NHS

Sussex Partnership
NHS Foundation Trust

ANNUAL REPORT
AND ACCOUNTS
2018-2019

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Sussex Partnership NHS Foundation Trust
Annual Report and Accounts 2018 - 19

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1.1 Overview

This section of the Annual Report provides an overview of key achievements and challenges during 2018/19.

Statement from the Chief Executive

A key feature of this year, as is the case across the country, has been the significant, sustained operational pressure our services and staff have experienced. We have made good progress during the course of the year, working with our partners, towards addressing the complex, underlying and multifaceted factors which have an impact on service demand.

At the same time, there are many fantastic examples of innovative, positive practice across Sussex Partnership which have helped us continue to improve the experience of the patients, families and local communities we serve. I want to thank everyone at Sussex Partnership who has played a role in this.

We are a people based service and people are at the heart of our organisational values. By putting people first, being future focused, embracing change, working together and making sure everyone counts, we are able to make a difference to the lives of the vulnerable people under our care.

Service demand
During the course of this year, I wrote in a piece for NHS Providers (www.nhsproviders.org) highlighting that there are a whole host of issues which affect the wellbeing of our local communities such as access to housing and supported accommodation, loneliness and isolation. This is particularly an issue when people become disconnected from their support as they have to move to get access to affordable accommodation. That, in turn, increases demand for specialist NHS mental health services and pressure on primary care and physical health services.

We have achieved a lot in these areas and we now have an NHS Long Term Plan which emphasises their importance. But we have more to do. The societal and system pressures we face require collective and concerted action. This means we all need to put our shoulders to the wheel and get behind the NHS Long Term Plan. Less competition and more collaboration is the (very welcome) order of the day. But it's not enough for the NHS to simply talk to itself. We need to engage openly and honestly with all our partners, the people who use services and our staff.

At Sussex Partnership, we have been responding to these challenges in three interlinked ways. Firstly, we have launched a significant programme of work in relation to 'patient flow'. This involves looking at every aspect of an individual's journey through our services - both community and inpatient - and critically examining how this can be improved. Specific pieces of work we undertook on during the year include the development of our new Psychiatric Decision Unit at Mill View Hospital which opens in May 2019. We are also working with our partners to reduce delayed discharges from hospital, where people who are medically fit to be discharged cannot be because of lack of available follow up accommodation.

Secondly, we continued the delivery of our clinical strategy, which sets out the type and range of services we believe it is necessary to have in place in order to meet the needs of our local communities we serve. In parallel, we began work – working with staff, patients and partners – to refresh our overarching organisational strategy (Our 2020 Vision, published in 2015).

Thirdly, we have been working closely with our partners within Sussex and East Surrey Sustainability and Transformation Partnership (STP) on the investment and improvements to service delivery which we believe are needed to improve patient and family experience. The need for bold action is highlighted by the fact 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

I am delighted that, working collaboratively as a health and social care system, we have agreed significant, recurrent investment to help address these challenges, particularly in relation to 24/7 mental health crisis care. At the same time as addressing these difficult challenges, it is also important to celebrate and share what we are doing well. I want to highlight a few examples from 2018/19.

Celebrating our staff
As I highlighted above, our work is based upon the commitment, creativity and dedication of the people who work within our services. There are so many individuals who give their all to the NHS, too many to mention here, but I want to highlight three special examples.

Five marathons in five days for mental health

Ian Puttock ran five marathons in five days in a bid to raise awareness of mental health issues and raise money for a mental health charity supporting local people. Having first taken up running after a personal loss, Ian took up running to help manage his own mental health and wellbeing.

Ian is no stranger to marathons, having completed nine in the past, including one Ultra Marathon of 38 miles, but he has never run a marathon on consecutive days. His personal best is 3 hours and 50 minutes, though he planned to pace himself for the five marathon challenge and hoped to complete each race in around five hours.

His running has also inspired his children, and the three of whom regularly run with him. Ian recently celebrated 30 years' service with the NHS and currently works for Sussex Partnership in our project management office. He used his marathons to raise money for Heads On, Sussex Partnership's charity which supports people experiencing mental health difficulties. He embodies how our staff go the extra mile (literally!) in support of mental health and learning disabilities. He was a very well deserved winner of one of our 2018 Positive Practice Awards (highlighted in more detail below).

Accolade for Hastings mental health nurse

Dennis Singson, a Senior Nurse Practitioner and Nurse Prescriber working with the Crisis Resolution and Home Treatment Team in Hastings received a clinical excellence award for nursing in NHS England's Windrush 70 awards.

The awards, sponsored by the Royal College of Nursing, celebrate the 70th anniversary of the arrival of Empire Windrush and also the 70th birthday of the NHS. More than 11,000 members of the public, patients and staff submitted nominations.

Dennis was nominated for the significant contribution he has made to the NHS and for being such a great role model for all NHS nurses. He was also nominated for his dedication to advancing his skills, learning and improving the care offered to patients, families and the communities we serve in East Sussex. I am so pleased the contribution Dennis has made as a nurse in the NHS has been recognised by the Royal College of Nursing as part of the NHS 70 celebration and to mark the 70th anniversary of the arrival of Empire Windrush at Tilbury docks. Many of the 492 passengers that arrived went on to work in the NHS.

Dennis started his nursing career in the Philippines and came to England in 1999. He has been working in mental health services since 2000 and has gone from strength to strength in his career. He is a real asset to the Trust and we are lucky to work with such an amazing person and our patients and families benefit from his compassion and expertise. It was an honour and a privilege to be there when Dennis accepted his award. We are very proud of him.

The Hastings Crisis Resolution and Home Treatment Team is based at Woodlands Centre for Acute Care, which provides crisis care, hospital admissions and urgent care to people with mental health conditions and is part of Sussex Partnership.

Celebrating NHS 70

One of our nurses, Aileen Coomber age 81, took a prestigious role in a national celebration to mark 70 years of the NHS. Aileen was asked to lead the procession which presented the original NHS Manifesto, which kick-started national health care as we know it today, at a special service at Westminster Abbey on 5 July 2019. The event, hosted by NHS England and NHS Improvement, reflected on the beginnings of the NHS, 70 years of service to communities across England and look forward to the future of the health service. Aileen, a mental health nurse at our recovery unit, Shepherd House, in Worthing has dedicated her life to the NHS with 65 years' service to date.

NHS staff from across the country attended the event on 5 July, the official anniversary date. Eighteen staff members from Sussex Partnership who were involved in our 70 for 70 campaign, which shares personal stories and reflections on the NHS, were also invited.

Elsewhere, people from across Hampshire came together to celebrate what makes them unique at a special event in Winchester, led by Hampshire Child and Adolescent Mental Health Services (CAMHS). The 'Great Big Bunting Off' celebration event, which coincides with the NHS 70th birthday on 5 July 2019, was part of the Everybody Campaign - a year-long campaign which focuses on raising awareness of eating disorders and the importance of body confidence and self-esteem.

Throughout the year schools, youth organisations, brownies and scout groups, charities and staff at Sussex Partnership all did their bit to get involved with the campaign by making their own section of bunting, decorated to reflect what makes them unique, and to celebrate their individuality, differences, interests and their own personality.

Sharing and celebrating Positive Practice

Celebrating the achievements of people within our teams is at the heart of our annual Positive Practice Awards. This is why I'm delighted that the number of nominations for the awards has increased from 130 in 2015, when we first launched them, to 570 in 2018.

The awards shine a well-deserved spotlight on our nurses, doctors, occupational therapists, allied health professionals, support staff, service users, their family and carers, volunteers and the partner organisations who work with the patients, families and local communities we serve. The awards recognised more than eleven individuals and team winners who all went above and beyond in providing first class services and care for the people they serve.

Held at the Brighton Metropole in November 2018, the ceremony was attended by more than 500 people Amongst the winners were the team at Woodlands Centre for Acute Care in Hastings who won the gold award in the Clinical Team Award category, which recognises clinical teams who have made an outstanding contribution by going 'the extra mile'.

Heathfield Ward, based at the Department of Psychiatry in Eastbourne, won the Bethan Smith Award, a special award in memory of Bethan Smith. It is judged by the Executive Team – along with Bethan's parents, Aldyth and David - and awarded to an individual or team who has demonstrated compassion, kindness and supportiveness in working with families.

Every single day our staff go above and beyond to provide outstanding care for the people we serve. These are challenging times for all of the NHS, and mental health services particularly, with a level of demand we have never known before. That's why events like our Positive Practice Awards are so important. They give us a chance to celebrate all the good that is happening day in and day out across NHS mental health and learning disability services across Sussex and Hampshire.

We are fortunate to have such talented and committed people working at and with Sussex Partnership and in the NHS. I also want to say a special thank you to everyone who couldn't make the event because of being on duty within clinical services and other reasons.

All of the Positive Practice awards are around valuing, appreciating and respecting each other, drawing on one of the Trust's key values; everyone counts. Nominations are made by the Trust's 5,000-strong workforce, as well as members of the public, service users, carers and family members. Winners on the night were recognised for their contributions to improving patient care across every service.

The full list of winners were as follows.

Inspired to Improve - awarded to an individual or team who has improved their service, listened and responded positively to feedback

- Bronze: Brighton and Hove Group Treatment Service

- Silver: James Atkinson
- Gold: Lucy Westcott and Team Springwell

Research and teaching - awarded for research and / or teaching activity that demonstrates a clear improvement in quality of care and improved patient outcomes.

- Bronze: Kate Stammers & Mandy Burton
- Silver: Nurse Education Team
- Gold: Professor Kathy Greenwood

Quality and Innovation – an award that recognises an individual or team who has put a good idea into action by thinking differently. Either directly improving patient care or supporting our staff to deliver high quality services.

- Bronze: Sex Offender Treatment Service Collaborative - Intellectual Disability Team
- Silver: Sharon Fernando and Steve Lockhart for Ambulance Street Triage Service
- Gold: Nikki Jones and team for (Prevention and Management of Violence and Aggression)

Partnership in Practice - awarded to an individual team who works effectively in partnership with others, crossing professional, clinical or organisational boundaries.

- Bronze: Hampshire i2i
- Silver: Veteran's Service
- Gold: Pathfinder

The Bethan Smith Award - a special award in memory of Bethan Smith. It is judged by the Executive Team, along with Bethan's parents, Aldyth and David, and awarded to an individual or team who has demonstrated compassion, kindness and supportiveness in working with families.

Winner: Heathfield Ward, Department of Psychiatry

Heads On Heroes – an award which recognises staff who have made a positive difference to patient care through fundraising for the Trust Charity Heads On. Nominations can be for individuals or teams who have gone above and beyond their usual role to improve patient care through fundraising. It's not about who has raised the most money, but about who has shown real commitment and passion to improving the experience of service users by engaging in fundraising with Heads On.

- Bronze: Jade Ward, Langley Green Hospital
- Silver: Laura Stapleton
- Gold: Ian Puttock

Team Award (non-clinical) – An award that recognises non-clinical teams who have made an outstanding contribution by going 'the extra mile'.

- Bronze: Nurse Education Team
- Silver: Clinical Care Intelligence Team
- Gold: Carer Heroes

Team Award (clinical) – An award that recognises clinical teams who have made an outstanding contribution going 'the extra mile'.

- • Bronze: Specialist Perinatal Mental Health Team
- • Silver: Shepherd House, Worthing
- • Gold: Woodlands Team

Shining Star (Clinical) - awarded to an individual working for Sussex Partnership who makes a difference every day.

- • Bronze: Dr Jane McNulty
- • Silver: Jarod Newbury
- • Gold: Laury Jeanneret

Shining Star (Non-Clinical) - awarded to an individual working for Sussex Partnership who makes a difference every day.

- • Bronze: Raymond Pothin
- • Silver: Graham Johnston
- • Gold: Timothy Alksaris

Outstanding Student Nurse Mentor - awarded in recognition of the significant contribution that mentors make to the education and training of student nurses.

- • Bronze: Sophie Bartlett
- • Silver: Kerry Stott
- • Gold: Steve Barry

Year of Drawing
The creativity that exists in abundance at Sussex Partnership is reflected in the range of innovate projects throughout the course of the year.

One very good example was our Year of Drawing. This was a year-long site project to help increase access to the arts for people who are facing mental health challenges in Sussex and Hampshire. The project was made up of public drawing workshops, pop up studios in NHS mental health settings, and a series of drawing-based Recovery College courses.

Led by our charity Heads On, the project was part of Make Your Mark, our arts and health programme. The Year of Drawing was funded by the National Lottery through Arts Council England and grants from Chalk Cliff Trust, John Horniman's Children's Trust, Dixie Rose Findlay Charitable Trust and Rockinghorse Children's Charity.

New gym helps patients improve and maintain their physical health
Patients, NHS staff and the Friends of Eastbourne Hospital gathered in May 2018 to celebrate the opening of a new gym that aims to help patients with mental health conditions improve their physical health.

The gym at the Department of Psychiatry in Eastbourne officially opened after a donation from the Friends of Eastbourne Hospital enabled staff to purchase the exercise equipment, including a treadmill, rowing machine, exercise bike, punch bag and chin-up bars.

The Department of Psychiatry provides inpatient care, support and treatment for adults who are experiencing mental health conditions such as schizophrenia, bipolar disorder, clinical depression and severe anxiety. Staff at the Department of Psychiatry wanted to set up the gym to give patients a place where they can maintain and improve their physical health, which in turn would help improve their mental health and aid their recovery.

Mental health patients given a new 'goal' to improve their physical fitness
Langley Green Hospital in Crawley joined forces with Crawley Town Football Club to help promote patients' physical health and wellbeing.

Weekly football training sessions are hosted at Langley Green Hospital courtesy of Crawley Town FC's Community Foundation. The sessions, which have been running since summer 2017, offer patients of any age and footballing ability the chance to learn new skills and have fun whilst getting some all-important exercise. In return, staff from the hospital provided mental health awareness training to all of the coaches at the club.

Later in the year, Langley Green became the first psychiatric hospital in the UK to receive the 'LGBTQ Inclusion Award', which acknowledges hospitals who have taken significant steps to make their services more inclusive of LGBTQ people. Launched as a pilot, the LGBTQ Inclusion Award offers primary and secondary care service providers improved knowledge and tools to help them meet the needs of the LGBTQ community.

The team also featured in a report of workforce recruitment, retention and wellbeing published in March 2019. The report was compiled by the Positive Practice in Mental Health Collaborative in partnership with the National Collaborating Centre for Mental Health, a joint initiative of the Royal College of Psychiatrists and University College London.

In it, Langley Green is highlighted for its outstanding efforts to attract and retain high quality mental health nurses and support workers for its four wards, which support adults with acute mental health difficulties.

The report is available on the Royal College of Psychiatrists website.

Improving fitness together - mental health trust is the first to invite patients and carers to join their corporate challenge
A corporate health and wellbeing challenge usually only open to staff was opened up for the first time to the patients and carers of our services.

The Virgin Pulse Global Challenge helps organisations improve employee health and wellbeing with a 100-day challenge. Each step taken by participants is recorded, taking them closer to a virtual destination somewhere in the world. The challenge encourages those taking part to increase their daily physical activity by tracking and monitoring their steps with a pedometer.

We made the decision to be the first NHS organisation to include patients and carers in their annual corporate health and wellbeing initiative. 136 teams, which equates to 952 people, made a

commitment to get moving more and improve their physical fitness. This included five teams of service users and staff and one team made up entirely of family and friend carers.

Telepsychiatry - innovative technology to help people with mental health conditions in their recovery
One of our mental health crisis teams in East Sussex began piloting a new system offering Skype calls to patients so they can keep in touch from home or a place that is convenient to them.

The Crisis Resolution and Home Treatment Team, based at the Woodlands Centre for Acute Care in Hastings offers support and intensive treatment to people in their own home to help them in their recovery and to avoid them being admitted to hospital. The team of mental health nurses and doctors began offering telepsychiatry in addition to existing face-to-face appointments for patients who either can't travel or who find it hard to get to appointments due to other commitments.

Hampshire mental health services give local young people an A to Z guide to help them with their mental and emotional wellbeing
Hampshire Child and Adolescent Mental Health Services (CAMHS) worked with the Police and Crime Commissioner's Youth Commission to create a simple guide to help equip young people to manage their mental wellbeing better.

The 'A to Z of Coping Strategies' includes 26 ideas, strategies and techniques to help a young person to cope better if they are experiencing stresses and pressures which are making them feel in crisis or at risk of self-harming. Some examples are:

- Activity – do something you enjoy
- Breathe – take deep breaths in and long slow breaths out
- Create – find creative ways to express yourself, for example paint, draw, dance or sing

The guide, produced in collaboration with young people and local school, Ropley Primary, was distributed to every primary school in Hampshire to help children aged 8 to 11 years to feel better equipped to manage their own emotional and psychological health and wellbeing.

Growing our own – local mental health service supports staff in their training to become Nursing Associates
We continued our work to with the University of Brighton to develop new Nursing Associate roles.

The current cohort is made up of 37 trainees from six NHS organisations across Sussex and East Surrey. The two year training programme provides the trainees with an education and development pathway into a new role within the nursing workforce, which combines a Level 5 Foundation Degree, work-based learning and practice placements.

The new role of Nursing Associate will help to bridge the gap that currently sits between Health Care Assistants and Registered Nurses. Trainees attend the University of Brighton one day a week, as well as experiencing practice in a variety of clinical settings across a number of local health care providers. Successful trainees will be eligible to register with the Nursing and Midwifery Council (NMC) as a Nursing Associate.

When qualified, Nursing Associates will deliver care with a wider skill set, which will enhance their overall scope of practice and compliment the work of registered nurses. This will enhance the way that patient care is provided and will help to increase capacity within the healthcare profession.

This is a really good example of how we are thinking creatively to address the workforce challenges being experienced across the NHS.

Celebrations at the Woodland Project
In June we took part in the celebration of four years of The Woodland Project in East Sussex, which provides days out in nature for children and young people with learning disabilities, their families and siblings. Run by Circle of Life Rediscovery and Sussex Partnership's Child and Adolescent Mental Health Services, The Woodland Project gives families the opportunity to enjoy the respite of the woodlands and activities such as painting, cooking and learning how to make a campfire. The project has been running for four years and has welcomed over 150 families.

Learning Disabilities
Staff from our learning disability services marked Learning Disabilities Week in June 2018 with a series of events for their patients to enjoy. It is reported that there are 1.4 million people who have a learning disability in the UK, 190,000 of which are children. The theme for this year's Learning Disabilities Week was health, focusing around the 'Treat Me Well' campaign, which encourages healthcare services and hospitals to improve the way they work with people who have a learning disability.

The Selden Centre in Worthing offers an inpatient service and specialist support for adults with learning disabilities. They celebrated Learning Disabilities Week by running a series of activities around the theme of 'health', for their service users and staff to enjoy. These activities included a healthy eating fruit and vegetable cooking group, 'Seldencise' group exercise session in the garden and a Makaton music group.

In the course of the year the Selden Centre achieved an accreditation from the Royal College of Psychiatrists. This was awarded after the service achieved 99% of the overall standards set out in the College's Quality Network for Inpatient Learning Disability Services, which supports wards to evaluate and improve their management processes and standards of care. It was a three year process for the service, which included a peer review each year from another learning disability inpatient service and engagement from staff and service users in a comprehensive review process set against an agreed set of standards, based on best practice guidelines, expert opinion and research.

More broadly, the fact that 2019 marks the 100th anniversary of learning disability nursing is an opportunity to bring the issue into the spotlight. This is helped by the fact that learning disabilities are given such a clear and explicit focus in the NHS Long Term Plan.

Veterans encouraged to talk about mental health this Armed Forces Day
On Armed Forces Day on 30 June 2018, we sought to remind veterans that it's ok to talk about their mental health and that specialist NHS help is available if they need support.

The London and South East Veterans' Mental Health Transition, Intervention and Liaison (TIL) Service helps armed forces veterans get faster access to mental health support no matter where

they live in Sussex and the South East. We provide the service, which launched in 2017, in collaboration with 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 for 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.

As well as operating in Sussex, support is available to ex-service personnel living in, or registered with a GP in, Surrey, Kent and Medway, London and Greater London.

For more information visit www.sussexpartnership.nhs.uk/veterans

Mill View Hospital celebrates 20 years as the NHS turns 70
Staff and patients at Mill View Hospital in Hove celebrated two important milestones as they marked the hospital's 20th anniversary and the NHS's 70th birthday on the same day.

Staff and patients came together on 6 July 2018 to enjoy a BBQ, inter-ward bake off competition and an interactive drumming workshop lead by Odi from Synergy Creative. To mark the joint anniversaries, ward clerk Maria Byrne made a special celebration cake which was shared by staff and patients. All five wards also got involved with the bake off competition and, after some tense deliberation, Brunswick Ward, the dementia unit, were the crowned winners with their chocolate doughnut cake.

Mill View provides mental health inpatient and community services in Brighton and Hove. It opened on 18 June 1998 and was a designed facility to promote a sense of spaciousness. This was a stark contrast to the narrow, dormitory style wards patients and staff had been used to. It is now home to five wards serving adults of all ages as well as community teams.

New mental health service offering patients an effective alternative to treatment in hospital trialed in Sussex
Our Forensic Healthcare Service, which supports people who have mental health problems and who have become involved with the criminal justice system, launched a new two year pilot project. It runs alongside existing forensic community services, providing care for people from Sussex, Kent and Surrey who have received hospital care at The Hellingly Centre, The Chichester Centre and other forensic healthcare services across the South East.

We were one of just three Trusts across the country chosen by NHS England to pilot the new way of offering care. NHS England worked with service users, families and clinicians to co-design the new community service for forensic healthcare service patients, which provides a safe, effective alternative to hospital. The aim is to reduce the length of stay in inpatient services so people can live well and safely in, and as part of, their community.

The new multidisciplinary team includes psychologists, mental health nurses, social workers, occupational therapists, support workers, peer mentors and a consultant forensic psychiatrist. We are working in partnership with Southdown, who provide benefits and housing advice to ensure service users receive a full support package to enable them to live within their community.

Service users receive regular one-to-one therapeutic intervention as well as the opportunity for group work. Each person will have access to a peer mentor or buddy to help them as they adjust to living independently. Vocational and employment support is provided and a 24/7 crisis care plan is in place for each person to support them if they experience a mental health crisis.

Sussex Mental Health Trust rated top for research
In July 2018 we were rated amongst the best performing mental health trusts in the country for research in the annual league table produced by the National Institute for Health Research (NIHR). We featured in the top ten for the number of people recruited to research studies and for the number of studies on offer locally. Clinical research studies enable patients and volunteers to contribute to learning that has a direct impact on the way mental health care is provided both now and in the future.

The NIHR consulted over 36,000 patients and volunteers across the South East of England from all NHS Trusts and CCGs over the last two years to collect the data for the league table.

Our high levels of research activity are due to many of our studies being 'home grown'. These studies are aligned most closely with the needs of the people of Sussex and are developed in partnership with colleagues at the Universities of Sussex and Brighton, and Brighton & Sussex Medical School. We are currently investing in these partnerships to build the research infrastructure that will enable us develop and conduct research studies that can make a real difference to our service users.

Our Research Department runs a wide variety of studies covering all areas of mental health, including psychosis, dementia, links between brain and body and mood and anxiety.

'We Can Talk' – new training to give hospital staff improved confidence when working with children and young people in a mental health crisis
New specialist training was introduced for hospital staff in Brighton and Hove and Haywards Heath to improve their knowledge, skills and confidence when working with children and young people who are experiencing mental health difficulties whilst in hospital or attending A&E in a mental health crisis.

The 'We Can Talk' Children and Young People's Mental Health (CYPMH) project, funded by Health Education England, offers acute hospital Trusts a series of one-day training sessions for staff, who are not experts in mental health care, to learn more about mental health difficulties and how they can support a young person in hospital.

Each training session has a young person advisor attend to share their experience of being in hospital during a mental health crisis - helping to illustrate to the hospital staff the difference they can make to a young person's experience.

Brighton and Sussex University Hospitals NHS Trust (BSUH) signed up to the initiative and started delivering the training programme from October 2018 with specialists from Child and Adolescent Mental Health Services (CAMHS) to staff at the Royal Alexandra Children's Hospital, Royal Sussex County Hospital in Brighton, and Princess Royal Hospital in Haywards Heath.

The 'We Can Talk' project was first piloted at Barts Health NHS Trust in 2017 with over 300 acute hospital staff, and helped to identify the areas where additional education and support was most needed for hospital staff to feel confident and competent when caring for a young person in hospital with a mental health need.

Schoolchildren design Zimmer frames to help local people with dementia avoid falls
Our dementia ward in Hove teamed up with a local school to design and create bespoke Zimmer frames for patients. Local schoolchildren designed and created bespoke Zimmer frames for patients at Brunswick (a specialist dementia unit at Mill View Hospital).

Brunswick Ward worked with the Dementia Action Alliance and Stanford Junior School in Hove on the project, which aims to educate children about dementia and help those with dementia avoid falls. The team were inspired by a 'Pimp my Zimmer' project that took place at Woffington House Care Home in Wales. Residents there decorated their Zimmer frames with the help of local school children and the project was a huge success. Evidence shows that personalised frames are more likely to be recognised and used by people with dementia, reducing the likelihood of slips, trips and falls.

The initiative involved pupils and staff who had previously taken part in a 'dementia friends' session run by the Dementia Action Alliance (managed by Age UK Brighton & Hove). Following their session, pupils aged 7 to 11 were given a selection of biographies of patients on Brunswick Ward. Using these as a guide, pupils designed Zimmer frames to stand out from the crowd, so patients can identify their own and use it while staying on the ward. They submitted their designs for judging and the ten winning designs became reality as they had the opportunity then to decorate frames from Brunswick Ward for patients to use.

