 Provision for impairment of Non-NHS receivables

	31 March 2018	31 March 2017
	£000	£000
At 1 April	190	285
Provision for receivables impairment	52	0
Receivables written off during the year as uncollectable	(16)	(49)
Unused amounts reversed	0	(46)
At 31 March	226	190

10.5 Ageing of impaired receivables

	31 March 2018	31 March 2017
	£000	£000
Up to three months	116	0
In three to six months	0	0
Over six months	824	593
At 31 March	940	593

10.6 Ageing of non-impaired receivables

	31 March 2018	31 March 2017
	£000	£000
Up to three months	12,190	9,536
In three to six months	829	1,324
Over six months	1,860	1,089
At 31 March	14,879	11,949

The Foundation Trust does not consider the above receivables past their due date to be impaired based on previous experience.

11. Liabilities

11.1 Current Liabilities

		31 March 2018	31 March 2017
		£000	£000
Trade and other payables			
NHS and DH payables		**4,152**	4,108
Amounts due to other related parties		**2,538**	2,576
Other trade payables		**3,664**	3,965
Trade payables - capital		**1,064**	2,098
Other payables*		**3,887**	3,885
Accruals		**9,117**	9,035
Total trade and other payables		**24,422**	25,667
Other			
Obligations under PFI	Note 16	**483**	369
Othe financial liabilities	Note 18	**46**	0
Provisions	Note 12	**443**	744
Deferred Income		**10,451**	6,598
Total Current Liabilities		**35,845**	33,378

*Other payables include tax and social security payments £3,824k (31 March 2017: £3,838k).

11.2 Non-Current Liabilities

		31 March 2018	31 March 2017
		£000	£000
Non Current Liabilities			
Obligations under PFI	Note 16	**19,841**	20,324
Provisions	Note 12	**675**	729
Deferred Income		**1,975**	1,118
Total non current liabilities		**22,491**	22,171

11.3 Borrowings

	31 March 2018	31 March 2017
	£000	£000
Long term borrowing at 1 April	**20,693**	20,961
Net actual borrowing in year - long term	**(369)**	(268)
Long term borrowing at 31 March	**20,324**	20,693
Working capital borrowing at 1 April	**0**	0
Net actual borrowing in year - long term	**0**	0
Working capital borrowing at 31 March	**0**	0

The borrowings in the above table relate to the PFI schemes the Foundation Trust has entered into (see note 16).

12. Provisions

	Legal Claims	**Redundancy**	**Total**
	£000	**£000**	**£000**
At 1 April 2017	964	509	**1,473**
Change in the discount rate	30	0	**30**
Arising during the year	112	147	**259**
Utilised during the year	(86)	(351)	**(437)**
Reversed unused	(50)	(158)	**(208)**
Unwinding of discount	1	0	**1**
Total as at 31 March 2018	**971**	**147**	**1,118**
At 1 April 2016	998	297	**1,295**
Change in the discount rate	32	0	**32**
Arising during the year	127	528	**655**
Utilised during the year	(129)	(155)	**(284)**
Reversed unused	(66)	(161)	**(227)**
Unwinding of discount	2	0	**2**
Total as at 31 March 2017	**964**	**509**	**1,473**
Expected timing of cash flows:			
At 31 March 2018			
Within one year	296	147	**443**
Between one and five years	335	0	**335**
After five years	340	0	**340**
At 31 March 2017			
Within one year	235	509	**744**
Between one and five years	332	0	**332**
After five years	397	0	**397**

Legal Claims - This provision comprises injury benefit awards against the Foundation Trust, employer liability claims and public liability claims. The estimated benefits have similar uncertainties to those for pension provisions. The timing of cash flows is uncertain and assumptions have been made based on the basis of best estimate of the expenditure required to settle the obligation.

At 31 March 2018, £1,898k (31 March 2017: £1,675k) is included in the provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Foundation Trust.