Falls reduction strategies are important when working with older people who are frail or unsteady on their feet. When a patient with dementia has a fall it can be particularly dangerous as they may not be able to immediately communicate if they are in pain and they may feel extremely distressed and confused.

Hellingly Centre wins funding for new arts project
The Hellingly Centre became one of just six mental health units across the country to benefit from the exciting project being organised by national charity Hospital Rooms. The project will see world-class artists work in collaboration with staff and patients to create extraordinary works of art that will help to transform the wards. Hellingly is a medium secure hospital which provides care for adults with mental health problems who are involved with the criminal justice system.

Hospital Rooms commissions world-class artists to radically transform secure mental health units with museum quality and compliant art. They make challenging clinical environments imaginative,

thoughtful and rejuvenative. Their work is supported by grants from Arts Council England, the Garfield Weston Foundation, the Isabella Blow Foundation, Hospital Rooms friends and donors and 'in kind' art materials from Liquitex and time from artists.

Hear Me! Hampshire mental health service launches new campaign
Supporting the mental health and wellbeing of young people in care was the focus of a new campaign we launched in in Hampshire in January 2019. 'Hear Me', the year-long campaign run our Child and Adolescent Mental Health Services (CAMHS) in Hampshire, focuses on the vulnerable population of looked after children and young people, which includes those who are in foster care, children's homes, adopted, in kinship care, and those who are on the verge of going in to care.

Across Hampshire there are over 1,600 children in care. According to Ofsted, over 70,000 young people in the UK are in care, which equates to around 1% of all young people in the country.

The 'Hear Me' campaign provides opportunities for young people to gain skills to help enhance their feeling of self-worth, empower them to achieve their potential, increase self-confidence and in turn, improve their mental health and emotional wellbeing through various activities and events including projects with schools, art installations and drama courses.

Another aspect of the campaign is to train and advise the network that supports vulnerable young people in care. Free to attend, the Advanced Better Care (ABC) Training will be delivered over four days in venues across Hampshire and will be available for social workers, professionals working with young people, adoptive parents and foster carers to attend and find out more information about difficulties such as managing challenging behaviour, anxiety and trauma.

Local Parkrun to focus on mental health awareness and suicide prevention
Our staff and services joined forces with Parkrun in February 2019 to help raise awareness around mental health, stamp out stigma and share information about suicide prevention. We teamed up with Parkrun - which organises free, weekly timed 5K runs at locations all around the world – at local runs to shine a light on mental health and suicide prevention with an aim to start a conversation about the Trust's Suicide Awareness for Everyone (SAFE) and Say Hello campaign, which aims to raise awareness about the importance of talking about mental health issues and promote suicide awareness.

Local doctors star in NHS recruitment film
Psychiatrists from across Sussex and Hampshire took centre-stage in a recruitment campaign aimed at attracting more doctors to the south coast. We launched the drive to attract consultant psychiatrists to the area in a bid to establish consistent, stable teams providing high quality care for the people who use our services.

At the heart of the campaign is a short film called 'Why chose psychiatry at Sussex Partnership?' which features established consultant psychiatrists and junior doctors sharing their experiences of what it's like to live and work in the region.

Nationally the NHS is facing a staffing crisis, with a shortage of staff, including psychiatrists across the country. Sussex Partnership, like other Trusts, has to rely on agency workers to fill the gap. Efforts to reduce the spend on agency staff, which included a campaign to recruit 150 new nurses,

have enabled us to reduce our agency spend by 31% during the course of the year from £11m to £7.6m. The new campaign focused on doctors aims to help take that figure even lower.

You can watch the film at https://youtu.be/EOVaaXBCxEM

For more information visit www.sussexpartnership.nhs.uk/doctors

New website to support young people's mental health and wellbeing
Children and young people across Sussex can now get advice about mental health and wellbeing from a dedicated NHS website, launched to mark Children's Mental Health Week in February 2019. The site has been created by Sussex Child and Adolescent Mental Health Services (CAMHS), building on an earlier website developed with Hampshire CAMHS. It aims to help children and young people across the county learn more about their mental health and emotional wellbeing, and how they can get support.

The site contains useful information for parents and those working with children and young people. It provides information and top tips about how to manage and where to get help and support for some of the key mental health difficulties and concerns that young people might experience as they grow up, including anxiety, depression, obsessive compulsive disorder, eating difficulties and psychosis.

The website uses weather as a metaphor for different moods and emotions, with a focus on the everyday tools people use to protect themselves. For example, if it's raining outside an umbrella and a raincoat offer a solution. The same is true when someone isn't feeling themselves, there are simple tools and techniques that can help, and the website offers young people advice on what they can try and might find useful.

The website is available at www.sussexcamhs.nhs.uk
The Hampshire version is available at www.hampshirecamhs.nhs.uk

Conclusion
This introduction provides an overview of some of the many great pieces of work happening across Sussex Partnership. I am constantly struck, when I am about in services, by the lengths people go to think creatively about how we can best meet the needs of the patients, families and local communities we serve.

Sam Allen
Chief Executive   Date: 22 May 2019

Purpose and activities of the Trust

Sussex Partnership is a large NHS Organisation that offers clinical services to children, young people, adults and older adults who have 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 into 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.

Leadership of our clinical services is provided via Care Delivery Services (CDS). This model of providing services 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

Key issues and risks

The key issues identified in our Operating Plan for 2018/19 were:

- Occupancy levels within our adult acute wards
- Competing demands for rehabilitation beds
- Recruitment and retention, particularly qualified nurses and doctors
- Addressing delayed discharges from inpatient services
- Funding for 24/7 crisis services in Sussex

Objectives 2018/19

Objective	Sub Objective	Measures
1.1 - To ensure participation and engagement, particularly of those who have lived experience, is central to everything we do	1.1.1 - Expand the role of Experts by Experience	To ensure there is a patient voice in all Board committees
	1.1.2 - Improve carer engagement	80% of all adult mental health inpatient and Crisis Resolution Home Treatment self-assessed against Triangle of Care
	1.1.3 - Develop our peer worker capacity and associated support and development	To employ 50% more peer workers
	1.1.4 - Secure funding for recovery and discovery colleges	Secure funding
1.2 - To make it easier to access our services	1.2.1 - Improve access for referrals, help and advice for adults, children and young people	To implement a single point of access
	1.2.2 - To secure additional funding for adult, children, young people and learning disabilities crisis services	To deliver consistent crisis and urgent care services. With some 24/7 provision in place in all areas
1.3 - To promote a just culture towards zero	1.3.1 – Deliver a comprehensive training package to staff	All staff trained in suicide prevention

suicide	1.3.2 - Work with staff, partners and communities	To sign a commitment with key partners
2.1 - To enable acute and community services to work more effectively together for patients and families	2.1.1 – Avoid out of area placements in adult services, reduced placements for learning disabilities, forensic, children and young people	Achieve bed occupancy of 95% in adult services Zero out of area placements in adult services
2.2 - To improve the quality and access to physical healthcare across services	2.2.1 - All inpatients receive a physical health assessment	95% of patients admitted receive a physical health assessment (CQUIN)
3.1 - To embed a Quality Improvement culture across clinical and corporate services	3.1.1 - Take forward quality improvement projects for a) Towards zero suicide b) Care planning; c) Specialist placements d) Patient flow	To present the outputs to the Quality Committee and evidence improvements within operational services
	3.1.2 – To deliver QI Implementation plan	Establish core QI team Deliver training programmes (Bronze, Silver & Gold) Hold YQI event & launch QI Website Implement QI metrics
3.2 - To improve the quality of Older people's mental health services	3.2.1 – Effective implementation of older peoples service review recommendations	Demonstrable progress against the 12 recommendations
4.1 - To improve the recruitment and retention of staff so that our workforce is well and healthy	4.1.1 – To improve the recruitment and retention of staff	Recruit a minimum of 10 Consultant Psychiatrists Increase the net number of substantive qualified nurses in the workforce by 30 Reduce staff turnover from 16% to 14.5%
	4.1.2 – To ensure every team is able to hold two team development days, including one to work on goals & effectiveness	Communicate Trust commitment to teams and make resources available
	4.1.3 – To launch the Trust Equality, Diversity and Human Rights Strategy for 2018-2020	Reduce the median gender pay gap for doctors' bonus payments (clinical excellence awards) by 5% (from 60%) Reduce the proportion of BAME staff reporting that they personally experienced discrimination at work from their manager/team leader or other colleagues by 2% (Staff Survey Q17b) Increasing the proportion of

		staff believing that the organisation provides equal opportunities for career progression or promotion by 2% (Staff Survey KF21)
4.2 - To develop the quality of digital technologies that enable services to provide the best possible care	4.2.1 – To ensure staff have the right digital resources to undertake their roles	Staff with full access to the right digital resources
5.1 - To deliver the agreed financial control target	5.1.1 - Deliver the financial targets set out our plans	Achieve financial breakeven or better

Well-led framework

An independent review commissioned by the Trust and undertaken in 2018/19 found that the Trust was performing well against the Well-Led framework as a self-aware learning organisation. The report also found positive and significant cultural change in recent years, and strengthened relationships with system partners. The report recommendations align with a number of key developmental workstreams including: the organisational strategy refresh; strengthening of quality governance; data quality plan; and are supported by the Board development programme.

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 an Integrated Performance Report at each of its public meetings. This provides a summary of Trusts performance against agreed quality standards and priorities, workforce, finance and patient indicators. The framework includes key information used by NHS Improvement to assess the Trust against operational quality standards and quality of care (safe, effective, responsive, caring and well-led).

This report provides an integrated (finance, serious incidents, safer staff, HR, quality and performance) to reduce duplication and triangulate and link various elements together as well as introducing statistical process control charts to enable better use of data and decision making.

During 2018/19, the Trust's clinical care intelligence team worked closely with NHS Improvement's quality improvement team on introducing Statistical Process Control (SPC) charts. The use of SPC charts is now being used to make our reporting more visually assessable and support better decision making.

The SPC charts have also been rolled out to Care Delivery Services (CDS). Discussions have been taking place to standardise the format of the CDS quality reports incorporating the SPC charts. A paper was taken to Operational Management Board and the formats were agreed for introduction from the start of the 2019/20 financial year. This includes the introduction of a standard "remedial action plan" format for all services to enable a standardised approach.

CDS assurance process

- Each month the CDSs prepare a quality assurance report. These reports are informed by the charts and dashboard prepared by the clinical care intelligence team
- The CDS quality assurance reports are reviewed by a panel which include the Chief Operating Officer, the Director of Performance, the senior finance manager, and the Head of HR / Employee Relations. This review panel checks that the appropriate level of assurance is provided, reviews areas of positive performance and acts as a means of communicating issues to other support services where required. The Chief Operating Officer formally writes to the CDSs after the review meeting to provide feedback (positive feedback, to ask for further assurance or to acknowledge where further support is requested by the CDS)
- Every quarter, each CDS attends their quarterly review meeting. This is an opportunity to review their quality and performance, their finance position (including service improvement plan schemes) and progress in meeting the annual objectives of the CDS in detail. The meeting is attended by the Chief Operating Officer, the Performance Director and/or the Chief Medical Officer and Chief Nurse as well as various support services representatives including finance and HR.
- Information from the above is used to the produce the assurance report for Executive Management Committee and the Trust Board.

The introduction of SPC has been reviewed at a Board of Directors workshop with support from NHS Improvement.

Key performance issues for 2018 / 19

Key areas of improved performance and CDS service achievement:

- **Physical Health Assessments**. The performance exhibited special cause variation (improvement) since February 2018. Further analysis is now taking place to look at whether each of the six parameters has been assessed in the physical health assessment. This shows that currently 69% of all eligible community and inpatients are being assessed for all, six parameters, with the main areas for improvements being blood tests. Work is underway with the CDSs to support areas of lower completeness. Physical Health will no longer be a CQUIN in 2019/20 and will be incorporated within the national service conditions of the contract

- **Essential training**. Part 1 Essential Training: Core 9 Essential training steadily improved during 2018/19 in terms of compliance, reaching 92% by year end. Fire evacuation training improved to 89%; however Fire Safety Awareness is still at 81%. Teams with an average compliance score of less than 85% are being contacted and requested that all outstanding e-learning is completed

- **Waiting times for Early Intervention Services and IAPT**. Waiting times performance for Early Intervention services and IAPT services have remained on target over the year exhibiting common cause variation. The Early Intervention service is progressing work towards the agreed service development and improvement plan which includes the development of routine outcome measures and the capture of activity against SNOMED codes to demonstrate that NICE recommended interventions are being carried out. This is also required as part of a CQUIN in 2019/20 towards capturing SNOMED codes, for specific interventions

- **Use of agency staff**. Good progress was made during 2018/19 to reduce the use of agency staff. Expenditure in February reduced to £441k, compared to £513k in January, which is now significantly under the Agency Ceiling of £545k a month. Year to date agency spend was £6,975k, which is 16.2% over the ceiling. Same level as for 2018/19 and therefore should be achievable, given the current run rate. The emerging risks identified in Children and Young People's Services to use agency staff to address waiting times and the need to recruit additional staff for the places of safety (Section 136 suites) have not materialised. However, there was an increase in the use of bank staff in the month to cover the places of safety

Key areas of concern and risk to quality

- **Demand and capacity**. The CDSs report that demand and capacity issues are impacting on the delivery of key indicators. The community workstream of the clinical strategy is looking to take an adult wide approach to reviewing demand and capacity issue and the look at issues consistently across the county. A senior analyst has been recruited to the Clinical Care Intelligence Team to support this work and initial analysis has been produced. In addition, the clinical care intelligence team developed team caseload report to support teams to review clinical caseloads and activity in supervision.

- **Waiting time performance in Adult Services**. The areas most impacted in the last quarter of 2018/19 were East Sussex (81%) and North West Sussex (75%) although Brighton performance has varied at (87%). The number of assessments carried out across Adult Services remained within common cause variation, with the exception of December 2018 where there has been a reduction in assessment numbers.

- **Sussex CAMHS waiting times**. Further investigation was undertaken to understand the cause of the deterioration in achieving this target in Sussex. There was a significant increase in the number of accepted referrals over previous months. There has been no shift in acceptance criteria or consistency of triage.

- **Inpatient flow**. There has been continued use of external placements where there is a shortage of bed availability in adult acute services. A number of short and longer term actions are in place to reduce length of stay and improve patient flow as described in the integrated performance report. There is a focus on patients with a length of stay greater than 60 days, as the number of patients in this category is rising. The jointly commissioned review of bed capacity has now been published and the Trust is working with commissioners to implement the recommendations from the report to ensure a more sustainable position. These recommendations include reducing length of stay and delayed transfers of care, establishment of a Psychiatric Decision Unit in Brighton and investment to support 24/7 crisis teams. A performance dashboard will be developed to track performance against the delivery of these recommendations.

- **Annual appraisals** (73%) and **regular supervision** (55%). A new automated report has been written on the information warehouse to enable managers to monitor the completion of appraisals and supervision across the CDSs. The report shows completion at team and individual level. CDSs have plans in place to improve performance.

- **Complaints:** Following a period of 11 consecutive points of special variation above the mean, the number of complaints in the period fell below the mean into common cause variation. The key themes for complaints are communication, values and behaviours of staff and patient care. Learning from complaints is incorporated into our learning lessons forums and included in the quarterly Quality and Safety Report. Complaints training has been planned for January to March 2019 which will focus on high quality responses and how the process of responding to concerns and complaints can be improved.

Clinical strategy

Over the last four 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

Refreshing our organisational strategy
In the last quarter of 2018/19 we began the process of refreshing our overarching organisational strategy (Our 2020 Vision) by seeking input from staff, patients, carers / families and partner agencies. The context for this strategy refresh process is as follows:

Our population is changing
People are living longer. The NHS is treating increasing number of patients living with long-term conditions.

Service demand
Services are facing sustained pressure and money is tight. It isn't realistic or reasonable to expect staff to keep absorbing extra demand. So we can't keep working the way we do now. This is the backdrop to our clinical strategy. Importantly, our local health and social care partners recognise mental health is a priority.

From 'requires improvement' to 'good'
The CQC rated us 'good' overall and 'outstanding' for caring in January 2018. They found good practice across our services, significant improvement in quality and personalised care meeting patients' needs. At the same time as focusing on continuously improving quality, we have worked hard to remain financially stable so we avoid becoming distracted by money worries.

Continuous improvement
Working with people who have lived experience of our services, and their families, is at the heart of our approach to change. We need to look after staff, which includes responding to the fact they feel stressed and that they have insufficient resources to do their job. We also need to look beyond our own organisation and work with others to improve health, social care and wellbeing within the communities we serve.

Our 2020 Vision
We have come a long way. But we ask a lot of staff and have a lot of priorities. The time is right to take stock of Our 2020 Vision. This will involve reviewing, discussing and refocusing on the key things we believe we can achieve by working together. This will help us deliver our clinical strategy and improve patient, family and staff experience.

The refreshed strategy is scheduled for publication in June 2019, and is therefore a significant event since the end of the financial year affecting the Trust.

Review of children and young people's emotional and wellbeing services
Nationally it is recognised that more needs to be done to improve the experience of people living with mental health issues, especially for vulnerable children and young people. Locally across Sussex, health and care partners have increasingly become aware that the current services and experience of children and young people needing emotional and wellbeing support is a specific area that needs to improve. As is the case across the country, these services are experiencing a significant, sustained increase in demand which is putting pressure on the whole system.

We know that staff working in health, social care, education and the voluntary sector work extremely hard to try to ensure families get the help they need. However, feedback we have received from some families and local GPs have highlighted that the current system is not working as well as it should. They are telling us that it is not always clear what support is available for children and young people, from whom or how to access it.

This is something that all partners have collectively agreed needs to rapidly change as we know how difficult and distressing it is for children, young people and families affected by mental health issues.

Therefore, following discussions involving the seven Sussex Clinical Commissioning Groups (CCG), NHS England, Local Authorities and Sussex Partnership we agreed in November 2018 that an independent review will take place of the services available to children and young people requiring emotional and wellbeing support across Sussex.

We have decided to take this step because we recognise we can only improve the experience of our local communities by taking bold, concerted action to improve the whole system of care. Equally, we need to make sure we are doing everything possible to create the conditions where staff who work with children, young people and families feel supported to do the best possible job.

The main aims of the review are to:

- Better understand the experiences of children and young people who need emotional and wellbeing support
- Look at the current services to ensure they meet the needs of children and young people
- Provide an external and independent point of view and perspective that takes into account the whole system
- Ensure resources are being targeted effectively and efficiently to meet the needs of children and young people
- Identifies any issues around options for children and young people, referrals and communication within education, social care and the NHS
- Take into account and learn from local, regional and national best practice to identify areas for improvement

The review will be led by an independent Chair and will take place during 2019/20. It is being overseen by a newly established joint NHS and Local Authority Oversight Group. It will report to the three health and wellbeing boards across Sussex, the Sussex Partnership Board and the Sussex CCG Governing Bodies. It is expected the voices of young people, families and carers will be heard and that their perspectives are taken on board throughout the process.

We do not expect this review to provide all the solutions to the challenges we face. However, it does represent a positive step forward for all organisations across Sussex in our collective commitment to working together to look at what is working, what is not and what we need to change to improve the experience of children, young people and families.

Finance Report

We are reporting a total comprehensive income (surplus) of £5.9m, which includes £4.6m of Provider and Sustainability Funding (PSF) funding.

The headline results for 2018/19 are set out in the table below, with comparatives for the previous financial year.

	2018-19 £m	2017-18 £m
Income	271.7	251.5
Operating Expenses	-259.8	-245.7
Operating Surplus	**11.9**	**5.8**
Net Finance Costs	-6.6	-6.9
Profit on disposal of assets	0.5	1.5
Share of (loss) / profit of joint venture	0	0.1
(Deficit) / Surplus for the year	**5.8**	**0.5**
Net gain on revaluation	0.1	0
Total Comprehensive (Expenditure) / Income	**5.9**	**0.5**

Total income for the year amounted to £271.7m, which was a £20.2m/ 8% increase compared to 2017-18. This increase was primarily due to the transfer in of the specialist placement budget, agenda for change pay inflation funding, and provider and sustainability funding.

An analysis of income is set out below:

| Income	2018-19 £m	2017-18 £m
Income from clinical services	247.0	234.5
Education, Training, Research and Development	11.3	9.8
Other Income	13.4	7.2
Total Income	**271.7**	**251.5**
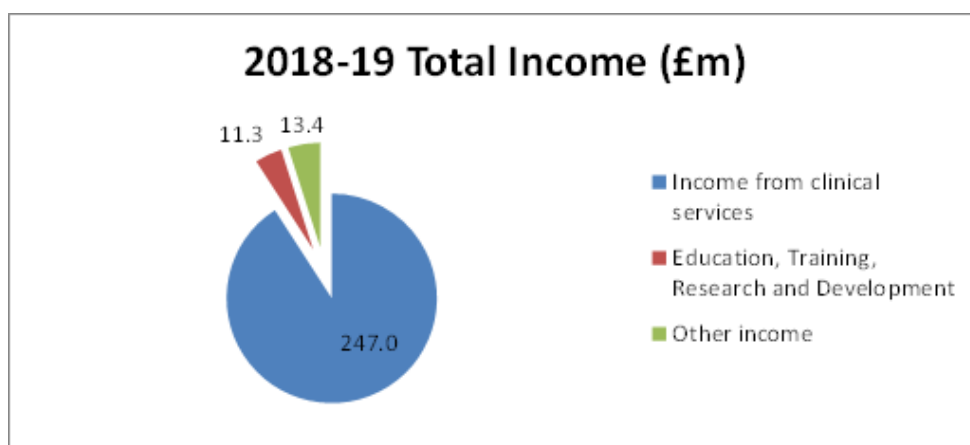
Operating Expenses

Total operating expenses amounted to £260m, which was a £14.1m/ 5.7%, increase compared to 2017- 18.

Pay costs increased by £6.6m, which was mainly due to incremental rises/pay inflation and the new Agenda for Change pay rates, medical pay awards, increase in bank costs and recruitment to vacant posts, partly countered by the reduction in agency costs.

Other non-pay expenditure increased in year by £7.7m which was mainly as a result of higher training and development costs for which the Trust had additional funding and also higher premise costs. An analysis of operating expenses is set out below.

Operating Expenses	2018-19 £m	2017-18 £m
Pay	203.5	197.2
Drugs and Clinical Supplies	18.5	12.8
Premises Costs	10.2	9.2
Depreciation and Amortisation	4.7	4.5
Establishment and General Supplies	6.9	7.1
Information Technology	4.0	5.4
Training, conferences and courses	2.8	1.7
Other Costs	9.3	7.8
Total Expenses	**259.8**	**245.7**
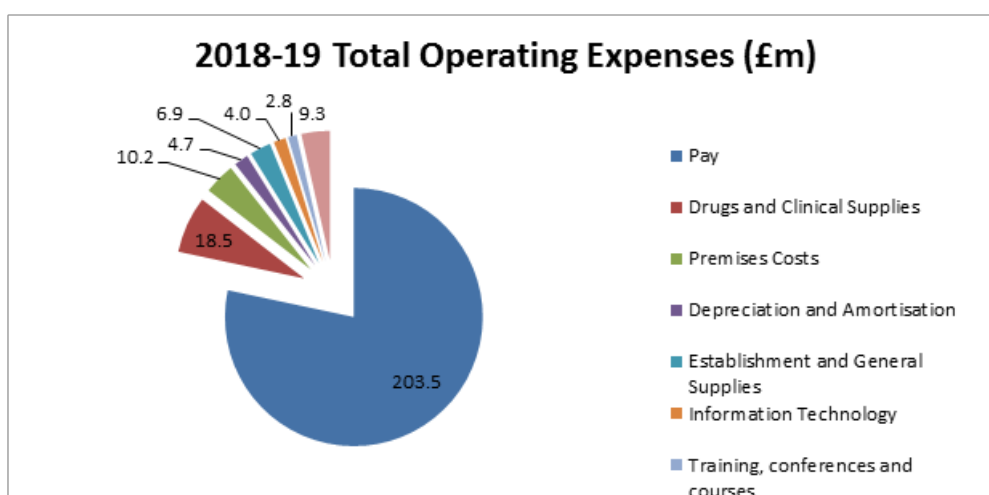
Cost Improvement Programme

During the year Sussex Partnership delivered savings of £12.2m, through a number of initiatives including service and workforce redesign, rationalisation of its estate, reduction of corporate overheads and procurement.

However services were offsetting the shortfall in Service Improvement Plan schemes with non-recurrent underspending in some areas, which is reflected in the Trust's operating position of a £1,217k surplus at month 12.

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 2018-19 Sussex Partnership invested £8.1m in a variety of capital projects. These included:

- The re-development of Burrowes Unit on the Swandean site, Worthing, community services upgrades, investment in Information Technology including the new Global Digital Exemplar Project and 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 £7m, which was primarily due to the year-end surplus position, and £1m of new public dividend capital towards the Global Digital Exemplar Project.

The Trust's level of cash increased from £37.4m at the start of 2018-19, to £39.3m at the year end, which was primarily due to the timings around receivables and payables balances being cleared, the receipt of cash which will be spent during 2018-19, as well as an underspend on the capital programme.

Future Financial Performance
Going into 2019-20, the Trust expects to consolidate its position given the implementation of the five year forward view for mental health and achieve it's break even control total, however there do remain some underlying cost pressures to be resolved heading into 2019/20.

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 break even control total, before the application of Provider and Sustainability Funding (PSF) of £2.1m by the end of 2019/20.

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.

Sustainable Healthcare across Sussex and East Surrey

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 (SDMP), Care Without Carbon (CWC). This plan establishes a set of principles and targeted interventions aimed at addressing one of the Trust's five strategic goals as defined by our 2020 Vision, which is 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 and having a positive impact on the environment
3. Supporting staff wellbeing to enable a happy, healthy and productive workforce

CWC sets out how we will achieve this across seven key areas (see Figure 1). This ensures we are taking a co-ordinated approach, directly tackling the key challenges in delivering sustainability within the NHS and integrating into our core operational activities across the Trust.

Figure 1

The Trust's Chief Digital and Information Officer is our Board lead for sustainability, and each of the seven elements has a senior lead within the Trust.

Our environmental impact

In delivering our services we consume a significant amount of energy and water, produce waste and use fuel for transporting Trust staff, patients and goods. This has an impact on the environment.

Our carbon footprint is summarised below.
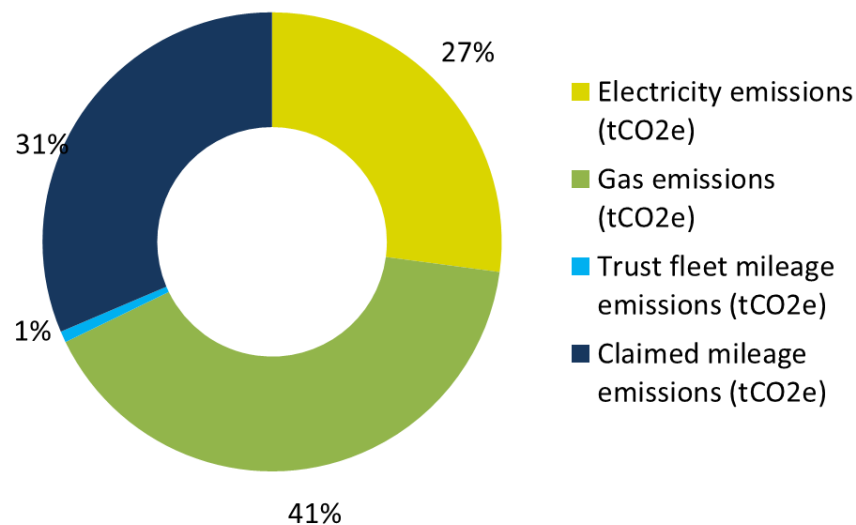
Sussex Partnership carbon emissions 2018/19
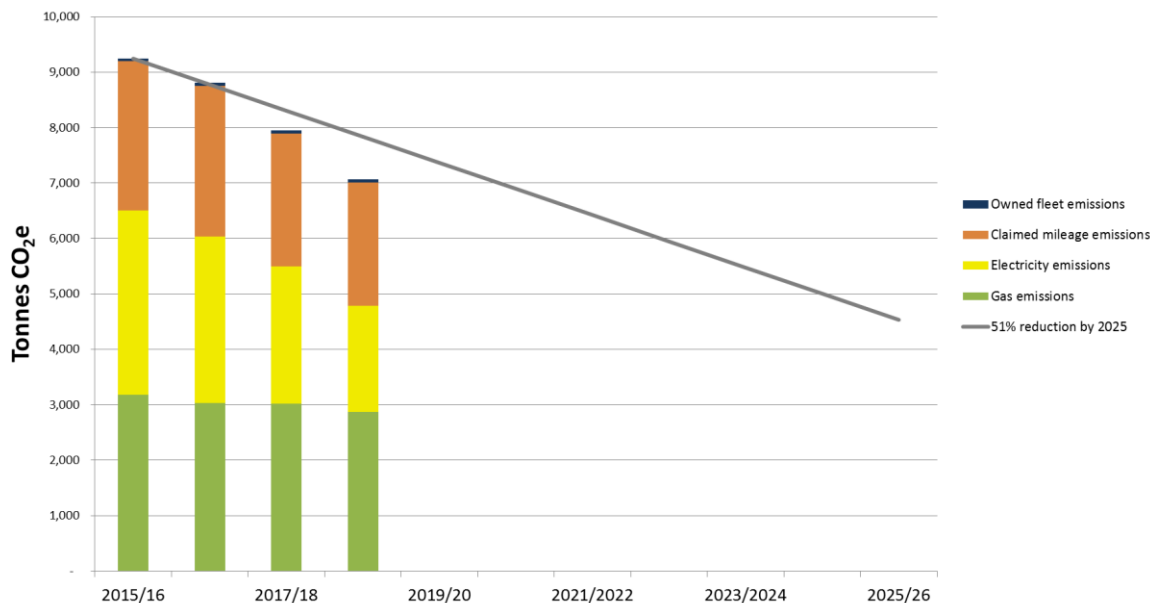
Sussex Partnership carbon footprint – trajectory to 2025

Other key impacts:

- We produced approximately 840 tonnes of waste in 2018/19 and recycled around 23% of our non-healthcare waste
- Our staff travel around 4.5 million business miles each year

Note: all figures are subject to final validation and still contain some estimation.

Highlights from 2018/19

- Launching our Sustainability Programme Board. Chaired by our Board lead for sustainability, this group is action-focused, overseeing the implementation of CWC and reporting to Board on progress. It is made up of representatives from across the Trust, covering each of the seven elements of CWC
- Launching a new staff engagement programme, Dare to Care. This aims to raise awareness, communicate core messaging and drive positive action for sustainability at every level of the Trust
- Updating our SDMP including new targets to 2025 in line with the NHS Long Term Plan and the Climate Change Act
- Working with other local Trusts on the development of an Energy Performance Contract (EPC) across our STP region. This will enable us to focus new investment in our estate, making energy efficiency improvements and cost savings whilst improving the patient environment at the same time
- Winning a £300K grant from NHS Improvement for LED lighting improvements across key sites, which will be match funded by the Trust
- Introducing compostable coffee cups in all our Trust catering outlets
- Improving our ability to deliver a comfortable working environment for staff and patients through developing our Building Management Systems and Automatic Meter Reading system
- Developing and strengthening our data management processes around energy and water consumption to enable improved reporting and energy and water management
- Working with local NHS Trusts on a joint waste tender, enabling cost savings and better contract management in line with our sustainability targets

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 an individual. 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 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.
Fair and equitable employment is a core part of our values. We believe everyone counts and have a goal to be the provider, employer and partners of choice. We are therefore committed to the Workforce Disability & Race Equality Schemes ensuring all staff can come to work as their whole self and add value to the Trust.

In 2019 we will review and refresh the Trusts approach to EDI and develop a new 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: 22 May 2019

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.

The Chair of Sussex Partnership is Peter Molyneux. He was appointed from 1 April 2018 and is Chair of the Board of Directors and Council of Governors.

Board of Directors

The Board of Directors was chaired by Peter Molyneux (from 1 April 2018). Martin Richards was Deputy Chair and Senior Independent Director (from 1 April 2018).

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 2018/19.

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:

Peter Molyneux, Chair

Peter joined us as Chair on 1 April 1 2018. He is a Visiting Fellow at the John Madejski Centre for Reputation Management at Henley Business School, a Board Member of Recovery Focus and a Stonewall Ambassador. Peter retained his role as Chair at South West London and St George's Mental Health NHS Trust for a short period after 1 April 2018.

Term of office: 1 April 2018 to 31 March 2021.

Martin Richards, Non-Executive Director, Deputy Chair (from 25 July 2018) and Senior Independent Director (from 22 October 2018)

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 2022.

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 and sits on the Audit Committee.

Term of office: 11 January 2016 to 10 January 2022.

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 Kent Sussex and Surrey 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 06 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 panel of a UK Accountancy Body and an independent adviser at Sussex Wildlife Trust.
Term of office: 1 April 2016 to 31 March 2020

Jo Larbie, Non-Executive Director (from 1 November 2018)
Jo is Founder and Director of Inclusive Professions. As an executive coach specialising in inclusion, she is passionate about working with firms to attract, retain, develop and increase the number of women and black and ethnic minority (BAME) professionals in senior and leadership roles within their business.

Jo draws on her unique professional and personal experience as a corporate lawyer, HRD director, and strategic talent management and development expert working with a range of a diverse range of organisations in professional service firms, consultancy and not-for-profit. Jo has held senior positions in Arthur Andersen, Eversheds, DLA Piper, BDO and Bircham Dyson Bell LLP.

Currently, a Board member and Trustee for the national charity, Action for Children, Jo brings substantial experience at Board level and a wealth of Non-Executive Director experience including: the Law Society of England & Wales, Council and Standards Board member, Chair of Education and Training Committee; Council member for the National Association for Mental Health (MIND).
Term of office: 1 November 2018 to 31 October 2021

Professor Anna van der Gaag CBE, Non-Executive Director (from 1 November 2018)
Anna is a Visiting Professor of Ethics and Regulation at the University of Surrey. Anna qualified as a speech and language therapist in 1981 and worked in learning disabilities services before moving into higher education, research and non-executive roles. Involving users in the design and delivery of services underpinned her early career and she continues to be a passionate advocate of co-design and co-production in service delivery, policy making and research.

Anna was Chair of the Health and Care Professions Council for nine years, and is currently a Non-Executive Director at Health Education England and the Kent Surrey and Sussex Academic Health Science Network, in addition to other roles in the health, care and legal sectors.

Anna has a long standing interest in quality improvement in health care. She has been involved in national projects on clinical audit, governance and service evaluation, and is a founding member of the Q Community, a 2,500 strong, UK wide quality improvement network led by the Health Foundation. Anna has a strong research background and continues to contribute to research in regulation internationally as well as in the UK. She was awarded the CBE for services to health and care in 2015.
Term of office: 1 November 2018 to 31 October 2021

Richard Bayley, Non-Executive Director (until 22 April 2018)
Richard Bayley Chairs our Finance and Investment Committee. He 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. He is currently leading the development of a large new residential settlement in the south east.
Term of office: 23 April 2012 to 22 April 2018.

Diana Marsland, Non-Executive Director and Senior Independent Director (until 15 May 2018)
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.

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 and holds an MBA from Aston Business School.

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.

Sally Flint, Chief Finance Officer and Deputy Chief Executive
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 in London. She also spent five years as the Group Financial Controller for Housing 21, a national housing association providing sheltered accommodation for the elderly.

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

Dr Rick Fraser, Chief Medical Officer
Dr Rick Fraser has been a consultant psychiatrist with Sussex Partnership 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 (CAMHS).

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.

Beth Lawton, Chief Digital Information Officer
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.

Acosia Nyanin, Chief Nurse (from 03 December 2018)
Acosia joined the Trust as Chief Nurse in December 2018. Prior to this Acosia worked as Director of Quality and Professional Lead for Acute Mental Health and Addictions with the Priory Group. Previous roles have included Head of Inspection for Adult Social Care at the Care Quality Commission and Associate Director of Governance and Quality Assurance at Camden and Islington NHS Foundation Trust.
Acosia is a Registered Mental Health Nurse and is passionate about mental health and service delivery that is truly person centred.

Diane Hull, Chief Nurse (until 30 November 2018)
Diane qualified as a Registered Mental Health Nurse 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 (ELFT).

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.

Other non-voting Board members:

Nick Juba, Associate Non-Executive Director (from 1 November 2018)
Nick is the Chief Executive Officer of the Greater Brighton Metropolitan College and was previously Chief Executive of City College Brighton and Hove. Nick is currently a Trustee of the Brighton Fringe Festival and also a Board Member of the Coast2Capital Local Enterprise Partnership, the Brighton Economic Partnership and the Greater Brighton Economic Board.
Term of office: 1 November 2018 to 31 October 2019

Dan Charlton, Director of Communications
Dan has over 20 years' experience in healthcare communications. Having begun his career at South Thames Regional Health Authority, he was head of communications and media at South London and Maudsley NHS Foundation Trust (SLaM) for nearly 15 years from when the Trust was created.

Dominic Ford, Director of Corporate Affairs
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 Nick Lake, Director of Clinical Strategy
Nick is leading the development and implementation of the Sussex Partnership Clinical Strategy as well as holding the role of 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. In his time outside work he enjoys mountain biking, golf and exploring new places.

Gavin Wright, Director of Human Resources and Organisational Development (from 2 July 2018)
Gavin joined the Trust as Director of Human Resources and Organisational Development in July 2018. Prior to this he worked for a variety of organisations including the University of Brighton, Local Government, GlaxoSmithKline and the John Lewis Partnership.

Gavin is a Fellow of the Chartered Institute of Personnel and Development (FCIPD) and holds an MBA. He is passionate about development and is a coach and mentor to aspiring HR Directors. In addition, Gavin serves as a Board member on the Coast to Capital Skills 360 Board.

Andrew Vickers, Interim Director of Human Resources (until 31 July 2018)
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. 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.

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 Rd, 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.

NHS Improvement's Well-Led Framework
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. During 2018 the Trust commissioned a Developmental Well-Led Review which reported in January 2019. The review found that the Trust was performing well against the Well-Led framework, as a self-aware learning organisation. The report also found positive and significant cultural change in recent years, and strengthened relationships with system partners.

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 Well-Led 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 Well-Led 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.

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 Management Committee 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 six. 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
Peter Molyneux Chair	6/6
Martin Richards Deputy Chair, Senior Independent Director and Non-Executive Director	3/6
Anne Beales Non-Executive Director	4/6
Lewis Doyle Non-Executive Director	5/6
Gordon Ferns Non-Executive Director	3/6
Jo Larbie Non-Executive Director	2/3
Anna van der Gaag Non-Executive Director	2/3
Richard Bayley Non-Executive Director	0/0
Diana Marsland Senior Independent Director and Non-Executive Director	0/0
Samantha Allen Chief Executive	6/6
Sally Flint Chief Finance Officer	6/6
Simone Button Chief Operating Officer	5/6
Rick Fraser Chief Medical Officer	5/6
Beth Lawton Chief Digital and Information Officer	5/6
Acosia Nyanin Chief Nurse	2/2
Diane Hull Chief Nurse	3/4

Leadership and governance arrangements
The Board of Directors manages the business of Sussex Partnership 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 December 2018 and February 2019. These were focused on best practice in board and council relationships, the 2019/20 operating plan and our organisational strategy refresh.

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.

Five 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

Appointment and Remuneration Committee
The Chair of Sussex Partnership and the Non-Executive Directors make up the Appointment and Remuneration Committee. This met on three occasions during the year 2018/19 and members attendance was as follows:

Name	Designation	Meetings attended
Peter Molyneux	Trust Chair and Chair of the Committee	3/3
Martin Richards	Non-Executive Director	2/3
Anne Beales	Non-Executive Director	3/3
Lewis Doyle	Non-Executive Director	2/3
Gordon Ferns	Non-Executive Director	3/3
Jo Larbie	Non-Executive Director	0/1
Anna van der Gaag	Non-Executive Director	1/1
Nick Juba	Associate Non-Executive Director	1/1

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 2018/19 was:

- Lewis Doyle, Non-Executive Director and Chair of Audit Committee
- Anne Beales, 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, Head of Financial Accounting, Local Counter Fraud Manager, Internal and External Auditors regularly attend the meetings of the Audit Committee.

The Audit Committee meets bi-monthly and 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 Committee	7/7
Anne Beales	Non-Executive Director	6/7

The quorum for the committee is two members; all items requiring a decision at the 13 March 2019 meeting were agreed with the second member outside of the meeting.

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 34 Governors: 26 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-Executive Directors
- 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 have been 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 seven. 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	0/2
Di Hickman	Brighton & Hove	7 July 2021	3/5
Fiona McLay	East Sussex	31 January 2019	1/4
James Domanic	East Sussex	10 September 2020	1/7
Gabrielle Gardner	West Sussex	7 July 2021	5/7
Angie Culham	West Sussex	10 September 2020	1/7
Mel Smith	West Sussex	10 September 2020	5/7
Judy Abbot	West Sussex	7 July 2021	5/5
Amy Herring *Lead Governor*	Outside of Sussex	7 July 2021	6/7
Mark Hughes	Carer	31 July 2019	7/7
Brian Goodenough	Carer	31 July 2019	2/7
Allison Fackrell	Carer	7 July 2021	0/5

Public Constituency

Name	Constituency	Term of office end	Attendance
John Sherwood	Brighton & Hove	21 February 2019	2/3
Scott Hunt	East Sussex	26 June 2018	2/2
Phyllida de Salis	East Sussex	31 July 2019	5/7
Peter Thompson	West Sussex	4 February 2019	3/4
Elizabeth Hall	West Sussex	10 September 2020	5/7

Staff Constituency

Name	Term of office end	Attendance
Jayne Bruce, Associate Director of Nursing	31 July 2019	2/7
Louise Patmore, Senior Peer Trainer	7 July 2021	4/5

Simon Street, Complaints and PALS Manager	7 July 2018	1/2
Alex Garner, People Participation Lead	10 September 2020	4/7
Shannon Guglietti, Quality Improvement Advisor	10 September 2020	4/7
Glen Woolgar, Head of Incident Management and Safety	10 September 2020	5/7

Appointed Governors

Name	Organisation	Term of office end	Attendance
Giles Adams	South East Coast Ambulance Service NHS Foundation Trust	31 July 2020	4/7
Brian Doughty	Brighton & Hove City Council	31 August 2019	0/7
David Simmons	West Sussex County Council	31 July 2020	4/7
Sarah Gates	Sussex Police	31 April 2021	6/7
Natasha Sigala	University of Sussex	31 July 2020	2/7
Rachel Brett	Sussex YMCA Downs Link	31 August 2019	4/7
John Holmstrom	Worthing Churches Homeless Project	31 October 2019	5/7
Katie Glover	Coastal West Sussex MIND	4 September 2018	1/2

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 2018/19, 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
Service User, East Sussex 1 vacancy	2	7.9%	1 elected	July 2018
Public, Brighton & Hove 1 vacancy	3	5.4%	1 elected	July 2018
Public, Outside of Sussex 2 vacancies	0	n/a	0 elected	n/a
Carer 1 vacancy	3	10%	1 elected	July 2018
Service User, Brighton & Hove 2 vacancies	1	n/a	1 elected	July 2018
Service User, West Sussex 2 vacancies	3	8.2%	2 elected	July 2018
Service User, Outside of Sussex 2 vacancies	1	n/a	1 elected	July 2018
Staff 1 vacancy	5	7.3%	1 elected	July 2018

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 2018/19 the Committee recommended the appointment for the Senior Independent Director from 25 July 2018, the Deputy Chair from 22 October 2018, two Non-Executive Directors from 01 November 2018, one Associate Non-Executive Director from 01 November 2018.

The Nomination and Remuneration Committee met four times during 2018/19 and focused on appointments and receiving the Chair and non-executive directors' appraisals and objectives.

Name	Designation	Meetings attended
Peter Molyneux	Trust Chair and Chair of the Committee	4/4
Amy Herring	Service User Governor	4/4
Scott Hunt	Public Governor	2/2
Phyllida de Salis	Public Governor	1/1
Gabrielle Gardner	Service User Governor	3/3
Elizabeth Hall	Service User Governor	1/1
Di Hickman	Service User Governor	1/1
Judy Abbott	Service User Governor	1/1
Simon Street	Staff Governor	2/2
Glen Woolgar	Staff Governor	2/2
Sarah Gates	Appointed Governor	2/2

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

Membership Committee
The Membership Committee is responsible for membership recruitment, retention, engagement and development. The Committee also review and monitors the Membership Development Strategy and the progress against its three objectives.
It meets four times a year and reports to the Council of Governors.

Council of Governors Development
The Council of Governors hold a number of development sessions each year. The topics for these are decided by the Governors Training and Development Committee and during 2018/19 they concentrated on the quality and safety reviews, membership engagement, preventing fraud and corruption training, handing difficult conversations and raise concerns, understanding our East Sussex journey and understanding the potential changes to the Mental Health Act and Mental Capacity Act following the independent review. In addition governors were 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 2018/19 this included:

- The Board and Council held two joint development sessions; on 7 December 2018 they discussed the Trust's Well-Led review, system design and integrated care systems and changes to investment in supporting housing within West Sussex and on 25 February 2019 they discussed the 2019/20 operating plan and the review of the Trust's organisational strategy
- 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
The Trust covers a broad geographical catchment area; however our dispersed patient and carer population must be reflected in our membership base and we must draw on the experience of people who access the full range of services we provide.

Our members join the Trust to have their voices heard and to help us better understand the views of those who access our services so that we can improve the quality, responsiveness and development of services. Members may only join the Trust in one category of membership, service user, public, carer or staff. All Sussex Partnership staff are automatically members, unless they chose to opt out. Our membership is as follows:

Constituency	April 2018	April 2019
Public	2,589	2,669
Patients	1,986	2,024
Carers	401	413
Staff	3,255	3,894
Total	**8,231**	**9,000**

At the end of the 2018/19 year we had 9,000 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 2018 the Committee finalised our new Membership Strategy in consultation with members and this was approved by the Council of Governors. There are three objectives to the 2018-2020 membership strategy

- **Objective 1: Engaging and involving our members**

Stakeholder engagement enables us to fulfil our role as a locally accountable organisation. Members have differing levels of interest, time and availability for involvement and as part of our strategy we have given members the option to choose their degree of involvement: Be Informed, Be Involved and Take the Lead. We have tailored our engagement approach accordingly and also encourage members to move through the levels and become more engaged over time.

During the year we have focused on outreach and communication by attending a number of service-specific activities with service users, participated in network meetings, run workshops and outreach events and visited a number of sites.

The Trust held its Annual General Meeting and Annual Members Meeting in September 2018. The event welcomed 86 attendees with the majority being Foundation Trust members all of whom had the opportunity to learn more about the Trust as well as participate in workshops such as Mindfulness, 'Make Your Mark' - the arts and health programme for Sussex Partnership, Mental Health First Aid run by South East Coast Ambulance Service NHS Foundation Trust and Therapy Dogs for Mental Health provided by the charity Pets as Therapy.

Over the last year the Trust has also garnered the experience, knowledge and skills of our members by continuing to involve them in surveys, workshops, focus groups and invitations to attend all public meetings.

- **Objective 2: Identifying and addressing underrepresentation**

Addressing membership underrepresentation means establishing a connection and a relationship between the Trust and our members, rooted in communicating the Trusts vision clearly. During the year, the membership office has created a close partnership with 'Heads On' and the People Participation Team working together and involving members, in a number of events to celebrate the NHS 70th birthday.

Carers and young people have been identified in our strategy as groups that are underrepresented. During the year the Trust has worked with their Carer Governors to raise awareness of membership by attending local network carer support groups, attended Carers Right Day and is working closely with the Trust's Carer Lead. New membership materials have been designed to attract a younger audience with greater use of social media. We will strategically align our recruitment programme to coincide with other key events throughout the year, for example Pride, Black History Month and Mental Health Week to raise awareness amongst seldom heard communities and address underrepresentation.

- **Objective 3: Developing communications**

Members are the vital link between the Trust and its community. We want a thriving membership community; one that is both informed and involved. This year we have rebranded our membership materials to give our membership its own identity, the documents and materials are now recognised both internally and externally. We have also introduced a membership twitter page @spftmembership that is connected to our governors through using #spftgovernors.

Our Membership Committee contributes to the content of Partnership Matters, our membership and staff magazine. The magazine is issued quarterly and in the intervening months the membership department will introduce an e-bulletin update to keep members informed on latest Trust news, ways to get more involved and engagement and meetings that have recently taken place.

Responding to the constantly shifting digital landscape is important if we are to meet the expectations of those who interact with us and we will adapt our communications, showcasing the benefits of membership more prominently across our communication channels and harnessing new technology.

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 payments 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. The target is to pay 90% of invoices, in terms of value and volume, within 30 days. This was the performance during the year

Better Payments Practice Code	By Volume	By Value
Non-NHS Payables	78%	77%
NHS Payables	93%	94%
Total	**92%**	**92%**

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

Measure of compliance	2018-19	
	Number	**£'000**
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	27,631	98,993
Total Non-NHS Trade Invoices paid within target	25,818	93,520
Percentage of Non-NHS Trade invoices paid within target	**93.44%**	**94.47%**
NHS Payables		
Total NHS Trade Invoices Paid in the Year	1,946	17,072
Total NHS Trade Invoices Paid within target	1,520	13,086
Percentage of NHS Trade Invoices paid within target	**78.11%**	**76.65%**
Combined Trade Invoices paid within target	**92.43%**	**91.85%**

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.

Participation
We are continuing to build and expand our work around people participation, as outlined in our Clinical Strategy and in our Participation Strategy. The people participation team is expanding in 2019/2020 into a larger directorate, which will also encompass experience, spirituality, families and carers and The Recovery College. It is hoped that by bringing these areas together, we can continue to develop how we find out about the experience of people using our services (or

supporting those who use them), learn from this and use it to make lasting and meaningful improvements. By having these key areas working together we can also ensure that people participation and experience is at the heart of everything that we do, and that the participation opportunities within the organisation are aligned with the recovery, development and progression of those who undertake them.

One of the areas that sits within the area of people participation is around experience; how we involve people who use services and their families, friends and carers in giving feedback around their experiences, how we obtain their ideas and suggestions for improvement, and how we fully involve them within our organisation and empower them to help shape and lead future change. A particular area of work that has been led by the people participation team in 2018/2019 has been around the establishment of "Working Together" groups. These are spaces where people who use our services and their families, friends or carers can come along and talk about their experience (both the positive and the areas for improvement) and share ideas and solutions for making things better. These groups are now across all geographical areas of the organisation, and cover both community and inpatient settings. This work will continue to develop in 2019/2020; we will continue to develop and restructure our Working Together groups, with the aim to have one group for every acute hospital, and one in the corresponding community for which the hospital serves. We will also aim to have a quality improvement focus to the outcomes of these meetings, where we can support those who share their experience and corresponding suggestions to be able to take part in developing and implementing their ideas.