Redundancy - The assumptions that have been made are based on the best estimate of the timing and expenditure required to settle the obligation.

13. Cash and cash equivalents and statement of cash flows

	2017/18	2016/17
	£000	£000
Balance at 1 April	**20,853**	25,198
Net change in year	**1,586**	(4,345)
Balance at 31 March	**22,439**	20,853
Made up of:		
Cash with the Government Banking Service	**22,337**	20,739
Cash equivalents	**0**	0
Commercial banks and cash in hand	**102**	114
Cash and cash equivalents as in statement of financial position and statement of cash flows	**22,439**	20,853

The Foundation Trust also held a balance of £15,000k on deposit with the National Loans Fund at the 31 March 2018 (31 March 2017: £15,000k), across 3 deposits which are due to mature between April and July 2018.

14. Capital Commitments

Contracted capital commitments at 31 March not otherwise included in these accounts:

	2017/18	2016/17
	£000	£000
Property, plant and equipment	**616**	2,728

The commitment relates to refurbishment works of our inpatient services in Brighton, Worthing, Crawley and Horsham. The prior year included refurbishment works of our inpatient services in Brighton, Worthing and Hastings.

15. Related Party Transactions

Sussex Partnership NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them have undertaken any material transactions with Sussex Partnership NHS Foundation Trust.

The Department of Health and other government bodies are regarded as a related party. During the year Sussex Partnership NHS Foundation Trust has had a significant number of material transactions with the Department of Health, and with other entities for which the Department is regarded as the parent Department. The balances listed below represent those related parties with total transaction values above £250k with the Foundation Trust.

2017/18	Income £000s	Expenditure £000s	Receivables £000s	Payables £000s
Aneurin Bevan Local Health Board	309	0	124	0
Brighton & Hove City Council	1,433	234	247	2
Brighton and Sussex University Hospitals NHS Trust	796	456	109	180
Department of Health	883	6	0	0
East Sussex County Council	2,661	510	601	188
East Sussex Healthcare NHS Trust	376	1,809	400	673
Health Education England	10,075	0	1,035	0
HM Revenue & Customs - Employer costs	0	15,556	0	3,824
HM Revenue & Customs - VAT	0	0	417	0
Kent and Medway NHS and Social Care Partnership NHS Trust	4	80	0	24
Kent County Council	593	180	0	0
Medway Towns Unitary Authority (The)	244	36	0	2
National Loans Fund	0	0	15,000	0
NHS Ashford CCG	531	0	5	0
NHS Brighton and Hove CCG	36,949	0	1,682	0
NHS Canterbury and Coastal CCG	966	0	5	0
NHS Coastal West Sussex CCG	39,110	16	434	0
NHS Crawley CCG	8,566	0	0	0
NHS Dartford, Gravesham and Swanley CCG	830	0	0	0
NHS Dorset CCG	37	0	15	0
NHS Eastbourne, Hailsham and Seaford CCG	20,872	0	1,160	0
NHS England	28,941	150	1,484	0
NHS Fareham and Gosport CCG	1,831	0	0	0
NHS Hastings and Rother CCG	25,073	0	954	0
NHS High Weald Lewes Havens CCG	15,949	89	1,038	96
NHS Horsham and Mid Sussex CCG	23,926	94	480	45
NHS Medway CCG	560	0	3	0
NHS North East Hampshire and Farnham CCG	3,067	0	279	0
NHS North Hampshire CCG	2,010	0	5	0
NHS Pension Scheme	0	18,517	0	2,538
NHS Property Services	729	2,176	1,496	3,643
NHS Resolution (formerly NHS Litigation Authority)	0	1,486	0	0
NHS South Eastern Hampshire CCG	2,270	0	25	0
NHS South Kent Coast CCG	1,025	0	8	0
NHS Swale CCG	513	0	14	0
NHS Thanet CCG	1,278	0	2	0
NHS West Hampshire CCG	5,068	0	0	0
NHS West Kent CCG	1,574	45	26	0
Northumbria Healthcare NHS Foundation Trust	0	493	0	241
Royal Surrey County Hospital NHS Foundation Trust	833	0	5	0
Surrey and Borders Partnership NHS Foundation Trust	1,748	813	286	145
Sussex Community NHS Foundation Trust	1,012	775	56	95
West Sussex County Council	4,846	7,530	974	692
Western Sussex Hospitals NHS Foundation Trust	290	3,769	428	1,137