Some of the other key highlights of work around people participation in 2018/2019 have been as follows:

- Embedding the 4 Pi National Involvement Standards across our participation work, and working both within the organisation and with third party/charitable sector organisations to create a standard charter for peer working
- Enhancing opportunities for peer support. We now have 29 peer workers who are employed within our organisation, which represents a 50% increase on 2016/2017. There is additional involvement of peers through third party organisations such as Capital and Southdown
- Developing further roles for our Experts by Experience. A bank of Experts by Experience has now been created. Some of the roles that have been developed over the last year for our Experts by Experience include advisory roles on our Quality Committees subgroups including Safety and Positive Experience and developing our new Reducing Restrictive Practice Programme
- Increasing the number of people volunteering within the organisation. There was focus in 2017/2018 in increased the number of volunteers in the organisation (moving from around 30 to 100). We currently have 70 number of volunteers registered with the organisation
- Developing training around Experts by Experience. A training programme now runs as a modular programme which includes information for peer workers, experts by experience, volunteers and our staff

There have been some fantastic examples of locally led initiatives within our services which have been around listening to people's experiences and using this to shape future changes within the services. The trust work around the Triangle of Care has supported and encouraged such work. One such example is a quality improvement initiative currently being undertaken by the Bedale Centre in Bognor Regis. They have been meeting with families, friends and carers to ask them

about their experiences and what is working well and not well from their perspective. The feedback gained from this will then shape the Qi change ideas; therefore, the feedback from these carers is directly impacting on the future of the service they have accessed.

In further relation to patient and carer feedback at larger scale, there are some nationally recognised measures of experience that we use within our organisation, which described below.

The **Friends and Family Test (FFT)** is a nationally recognised measure of patient experience. It asks people questions around how they have experienced different aspects of their care, with the fundamental premise being, would they recommend the service they received to one of their family members or friends.

 We are currently working to ensure that data captures through the FFT is shared with the right people and in the right places, so that timely actions can be taken to lead improvements based on what the data is telling us. Over the last year, we have seen that FFT data has been captured most frequently by people using tablets or kiosks when approaching discharge from a service, followed by people completing online discharge surveys. Our data shows that, in respect to data collected through the FFT, our specialist services are receiving the most positive scores, followed by our forensic healthcare services. Our CAMHS services are currently receiving the least positive feedback, followed by our adult acute inpatient services.

Our Quality Committee has a sub- committee entitled the "Positive Experience" Committee and quarterly reports and discussions on FFT data occur within this meeting. We aim to achieve the national average scores for recommendation and response levels across 2018/2019, and then will aim to exceed these in 2019/2020.

Throughout 2018/2019 our monthly data has shown that we are consistently achieving an overall positive recommendation that is lower than that of the national average, and our "would not recommend" scores are higher. Our response level has also been consistently lower than the national average throughout 2018 (our monthly average has been 1.04 against the national average of 2.92). Improvement activity in relation to this is currently being mapped.
Patient Experience of Community Mental Health Services (Data from the Survey of People Who Use Community Mental Health Services 2018)

The **Patient Experience of Community Mental Health Survey** is a once annual requirement for all trusts to participate in, as governed by the CQC. It takes a sample of people who accessed community mental health service and asks them about their experience of using these services. 220 people who had at least one contact (with at least one resulting follow up contact) with one of our community mental health teams between 1 September and 30 November 2017 responded to the survey, which represents a response rate of 27% (national average is 28%).

In relation to the overall experience of people who use our community services, the overall indicator score was 6.4 which was a slight (but not statistically significant) worsening from the 2017 data (6.6). This places us close to being within the worst performing trusts overall; at the lower end of average performance.

An area which has seen a decline in our performance, and which places us within the worst performing trusts category is around the "medicines" domain. In particular, people reported feeling that they were not always included in decisions around their medication, and information

around their medicines was not always provided in a way in which they were able to understand. Other areas for development were identified as signposting, support and advice around physical healthcare, signposting, support and advice around benefits and financial issues, involvement in care planning and feeling that the amount of contact time offered from services is sufficient. Areas which were highlighted as being positive practice for us include the time given in appointments, and the understanding showed by staff during appointments, the support available around access to work and activities, access to peer support, experience of crisis care and involvement in choice of therapies.

These results have been shared through our operations boards and through our community improvement work streams who will pick up the actions required for improvement.

Service changes and developments

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: 22 May 2019

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 Foundation Trust 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:

- o Commits any act of gross misconduct
- o 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
- o Fails to report to duty without prior notification
- o Is precluded from holding office through reason of statute
- o Becomes bankrupt or make any arrangement with their creditors or are prohibited by law from being a director
- o Ceases to be eligible to work in the United Kingdom
- o Commits any act of negligence or dishonesty whether relating to the Trust, the NHS any of its or their employees, patients or otherwise; or
- o 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 NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Disclosures required by Health and Social Care Act 2012

Expenses for Directors and Governors

2018-19 Board of Directors

Total number of Directors	13
Total number of Directors who claimed expenses	12
Total aggregated expenses	**£22,271.78**

2018-19 Governors

Total number of Governors	34
Total number of Governors who claimed expenses	11
Total aggregated expenses	**£2,505.50**

2017-18 Board of Directors

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

2017-18 Governors

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

Fair play 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 2019 was £157k (2017-18: £148k). This was 9.0 times (2017-18: 8.1) the median remuneration of the workforce, which was £17k (2017-18: £18k).

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 2019.

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 2019 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 2019. 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 2018-19 the highest paid director remuneration increased due to full year effect of being in post. The median total remuneration decreased mainly due to the recruitment to unqualified nursing posts. These two factors account for the overall ratio reducing compared to 2017-18.

	2018-19	2017-18
Band of highest paid Director's total remuneration	£155k - £160k	£145k - £150k
Median Total Remuneration	£17,460	£18,157
Ratio	9.0	8.1

Salary and Pension Entitlements of Senior Managers

Remuneration

2018/19						
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		150-155	1100			45-47.5	195-200
Sally Flint	Chief Finance Officer		135-140				75-77.5	210-215
Simone Button	Chief Operating Officer		125-130				105-107.5	230-235
Diane Hull	Chief Nurse	to 30/11/2018	90-95				50-52.5	140-145
Rick Fraser	Chief Medical Director		155-160				47.5-50	205-210
Beth Lawton	Chief Digital and Information Officer		120-125				102.5-105	225-230
Acosia Nyanin	Chief Nurse	from 03/12/2018	35-40				17.5-20	55-60
Peter Molyneux	Chairman		45-50					45-50
Diana Marsland	Non-Executive Director	to 15/05/2018	0-5					0-5
Richard Bayley	Non-Executive Director	to 22/04/2018	0-5					0-5
Gordon Ferns	Non-Executive Director		20-25					20-25
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
Anna Van Der Gaag	Non-Executive Director	from 01/11/2018	5-10					5-10
Jo Larbie	Non-Executive Director	from 01/11/2018	5-10					5-10
Nick Juba	Associate Non-Executive Director	from 01/11/2018	5-10					5-10

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

Salary and Pension Entitlements of Senior Managers (continued)

Pensions - 31 March 2019

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 2019 (bands of £2,500) £000	Accrued pension at age 60 at 31 March 2019 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000) £000	CETV at 1 April 2018 (to the nearest £1,000) £000	CETV at 31 March 2019 (to the nearest £1,000) £000	Real increase in CETV (to the nearest £1,000) £000
Sam Allen	Chief Executive		2.5-5	0-2.5	40-45	95-100	538	673	125
Sally Flint	Chief Finance Officer		2.5-5	12.5-15	50-55	150-155	962	1,173	194
Simone Button	Chief Operating Officer		5-7.5	15-17.5	40-45	120-125	792	1,009	203
Diane Hull*	Chief Nurse	to 30/11/2018	2.5-5	0-2.5	20-25	5-10	261	348	55
Rick Fraser	Chief Medical Director		2.5-5	0-2.5	30-35	85-90	556	677	111
Beth Lawton*	Chief Digital and Information Officer		5-7.5	-	5-10	-	6	89	82
Acosia Nyanin	Chief Nurse	from 03/12/2018	0-2.5	0-2.5	15-20	35-40	153	224	22

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

* The increase/ decreases in the all pension related benefits were due to the Chief Digital and Information Officer being in post part year during 2017/18, Diane Hull Chief Nurse term of office ceasing 30/11/2018.

**The increase in the prior year for Sam Allen the Chief Executive related to a change in role during 2017/18.

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).

Sam Allen
Chief Executive   Date: 22 May 2019

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.

Emerging Leaders Programme
A further three cohorts of our popular Emerging Leaders Programme have now been completed; bringing our total to 300 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.

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 Carer Support; 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 13 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, 99% would recommend attending the programme to a colleague.

An alumni event took place in March 2019 which enabled participants to network, share their progress and further develop their leadership skills.

Organisational Development Practitioners Programme
Following on from the success of our in-house Organisational Development Practitioner (ODP) Programme a second cohort has completed training and we now have access to 42 ODPs across the Trust and East Sussex Better Together (ESBT), financed by a successful bid to the HEE KSS Leadership Academy 'In Place' Leadership fund. Our ODPs help teams and individuals develop and improve as well as help to design and deliver stakeholder events. This core team is committed to spending 2 days each month on OD interventions. This collaborative ODP network aims to promote integrated systems partnership working across the ESBT/SPFT system (CCGs; acute; mental health; MSK; and county council) and the core training was supplemented by a series of masterclasses at which the ODPs and systems leaders explored 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.

Staff survey – summary of performance

The Trust's response rate for 2018 was 55%, the same as 2017. The main findings from the 2018 survey were:

- The major improvements made in the 2015 and 2016 surveys have been maintained again, similar to 2017
- 64 questions of the 82 questions asked showed no significant changes
- Our Trust scores are in line with the national average on 76 questions
- 13 questions were significantly better, and 5 were significantly worse than 2017
- Of the ten 'themes' which were introduced this year, we score average or close to average on all of them. The only one to have significantly changed from 2017 to 2018 was staff engagement (significantly improved)
- Staff engagement: The Trust's score for staff engagement for 2018 went up from 6.9 to 7.0 (on the new 10 point scale) which is a statistically significant improvement

Response rate	2018/19 (current year)		2017/18 (previous year)		Improvement or deterioration
	Trust	Benchmarking group (trust type) average	Trust	Benchmarking group (trust type) average	Increase/decrease in % points
Response rate	55%	54%	55%	50%	Same as previous year

		2018/19 (current year)		2017/18 (current year)		Improvement or deterioration
Score	Improved scores	Trust	National average	Trust	National average	% Improvement
Q21c	Would recommend organisation as place to work	62%	61%	56%	57%	6%
Q17a	Organisation treats staff involved in errors fairly	58%	58%	53%	52%	5%
Q21d	If friend/relative needed treatment would be happy with	61%	61%	56%	61%	5%

Score		Trust	National average	Trust	National average	% improvement
	standard of care provided by organisation					
Q19d	Appraisal/performance review: definitely left feeling work is valued	35%	34%	31%	31%	4%
Q5g	Satisfied with level of pay	35%	39%	31%	33%	4%
Q19f	Appraisal/performance review: training, learning or development needs identified	72%	72%	68%	69%	4%
Q21a	Care of patients/service users is organisation's top priority	79%	74%	75%	73%	4%
Q2b	Often/always enthusiastic about my job	74%	74%	70%	73%	4%
Q5f	Satisfied with extent organisation values my work	52%	49%	48%	46%	4%
Q4g	Enough staff at organisation to do my job properly	30%	32%	26%	33%	4%
Q19g	Supported by manager to receive training, learning or development definitely identified in appraisal	59%	60%	56%	57%	3%
Q5a	Satisfied with recognition for good work	63%	64%	60%	59%	3%
Q21b	Organisation acts on concerns raised by patients/service users	77%	74%	74%	75%	3%

		2018/19 (current year)		2017/18 (previous year)		Improvement or deterioration
Score	Deteriorated scores	Trust	National average	Trust	National average	% deterioration
Q14	Organisation acts fairly: career progression	85%	82%	88%	85%	-3%
Q20	Had training, learning or development in the last 12 months	73%	74%	76%	77%	-3%
Q16c	Last error/near miss/incident seen that could hurt staff and/or patients/service users reported	93%	96%	96%	97%	-3%
Q22b	Receive regular updates on patient/service user feedback in my directorate/department	53%	60%	57%	59%	-4%
Q16b	In last month, have not seen errors/near misses/incidents that could hurt patients	74%	26%	78%	22%	-4%

Staff survey results: benchmarking

	2018/19		2017/18		2016/17	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.0	8.8	9.1	9.0	9.1	9.0
Health and wellbeing	6.1	6.1	6.1	6.2	6.1	6.2
Immediate managers	7.2	7.2	7.2	7.2	7.1	7.1
Morale	6.3	6.2	-	-	-	-
Quality of appraisals	5.7	5.7	5.5	5.5	5.7	5.5
Quality of care	7.0	7.3	7.0	7.3	7.1	7.4
Safe environment – bullying & harassment	7.8	7.9	7.9	8.0	8.0	8.0
Safe environment – violence	9.3	9.3	9.3	9.2	9.3	9.2
Safety culture	6.8	6.7	6.7	6.6	6.6	6.6
Staff engagement	7.0	7.0	6.9	7.0	6.9	6.9

Staff survey: future priorities and targets

In response the feedback from staff in the survey, the aims and objectives that are planned for 2019/20 are set out in the table below. Care Delivery Service (CDS) leadership teams are also developing local bespoke plans to address more specific issues in their area.

Aim	Objective	Staff survey measure
We will have jobs that are more manageable and meaningful: • Work itself • Responsibility	Ensure staff have clear job plans with realistic expectations set around task and workload which they can influence Definition of 'job plan' can be adapted for different roles. Each CDS to nominate someone to work on a cross Trust working group	Q3a Always know what work responsibilities are Q5d Satisfied with amount of responsibility given Q5e Satisfied with opportunities to use skills

We will have our hard work acknowledged and valued: • Recognition • Achievement • Advancement • Growth	Ensure all staff have regular supervision where workload and wellbeing can be regularly reviewed Emphasis on acknowledging and recognising achievements made, and enabling staff to feel they are achieving their goals	Q5a Satisfied with recognition for good work Q5f Satisfied with extent organisation values my work Q8g Immediate manager values my work
We will all develop ourselves and our careers based on fair processes: • Work itself • Growth • Achievement	Ensure all staff receive an appraisal where they have the opportunity to review their performance, discuss their development needs and gain clarity of what is expected of them in their job role Emphasis on having career development conversations with staff	Q19d Appraisal/performance review: definitely left feeling work is valued Q14 Organisation acts fairly: career progression

Average number of employees (Whole Time Equivalent (WTE) basis)

A breakdown at March 2019 of Male and Female Staff

	Female WTE	Female Headcount	Male WTE	Male Headcount	Total WTE	Total Headcount
Director	5.00	5	5.00	5	10.00	10
Employee	2851.99	3357	1112.24	1196	3964.24	4553
Senior Manager	61.84	72	34.43	36	96.27	108

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

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 Record System.

Staff sickness absence
It is a Treasury 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 12 months ending December 2018, due to timing difficulties with availability of 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 2018 to December 2018 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 2018	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
3,917	38,416	9.81	1,429,542	62,319

The Trust's own sickness data is presented in the tables below:
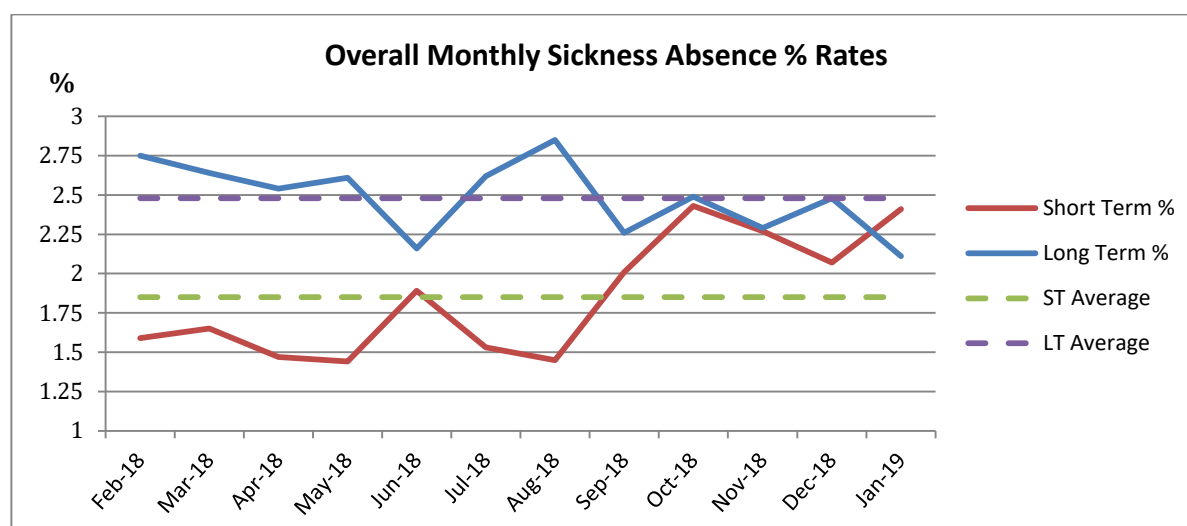
	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Average
Short Term %	1.59	1.65	1.47	1.44	1.89	1.53	1.45	2.01	2.43	2.27	2.07	2.41	1.85
Long Term %	2.75	2.64	2.54	2.61	2.16	2.62	2.85	2.26	2.49	2.29	2.48	2.11	2.48
Overall %	4.34	4.29	4.01	4.05	4.05	4.15	4.30	4.27	4.92	4.56	4.55	4.52	4.33

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.

Freedom to Speak Up

Sussex Partnership employs an Independent Freedom to Speak Up Guardian who undertakes a shared role for both our Trust and Surrey and Borders NHS Foundation Trust.

We have a current Whistleblowing Policy which complies with national guidance and it advises all workers within Sussex Partnership, whether a substantive employee or not, of the support they can access from the Guardian. Employees are encouraged to speak up confidentially in a number of ways including talking with their line manager, with a senior manager within our Trust or to the Freedom to Speak Up Guardian.   The Freedom to Speak Up Guardian is supported by six local Freedom to Speak Up Advocates spread across the Trust who assist the Guardian to raise awareness about speaking up, provide advice and guidance locally for colleagues and signpost employees to the Guardian or other individuals who might be able to assist them.

Sussex Partnership had 27 concerns raised during its first year of having a Freedom to Speak Up Guardian (2017/18). We are pleased that in our second year, 2018/19 this figure has risen to 41. Our Guardian reports both qualitative and quantitative data to our Trust Board twice a year and the insight provided to our senior leaders is very much welcomed. Speaking up helps our Board of Directors to understand the experiences of our front line staff and as a result, they can offer additional support or review processes with staff to improve patient or staff experience.

Speaking Up in 2018-2019

2018 was a busy year with particular highlights being a visit from the National Freedom to Speak Up Guardian, Dr Henrietta Hughes, in September and one of our Trust's speaking up concerns featured in the National Guardian's Annual Report published in November 2018.

Total Concerns: 43
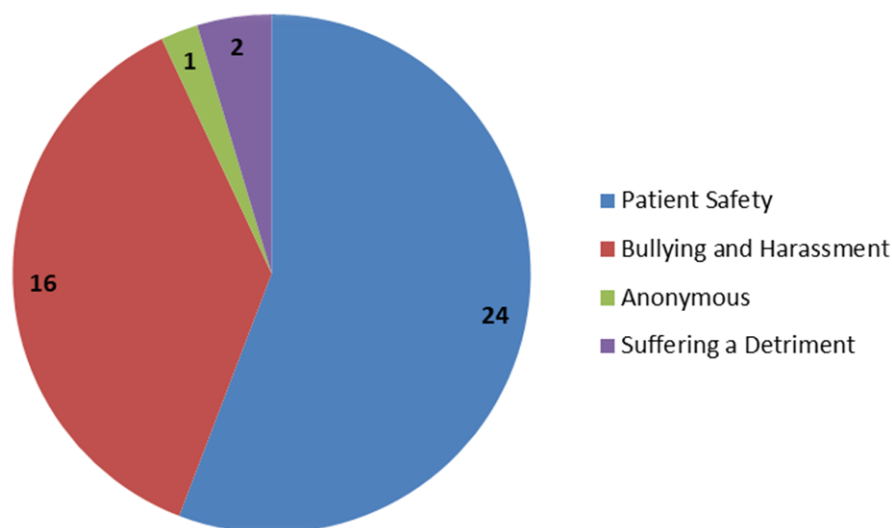
Staff costs

	Permanent £000	Other £000	2018/19 Total £000	2017/18 Total £000
Salaries and wages	141,970	18,718	**160,688**	152,090
Social security costs	14,174	1,305	**15,479**	14,825
Employer's contributions to NHS pensions	17,696	1,629	**19,325**	18,517
Pension cost - other	-	-	**-**	-
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	7,589	**7,589**	10,998
Apprenticeship Levy	696	64	**760**	731
Total gross staff costs	**174,536**	**29,305**	**203,841**	**197,161**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**174,536**	**29,305**	**203,841**	**197,161**
Of which				
Costs capitalised as part of assets	**356**	**-**	**356**	

Average number of employees (WTE basis)

	Permanent Number	Other Number	2018/19 Total Number	2017/18 Total Number
Medical and dental	270	17	**287**	270
Ambulance staff			**-**	-
Administration and estates	1,129	85	**1,214**	1,187
Healthcare assistants and other support staff	657	255	**912**	903
Nursing, midwifery and health visiting staff	1,211	164	**1,375**	1,395
Nursing, midwifery and health visiting learners			**-**	-
Scientific, therapeutic and technical staff	679	32	**711**	653
Healthcare science staff			**-**	-
Social care staff		66	**66**	75
Other	6		**6**	6
Total average numbers	**3,952**	**619**	**4,571**	**4,489**
Of which:				
Number of employees (WTE) engaged on capital projects	6	-	**6**	5

Reporting of compensation schemes - exit packages 2018/19

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	1	2	**3**
£10,001 - £25,000	-	3	**3**
£25,001 - 50,000	-	2	**2**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**1**	**7**	**8**
Total resource cost (£)	3,692	128,997	**£132,689**

Reporting of compensation schemes - exit packages 2017/18

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£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**

Exit packages: other (non-compulsory) departure payments

	2018/19		2017/18	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	1	13	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	6	116	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**7**	**129**	**-**	**-**

Of which:

Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

For all off-payroll engagements as of 31 Mar 2019, for more than £245 per day and that last for longer than six months

	Number of engagements
Number of existing engagements as of 31 Mar 2019	**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 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months

	Number of engagements
Number of new engagements, or those that reached six months in duration between 01 April 2018 and 31 March 2019	0
Of which:	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	
No. engaged directly (via PSC contracted to the entity) and are on the entity's payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 01 April 2018 and 31 March 2019

	Number of engagements
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

Expenditure on consultancy
During the year the Trust incurred consultancy charges of £699k, £413k in the previous year.

Staff policies and engagement
- Recruitment: Recruitment and Selection Policy and Procedure, Flexible Working Policy, Secondment and Temporary Promotion Policy, Mandatory Training and Induction Policy
- Continuing Employment: Sickness Absence and Attendance Management Policy and Procedure, Flexible Working Policy, Supervision Policy, Redeployment Policy and Procedure, Managing Capability and Performance Policy
- Training: Recruitment and Selection Policy and Procedure, Flexible Working Policy, Secondment and Temporary Promotion Policy, Sickness Absence and Attendance Management Policy and Procedure; Managing Capability and Performance Policy; Supervision Policy
- Consultation: Staff Partnership Forum, equality groups, staff survey (annual and local); exit questionnaires

- Health and Safety: Employee support and wellbeing for staff involved in incidents, complaints and claims, Sickness Absence and Attendance Management Policy and Procedure, Health and Safety Policy; Display Screen Equipment Policy.
- Counter Fraud: Pre-Employment and Employment checks Policy; Investigations Policy and Procedure.

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

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

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 and not support needs being identified.

The Trust is currently rated as a 1.

Current segmentation information for NHS Foundation Trusts is published on the NHS Improvement website.

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

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

Sam Allen
Chief Executive   Date: 22 May 2019

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, 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 for the year ended 31 March 2019 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,

The Trust risk management framework is detailed below. The key executive forum is the Executive Management Committee. Chaired by the Chief Executive, the Executive Management Committee (EMC) meets 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. EMC 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 Audit Committee is a 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 patient safety and quality, 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
- The Chief Financial Officer is responsible for managing risks to ensure the delivery of the financial plans agreed by the Board (and 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, 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.

CDS Accountability Framework

Care Delivery Services (CDSs) were established based on the underpinning principles of clinical leadership and local accountability. The CDS accountability 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 Trust further developed the CDS Accountability Framework in 2018/19 through the development of a standardised approach to CDS governance.

Support Services Accountability Framework

The Trust developed a Support Service Accountability and Ownership Framework in 2018/19 complementing the CDS Accountability Framework, which provides a rating for both quality and governance and financial performance for each of the Support Services.

Support Services will be monitored periodically against agreed performance metrics including quality, customer service, governance, finance, people and a range of regulatory and contractual indicators, with the executive sponsor holding formal reviews with their Support Services at least 6 monthly, or more regularly depending on performance attained.

Any risk of non-achievement will be escalated in a timely manner by the Support Service, along with mitigation plans. Such plans will be kept under close review by the Executive Management Committee until the service is deemed to be operating as expected.

Each Support Service is required to submit an Annual Plan, which will form an integral component of the performance measures through assessment of the agreed objectives. This will require ownership of quality, budgets and improvements across Support Services, as well as showing how each Support Service contributes to the overall performance of the Trust.

The risk and control framework

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 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).

Risk Management Responsibilities and Structures

The Trust Risk Management structure is outlined below:
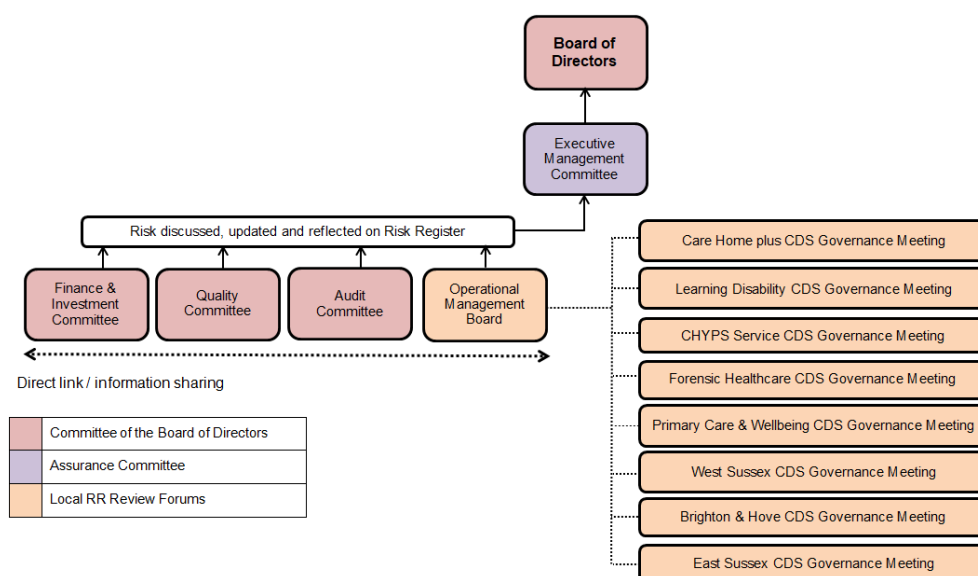
The Risk Management responsibilities of the Board, Board Committees and Executive Management Committee are further detailed below:

Board of Directors
Key Risk Management Responsibilities:
- Provide effective and proactive leadership of the Trust within a framework of processes, procedures and controls which enable risk to be assessed and managed, directly and through delegated powers
- Identify, evaluate, and manage strategic risk
- Review the Strategic Risk Register (SRR) and Board Assurance Framework (BAF);
- Ensure an Executive Director is allocated responsibility for each risk arising on the SRR and BAF
- Ensure an appropriate Assurance Committee is allocated oversight of each risk arising on the SRR
- Ensure risks arising are described on the SRR and BAF clearly and accurately, graded consistently, and managed appropriately to reduce risks to the desired level
- Challenge the risk controls and sources of assurance described within the SRR and BAF
- Consider wider strategic implications of the risks identified, and make recommendations to improve management of risk by taking a corporate approach
- Examine and challenge action plans developed to control their impact
- Scrutinise metrics, accounts, and reports provided as evidence of action plan completion;
- Ensure the Trust meets its agreed annual business objectives

Audit Committee
Key Risk Management Responsibilities:
- Review systems of operational and strategic risk management via SRR and BAF; and internal control; annually, and ad hoc as necessary, to ensure these are effective across the whole of the Trust's activities to manage any risks arising and support the achievement of the Trust's objectives
- Ensure risks identified through Audit Committee business are entered onto the SRR and BAF as necessary, clearly and accurately described, graded consistently, and managed appropriately to reduce risks to the lowest possible level
- Challenge the risk controls, and sources of assurance described within the SRR and BAF;
- Provide independent scrutiny supported by the work programmes of internal and external audit
- Make recommendations to the Trust Board on the development and implementation of the Risk Management Strategy as it considers necessary

Finance and Investment Committee
Key Risk Management Responsibilities:
- Oversee financial risks across the Trust
- Ensure the identification of, and planning to control, financial risks
- Ensure risks identified through Finance, Business & Investment Committee business are entered onto the SRR and BAF as appropriate, accurately described, graded consistently, and managed appropriately to reduce risks to the lowest possible level
- Provide the Audit Committee and Trust Board with assurance that appropriate arrangements are in place to deliver in-year financial plans

Quality Committee

Key Risk Management Responsibilities:

- Oversee risks to quality, safety and performance across the Trust
- Determine whether quality, safety and performance risks identified through review of risk assessments, incidents, concerns, complaints, claims, clinical audit reports, regulatory reports, national initiatives, and horizon-scanning, etc. should be added to the SRR and BAF
- Ensure risks identified through Quality Committee business are entered onto the RR and BAF as necessary, accurately described, graded consistently, and managed appropriately to reduce risks to the lowest possible level

Executive Management Committee

Key Risk Management Responsibilities:

- Ensure the maintenance of an effective system of risk management across the whole of the organisation
- Develop and maintain a comprehensive and current SRR and BAF
- Review existing risks and agree new risks on the SRR
- Propose the SRR and BAF to be presented to the Trust Board
- Provide the Audit Committee and Trust Board with assurance on the effective implementation of the SRR and BAF, including reports to the Board highlighting any new risks identified, gaps in assurance/control, recommendations, and positive assurance; and
- Ensure risks identified through the Executive Management Committee are entered onto the SRR and BAF as necessary, clearly and accurately described, graded consistently, and managed appropriately to reduce risks to the lowest possible level
- Ensure appropriate action is taken to manage all risks within the Executive Management Committee

Risk management system

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.

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 are captured on a risk mapping template and reviewed by the Board of Directors and the Executive Management Committee quarterly; ensuring the mitigation is robust and management actions are taken.

An internal audit of the Board Assurance Framework (BAF) was undertaken in 2018/19. The focus of this review was to assess the working arrangements surrounding the production and review of the Trust Board Assurance Framework and to identify any additional improvements that could be

developed and embedded within the organisation. The audit gave a reasonable assurance opinion and its summary findings are detailed below.

Our reasonable assurance opinion is based primarily on the fact that, although the Trust was able to demonstrate development of a robust risk management framework at the policy and procedure level, there remained a number of issues with the embedding of the use of the Board Assurance Framework to drive effective challenge and decision-making at Board level, which can in turn be down to the use of the BAF as an easily challengeable document.

The recommendations made will be incorporated in the further development of the BAF in 2019/20.

Strategic Risk Register
The major risks in 2018/19 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 Management 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, including for Serious Incidents. Relative low reporting of incidents in previous years has seen corrective action and in 2018/19 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 of Directors developed its business objectives for 2018/19 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 Management Committee and Board of Directors.

Integrated Performance Report
The Trust Integrated Performance Report is received and monitored by the Board of Directors and Executive Management Committee.   This report provides an integrated report on performance: finance, safety, safer workforce, quality and performance to triangulate performance metrics.

In 2018/19 the report was significantly enhanced, using statistical process control charts to enable better use of data and decision making. This followed a Board development session with NHS Improvement. The report has been identified as a model of good practice by NHS Improvement.

Areas of improvement performance in 2018/19 are detailed below:

- Mixed sex accommodation breaches
- Physical health assessments
- Essential training
- Early Intervention waiting times
- IAPT waiting times
- Agency expenditure

The key risks and focus for ongoing improvement are described below and are reflected in the Trust risk register:

- Demand and capacity
- Responsiveness – Adults and CAMHS waiting times
- Risk assessments
- Care planning including Care Programme Approach (CPA)
- Inpatient flow
- Patient categorisation (clustering)
- Appraisals and supervision
- Complaints

CQC Inspection
CQC carried out a Well-Led inspection of the Trust in January and February 2019.
This incorporated substantial parts of three core services which received an unannounced inspection; forensic healthcare wards, crisis services and health based places of safety and wards for older people with mental health problems

A series of focus groups took place where groups of staff were invited to discuss their experience working for the Trust. This included: middle managers; nurses; estates and facilities and administration staff; allied health professionals; support workers; student nurses; staff-side; and medical staff (junior and senior). The inspection culminated with a series of interviews during the week of 25 February with Board members and senior staff.

The Trust rating was overall.
Adult Social Care Services are rated separately and notably the overall rating for the Lindridge service improved to good in 2018/19.

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

HMP Lewes prosecution
In March 2019 the Trust was charged with an offence under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that it had failed to provide safe care and treatment for a patient in HMP Lewes, in 2016. The Trust pleaded guilty to the offence for which sentencing will take place on 2 May 2019.

A comprehensive action plan was developed at the time of the incident to address the recommendations arising from both the Trust and external investigation.

Conflicts of interest
The Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. An internal audit of the management of Conflicts of Interest was undertaken in 2018/19 and a reasonable assurance conclusion was issued.

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

Workforce planning and assurance
As part of its workforce planning process, each Care Delivery Service (CDS) develops an annual workforce plan which subsequently feeds into an overall budgeted Trust plan.   The management of vacancies and recruitment is monitored on a monthly basis through the Operations Management Board, bi-monthly at the Trust Board as part of the Quality Improvement and Assurance Report and at the CDS Quarterly Quality Assurance meeting. In addition, on a quarterly basis the Trust's Finance & Investment Committee reviews progress on how our inpatient units are using their available resources optimally to reduce agency spend and improve quality of care.

In terms of compliance with the "Developing Workforce Safeguards" recommendations, the Trust has effective safe staffing systems in place and information about staffing levels on our inpatient units are published monthly. A Safer Staffing report is presented to the Board every six months in line with the National Quality Board (NQB) requirements.

Senior nurses undertake regular assessments to ensure wards are staffed safely based on patient need and there is a process for staff to escalate any concerns regarding staffing levels to support them in decision making. Furthermore, a poster is displayed in each ward, for patients and visitors, showing planned and actual staffing level for each shift, as well as the name of the nurse in charge and the matron responsible for the service. Any service changes, including skill mix changes are subject to a full quality impact assessment.

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 Board has given particular attention to making progress against the Workforce Race Equality Standards (WRES), by co-producing an action plan with the BAME network. The Board further discussed its approach to Inclusion and Diversity at its Board meeting in March 2019 and agreed to renew its strategic approach.

Sustainable development

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act 2008 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.

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 Management 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.

Six Level 2 incidents have been reported to the Information Governance Incident Reporting Tool between the period of April 2018 and April 2019.

It was necessary for the Trust to report 3 of these incidents to the Information Commissioner's Office (ICO). However, the ICO found that the Trust had taken the appropriate steps to mitigate any issues arising from these incidents and that no further action was to be taken.

Date	What happened?	Reported to the ICO?
May 2018	Personal information was left unattended by a removal company contracted by SPFT.	Yes
July 2018	A record listing 22 patient names was forwarded incorrectly to the two parties involved in the inquest.	No
August 2018	An email was sent to the membership of the Religion and Belief Group providing details of the next meeting that is due to take place	No
October 2018	An email was inadvertently sent out to 400 service users using the 'To' function rather than the 'BCC' function, which did not ensure that all recipients were blind copied.	Yes
October 2018	A confidential letter was copied to parent of patient who had explicitly asked for this not to happen	Yes
February 2019	Health Records were disclosed to an individual which contained records of 13 other individuals. (Paper Records)	Yes

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 Accountable 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 trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the information provided in 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 Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In 2018/19 the Board reviewed its effectiveness by commissioning an external review using the Well-Led Framework.

Each of the Board Committees also reviewed its effectiveness through a structured self-assessment undertaken by its members.

Board of Directors

Developmental Well-Led Review
The Trust commissioned a Developmental Well-Led Review which reported in January 2019. The review team interviewed all Board members, senior staff and external stakeholders and observed the Board and Board Committees.

The review found that the Trust was performing well against the Well Led framework, as a self-aware learning organisation. The report also found positive and significant cultural change in recent years, and strengthened relationships with system partners.

The report recommendations align with a number of key developmental workstreams including: the organisational strategy refresh; strengthening of quality governance; data quality plan; and are supported by the Board development programme.

The Board was also selected to join the NHS Improvement Leading for Improvement Board development programme, beginning in April 2019, which complements its own development programme.

Changes in the composition of the Board of Directors
The appointment of the new Trust Chair, Peter Molyneux was effective from 1 April 2018.

The terms of office of two Non-Executive Directors Richard Bayley and Diana Marsland came to an end in April and May 2018 respectively.

Three new Non-Executive Directors: Jo Larbie, Anna van der Gaag and Nick Juba joined the Trust in November 2018.

The Trust appointed a new Chief Nurse, Acosia Nyanin, who started in December 2018 and replaced the former Chief Nurse, Diane Hull.

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.

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.

The outcome of the audits in 2018/19 was as follows:

Subject	Outcome
Lone Working	Partial Assurance
Patient Safety Alerts	Reasonable Assurance
MSK Governance	Reasonable Assurance
Payroll	Reasonable Assurance
Cashflow Forecasting Process	Substantial Assurance
Cyber Security	Reasonable Assurance
Capital Projects	Reasonable Assurance
Board Assurance Framework	Reasonable Assurance
Performance Management – Data Quality (Community Contacts)	Partial Assurance
Conflicts of Interest	Reasonable Assurance

Two internal audits received an opinion of partial assurance and action plans are in place to address the recommendations arising from the audits.

- Lone Working
- Performance Management – Data Quality (Community Contacts)

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 2018/19.

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

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 2018/10 no significant issues were identified.

Quality Committee
The Quality Committee is also a Committee of the Board of Directors, Chaired by a Non-Executive Director. 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.

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
- Mental Health Act 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 the Chief Nurse and Chief Medical Officer.

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. The Quality Committee agrees the annual Clinical Audit Plan.

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

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

Assurance 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: 22 May 2019

3. Quality Report

Part 1: Statement on quality from the Chief Executive of the NHS Foundation Trust

A key feature of the last year was the significant, sustained levels of demand we experienced across our services. This placed significant pressure on services and staff, as well as having an impact on patients and carers. We have a wide ranging programme of Trust-wide work underway, as part of our Clinical Strategy, to address the complex range of factors underpinning this demand. We also have ongoing, service specific pieces of work which form part of our response.

Within adult services, we have been successful in agreeing additional funding of £1.4m this year to invest in community crisis care services and a further £1m for the following year. In parallel, we have piloted the extension of street triage in Brighton and Hove. We have also been developing the Haven at Mill View a new 24/7 mental health crisis assessment unit which is due to open in May 2019, as part of our response to the pressure on community and inpatient services. We have received investment to improve access to our services and provide mental health crisis support through NHS 111.

More immediately, we have identified the need for further, co-ordinated work to address the variation in length of stay that is evident across our inpatient services. This very much needs to be led by clinicians and managers who are working locally, because they are closest to the local issues and decisions which affect patient care. That said, there is more we can do organisationally to support this. Ensuring people don't have to spend any longer in hospital than they need to will improve patient experience. We are also focusing on work to alleviate the pressure being experienced by our community teams in arranging a hospital admission where one is needed. Part of this includes developing new partnerships with the housing sector and we held a discussion with providers to explore what we can do together in partnership.

We are experiencing similar pressures in other areas, including Child and Adolescent Mental Health Services (CAMHS) and Learning Disabilities and Neurobehavioural services. As is the case with adult services, we cannot address these on our own. Many of the factors affecting operational pressure relate to the wider system of health and care. This is why we have worked hard with our partners, including local authorities, to agree a review of children's health and wellbeing services in Sussex. In Hampshire there has been a recent review which positively highlighted the work we do. We are now discussing the additional resources required with Commissioners.

Within forensic healthcare services, things have been progressing well with the development of New Care Models that will enable us to take a partnership approach to managing forensic placements across Kent, Surrey and Sussex with three NHS Trusts and six independent providers. We have also participated in a national pilot for Assertive Transitions Team who are working to reduce the length of stay in secure mental health services and improve discharges. Excitingly we have also had a number of peer apprentices start working in forensic services.

Primary Care and Wellbeing Services have also been working hard at the interface with GPs and our secondary services with exciting developments working with the YMCA in Brighton and Hove

to provide services for younger people. The service has also expanded its services for veterans and developed psychological services for people with long term physical health conditions.

During the year we also had the CQC visit to undertake a well-led inspection of our organisation. Their initial feedback off the back of this inspection was positive about our staff and the work that we do. Colleagues have seen the review positively and have used the inspection process as a positive spur to continue improving and sharing positive practice.

There are a number of areas related to patient care where we have made really good progress in the last year thanks to the work of our staff team. For example, 80% of inpatients and people under community services who should have had a physical health assessment have had one, compared to about 50% last year. 92% of staff are compliant with the core training they need to do for their job and 88% for mandatory training. Essential Training is so important in terms of the safety of services we provide to the people under our care and the wellbeing of staff in the work place.

We had a fantastic 54% response rate to last year's staff survey, which gives us data from over 2,400 staff that we can use to help continue improving. One of the striking points about the survey results is the increase over time in the number of staff who would recommend the Trust as a place to work, from 43% five years ago to 62% in this year's survey (an increase of 5% from the last year's survey). Over the same period, the percentage of people who say patient care is our top priority has increased from 57% to 79%.

I'm really heartened and encouraged by this trend. It tells us that, increasingly, more staff think we are heading in the right direction in terms of our ambition to improve patient, family and staff experience at the Trust. However, there are some stark findings in the survey, particularly in relation to the pressures staff face in their roles. There are no easy ways of addressing this, but it is something we need to, and will, keep paying constant attention to.

At the beginning of 2019 the NHS published its Long Term Plan which holds exciting prospects for learning disability and mental health services and for the Trust. Aside from an increase in funding the plan sets out a new service model for the NHS to provide more joined up, coordinated and proactive care with an important role for mental health provision, learning disability and autism services. The Trust is taking a key role in the Sustainability Transformation Partnership (STP) and the development of Integrated Care Systems. Importantly the plan sets out a commitment to improve primary and community health services and integrating physical health and mental health services providing exciting opportunities for all our services and particularly our Primary Care and Wellbeing Services and Improving Access to Psychological Therapy (IAPT). The focus on learning disabilities and autism is particularly welcome along with children and young people, we have already seen increased investment locally in crisis services for younger people and improved resources in schools. We are already focusing on developments in crisis care and improving access including mental health support available through NHS 111.

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

Sam Allen
Chief Executive   Date: 22 May 2019

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

2.1 Priorities for improvement for 2019/20

The Trust's priorities for improvement for 2019/20 are set in the context of our new strategy and the NHS Long Term Plan. However, most importantly it addresses what the people who use our services, carers, our staff and local communities tell us we need to improve in the services we deliver.

We have a track record of improving the quality of care, having received positive feedback from the CQC in the course of their inspection of our services. We have managed to live within our financial means delivering the challenging savings targets demanded by our Commissioners.

Sussex and East Surrey Sustainability and Transformation Partnership
Sussex and East Surrey Sustainability and Transformation Partnership (STP) has a well-established and highly functioning Mental Health Programme Board. The overall aim of the Board is to help work out how the voluntary sector, local authorities and NHS can work better together to meet the needs of the patients, carers, families and local communities we serve. The work will help us deliver on plans to improve services for our local population through making best use of the combined resources we have available.

As an STP, we want to provide the best possible care and treatment to the people who use our services. That means getting help to people at the earliest opportunity, providing specialist advice and support to them on all aspects of their life which affect their mental health and wellbeing, and helping people stay well and out of hospital wherever possible. Individual organisations are already doing a lot to make this happen.

Bringing physical and mental health more closely together, to improve patient care, is a particular priority for our STP. Too often people get 'bounced around' different parts of the system between different health and social care organisations. This isn't good for patients or families, and doesn't help us make the best use of public money. At the same time, mental health services are under sustained operational and financial pressure, meaning we simply cannot continue providing services in the way we currently do.

The specific aims of the STP Mental Health programme are to:

- Harness the opportunity that the STP provides - by bringing 24 health and social care organisations together in partnership - to look at how mental health services are planned, commissioned and provided, and how this can be improved
- Identify new ways of working together across the STP to improve services and outcomes for people who use mental health services and their families
- Provide assurance to NHS England that our STP is meeting the requirements of the 5 Year Forward View for Mental Health (the national strategy to improve mental health services)

As a first step, our STP Executive commissioned a strategic review of mental health. This involved looking at local data, knowledge and examples of positive practice. It also involved workshops with

people from across the health and social care system, including clinicians and people with lived experience.

In Autumn 2017, we published the outcome of the strategic review and the case for change. This highlighted that:

- On average, men in contact with mental health services in our area have a life expectancy 20.6 years less than the general population. This is higher than the national gap for males (19 years in England)
- Women in contact with mental health services live, on average, 15.7 years less. This is similar to the national gap
- This inequality gap widens as people age: people aged 65 are likely to have around 50-60% of the remaining life expectancy of the population not in contact with mental health services
- Mental health service users are around 2-4 times more likely to die of cancer, circulatory or respiratory disease than the rest of the population
- Approximately 20% of all A&E attendances and emergency admission can be attributed to mental health service users – who make up only 7% of the overall population
- A recurrent investment of £7.3m in mental health will improve services for patients, at the same time as providing a gross saving of £17.5m and net savings of £10.2m for local Clinical Commissioning Groups (CCG)

The strategic review and case for change identified specific areas for action which can be grouped into four key themes:

1. **Promotion and prevention**, which is about getting help to people earlier and working with the wider community to understand and address mental health need
2. **More integrated, joined up care** such as by providing a single point of access into services (to avoid people being 'bounced around' the system) and working to address the reduced life expectancy experienced by people who use mental health services
3. **Better, more integrated urgent care** to make it easier for people to get help when they need it.
4. **More effective partnerships** such as by building on the success of our Recovery College model in helping people better manage and maintain their own mental health and wellbeing, reducing reliance on traditional services where possible

At the same time, work was started on a detailed appraisal of how resources are currently allocated across the voluntary sector, social care and NHS for the provision of mental health services. The will inform decisions about how resources are allocated to mental health (though this is not about reducing mental health expenditure). This may lead to specific proposals to change services. It could also identify where there are particular issues and services which need attention.

Organisational Strategy

The Trust is reviewing its organisation strategy through a process which has included Board workshops, staff engagement events, discussions with strategic partners and online consultation.

The refreshed organisational strategy will be the subject of further discussions over the summer, published online and shared with partner organisations.

Clinical Strategy

In 2019/20 we will continue to drive forward the implementation of our Clinical Strategy to improve the quality of our services. Our clinical strategy aims to help us achieve our vision and values. It outlines the type and range of clinical services we want to offer for service users, carers and their families. We have agreed service development investments that will make significant improvements to the quality of patient care. These are:

- The development of 24/7 crisis resolution and home treatment services (£1.4m)
- Improving access to services through the development of new referral hubs (£0.9m)
- Opening a Psychiatric Decision Unit that will provide fast assessments (£0.9m)
- Increasing staffing for Section 136 places of safety (£1m)
- Investment in children and young peoples' services and in learning disabilities services that will focus on improving access and providing intensive community support and treatment

Over the past year we have made the following key achievements in these main workstreams of the Clinical Strategy:

Children and Young People's Services – we have secured funding to improve crisis services for children and young people in Sussex and hope to recruit to newly established roles later this year.

Learning Disabilities and Neurobehavioural – we have recently established a Trust wide group to ensure that appropriate support and reasonable adjustments are made in all our services for people with learning disabilities and/or autism and their families.

Crisis Services – The Sussex and East Surrey Sustainability and Transformation Partnership (STP) have invested in enhancements to Crisis Resolution and Home Treatment Teams to increase the hours of operation and focus on timely interventions for crises.

Acute Patient Flow – We have introduced a Clinical Lead for Bed Management seven days a week, developed a joint plan with system partners to reduce delayed discharges, developed a 24/7 mental health crisis assessment unit, The Haven, as an alternative to A&E and introduced measurements to monitor variation in wards' length of stay.

Community - We have commenced work with staff, service users, carers and partner organisations to agree the future framework for our community services so we can manage increasing demand within the resources we have and make best use of the support that partner organisations are well placed to deliver.

Access to Care – The Sussex and East Surrey STP has funded development of NHS 111 to provide telephone crisis support to people in Sussex and East Surrey. We are also establishing referral hubs in each locality for routine referrals.

Suicide Prevention - we have been an active participant in local suicide prevention forums and developed a bespoke training package for all staff.

Recovery and Discovery Colleges – There are 68 courses running this term with 840 registrations so far demonstrating good examples of partnership working with limited funding. We have been involved with further research that is about to be published about outcomes.

New Roles – Training has started for Peer Support Workers and Nursing Associates, we have appointed Graduate Mental Health Workers and set a target to recruit a further 12 in the next year. We are currently agreeing arrangements for appointing Physician Associates.

Clinical Intelligence, Pathways and Outcomes - A number of engagement events and workshops, held over the past year with a wide range of stakeholders have informed the identification of key data themes and delivery priorities to be undertaken this coming year. Carenotes has been updated to include a new form for risk assessments.

Older Adults and Dementia – we have taken steps to establish dedicated services for older adults with mental health problems in West Sussex and develop consistent approaches to the delivery of services across Sussex.

Forensic Healthcare Services – We have been participating in a national pilot for a new Forensic Mental Health Community Services model – Assertive Transitions Team. We are also working on establishing a Secure Recovery College and have appointed 12 new Peer Recovery Workers.

Approach to quality improvement leadership and governance
The Trust Executive Lead for Quality and Safety is the Chief Nurse who is registered with the Care Quality Commission as the Trust's 'Nominated Individual'. 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 and safety.

The approach to quality planning has enabled the Trust to reach the overall standard of 'Good' as rated by the CQC and has achieved 'Outstanding' for care. The Trust aspires to continue on its improvement journey and has a detailed implementation plan held by the Quality Assurance Team to ensure outstanding standards are developed throughout the organisation.