2016/17	Income £000s	Expenditure £000s	Receivables £000s	Payables £000s
Aneurin Bevan Local Health Board	0	0	0	0
Brighton & Hove City Council	1,405	794	111	117
Brighton and Sussex University Hospitals NHS Trust	1,127	344	377	344
Department of Health	734	0	96	0
East Sussex County Council	3,465	0	330	0
East Sussex Healthcare NHS Trust	724	1,140	420	763
Health Education England	8,921	24	308	0
HM Revenue & Customs - Employer costs	0	14,720	0	3,838
HM Revenue & Customs - VAT	0	0	567	0
Kent and Medway NHS and Social Care Partnership NHS Trust	2	466	0	0
Kent County Council	1,006	525	6	0
Medway Towns Unitary Authority (The)	459	0	59	0
National Loans Fund	0	0	15,000	0
NHS Ashford CCG	1,267	0	26	0
NHS Brighton and Hove CCG	35,257	0	1,222	0
NHS Canterbury and Coastal CCG	2,295	0	90	0
NHS Coastal West Sussex CCG	41,269	32	1,534	32
NHS Crawley CCG	8,536	0	97	0
NHS Dartford, Gravesham and Swanley CCG	2,121	0	218	0
NHS Dorset CCG	315	0	3	0
NHS Eastbourne, Hailsham and Seaford CCG	19,381	0	385	0
NHS England	28,001	689	669	204
NHS Fareham and Gosport CCG	1,909	0	16	0
NHS Hastings and Rother CCG	23,280	0	555	0
NHS High Weald Lewes Havens CCG	15,339	56	507	0
NHS Horsham and Mid Sussex CCG	22,295	48	1,670	48
NHS Medway CCG	1,338	0	59	0
NHS North East Hampshire and Farnham CCG	1,742	0	40	0
NHS North Hampshire CCG	2,080	0	14	0
NHS Pension Scheme	0	18,627	0	2,597
NHS Property Services	825	1,805	825	2,079
NHS Resolution (formerly NHS Litigation Authority)	0	1,364	0	1
NHS South Eastern Hampshire CCG	2,323	0	22	0
NHS South Kent Coast CCG	2,443	0	20	0
NHS Swale CCG	1,294	0	50	0
NHS Thanet CCG	1,895	0	54	0
NHS West Hampshire CCG	5,273	0	306	0
NHS West Kent CCG	3,602	0	282	0
Northumbria Healthcare NHS Foundation Trust	0	0	0	13
Royal Surrey County Hospital NHS Foundation Trust	767	0	17	0
Surrey and Borders Partnership NHS Foundation Trust	1,592	123	0	573
Sussex Community NHS Foundation Trust	1,056	688	63	24
West Sussex County Council	4,850	2,432	430	433
Western Sussex Hospitals NHS Foundation Trust	447	3,882	434	1,383

Out of the total provision for doubtful or bad debts of £940k (2016/17: £593k), £678k (2016/17: £418k) is with related parties shown in the above schedules.

The Foundation Trust owned a 50% share from the period 1 April 2015 to 2 August 2015 and then 100% share from 3 August 2015 to 27 June 2017 of the Recovery and Rehabilitation Partnership Unlimited wholly owned subsidiary) at which date the company was dissolved (see note 18). In 2017/18 there were no income transactions (2016/17: £nil), and no outstanding balances as at 31 March 2018 (31 March 2017: £nil).