The Quality Assurance Team facilitate a programme of Quality and Safety Reviews where services work through an assessment of their standards and agree quality improvement plans to enable them to reach high standards and implement best practice learning from within the Trust and externally.

The Trust Board utilises NHS Improvement's Quality Governance Framework in reviewing and developing 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. A diagrammatic representation of the quality governance structure is set out below.

Quality Governance Structure
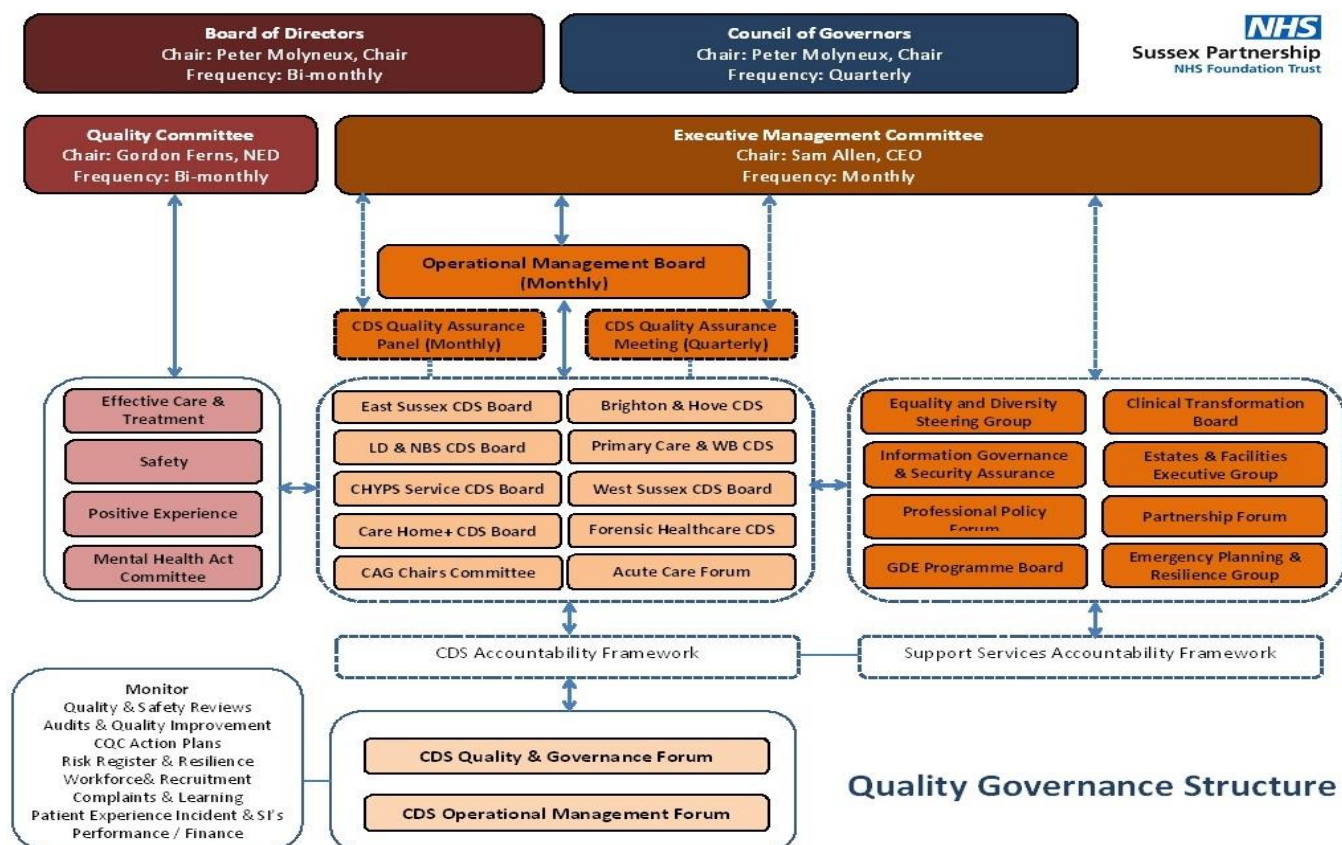
Through the Trust Quality Governance Structure, the Chief Nurse leads the Trust's work on continually improving the quality and safety of care. This is achieved in many ways – including planning (resourcing, restructuring, commissioning, and training), assurance (periodic checks of quality through audit or quality and safety reviews), control (continuous monitoring of quality with interventions when necessary, robust clinical governance structures, good operational management, performance monitoring, taking action to bring system back into control, escalation of issues that cannot be resolved).

The Trust's Quality Improvement (QI) Strategy enhances the Quality Governance Framework through using a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem. It applies a consistent method and tools, engages people (both staff in clinical/corporate teams and patients/service users/families) more deeply in identifying and testing ideas, and uses measurement to see if changes have led to improvement. There are three objectives relating to the implementation of our Quality Improvement (QI) strategy:

- Establish the QI Team and define their roles
- Embed a 'Just Culture', which underpins and supports QI
- Establish and sustain an improvement led organisation

The Trust 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. 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.

The Trust's Chief Medical Officer who is the also the Director of Quality is the Executive lead for the implementation of the Quality Improvement Strategy.

Quality concerns and risks
The Trust has identified four areas of risk in relation to the quality of services, these are (i) Demand and capacity; (ii) Patient flow; (iii) Clinical workforce; and (iv) Care planning. More information on each is below.

Demand and capacity; and patient flow - These are linked risk areas and represent a major part of the Trust's work programme for the year ahead. The Trust established its Patient Flow Steering Group (PFSG) in January 2018 and identified a number of core objectives to improve the quality of services and improve effectiveness and efficiency. The Trust worked with the STP to commission detailed modelling of demand and capacity and activity across the mental health system against a number of scenarios to demonstrate potential impact on overspill and acute ward occupancy over a five year projection. A Data Analysis Group was also convened at this time to ensure that the scope and scale of the activity throughout the mental health system could be more fully understood and that robust and relevant data could be made widely available to engage across the whole of adult services. The output of this group has a major piece of quality improvement work for 2019/20.

The quality improvement areas of improving patient flow include:

- Further reduction in the mean length of stay across the acute wards
- The development of a Psychiatric Decision Unit
- Crisis Resolution and Home Treatment Teams to increase treatment and responsiveness (24/7)
- Delayed Transfers of Care (DToC) are maintained at 3.5%
- Additional capacity for acute adult beds (Meadowfield and Langley Green Hospitals)
- Permanent implementation of the Street Triage function in Brighton and anticipated reduction in incidence of Section 136 by 30%

Clinical workforce – The key quality workforce issues relate to the recruitment and retention of clinical staff particularly medical staff in West Sussex and in Children and Young People's services. We have a strong recruitment and retention plan and have campaigns for medical and nursing staff along with close working with the local clinical education centres to ensure the smooth flow of student nurses and doctors into permanent positions within the Trust.

Care planning – As outlined below we have targets of 95% for the completion of care plans and risk assessments. The trust has struggled to hit this target, partly due to compliance and partly due to recording. This risk will be managed through a quality improvement project, performance and quality monitoring; and staff development. Compliance will be reviewed through monthly meetings with all services.

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. The Effective Care and Treatment Committee (ECAT) have signed off thirteen Menus of Care and Interventions produced by the CAGs. These Menus help guide services in their provision, across areas such as dementia care, autism care, OCD, ADHD. These thirteen Menus were displayed at the ECAT conference in March 2019. Among the workshops were discussions about the implementation of the Menus, the effective use of data, our duty of candour regarding when services can't be offered – how to make the biggest difference to our services and outcomes for service users. Further Menus are in production to ensure coverage of all services. The CAGs are currently reviewing their functioning so as to make them as practical and effective as possible in the support of evidence based care and align with CDS developments.

Global Digital Exemplar (GDE) Programme
In September 2017 NHS England/Digital announced additional funding under the Provider Digitisation Programme to support the recruitment of "fast following" Trusts to partner with the seven national mental health trusts already named as Global Digital Exemplars (GDE). The aim is to establish proven models that can be rolled out across the NHS. After a rigorous suitability and selection process the Trust was confirmed as Fast Follower to Oxford Health NHS Foundation Trust on 4 October 2018.

This programme will accelerate the delivery of the Trusts Digital Strategy supporting the Trust's Clinical Transformation programme. At the end of the programme it is envisaged the Trust will have undertaken a significant change in the way in which it provides technology and information for staff, service users and their carers. Where appropriate we will be delivering digitised mental health services and establishing robust technology platforms for ongoing development for our service users, carers and clinical teams. Our workforce will become digital and flexible with the right information at their fingertips.

The Trusts five programme workstreams are:
a. Expanded Electronic Health Record (EHR)
b. Records Sharing (Including Digital Correspondence)
c. Advanced Analytics
d. Enabling Infrastructure
e. Patient Facing/Self-Management

The Trust's objectives for 2019/20
Each year we are required to set out our operating objectives as agreed by the Trust Board. For the coming year these are as follows.

2019/20 Objectives	Deliverables & measures	Executive lead
1. Ensure participation and engagement is central to everything we do	- Employ an additional 30 peer workers - Recruit and train an extra 150 Expert by Experience volunteers - Establish a 'Working Together Group' for each hospital and community area	Acosia Nyanin, Chief Nurse
2. Improve access to care	- Mental health support available through 111 and 999 by 31/12/19 - Triage hubs operational in all adult services and all community referrals electronic by 31/03/20 - Achieve our 4 week wait targets	Simone Button, Chief Operating Officer

3. Deliver 24/7 Crisis and Urgent Care	- Clinical standards agreed by 30/06/19 - Clinical standards implemented by 31/12/19 - Increase in people supported by crisis teams - £1.4M of investment delivered in crisis services	Simone Button, Chief Operating Officer
4. Improve patient flow and community services	- New model signed off by 31/12/19 - Introduce a community caseload maximum of 35 - Reduce inpatient lengths of stay and reduce delayed transfers of care	Simone Button, Chief Operating Officer
5. Improve later life and dementia services	- Deliver the Trust Strategy for later life and dementia services	Simone Button, Chief Operating Officer
6. Achieve high standards of care planning and risk assessment	- 95% of service users to have up to date risk assessments and care plans - Deliver a Quality Improvement project to ensure care plans are of a high standard	Acosia Nyanin, Chief Nurse
7. Improve recruitment and retention	- Reduce staff turnover to 14.5% by 31/03/20 - Agree targeted plans to reduce staff who leave within their first two years and review retirement and return arrangements by 30/06/19	Gavin Wright, Director of Human Resources and Organisational Development
8. Improve staff wellbeing	- Agree new support for staff with stress and musculoskeletal issues by 30/06/19 - Identify the five teams with the highest level of absence and create tailored support plans - Reduce sickness to 4% by 31/03/20	Gavin Wright, Director of Human Resources and Organisational Development
9. Deliver efficient financial and resource management	- Achieve breakeven control total - Deliver £11.9m of capital improvements to the Trust's estate	Sally Flint, Chief Finance Officer and Deputy Chief Executive
10. Develop our digital resources to enable focused, outcome based care	- Introduce role based digital resources - Procure Electronic Prescribing & Medicines Administration System (EPMA) - Implement e-referral & e-discharge	Beth Lawton, Chief Digital and Information Officer

Quality Priorities for 2019/20

The Trust has identified five areas for improvement in the quality of the services we provide for 2019/20. 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.

As in previous years 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. From the end of 2018 and into early 2019 the Trust held a series of engagement events and undertook surveys to develop our refreshed Trust strategy as outlined above and to inform our priorities for the coming years.

The priorities we have set for 2019/20 and what we plan to measure within those are:

Care planning
The care plan currently in use on Carenotes is in the process of being reviewed by the care plan steering group with a view to co-producing a universal care plan that works across different settings and facilitates transitions between services, for example from children's services to adult services, or inpatients back to community. The care plan will be recovery orientated, co-produced and will 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, friends, carers and support system.

The Chief Nurse is now the Executive lead for Care Planning and the Head of Nursing for Acute Care Pathway will be nursing lead on the Care Planning Steering Group and will work closely with the Assistant Director for People Participation to ensure that care planning is meaningful and person centered. The steering group also includes senior practitioners from each of the CDSs and is reviewing existing care plans to establish current good practice. The group is also working with the Digital Directorate to ensure the new version of the care plan is useable and meets service users' needs and that the system is able to efficiently capture relevant data for learning. The steering group have the responsibility to link with colleagues, peer support workers, service users and carers to ensure that developments are directly linked to clinical practice.

A draft of the new care plan is planned for implementation in June 2019 and testing will take place before it is put into use in July 2019. Bespoke risk, crisis plan and care plan training is planned for all community teams from July 2019 onwards. The outcome aimed for is collaborative person centred care plan with the implementation underpinned by training.

In 2019/20 we plan to ensure that:

- 95% of Care plans are person-centred (as measured by the Trust's Care Planning Audit)
- 95% of Care plans for people on Care Programme Approach are reviewed in the past 12 months

Suicide prevention

Suicide prevention is a priority workstream in the Clinical Strategy. The Trust 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 eradicate suicide for all people in our care.

A Towards Zero Suicide Approach 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 focusing on training and using the Ten Ways to Improve Safety approach as recommended by the National Confidential Inquiry into Suicide and Safety (NCISH) – Annual Report 2018.

- Publication of a Towards Zero Suicide strategy co-produced with people with experience of mental health problems

- The embedding of the Stay Alive smart phone app into clinical practice, working with CDS leads, the People Participation Team, service users and carers leads

- A commitment to three 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

- Introduce mandatory training for suicide prevention in line with the latest competency framework from Health Education England as well as the See, Say it, Signpost it – The Zero Suicide Alliance training video

- Embed quality improvement by using the Ten Ways to Improve Safety from the National Confidential Inquiry into Suicide and Homicide (NCISH) and the National Collaborating Centre for Mental Health to develop locally designed projects supported by the Towards Zero Suicide programme team

In 2019/20 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

Physical health

Ensuring that frontline teams are supported and empowered to meet the physical health needs for all patients is fundamental to improving physical health outcomes for people who use services.

Collaborative working underpins the physical healthcare team's ethos and ambition to ensure that services are supported and equipped with the knowledge, skills and competence to deliver safe and effective physical healthcare.

The physical healthcare service provides specialist support and expertise to staff across the Trust and are now embedded and recognised as part of the wider team.

Feedback from service users in Working Together Groups had asked for more physical health support and integration with primary care. Service users had said: "There is not enough help if you have a physical problem" and "You should be able to see a physical doctor if you need one". The Trust is using this feedback to improve our approach further as outlined below.

This year we will:

- Review and revise the current Physical Healthcare Strategy which supports delivery of the ambitions outlined in our Clinical Strategy
- Develop an annual plan of work
- Establish core standards for physical healthcare throughout the Trust

- Establish bespoke standards which include physical health issues by demographic grouping, such as older adults living with a mental health condition and health concerns such as chronic pain, frailty, confusion, and sensory impairment
- Develop a Registered General Nurse (RGN) supervision forum to support the development and competencies of registered general nurses working in the Trust
- Launch a bespoke web page for all things physical healthcare, including policy, NICE guidance, local leads and how to access advice and support from the in house physical healthcare team
- Build on the current model of site visits expanding this to community services including National Early Warning Score (NEWS) and sepsis training for community teams
- Support the development of the Places of Safety (section 136 suites) protocol for physical health assessment and ongoing patient management
- Co-produce a suite of physical health competencies bespoke to different roles connected to the workforce training plans
- Co-production of a carers pathway to ensure optimal support for carers with a focus on long term conditions
- Plan for implementation of NEWS2
- Champion in practice improving the clinical data we record and are able to use relating to physical healthcare

In 2019/20 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 levels
- All staff have had physical health training relevant to their roles

Staff wellbeing and development
Following the 2018 staff survey results each CDS has been invited to work on the following three aims. These have been developed as they make up part of the Interim HR Strategy, they are most closely aligned with evidence about staff wellbeing and they have been flagged as an area for improvement in the survey. These areas were also discussed and agreed by staff attending the Chief Executive's Briefing on 4 March 2019.

Aim	Objective	Staff survey measure
We will have jobs that are more manageable and meaningful: • Work itself • Responsibility	Ensure staff have clear job plans with realistic expectations set around task and workload which they can influence. Definition of 'job plan' can be adapted for different roles. Each CDS to nominate someone to work on a cross Trust working group	Q3a Always know what work responsibilities are Q5d Satisfied with amount of responsibility given Q5e Satisfied with opportunities to use skills
We will have our hard work acknowledged and valued: • Recognition	Ensure all staff have regular supervision where workload and wellbeing can be regularly reviewed	Q5a Satisfied with recognition for good work Q5f Satisfied with extent

• Achievement • Advancement • Growth	Emphasis on acknowledging and recognising achievements made, and enabling staff to feel they are achieving their goals	organisation values my work Q8g Immediate manager values my work
We will all develop ourselves and our careers based on fair processes: • Work itself • Growth • Achievement	Ensure all staff receive an appraisal where they have the opportunity to review their performance, discuss their development needs and gain clarity of what is expected of them in their job role Emphasis on having career development conversations with staff	Q19d Appraisal/performance review: definitely left feeling work is valued Q14 Organisation acts fairly: career progression

CDS and Support Services directorates are also invited to discuss any additional local objectives which they may wish to agree.

In 2019/20 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
In 2019/2020 we will be expanding our work around people participation, as outlined in our Clinical Strategy and in our Participation Strategy. The people participation team is expanding in 2019/2020 into a larger directorate, which will also encompass experience, spirituality and chaplaincy, families and carers, The Recovery College and our arts and health programme (Make Your Mark). It is hoped that by bringing these areas together, we can continue to develop how we find out about the experience of people using our services (or supporting those who use them), learn from this and use it to make lasting and meaningful improvements. By having these key areas working together we can also ensure that people participation and experience is at the heart of everything that we do, and that the participation opportunities within the organisation are aligned with the recovery, development and progression of those who undertake them.

The participation strategy for 2018/2020 outlines our direction of travel for the year ahead. The strategic overall aim is to increase the volume of participation activity, to diversify the people becoming involved in participation, and to ensure that co-production is at the heart of everything that we do.

The development of this strategy had led to the identification of some key specific priorities for participation activity over the year ahead. In relation to people participation these are:

- Continue to develop and restructure our Working Together Groups, with the aim to have one group per acute hospital, and one in the corresponding community for which the hospital serves. The central Working Together group also needs further establishment

- Increase the number of people with lived experience currently working within the Trust; the aim is for a 100% increase in peer involvement from 2018/2019 to 2019/2020. Cohorts 2 and 3 of the peer apprenticeship programme will also take place over the year ahead.
- To enhance representation of a diverse mix of people participating in service improvement, through aiming for each adult CDS to deliver on one service improvement project where participation is not currently reflective of the local population
- To develop our work around the Expert by Experience (EBE) programme. Over the year, the aim is to deliver 12 introductory courses around participation. A secondary aim in this area is to achieve EBE representation in key strategic committees including all Board committees
- To continue to grow opportunities for those who wish to volunteer with us, with an aim to achieve a 100% increase on our number of volunteers registered by the end of 2019/2020
- To develop the links between our front line staff and the participation agenda. This will be done by creating an additional role of "participation worker" in each adult CDS, owned and managed by the CDS and supported through the participation team. The development of staff engagement workshops will also enhance these links, and support the cultural development of participation in the organisation

We are currently working to identify specific plans for the other teams as they merge across to the people participation umbrella, but other key areas will include:

- Developing a Trust-wide Spirituality Strategy
- Developing performance metrics and reporting structures for all teams
- Developing Make your Mark with a focus on inclusion of all creative arts
- Developing the Leader Leader Academy and linking this with the development of a participation training programme
- Showcasing work around Triangle of Care progress and bringing together strands of carer excellence across the organisation
- Reviewing core business of the Recovery College and enhancing accessibility of courses through developments such as the Acute College

In 2019/20 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 2019/20 in the Friends and Family Test (incorporated in the Sussex Experience Survey for service users and carers)

Statements of assurance from the Board

Note the paragraph numbering in this section is the same as NHS Improvement's guidance.

1. During 2018/19 Sussex Partnership provided and/or sub-contracted 235 relevant health services.

   1.1 Sussex Partnership has reviewed all the data available to them on the quality of care in 235 of these relevant health services.

   1.2 The income generated by the relevant health services reviewed in 2018/19 represents 100% of the total income generated from the provision of relevant health services by the Sussex Partnership for 2018/19.

2. Clinical Audit
   During 2018/19 11 national clinical audits, one 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 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 was eligible to participate during 2018/19 are as follows:

   - National Audit of Care at the End of Life (NACEL) - Part of National Clinical Audit & Patient Outcomes Programme (NCAPOP) commissioned by Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England
   - Learning Disability Mortality Review Programme (LeDeR) - Part of NCAPOP commissioned by HQIP on behalf of NHS England
   - National Health Service Improvement (NHSI), Learning Disability Improvement standards National data collection
   - Mental Health Clinical Outcome Review Programme - National Confidential Inquiry Suicide & Safety in Mental Health – Part of National Confidential Enquiry into Patient Outcome and Death (NCEPOD) commissioned by HQIP on behalf of NHS England
   - National Clinical Audit of Psychosis – Part of NCAPOP commissioned by the HQIP on behalf on NHS England. Phase 2 2018-19 Early Intervention in Psychosis spotlight audit
   - National Clinical Audit of Anxiety and Depression - Part of NCAPOP commissioned by HQIP on behalf on NHS England. Phase one and two – Core audit and spotlight on psychological therapies audit.
   - National Physical Health (CQUIN) audits 3a &3b – commissioned by the Royal College of Psychiatrists on behalf of NHS England
   - Assessment of side effects of depot and LA antipsychotic - Prescribing Observatory for Mental Health (POMH-UK) Subscription based programme provided by Royal College of Psychiatrists' Centre for Quality Improvement (CCQI)
   - Rapid Tranquillisation – for POMH-UK
   - Monitoring of patients prescribed lithium – for POMH-UK
   - Prescribing Clozapine – for POMH-UK
   - Early Intervention in Psychosis Annual Regional Matrix audit

- Specialist Community Perinatal Mental Health Teams national data collection/self-assessment. On behalf of NHS England, the Royal College of Psychiatrists' and the National Collaborating Centre for Mental Health (NCCMH)

2.3 The national clinical audits and national confidential enquiries that Sussex Partnership participated in during 2018/19 are as follows:

- National Audit of Care at the End of Life (NACEL) - Part of National Clinical Audit & Patient Outcomes Programme (NCAPOP) commissioned by Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England
- Learning Disability Mortality Review Programme (LeDeR) - Part of NCAPOP commissioned by HQIP on behalf of NHS England
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- Mental Health Clinical Outcome Review Programme - National Confidential Inquiry Suicide & Safety in Mental Health – Part of National Confidential Enquiry into Patient Outcome and Death (NCEPOD) commissioned by HQIP on behalf of NHS England
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- Rapid Tranquillisation – for POMH-UK
- Monitoring of patients prescribed lithium – for POMH-UK
- Prescribing Clozapine – for POMH-UK
- Early Intervention in Psychosis Annual Regional Matrix audit
- Specialist Community Perinatal mental health teams national data collection/ self-assessment. On behalf of NHS England, the Royal College of Psychiatrists'- the National Collaborating Centre for Mental Health (NCCMH)

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

Audit title	Participation	% of cases submitted
National Audit of Care at the End of Life (NACEL)	Yes	Organisational audit and three teams
Learning Disability Mortality Review Programme (LeDeR)	Yes	NA
National Health Service Improvement (NHSI), Learning Disability Improvement standards National data collection	Yes	100

Mental Health Clinical Outcome Review Programme - National Confidential Inquiry Suicide & Safety in Mental Health	Yes	100
National Clinical Audit of Psychosis	Yes	100
National Clinical Audit of Anxiety and Depression Phase one and two – Core audit and spotlight on psychological therapies audit	Yes	100
National Physical Health (CQUIN) audits	Yes	100
Assessment of side effects of depot and LA antipsychotic POMH-UK	Yes	100
Rapid Tranquillisation - Prescribing Observatory for Mental Health POMH-UK	Yes	100
Monitoring of patients prescribed lithium POMH-UK	Yes	100
Prescribing Clozapine POMH-UK	Yes	100
Early Intervention in Psychosis Annual Regional Matrix audit	Yes	100
Specialist Community Perinatal mental health teams national data collection/self-assessment	Yes	100

2.5 The reports of five national clinical audits and one confidential Inquiry were reviewed by the provider in 2018/19 and Sussex Partnership intends to take the following actions to improve the quality of healthcare provided (note – these are the national clinical audits that reported in 2018/19, Sussex Partnership participated in data collection in the preceding year 2017/2018):

2.6

2.6.1 Early Intervention in Psychosis Self-Assessment Audit – EIP Network
Following the 2017/18 audit, the service has continued to support the six workstreams which were set up to focus on aspects of the access waiting time target. The particular areas of focus for continuing action are in relation to physical health and outcome measures. We have recently completed a six month project supporting the collection of QPR and DIALOG outcome measures; we have been trying to embed them into practice and at key points in the pathway to enable them to be meaningful. We have achieved progress with single measures and are working hard to achieve paired scoring. We are optimistic the results from the 2018 audit will support us to monitor improvement and areas for continuing action.

2.6.2 Mental Health Clinical Outcome Review Programme - Suicide, Homicide & Sudden Unexplained Death (NCISH)
Over the past year, a number of workshops focusing on learning from incidents and serious incidents (SI's) have been facilitated with the content being: learning from Safeguarding Children and Adults Serious Case Reviews, Learning from SI's with a particular focus on risk and involving carers in care and 'Learning from Deaths'. In addition, we have produced a number of 'Patient Safety Matters' bulletins which have shared learning from the Trust's serious incidents and referenced national evidence and local data.

One significant development within this reporting year is the appointment of a clinical lead for risk assessment and risk management training. The aim has been to deliver

face-to-face training and since appointment in September 2018, the lead clinician has delivered training to more than 350 staff. The Trust held Learning from Serious Incidents Conference in September 2018 which over 300 staff attended.

In relation to suicide specifically we have adopted a Towards Zero Suicides Approach as outlined in the priorities for 2019/20 section above.

2.6.3 National Audit of Psychosis (NCAP)
We have expanded our physical health support worker roles to ensure more people with serious mental illnesses (SMI) are offered physical health checks and that we are able to outreach to harder to engage service users in order to link people in with community resources. In the past year 87% of inpatients and 73% of people in the community on CPA have had physical health checks equating to approximately 2,000 service users.

We continue to deliver face-to-face training regarding physical health in SMI and have developed electronic training packages so all staff can understand the importance of encouraging service users to improve their physical health and wellbeing. We have continued to deliver a joint education day with Brighton and Sussex Medical School for medical staff.

We continue to work with our CCGs and STP to better join up our physical health pathways as they develop their Locally Commissioned Services for Primary Care and are working to improve interconnectivity of IT systems across the health partners in the STP.

Within our own IT system we have developed additional reporting to identify where individual components of the Lester Tool or interventions may have been omitted in order to maximise patient outcomes.

We continue to train staff in Quality Improvement (QI) methodology and there are a number of different QI projects in local services to improve access to physical health interventions, reduce barriers to accessing psychological therapies and to reduce antipsychotic polypharmacy.

2.6.4 NHSI Learning Disability Improvement Standards Project
The NHSI – Learning Disability Improvement Standards review is a national data collection, commissioned by NHS Improvement (NHSI) and run by the NHS Benchmarking Network (NHSBN). The data collection has been designed to fully understand the extent of Trust compliance with the recently published NHSI Learning Disability Improvement Standards and identify improvement opportunities.

The review consisted of three elements: an organisational level data collection, completed from the perspective of a nominated Executive Learning Disability lead, which will collate data on policies, activity, the impact of the care delivered, service quality and outcomes; a staff survey, completed from the staff perspective, this will be used to survey the workforce, training and skills available; and a service user survey, completed from the patient perspective, this will be used to survey the quality of care received by people with learning disabilities, and overall patient experience.

The results provided useful information about where the Trust was working well to meet the standards and areas for improvement. For example, the service user survey demonstrated that the majority of people felt they were treated with respect but information about how to make a complaint was poor. 70% were happy with the care they received. Overall, the Trust benchmarked very well with the national average.

The LD CAG along with the recently developed Transforming Care Steering Group will take forward the quality improvement programme and discuss rollout across other services such as adult acute and community services.

2.6.5 Prescribing Valproate for Bipolar Disorder (POMH)

POMH audit results showed that women of child bearing potential, defined as females less than 50 years old, were less likely to be prescribed valproate within the Trust (9%) in comparison with Trust baseline audit (approximately 20% in the 2016 audit) and the national sample (23%). Despite the low rates of prescribing within the Trust, the level of baseline and long term monitoring for all patients prescribed valproate was low in comparison with the national sample.

Following the last POMH-UK audit, the Medicines Health & Regulatory Authority have required all patients prescribed sodium valproate to be enrolled on the national pregnancy prevention programme. All Trust prescribers have been informed of the requirements for prescribing valproate in women of child bearing potential. Pharmacy teams routinely challenge valproate prescribing in women of child bearing potential in an inpatient setting and where treatment is deemed appropriate, that the requirements of the pregnancy prevention programme are undertaken before patients are discharged to primary care. The Trust pharmacy team continue to work with local CCG medicines management teams and GPs to ensure patients prescribed valproate are identified and referred to specialist services to annual review as stipulated within the pregnancy prevention programme. The Trust's Chief Pharmacist has been working with other Chief Pharmacists nationally to challenge current guidance from MHRA and practicalities for delivering across primary and secondary care.

Prescribing of valproate in women of child bearing potential will be flagged as a medicines management risk and monitored in future Trust Quality and Safety Reviews and the planned medicines management governance report.

2.6.6 The Use of Clozapine (POMH)

POMH audit results showed that patients initiated on clozapine routinely received pre-treatment discussions about clozapine, including potential side-effects and that baseline physical health monitoring was routinely measured and recorded. Despite the positive initial management, annual review and physical health monitoring for all patients prescribed clozapine was below the national sample data. This varied across the Trust and individual teams. The Trust also has low uptake of plasma clozapine levels compared with the national sample, however the current position of the Trust is that these are only requested for a specific clinical reason (e.g. compliance or concerns around toxicity) rather than routinely measured, as current outlined in The Maudsley Prescribing Guidelines.

The Trust moved clozapine suppliers in 2018 to increase the number of near patient testing machines which will improve access to monitoring and review for patients in community teams. The current Trust clozapine and near patient testing guidelines are being updated to raise requirements around annual patient review and side-effect monitoring. A proposal paper is being drafted for CDS groups to explore options around pharmacy led clozapine clinics for long standing patients. The Lead Pharmacist for Early Intervention Services is currently undertaking a research project on the use of clozapine and which patients are more likely to benefit from treatment.

2.6.7 Rapid Tranquillisation (POMH)
POMH audit results showed that debrief following administration of rapid tranquillisation (RT) was improved against the baseline POMH audit for adult acute inpatient services. Data for forensic healthcare services was not captured. However, care planning in relation to RT can be improved for patients prescribed RT and within a week following administration of RT. The Trust also had high rates of administering haloperidol without a baseline ECG. Physical health monitoring and recording one-hour post-RT administration was low across the Trust and at a similar level to the Trust POMH baseline data. These findings echo results from local medicines management audits across inpatient services.

The Trust Rapid Tranquillisation Policy has been updated following changes to national guidance and to reflect areas identified through local medicines management audits and previous CQC inspection feedback. The Trust medicines prescription and administration chart has been updated to reflect the changes. Trust RT e-learning has been updated and has been running from April 2019. An inpatient RT audit is planned for May 2019 against the latest Trust policy. This will include physical health monitoring and post-RT debrief requirements. Pharmacy are currently undertaking an audit for patients prescribed haloperidol and baseline ECG being undertaken and documented.

2.7   The reports of 20 local clinical audits were reviewed by the provider in 2018/19. 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 are:

2.8

2.8.1   Re-audit on the use of GASS (Glasgow Antipsychotic Side Effects Scale) as part of depot antipsychotic side effects monitoring within Worthing Assertive Outreach Team (AOT) services.
An initial audit was carried out in April 2018 which found that use of the GASS scale for people prescribed a depot was not used effectively. Improvement actions took place over 6 months. Clinicians reviewed the Trust guidelines for monitoring side effects of antipsychotics based on National Institute for Care Excellence (NICE) guidance and improved the application of the tool and documentation. In collaboration with the pharmacy team the clinicians made adaptations to the dates for monitoring on the community depot card.

A re-audit took place in November with improvements made in all standards. 100% of patients on a depot had a GASS done within 6 months with 6 monthly frequencies

maintained and this was recorded on the patient record. 85% were reviewed by a medic, an improvement of 79%. A further area for improvement is to complete a GASS at initiation of a depot. This had improved from 13% to 27% in the re-audit. The audit demonstrates that patients prescribed a depot are now receiving high quality monitoring and support of any side effects they may experience.

Clinical audit to determine the extent to which clinicians from Cavendish West are implementing the Trust Did Not Attend (DNA) Policy - In response to DNAs, the majority of clinicians from Cavendish West are attempting to contact the patient and are documenting their efforts in the patients' electronic case notes. However, in relatively few cases (16%) are clinicians documenting the level of risk and their rationale for the risk rating they have given? Furthermore clinicians tend not to discuss with the MDT DNAs related to patients who are subject to section 117 aftercare or who persistently fail to attend appointments

The results were fed back to the MDT via email and during a team meeting and clinicians were encouraged to identify potential barriers to implementing the Trust's DNA Policy and how to overcome them. The suggestions included the making of a checklist and the writing of a 'gold standard' case note entry following a DNA to help staff adhere to the DNA policy.

2.8.2 Memory Assessment Service MCI audit - Cognitive impairment is a strong predictor of functional ability and the need for care in older people. Mild cognitive impairment (MCI) is diagnosed by the presence of impairment in one or more cognitive domains without fulfilling the diagnostic criteria for dementia. Nearly, 16% of older people experience MCI without progression to dementia, and the condition is more frequent in older men than women.

The annual conversion rate from MCI to Alzheimer's Disease or non-specific dementia ranges between 12% and 15%, compared with 1-2% in healthy adults. There is substantial cross-sectional and longitudinal evidence suggesting that older people with MCI are at risk of experiencing reduced functional ability.

We can reassure patients and carers that as per our findings more than two thirds of people with MCI remain as MCI and live normal life without compromising their ability to look after themselves in the community.

The audit findings will help clinicians to understand more about the nature of MCI and its prognosis. It will help service provider to make effective and timely follow up to monitor people with MCI diagnosis. It will also help service user and carers to plan care at an early stage if dementia was diagnosed in subsequent review. If we can implement follow up plan to monitor them as per the findings, it will help service user and carers to avoid unnecessary interventions and potential psychological distress.

2.8.3 A Re-Audit against AMRC OP100 Report on Physical Health Assessments for Patients on an Inpatient Psychiatric Ward
There has been a marked improvement in the re-audit to all parameters of the criteria set out by the AMRC OP100. All patients had undergone an initial physical assessment upon admission with full documentation of their physical health, systems review and physical examination. All patients who had given their consent had received a

subsequent physical assessment.

Doctors have been able to develop greater rapport with the patients, allowing for greater communication. This has led to an improved knowledge of the patient's physical and mental health resulting in an overall greater quality of care. Less time has been spent in the ward review discussing non-urgent physical health complaints as the patients can self-refer to the weekly physical health clinic, thereby greater focus on each patient's mental health during these ward reviews.

Blood test monitoring compliance is now 100%, with the exception of prolactin at 94%, a marked improvement from Prolactin compliance of 29% in the baseline audit. Drug monitoring requirements (such as interval Prolactin levels) are also being recorded as part of the physical health clinic and this has improved both awareness and documentation by clinicians. There has been a significant improvement to compliance of bone profile, HbA1c and lipid profiles. All blood test abnormalities are being documented and subsequent management plans are being both documented and actioned.

Weight, BMI, smoking status and alcohol consumption are being documented for all patients. This is undertaken initially by the nursing staff on admission and again by doctors in the physical health clinic and now being accurately recorded in medical entries. Lifestyle advice and smoking cessation has been provided and documented in their notes to applicable patients.

Oral health was screened in the majority of patients (82%), in comparison to none in the baseline audit. This has highlighted dental issues in several patients and identified an area for potential service development. Cardiovascular risk has been assessed in 100% of patients, in comparison to none in the baseline audit. All patients have had their QRISK considered, with some patients being excluded based on criteria.

Risk of infectious diseases has been identified in 94% of patients, a marked increase from 18% in the baseline audit. Patients with a known diagnosis of HIV or hepatitis are now being screened for other infectious diseases.

Diagnoses and management plans from the Physical Health Clinic are being fully documented in Carenotes by the medical team. Medical equipment recommended by the AMRC report which was missing or faulty in the baseline audit have been discussed with the ward management team.

3. The number of patients receiving relevant health services provided or sub-contracted by Sussex Partnership NHS Foundation Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 1,630.

A further 2,135 participants were recruited to studies, and were staff, students or carers.

4. A proportion of Sussex Partnership income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Sussex Partnership 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 2018/19 (and for the following 12-month period) are available electronically at https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

Since 16/17 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.

The monetary total for income in 2018/19 conditional upon achieving quality improvement and innovation goals is £2,953,523. 1% of funding dependent on achieving financial control totals and engagement with the STP process; amounts to £1,969,015; with a total available income being £4,922,538. 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 2017/18 Sussex Partnership had a total monetary income from achieving quality improvement and innovation goals of £5,099,816 Totals show a small reduction in overall monies available since 2017/18 due to a change in commissioned services.

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

    The Care Quality Commission has not taken enforcement action against Sussex Partnership NHS Foundation Trust during 2018/19.

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

7. Sussex Partnership has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2018/19:

    Thematic review of the use of restraint, prolonged seclusion and segregation for people with mental health problems, learning disabilities and/or autism.

    As the thematic review has not yet been published Sussex Partnership NHS Foundation Trust is not yet in a position to take action to address the conclusions or requirements reported by the CQC.

    The CQC participated in Her Majesty's Inspector of Prisons inspection of Lewes Prison. Whilst some areas of good practice were found including recognition of the provision of good quality care for some of the most seriously ill patients in the inpatient unit and prisoners could access emergency care promptly.

    As a result of areas for ongoing improvement identified during the inspection the Trust has taken steps to address the following breaches:

    - Breach of Regulation 17 – Good Governance:

Governance systems and processes did not sufficiently assess, monitor and drive improvement in the quality and safety of the services provided

- Breach of Regulation 18 – Staffing:

  Staff access to supervision required improvement

- Breach of Regulation 19 – Person-Centred Care:

  The management of long term health conditions did not ensure that patients received person-centred care based on an assessment of their needs and preferences

A comprehensive improvement plan was co-produced by the operational and clinical leads together with staff, the prison and NHS England. The plan has been progressing and it is reviewed each week. The plan is shared with the Trust's Executive team, commissioners of the service and senior prison staff. NHS England's Senior Clinical Lead, Health and Justice South, has supported the improvement programme, providing external scrutiny through two reviews.

8. Sussex Partnership submitted records during 2018/19 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:
  - 99.18% for admitted patient care
  - 100% 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 Information Governance Assessment (Data Protection Security Toolkit) met all 40 mandatory assertions. Where assertions required further evidence, a data security improvement plan has been developed and is being led by the Trust's Chief Digital and Information Officer.

10. Sussex Partnership was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

11. Sussex Partnership will be taking the following actions to improve data quality: we have developed a Delivery Plan (2019/20) for the Clinical Intelligence, Pathways and Outcomes (CIPO) workstream of our Clinical Strategy. The ambition of the project is to enable the Trust to become an organisation that provides outstanding care and treatment by ensuring that data informs and guides all of the decision-making processes about how best to deliver and improve our services. The overall project approach is represented in the diagram below.
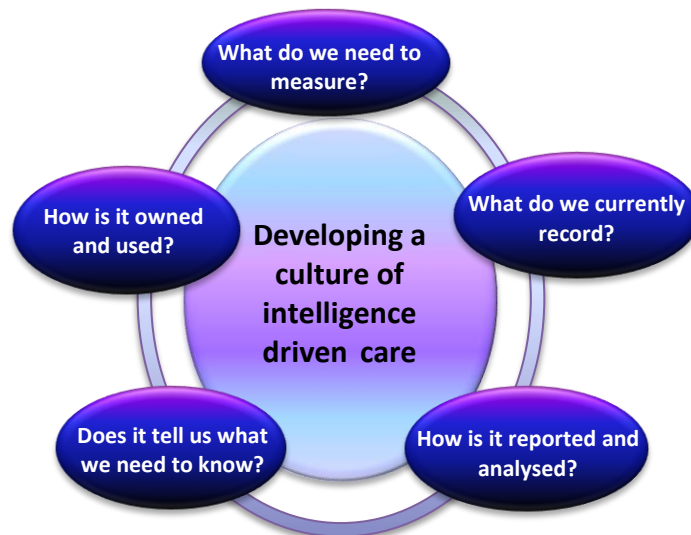
A data quality audit was carried out in 2018 which showed concerns about the quality of data in some areas of the Trust. A data quality review group is being convened as a sub-group of the Information Governance and Security Assurance Group which will have a mandate to carry out data quality audits, identify/develop good data quality practice and identify areas where corrective actions are required. This workstream will include governance of initial actions, including the diary appointment form review and data validation as well as national CQUINS in 2019/20 for the data quality maturity index and the implementation of SNOMED intervention codes.

Learning from Deaths

27.1 During 2018/19 1,340 of Sussex Partnership NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 342 in the first quarter
- 299 in the second quarter
- 313 in the third quarter
- 386 in the fourth quarte

27.2 By the 4 April 2019, 1,340 case record reviews and 99 investigations have been carried out in relation to the 1,340 of the deaths included in 27.1.

In 99 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:

- 20 in the first quarter
- 17 in the second quarter
- 22 in the third quarter
- 41 in the fourth quarter

Case record review involves screening by the originating team and Governance team to identify cases requiring an investigation or further review as outlined in point 27.1 and

important to note this figure excludes all unexpected deaths which were graded as requiring a serious incident investigation as defined by the SI Framework (2015).

27.3 The Learning from Deaths Guidance published in March 2017 and the subsequent 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 for their use and be proportionate in the number of reviews they would undertake.

After seeking national guidance in regards to the expectations of mental health Trusts, Sussex Partnership developed and implemented their unexpected natural cause's deaths of people with a serious mental illness (SMI) mortality review criteria and this was implemented in October 2017. In addition, all people who die with a learning disability, their care receive a mortality review with the review tool based on the LeDeR programme.

The Royal College of Psychiatrists were due to publish their guidance for Mental Health Trusts in March 2018. This was delayed until November 2018 with training provided in February 2019.   Through the training, it was explained that the avoidability score is not something the Royal College of Psychiatrists tool is designed to deliver, in part because people with a SMI frequently receive care from multiple providers. As a consequence, this Quality Account does not include data on deaths during this reporting period judged more likely than not to have been due to problems in care provided to the patient.

27.4 To date 99 Mortality Reviews have been completed and our early learning themes are as follows:

To date the learning from Mental Health Reviews (N= 64) is:

- The need to ensure annual health checks are completed for people with serious mental illness which includes NICE recommended bloods tests of blood sugars, cholesterol, weight, height, BMI and Q risk. This is to ensure risk markers for metabolic syndrome are screened and actions are taken if identified
- There is need to identify the lead for the completion of annual physical health check, namely primary care or mental health Trust
- Communication of care between mental health and acute hospital Trusts needs to be improved

The positive practice identified through the Mortality Reviews is as follows:

- Communication and joint working with service providers for people with complex needs.
- Evidence of person centred care
- Comprehensive care planning
- Family and carer involvement

To date the learning from Learning Disability Reviews (N=35) is:

- The need to improve record-keeping
- The need to improve the co-ordination of care for people with complex health needs

- The need for primary care and Sussex Partnership working together

Areas of positive practice for the Learning Disability Reviews has been identified as follows:

- Strong evidence of person-centred care
- Strong evidence of holistic care, especially for people with complex physical health needs
- Positive involvement of family and carers in care

27.5 Sussex Partnership has undertaken the following actions and proposes to take following the reporting period of 2018/19 as a consequence of our learning:

- We have introduced a 'Clinical Message of the Month' which focuses on our learning from mortality reviews. These are easy to read – one page of A4 guidance for staff and have included topics such as sepsis, constipation, clozaril and tissue viability. These are shared with clinical teams
- Patient Safety Matters which is a staff bulletin on learning from incidents has included learning from mortality reviews
- Learning Events have occurred across the Trust with learning from mortality reviews shared with teams
- E-Learning training programme has been implemented which captures the key areas of physical health monitoring.
- Monitoring is in place through physical health CQUIN to ensure all people in receipt of CPA level of care who have a diagnosis of psychosis receive an annual physical health check
- We have developed a robust assurance and scrutiny process of initial screening (case record) review of all deaths reported via Ulysses; for mental health a criteria based on the Royal College of Psychiatrists guidance to ensure we are proportionate in the people who we complete review on
- All people with a learning disability who die and are in receipt of care from the Trust, their care is reviewed using the LeDeR mortality review tool
- We have introduced a two tier morality review process for mental health which includes a Preliminary Mortality Review and if concerns are identified then this progresses to a Comprehensive Mortality Review
- A two stage sign off process is in place for Comprehensive (MH) reviews and all Learning Disability Reviews
- The Mortality Scrutiny Group is well established and includes four lead nurses, three consultant psychiatrists with differing specialities, the safeguarding lead and clinical director. The group meet each month and review all comprehensive reviews
- For learning disability the team have used the learning to review the care pathway for people experiencing chronic pain, the complex care pathway for respiratory care and finally care of people with constipation
- Each Mortality Review is shared with the team which identifies both learning and areas of positive practice
- The Carenotes clinical records system now contains a Q risk assessment
- For Comprehensive Mortality Reviews, the family are approached to be involved

Actions we are going to take in the year 2019/20:

- Consider completing thematic reviews based on a defined population with the Mortality Review template specifically designed for the population. This will enable greater learning
- Sussex Partnership has requested the CCG to confirm how many annual health checks are completed by GPs (national target is 60%) and if it is below this percentage, then work can be undertaken to improve this percentage
- Sussex Partnership will raise the issue of joint working with primary care and secondary care with the Sustainability and Transformational Plan Clinical Summit
- Innovative ways of sharing learning will continue to be developed

27.6   An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period has been difficult to quantify as the learning has been gradually developed and shared throughout the year. The awareness of physical health requirements appears to be improving amongst clinicians. The Clinical Message of the Month has received very positive feedback from clinicians.

27.7   33 mortality review investigations completed after April 2018 which related to deaths which took place before the start of the reporting period.

27.8   The Royal College of Psychiatrists published their guidance for mental health Trusts in November 2018 with training provided in February 2019.   Through the training, it was explained that the avoidability score is not something the Royal College of Psychiatrists tool is designed to deliver, in part because people with a SMI frequently receive care from multiple providers. As a consequence, this Quality Account does not include data on deaths during this reporting period judged more likely than not to have been due to problems in care provided to the patient.

27.9   The Royal College of Psychiatrists published their guidance for mental health Trusts in November 2018 with training provided in February 2019.   Through the training, it was explained that the avoidability score is not something the Royal College of Psychiatrists tool is designed to deliver, in part because people with a SMI frequently receive care from multiple providers. As a consequence, this Quality Account does not include data on deaths during this reporting period judged more likely than not to have been due to problems in care provided to the patient.

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 2018/19 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 (CPA) 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%
SPFT 2018/19[a]	**2,881**	**2,737**	**95.0%**
National Average 2017/18 [a]	67,419	64,518	95.7%
Highest Performing Trust 2017/18	350	350	100.0%
Lowest Performing Trust 2017/18	1,438	1,191	82.8%

[a] Numbers are total for 57 Trusts: one Trust has been excluded as having under 100 discharges

Sussex Partnership considers that this data is as described for the following reasons:

- Themes for breaches are communication of discharge between wards and community teams, patients remanded in custody, patients of no fixed abode and patients who are discharged and then travel overseas

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

- Each breach is reviewed by CDSs who have local improvement plans in place that are reviewed in CDS forums
- Seven day follow ups are an important measure to reduce the risk of suicide and is therefore a measure for the suicide prevention quality priority outlined above

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

	Admissions	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%
SPFT 2018/19	**2,047**	**2,036**	**99.5%**
National Average 2017/18[b]	65,150	63,927	98.1%
Highest Performing Trust 2017/18	2,298	2,298	100.0%
Lowest Performing Trust 2017/18	226	200	88.5%

[b] Total for 58 Trusts

Sussex Partnership 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

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

- Gatekeeping by Crisis Resolution Home Treatment Teams is a key mechanism for ensuring that crises and relapses can be managed in the least restrictive setting and we have a significant programme of work to improve urgent care as part of our Clinical Strategy

- Each CDS maintains robust processes

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 15	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%
SPFT 2018/19	**2**	**7.1%**

Readmissions aged 16 or over	Readmitted	% Readmitted
SPFT 2012/13	449	7.4%
SPFT 2013/14	375	6.3%
SPFT 2014/15	360	6.4%
SPFT 2015/16	363	6.7%
SPFT 2016/17	406	8.2%
SPFT 2017/18	310	6.7%
SPFT 2018/19	**350**	**7.7%**

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 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.

Sussex Partnership considers that this data is as described for the following reasons:

- Performance is reported regularly for CDSs to monitor
- Performance is reviewed quarterly with Commissioners and operational staff

Sussex Partnership 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. Readmission rates are a reflection of the quality of discharge planning and co-ordination of care in the community, these areas are being addressed as part of the delivery of our Clinical Strategy in the coming year
- The Trust has established a Patient Flow Group that is using a data driven approach to reviewing inpatient admissions and improving bed capacity. This information is used along with length of stay data to ensure we maintain quality in length of stay and informs decision making around reducing length of stay
- Focusing on community services supporting relapse prevention
- Readmissions information forms part of scope of the Analysis Group led by the Chief Clinical Information Officer
- We know from service user feedback that we could work with partner organisations more, for example feedback at a Working Together Group was "It would be good to have a list of people you can talk to when you leave hospital – that would be very useful". We have improved our joint working with third sectors in West Sussex through Pathfinder and are developing this in other areas as well

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 2018 was undertaken between February and June 2018 of people aged 18 and over who were receiving specialist care or treatment by the Trust between September and November 2017. 220 people responded to the survey giving a response rate of 27% (it was 24% in 2017) of those who were sent the survey.

	Health and social care workers	SPFT 2015	SPFT 2016	SPFT 2017	SPFT 2018	Lowest performing Trust	Highest performing Trust
S1	Section score out of 10		7.2	7.2	6.9	5.9	7.7
Q4	Were you given enough time to discuss your needs and treatment?	7.2	7.2	7.3	7.1	6.2	8.0
Q5	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	6.7	5.7	7.5

Note that last year Question 4 was numbered as 5 and Question 5 was numbered as 6. Last year' Question 4 "Did the person or people you saw listen carefully to you?" had been removed from the survey for 2018.