During 2014/15, the Foundation Trust set up two joint venture companies in which a 50% share is held, these are called SMSKP1 Limited and SMSKP2 Limited for which there was no investment made. In 2017/18, there were income transactions totalling £1,198k (2016/17: £911k) with SMSKP2, relating to recharges, with a balance of £324k outstanding as at 31 March 2017 (31 March 2017: £4k) and there were no transactions with SMSKP1.

The remaining 50% share is owned by Horder MSK Limited. In 2017/18, there were expenditure transactions of £14k and income transactions of £nil (2016/17: expenditure transactions of £18k and income transactions of £nil) with Horder MSK Limited; with a receivable balance of £nil as at 31 March 2017 (31 March 2017: £nil).

HERE (formerly Brighton and Hove Integrated Care Services) and Sussex Community NHS Trust both have a risk and reward interest in SMSKP1 Limited. In 2017/18, there were expenditure transactions of £42k and income transactions of £3,085k (2016/17: expenditure transactions of £nil and income transactions of £2,917k) with HERE with a receivable balance of £825k (31 March 2017: £541k) outstanding as at 31 March 2018. For Sussex Community NHS Trust please see the tables at the top of this note.

It should also be noted that the Trustees of Heads On (formerly Sussex Partnership NHS Trust Charity) are also members of the NHS Foundation Trust Board. Revenue payments from the Charitable Fund Trust amounted to £120k during the year (2016/17: £120k), which related to reimbursements for costs incurred by Sussex Partnership NHS Foundation Trust that related to the charity.

16. Private Finance Transactions

16.1 PFI schemes on statement of financial position

'on-balance sheet' service concessions	31 March 2018	31 March 2017
	£000	£000
Gross PFI liabilities of which liabilities are due:		
Not later than 1 year	**2,901**	2,830
Later than 1 year and not after 5 years	**12,347**	12,046
Later than 5 years	**25,748**	28,950
	40,996	43,826
Finance charges allocated to future periods	**(20,672)**	(23,133)
Net PFI liabilities of which liabilities are due:	**20,324**	20,693
Not later than 1 year	**483**	369
Later than 1 year and not after 5 years	**3,417**	2,785
Later than 5 years	**16,424**	17,539

	£000	£000
Estimated capital value of the PFI scheme	**16,574**	16,440

The PFI scheme comprises of six individual projects and is a mixture of refurbishment of existing buildings and new buildings. All six projects became operational at varying times during the financial year 2000/01. Each scheme is contracted to run for 30 years from the date of opening, and includes the delivery of facilities management services including engineering, security, laundry, waste and other related services.

The assets have been capitalised and the service arrangement has been classified as a finance lease which is detailed above.

In 2011/12 the Foundation Trust revised the accounting model used for the PFI scheme to become compliant with the NHS IFRS Universal Model, issued by the Department of Health. The change to the model has no impact on the overall amount paid for the PFI, nor does it reflect any over or under payments to date on the scheme. The new model re-profiles the amounts apportioned between the repayment of the liability, a finance cost, charges for services and charges for lifecycle costs, whereas the old model only apportioned between the finance lease liability, facilities costs and finance cost.

The details of the projects are as follows:

Richard Hotham Unit

Refurbishment and extension of facilities on the Bognor Regis War Memorial Hospital site.
Commenced: 5 June 2000
End Date: 4 June 2030

Connolly House

New rehabilitation unit at 9 College Lane Chichester.
Commenced: 24 July 2000
End Date: 23 July 2030

Harold Kidd Unit

Refurbishment of an existing building at 9 College Lane Chichester to provide a comprehensive care unit for the elderly in Chichester.
Commenced: 30 August 2000
End Date: 29 August 2030

Chapel Street Clinic

New community health centre in Chichester.
Commenced: 30 October 2000
End Date: 29 October 2030

Pearson / Bailey Unit

Refurbishment and extension of existing facilities at Midhurst Community Hospital and a provision of a comprehensive care unit for the elderly.
Commenced: 4 December 2000
End Date: 3 December 2030

Centurion Mental Health Centre and Jupiter House

New acute unit and high dependency unit at 9 College Lane Chichester.
Commenced: 12 January 2001
End Date: 11 January 2031

Contract Payments

The Foundation Trust makes monthly contract payments for each of the six units in respect of the service element. This payment comprises an availability charge similar to rent and a charge for facilities management. The facilities management charge contains a performance related element that is dependent on the achievement of certain quality standards by the provider.

	31 March 2018 £000	31 March 2017 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements		
Of which liabilities are due		
- not later than one year;	**3,962**	3,830
- later than one year and not later than five years;	**16,974**	16,389
- later than five years.	**37,150**	41,208
Net present value of total future commitments	**58,086**	61,427

	31 March 2018 £000	31 March 2017 £000
Unitary payment payable to service concession operator	**4,140**	4,018
Consisting of:		
- Interest charge	**2,462**	2,494
- Repayment of finance lease liability	**369**	268
- Service element	**1,019**	976
- Capital lifecycle maintenance	**171**	31
- Revenue lifecyle maintenance	**41**	148
- Contingent rent	**0**	0
- Addition to lifecycle prepayment	**78**	101
Other amounts paid to opertaor due to a commitment under the service concession contract but not part of the unitary payment	**0**	0
Total amount paid to service concession operator	**4,140**	4,018

At the end of the PFI contract the assets will be transferred to the Foundation Trust. Renewal of the contract is not covered in this agreement, and all termination options by either the contractor or the Foundation Trust are set out in the contract terms. Throughout the term of the contract lifecycle payments are made to cover a planned maintenance programme over the life of the contract. Any financial risk associated with this plan is held with the contractor and any major overhauls will be carried out under the lifecycle programme in consultation with the Foundation Trust.

17. Financial Instruments

IFRS 7, Financial Instruments (Disclosures), requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the continuing service provider relationship that the Foundation Trust has with NHS England and Clinical Commissioning Groups (CCGs), the Foundation Trust was not exposed to the degree of financial risk faced by business entities. Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. The Foundation Trust has a limit on its powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Foundation Trust in undertaking its activities.

Liquidity Risk

The Foundation Trust's net operating costs are incurred under annual service agreements with NHS England and Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Foundation Trust is subject to limits on its borrowings imposed by way of its Prudential Borrowing Limit, which have never been utilised. The Foundation Trust currently has sufficient cash balances and is not currently exposed to any liquidity risk associated with inability to pay creditors. The Foundation Trust is not, therefore, exposed to significant liquidity risks.

Interest Rate Risk

The Foundation Trust limits the level of cash investments as well as the number of banking institutions used, and therefore no reliance is placed on interest rates for the Foundation Trust's financial planning.

Market price risk of financial assets

The Foundation Trust has no investments in overseas banks.

Foreign Currency Risk

The Foundation Trust has no foreign currency income or expenditure.

Credit Risk

The majority of the Foundation Trust's income comes from contracts with other public sector bodies therefore the Foundation Trust has low exposure to credit risk.

17.1 Financial Assets

Financial Assets	**2017/18 Total £000**	**Carrying value £000**	2016/17 Total £000	Carrying value £000
Trade and other receivables excluding non financial assets	**17,102**	**17,102**	13,731	13,731
Deposit with national loans fund	**15,000**	**15,000**	15,000	15,000
Cash and cash equivalents	**22,439**	**22,439**	20,853	20,853
Gross financial liabilities at 31 March	**54,541**	**54,541**	49,584	49,584

17.2 Financial Liabilities

Financial Liabilities	**2017/18 Total £000**	**Carrying value £000**	2016/17 Total £000	Carrying value £000
Obligations under private finance initiative contracts	**20,324**	**20,324**	20,693	20,693
Trade and other payables excluding non financial liabilities	**20,598**	**20,598**	21,829	21,829
Other financial liabilities	**46**	**46**	0	0
Provisions under contract	**971**	**971**	964	964
Gross financial liabilities at 31 March	**41,939**	**41,939**	43,486	43,486

17.3 Maturity of Financial Assets

	2017/18	2016/17
	£000	£000
Less than one year	**54,541**	49,584
In more than one year but not more than two years	**0**	0
In more than two years but not more than five years	**0**	0
In more than 5 years	**0**	0
Total	**54,541**	49,584

17.4 Maturity of Financial Liabilities

	2017/18	2016/17
	£000	£000
Less than one year	**21,424**	22,433
In more than one year but not more than two years	**938**	779
In more than two years but not more than five years	**2,814**	2,338
In more than 5 years	**16,763**	17,936
Total	**41,939**	43,486

18. Investments

18.1 Investment in Joint Venture & Subsidiaries

	Total	**RRP Unltd**	**SMSKP 1 Ltd**	**SMSKP 2 Ltd**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April 2017	(169)	0	0	(169)
Acquisitions in year	0	0	0	0
Share of (loss) / profit	123	0	0	123
Disposal	0	0	0	0
Carrying value at 31 March 2018	**(46)**	**0**	**0**	**(46)**
Carrying value at 1 April 2016	253	0	0	253
Acquisitions in year	0	0	0	0
Share of (loss) / profit	(422)	0	0	(422)
Disposal	0	0	0	0
Carrying value at 31 March 2017	(169)	0	0	(169)

Due to the 2017/18 carrying value being negative, this has been allocated to Other Financial Liabilities rather than investment in Joint Venture on the Statement of Financial Position.

The 2017/18 share of profit recorded during the year included £4k in respect of the trading profits for 2017/18 (see Note 18.2) as well as a further £119k of trading profits relating to 2016/17.

18.1.1 Recovery and Rehabilitation Partnership Unlimited

On 17 December 2012, the Foundation Trust entered into a joint venture with Care UK Limited to establish The Recovery and Rehabilitation Partnership Unlimited (RRP), incorporated in the United Kingdom.

The purpose of the joint venture was to develop and deliver recovery and rehabilitation services for adults with complex mental health needs, which consists of two service areas. One of the services related to a new development to provide a home for up to 24 people in Crawley Road, Horsham, which became operational in June 2014. The other service was purchased in March 2013 which was a 32 bedded facility at Nelson House, Gosport. During 2014/15 an investment of £323k, of which 75% was in the form of loan notes, was made relating to the on-going development in Horsham. The total value of the loan notes as at 31 March 2018 is £nil (2016/17: £nil).

On 3 July 2015 the joint venture arrangement with Care UK Limited altered via a transfer of ownership of the 50% share held by Care UK Limited to Partnerships in Care 1 Limited. On 3 August 2015 the Foundation Trust bought the remaining 50% share of the Crawley Road service from Partnerships in Care 1 Limited and sold its 50% stake in Nelson House forming a wholly owned subsidiary of the Foundation Trust. On 1 December 2015 the Foundation Trust transferred in the Crawley Road service to the Foundation Trust. Recovery and Rehabilitation Limited became an unlimited company on 8 December 2015 and consists of a nominal shareholding of £1 up to 27 June 2017 at which date the company was dissolved.

18.1.2 Sussex MSK Partnership East (SMSKP2 Limited)

On 3 October 2014 the Foundation Trust entered into a joint venture with Horder MSK Limited to establish SMSKP2 Limited, incorporated in the United Kingdom. The purpose of the joint venture was to develop and deliver musculoskeletal services in East Sussex.

For 2017/18 and 2016/17 the Foundation Trust has recorded a share of the profits and losses which reflects the 50% proportionate share of the joint ventures profit/ loss.

The investment of this joint venture has been reclassified within the accounts and is now shown within Other Financial Liabilities within the Statement of Financial Position to reflect the negative balance due to the prior period trading losses.

18.1.3 Sussex MSK Partnership Central (SMSKP1 Limited)

On 28 August 2014 the Foundation Trust entered into a joint venture with Horder MSK Limited to establish SMSKP1 Limited, incorporated in the United Kingdom. The purpose of the joint venture was to provide treasury management services to the Central Sussex MSK service.

No financial values have been recorded in the Foundation Trust's accounts as the company did not have any financial transactions during 2017/18 or 2016/17.

18.2 Disclosure of aggregate amounts for assets and liabilities of joint ventures

The table below relates to the Foundation Trust's 50% (2016/17: 50%) share of the assets and liabilities of the joint ventures.

	Total £000	RRP Unltd unaudited £000	SMSKP1 Ltd unaudited £000	SMSKP2 Ltd unaudited £000
2017/18				
Current assets	**7,163**	**0**	**0**	**7,163**
Non current assets	**32**	**0**	**0**	**32**
Total assets	**7,195**	**0**	**0**	**7,195**
Current liabilities	**(7,241)**	**0**	**0**	**(7,241)**
Non current liabilities	**0**	**0**	**0**	**0**
Total liabilities	**(7,241)**	**0**	**0**	**(7,241)**
Operating income	**17,033**	**0**	**0**	**17,033**
Operating expenditure	**(17,029)**	**0**	**0**	**(17,029)**
Profit for the year	**4**	**0**	**0**	**4**
2016/17				
Current assets	4,444	0	0	4,444
Non current assets	0	0	0	53
Total assets	**4,444**	**0**	**0**	**4,497**
Current liabilities	(4,666)	0	0	(4,666)
Non current liabilities	0	0	0	0
Total liabilities	**(4,666)**	**0**	**0**	**(4,666)**
Operating income	19,265	0	0	19,265
Operating expenditure	(19,687)	0	0	(19,687)
Loss for the year	**(422)**	**0**	**0**	**(422)**

18.2.1 Recovery and Rehabilitation Partnership Unlimited

The figures above reflect that there were no financial transactions during 2017/18 and 2016/17, with the company being dissolved on 27 June 2017.

18.2.2 SMSKP2 Limited

The figures in the above note are based on the management accounts of the SMSKP2 Limited for the period ending 28 February 2018.

The Foundation Trust's share of the joint venture's capital commitments as at 31 March 2018 is £nil (31 March 2017: £nil).

19. Third party assets

The Foundation Trust held £193k (31 March 2017: £201k) cash and cash equivalents at 31 March 2018 which relates to monies held by the Foundation Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

20. Losses and special payments

There were 50 cases of losses and special payments (2016/17: 85) totalling £165k (2016/17: £136k) paid during the year ending 31 March 2018. No individual case exceeded £300k (2016/17: nil). These amounts are reported on an accruals basis but exclude provisions for future losses.

Losses	**2017/18 Total number of cases**	**2017/18 Total value of cases £s**	2016/17 Total number of cases	2016/17 Total value of cases £s
Cash losses	**3**	**1**	8	9
Fruitless payments and constructive losses	**0**	**0**	0	0
Bad debts and abandoned claims	**31**	**161**	55	123
Stores losses	**0**	**0**	0	0
Total	**34**	**162**	63	132
Special Payments				
Extra-contractual payments	**0**	**0**	0	0
Extra-statutory and extra-regulatory payments	**0**	**0**	0	0
Compensation payments	**0**	**0**	0	0
Special severance payments	**0**	**0**	0	0
Ex gratia payments	**16**	**3**	22	4
Total	**16**	**3**	22	4
Grand Total	**50**	**165**	85	136

21. Events after the reporting period

There were no events after the reporting period.

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