Sussex Partnership considers that this data is as described for the following reasons:

- Community teams continue to hold high caseloads, and this may have some impact on the experience of people who are receiving care

- Through discussion with the teams, it may be possible that care and information is offered in relation to a particular area, but if the language used to discuss and plan this care is different to the language which asks about the experience of this domain in the community survey, people may respond in a negative way. For example, if someone has a care plan around recovery and developing skills to go back to work, they are working on their employment and wellbeing, but may not relate this to a question that asks them directly around if they are receiving employment support

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

- The results of this survey have been shared with leadership teams in our community services and followed up with discussions about what may have contributed to these results. Community services have identified specific actions relating to their areas to improve
- We are currently reviewing how we can make all of our experience data as meaningful and useful as it can possibly be, to ensure that we are getting accurate information around the experience of people who use our services as well as their families, friends and carers, and ensure that services can learn from and act upon this information quickly and responsively
- Our Clinical Strategy clearly identifies that supporting teams to learn, improve and grow is a trust priority and work in this area will aim to ensure that our teams are properly resourced to meet demand

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 2017 – March 2019

Actual Impact	2017/2018	2018/2019
1 – No Harm (No Injury – Insignificant)	3441	3599
2 – Low Harm (Minor Injury – Not Permanent)	1314	1590
3 – Moderate Harm (Significant Injury – Not Perm)	61	68
4 – Severe Harm (Significant Injury – Permanent)	5	18
5 – Death (Directly Attributable To The PSI)	91	95
6 – Near Miss Prevented Incident	0	0
Blank (awaiting grading)	0	22
Total	**4912**	**5392**

Please note, the 2018/2019 data includes forms that have yet to be validated and subject to re-categorisation and therefore may be amended this also includes the data on deaths. Also figures could potentially change due to reports being received after publication of these results.

Please note, that the 2017/18 figures show a slight variation compared to the published figures in the last quality account due to the National Reporting and Learning System (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 awaiting 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 1 April 2018 to 31 March 2019 a total of 5,392 patient safety incidents were reported compared to 4,912 the previous year. During this period a total of 95 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 and those whom it is suspected have taken their own lives. In the previous year a total of 91 deaths were reported. As a percentage of total incidents reported to the NRLS this currently equates to 1.8% for the period April 2018 to March 2019 compared to 1.9% for the April 2017 to March 2018 period.

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

National Reporting Learning Service data - 1 April 2018 to 30 September 2018
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 2018/19. 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 percentage 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	3381	2669	4634	1747
Rate of incidents per 1,000 bed days	55.4	26.0	114.3	24.9

	National Average	SPFT	Highest Performing Trust	Lowest Performing Trust
Number of severe harm incidents occurring	11	7	0	60
Severe harm incidents as a % of total incidents	0.3	0.3	0	2.1

	National Average	SPFT	Highest Performing Trust	Lowest Performing Trust
Number of Death incidents occurring	25.7	54	0	48
Deaths as a % of total incidents	0.8	2.0	0	2.3

Sussex Partnership 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 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 that the Trust's clinical standards are up to date and evidence-based
- Ensuring reporters receive feedback on incidents to encourage a reporting culture
- Enabling service managers to produce their own incident reports with access to incident data
- Reviewing data at various forums and committees including the Quality Committee

During 2018/19 the following developments were made with regards to incident reporting:
- The interactive incident dashboard is being used widely by teams to identify incident themes and trends and to identify learning and improve patient care
- Developed a questionnaire on the manager's form for incidents to determine the effect on the patient following an incident
- Using the incident database to develop 'Excellence reporting' to help learn from when things have gone well
- Discussing incident reporting at the market stalls for new staff at the newly formed Trust induction
- Improvement on notifying doctors to access incident information for any incidents they have been involved in
- Improved reporting on sexual safety incidents to be included in quarterly quality report to improve learning in this area
- Automatic links have been created to policies for staff to refer to based on the cause group of the incident being reported
- Added a new cause group for Breach of Mental Health Capacity Act incidents to improve reporting in this area
- The incident grading matrix has been added as a help document on the incident form

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. Despite this we have continued to see a steady growth in incident reporting over the last year which is reflected in our quarterly quality report.

We actively monitor incident data through various forums and committees. During 2018/19 we have developed a work plan through the safety committee to look at trends and patterns of incidents for no and low harm outcome by cause group. The intention of this is to help inform if any further action can be taken to determine areas for further improvement. This work will continue during the next financial year.

One of the outcomes of such monitoring was to examine self-harm incident data for ligature incidents that were primarily without an anchor point as this was an area showing a rising trend. As part of the actions we held a collaborative event with other NHS Trusts to examine this in further detail and identify any steps that could be made to improve safety. As part of the learning from this event we held a Trust nurses' forum to discuss ligature incidents and patient pathways into service. This will be on-going work into 2019/20 as part of our continued 2020 Vision to provide safe, effective quality patient care.

We have continued to hold 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 (staff intranet) and email communications to line managers.

Family liaison continued in 2018/19 to work with bereaved families during the process of investigating the death of their family members. There are three dedicated family liaison leads, with a further 13 staff trained to provide family liaison services. The family liaison leads are part of the serious incident team and provided root cause analysis training to senior staff who carried out reviews, which were based on a strong ethos of enabling strong engagement with families and carers. This included, as part of the serious incident reports, details of family meetings and the views of the family, as well as ensuring that duty of candour requirements had been met.

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:

- *Review the Community Care Plan currently in use on Carenotes to make the plan more recovery orientated, and focus on the strengths, likes and hopes of the patient. 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. We planned to implement a draft in May 2018 for testing and run bespoke care plan training from July 2018 onwards.*
  There has been slippage on this primarily because of changes in lead for care plans over the past year and the Chief Nurse is now lead for care planning. The care plan tool update on Carenotes now aims to be completed by July 2019

- *Ensure that 95% of care plans are person-centred (as measured by the Trust's Care Planning Audit)*
  A sample of 130 inpatients' care plans were audited from 27 wards. The audit measured the standard of "Understanding values/treatment preferences and setting goals: The Personal Support Planning Assessment is person-centred, incorporating the patients views and understanding of their problems". 97% of inpatient care plans met this standard

- The care plans for 105 patients in the community and 5 patients who were inpatients were audited from Children and Young People's Services. 59% of community care plans showed evidence of collaboration and 100% of inpatient care plans evidenced this

- Community care plans in adult services were not audited centrally in the past year whilst the development to the care planning template is taking place

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

- 76.8% of care plans for people on CPA were reviewed in the 12 months from the 1 of April 2018 to the 30 of March 2019. This amounted to 2,260 reviews

Progress on improving Care Planning in each CDS

- **Brighton & Hove**

The Assertive Outreach Team (AOT) have started regular monthly reviews to support our patients who are placed at White Pearl Residential Care in Worthing with one of the team workers and the consultant psychiatrist – this care home have taken on some of our more complex patients who also have issues with substance misuse. The staff have really appreciated the extra support and have given verbal feedback that they have found the team very supportive, responsive and flexible.

- **East Sussex**

A recent CQC Mental Health Act monitoring visit to Amberstone Rehabilitation Unit noted significant improvement since their last visit, care plans reflected diverse needs, included patients' own views, considered least restrictive options and carers' views were recorded. Hastings inpatient services have focused on the quality of care plans with a sustained emphasis on service user-focused, meaningful plans. We are focusing on developing joint care plans for community and crisis services in Eastbourne.

- **West Sussex**

The dementia wards' multi-disciplinary teams have developed their work on collaborative, person-centred care planning. During the CQC inspection in January 2019 one of the inspectors stated that the care plans are "exemplary, the best that I have ever seen". She commented that it was very evident that the team work really hard to get to know the patients well so that they can understand how best to help them; she noted that the records that she looked at had a "really rich patient history".

"What Makes a Good Care Plan" Events were held in North West Sussex in August 2018 with patients, carers and staff facilitated with Real Insight (Peer Led Service UK) developed outcomes that have contributed towards the Trust improvements to care planning.

In adult services in Adur, Arun and Worthing, we are ensuring patients on CPA have annual reviews and we are meeting Trust targets. Our team based performance data reports have helped to monitor and improve our performance. We have also implemented the new standard care plan format and we are supporting mental health liaison practitioners and psychiatrists to upload these to the system to ensure everyone has a care plan.

- **Children & Young People's Services**

We have co-produced a care plan format with young people and families that allows people to input to their own care plan and design a safety plan in a format and language that suits their needs. This has been evaluated and amended to include specifics around consent. Safety planning then matches the A-Z of Coping Strategies https://hampshirecamhs.nhs.uk/help-im-in-crisis which was co-produced with young people in Hampshire and is being rolled out across CAMHS services.

Next Year we will ensure the co-produced, family-friendly and clinically informed care and risk management plans are available online to support clinical practice and promote family ownership of care. We will also develop the transition element of care plans in partnership with individuals, families and partner services to support access to information and ongoing services – this includes online access to care and risk management plans.

- **Forensic Healthcare Services**

 'My Shared Pathway' continues to be utilised across the CDS for care planning this is a recovery based approach that was co-produced with services and specialist staff in forensic healthcare services. The CDS continues to work closely with patients through our working together groups led by our service user lead to ensure care planning is patient-centred and produced collaboratively.

- **Learning Disability and Neurobehavioural Services**

The CDS has continued to lead the way for the Trust on its use of accessible and easy read care and support plans which use photos, pictures, and which are tailored to the communication needs of the person. This includes CPA, crisis plans, physiotherapy programmes, behaviour support plans, communication passports, as well as many other areas to support people's wellbeing.

- **Lindridge Care Home Service**

We implemented a named nurse system in 2018 and revised the suite of documentation used in care. To support and enhance effective and holistic care planning work is underway to review the available software with the aim of implementing an electronic system by March 2020.

- **Primary Care and Wellbeing**

Care planning within Primary Care and Wellbeing Services is a truly client-centred, collaborative process. The quality of the collaborative care planning approach is evidenced by the feedback received from our post-treatment patient experience questionnaires where 89% of IAPT clients reported that they felt involved in making choices about their treatment and care at all times and 77% of patients felt that they were offered their preference in terms of treatment options. Health in Mind have further expanded the routine collation of more specific patient feedback relating to care and treatment planning by developing a primary care mental health practitioner patient experience questionnaire. We have also begun to implement a quality improvement project in relation to care planning for our clinical health psychology services.

Suicide Prevention

Last year, we said we would:

- *Focus on suicide prevention within our inpatient units*
  We have done considerable work with our Estates Departments to remove ligature risks on inpatient wards wherever possible and raise awareness of ligature risks with staff. Further work is planned for the coming year on supporting staff to work with patients at risk of suicide. In June 2019, we will be starting safety a new work programme around ten ways to improve safety and this will focus on incidences that involved 'non anchor points' ligatures

- *Publish of a 'Towards Zero Suicide' strategy co-produced with those with a lived experience*
  The strategy paper went to the STP MH Programme Expert Reference Working Group Meeting on 24 April and feedback was taken to revise the strategy. Version 2 will be completed in time for the next programme board on 3 July.
  STP wide funding for suicide prevention has been provisionally allocated and a programme manager will be appointed by public health in order to co-ordinate the projects and priorities

  Embed the "Stay Alive" smartphone app into clinical practice
  We have publicised the "Stay Alive" smartphone app with clinical staff and encouraged service users to use the app. We are planning further work in the coming year to integrate the application within clinical practice. As our new programme of work begins around the ten ways to improve safety we will be exploring options to change Carenotes to prompt clinicians to use the Stay Alive app

- *Continue to roll out of the 'See, Say it, Signpost It' zero suicide alliance training to all staff*
  The mandatory training (clinical and non-clinical packages) are now available on the Trust's online training platform, MyLearning. We also continue to deliver face to face suicide prevention training to Trust staff and staff across the wider STP. More than 200 people have been trained so far and the evaluation looks very positive, people are feeling more confident to support others around suicide. The evaluation will be posted on the suicide prevention web page. Specific training will be developed focusing on Lesbian, Gay, Bisexual and Transgender issues

- *Commit 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 patients 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.*
  The 3-day follow-up workstream is in its infancy with a detailed report to be submitted in July to the Towards Zero Suicide Programme board for sign off. This report will outline the necessary infrastructure needed by the trust in order to successfully and safely follow up all patients at risk of suicide post discharge, in a way that is in keeping with evidence based interventions and NCISH recommendations

- *Identify our baseline performance and implementing processes for 7-day follow up for under 18s*
  This work has been deferred until later in the coming year

- *Other work:*
  Ten Ways to Improve Safety - We will be starting work with each hospital site from May 2019. This work will include supporting all managers and clinical leaders to embed the Ten Ways to Improve Safety into systems and pathways. An ongoing piece of work around the baseline metrics for each part of the safety wheel is being undertaken. This data has to be extracted from many different reports and will be ready in July.

Web page - The Towards Zero Suicide web page has been launched in the last quarter. The web page will be updated on a quarterly basis.

Letter of Hope - Meetings have taken place with the Letter of Hope Team and an action plan for how to align this work within the STP. Charitable funding has been accessed to market the Letter of Hope in places that people could find support e.g. give to taxi drivers/bus drivers, hairdressers, barbers etc.

Loneliness – This has been identified as a contributing factor for suicide, particularly for men. This workstream has made progress in the last quarter. After a specific event designed for inpatient Occupational Therapist's (OT) on how they can support patients, a number of great ideas and actions have been initiated. Charitable funds will be used to buy equipment and materials for groups. A community OT day is being planned and will focus on the three key themes from the data relating to suicide: loneliness, relationship breakup and substance misuse.

Safer prescribing - This workstream will be looking at how we could help reduce suicides involving medication use. We will be collaborating as part of a workstream around safer prescribing (this falls under the personalised risk management section of the Ten Ways to

Improve Safety). We will be looking at SI's involving medication, TTO's, discharge notifications, own medication and role of community pharmacy. A pharmacists training day is also being planned.

- *Report on the percentage of inpatients followed up within 3 days of discharge from acute inpatient units*
  Of the 3,197 patients discharged from adult mental health inpatient services in 2018/19 1,906 were followed *up within 72 hours days (excluding the day of discharge). This was 60.7% of patients*

% Followed up within 72 hours	2016-17	2017-18	2018-19 *		
	% <72 Hours	% <72 Hours	Followed up	Discharged	% <72 Hours
Coastal West Sussex	55.9%	56.9%	407	760	53.6%
North West Sussex	56.4%	64.0%	253	438	57.8%
Brighton and Hove	57.4%	63.8%	302	524	57.6%
East Sussex	65.1%	74.5%	711	1,035	68.7%
TOTAL	**59.6%**	**65.8%**	**1,673**	**2,757**	**60.7%**

* Q4 2018-19 does not contain data for March 2019

In 2018/19 we said we would ensure that:

- *95% of patients discharged from hospital are seen within 7 days of discharge*
  In 2018/19 we met this target with 95% of patients seen within 7 days of discharge compared with 95.7% in the previous year. Further detail of our performance is outlined in section 2.3 above
- *95% of patients have a risk assessment*
  At the end of March 2019 there were 82.9% of patients who had a risk assessment amounting to 28,274 patients. This was compared with 81.2% last year and 76.3% in the previous year
- *90% of patients on CPA have a crisis plan*
  76.8% of patients had a crisis plan at the end of March 2019, this amounted to 2,260 patients. 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%

Please note, crisis plans are now mandatory on the new care plan; therefore the numbers are the same as for care plan reviews.

Progress on suicide prevention in each CDS
Each CDS lead will be supported by the programme team to refresh their suicide action plans in line with the Ten Ways to Improve Safety. This work will begin in May 2019.

- **Children & Young People's Services**
We have been proactively involved in local and Trust strategies in Hampshire and Sussex. Working in partnership we have developed the New Care Models for Sussex and drafted a business case for emergency and urgent care which has been part funded by the Sussex and East Surrey STP. We

worked in partnership with acute, community and social care providers in Hampshire to develop the self-harm management pathway.

We have also undertaken proactive work on seven day follow-ups beyond our targets to recognise and support families and individuals who leave hospital. We have also been actively reviewing learning with Early Intervention for Psychosis (EIP) Services to inform wider practice.

Over the next year we plan to continue to develop and embed models of practice to ensure access to emergency and urgent care alongside closer to home intervention. We also plan to work with education services and public health to promote positive emotional wellbeing, recognising the signs of mental health and delivering first line support.

- **Forensic Healthcare Services**

The CDS is an active contributor to the Trust Towards Zero Suicide Group. The CDS has developed its suicide prevention plans in order to align itself to the Towards Zero Suicide approach. The CDS is committed to a three day follow up in the community for patients discharged from services.

- **Learning Disability and Neurobehavioural Services**

The CDS has an action plan which includes how a range of easy read resources developed for people with a learning disability which can be used by adult mental health teams.

A clinical psychology trainee within the Trust is doing their doctoral thesis regarding higher rates of suicide in the autistic population and it is thought that the usual models of suicide prevention may need adapting. The project is researching how people talk to autistic people about suicide and will involve talking to those with experience of doing this including clinicians, carers and our third sector partners.

- **Primary Care and Wellbeing**

We have ensured a greater degree of assurance in relation to risk assessment practice across primary care mental health services embedding routine monthly reporting of risk assessment completion in the CDS quality assurance report. Health in Mind routinely evidences risk assessment completion rates of 98-99%.

Supporting the more bespoke risk assessment and management of a particularly vulnerable group of clients, Health in Mind have embedded a perinatal screening question in routine screening to ensure that women at risk during the perinatal/ post-partum period (particularly vulnerable to depression) are identified and offered appropriate treatment and support.

- **Brighton & Hove**

The CDS produces a Serious Incident (SI) Briefing which shares bitesize feedback on SI's from our area. We want to share learning points across Brighton and Hove and share examples of best practice. The briefings will be issued quarterly moving forward.

- **East Sussex**

We have been involved in the Letter of Hope Project and have drafted a template that will be going out to a designer to be produced. Suicide prevention – clinical risk training has been rolled out to all urgent and acute care staff in Eastbourne.

Colleagues have liaised with the Suicide Prevention Policy Group in the Netherlands, Public Health partners in the UK and regularly do presentations about suicide and prevention of suicide.

The CDS continue to be proactive to support suicide prevention through collaborative links with colleagues in public health supporting and contributing to the whole system prevention strategy for the county. The Deputy Director arranged, in collaboration with Park Run, several events across Sussex supported by staff to raise awareness for the Safe Campaign and suicide prevention promotion with further engagement planned across Sussex over the next six months.

- **West Sussex**

We continue to be a stakeholder as part of the overarching West Sussex County Council Public Health Suicide Prevention Strategy Group, and as a CDS we have an active network of prevention champions representing the range of services we provide. This year, the CDS has hosted two very successful Towards Zero Suicide Conferences. Both events were very well attended with between over 100 people attending each. This included a wide range of Trust staff but also really good engagement from our local third sector partners such as CGL, Public Health, South East Coast Ambulance Service, British Transport Police, Grass Roots, Richmond Fellowship and many more. The aims of these events were to increase awareness and understanding Towards Zero Strategy and to increase people's confidence to talk about suicide as well as to provide practical information to support suicide prevention and to provide opportunities for closer working and networking between agencies. Feedback from both events was overwhelmingly positive with people stating they would use what they have learnt in practice – "I feel empowered to make a difference".

We have also continued running two Recovery College Suicide Awareness Courses each term, one for people experiencing suicidal thoughts and feelings and the other for carers and people supporting those with suicidal thoughts and feelings. Feedback from the students has been very positive. We have been able to train up more local peer trainers and clinicians to increase our ability to deliver more of these courses in the future.

- **Lindridge Care Home Service**

The service provides care and support for people with complex physical health, Dementia and end of life care needs. Targeted actions for suicide prevention are not directly relevant but all staff are fully aware of this national and local initiative.

Physical Health

The Physical Healthcare Team has been operational since March 2017 and since this time it has worked alongside services identifying priorities and opportunities to support and embed physical healthcare within everyday practice. The physical healthcare team have a broad range of general nursing expertise including, diabetes management, wound care and care of the deteriorating patient. This year work commenced to align nurses to geographical areas and services to nurture the development of cohesive relationships with local teams and standardise approach.

The Physical Health Governance Group reviews progress against national directives such as the CQUIN scheme alongside service initiatives, developments, barriers and achievements relating to physical health. It considers best practice, national guidance and the practical application to mental health services at a local level. Membership of the Governance Group includes representatives from all Care Delivery Services and key colleagues from Training, Education,

Carenotes and Resuscitation leads. A primary focus for this forum is to facilitate the standardisation of systems and processes which support physical health interventions. It also ensures learning from patient safety incidents inform changes to practice. Plans are in place to expand this group membership to include clinical audit leads.

Last year, we said we would:
- *Communicate a clear vision for what good integrated care should look like* – we have held promotional events and local clinics as well as participated in STP engagement events
- *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* – no active work; our community team in East Brighton is working with the St Peter's GP practice and we have also been involved in a world café event organised by one of the Darzi Fellows
- *Expand our perinatal and liaison psychiatry services* – we have had a significant expansion of Perinatal Services, we have expanded to see 5% of the live birth rate across the Sussex and East Surrey STP. The Brighton and Hove Mental Health Liaison Team has also expanded over the past year to include more medical and nursing input including an old age psychiatrist
- *Expand our Improving Access to Psychological Therapies (IAPT) services to meet the needs of people with long term conditions and medically unexplained symptoms* – we have begun the development and delivery of evidence-based treatments for people with anxiety and/or depression along with a long term physical condition in East Sussex across four pathways: diabetes, chronic obstructive pulmonary disease, coronary heart disease, and musculoskeletal/ pain management
- *Introduce peer support workers (health buddies) to help people access community resources and improve wellbeing* – we have workers in place in Brighton and Hove and West Sussex; there are plans to develop this further with People Participation Team and establish a register of people willing to help
- *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* – performance against the CQUIN demonstrated that 76% of patients were offered this in the past year and further work is being done in Learning Disabilities Services as outlined below
- *Develop physical health clinics for people with severe and enduring mental health problems who find it difficult to access traditional primary care* – we have set up clinics and in keeping with new NHS England (NHSE) guidance we are working with the STP to develop effective pathways
- *Work with partners in primary care and paediatrics to ensure young people and families can access physical and emotional care alongside each other* – have received funding from the STP for New Care Models that will most likely support paediatric liaison. We have plans to develop better links in 2019 through Primary Care Networks
- *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* – This is done where clinically appropriate and needs based as assessed through information gathered from the child or young person and their families
- *Make sure that people with complex communication needs can access services and represent their needs clearly* – work has been undertaken in addressing diagnostic overshadowing issues in Learning Disabilities services and include this in physical healthcare training. We have also developed easy read guides for physical healthcare

- *Ensure that people are supported to fully access primary and secondary physical health services and to engage in activity to promote health and wellbeing* – the Trust has been involved in pan-Sussex health and wellbeing initiatives including cycling clubs and walking groups
- *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* we have been working towards establishing clinics and have held events in GP surgeries. We are also working with local CCGs to establish Locally Enhanced Services
- *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 we* have developed a suite of training and physical health competencies related to specific roles. The next steps are to map training to roles that will link with the handbook and provide governance for supporting practice
- *Additional resource has been agreed to increase the capacity of the Trust's physical healthcare team to provide enhanced support to frontline teams* this is now in place although we have not been able to align physical healthcare support with local services as intended. We are developing more work with community teams whereas previously this work had focused on inpatient services. The team have provided training on food and mood

In 2018/19 our aim was 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 levels

In 2018/19 we offered a physical health assessment and interventions to 74% of patients in the community and 84% of inpatients.

Training commenced in January 2018 based on the principles of the Lester Tool and has made a significant improvement to patient care. The graph below shows a 58.3% increase to 83.9% in physical wellbeing assessments for in-patients. This amounts to 360 out of 429 in patients who have had a physical health check.

Valid Physical Health Assessment
Inpatient Total
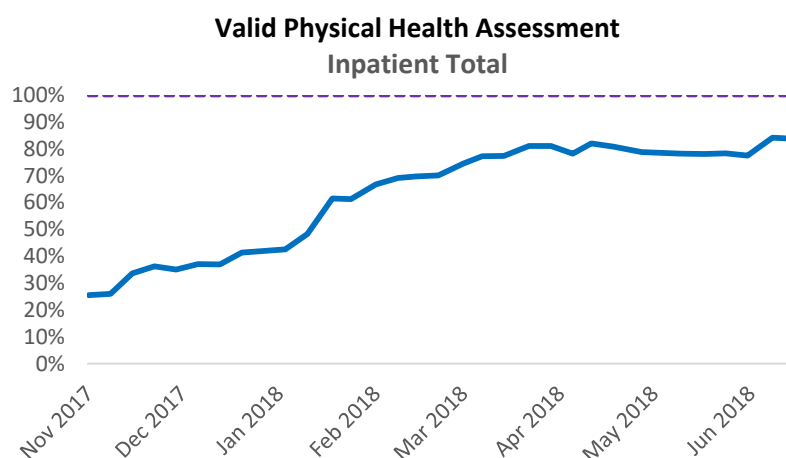
All staff have had physical health training relevant to their roles;
Training has been delivered face-to-face in team bases and is available as eLearning. The core training package has been further developed and now includes:

- Diabetes: 87 staff trained in diabetes and the basics of clinical management within inpatient settings. A master class runs quarterly
- Cardiovascular Disease (CVD): Online and face-to-face training
- The Deteriorating patient: NEWS, SBARD and sepsis awareness for inpatient units using case studies and "dummy" practice group work scenarios
- Diagnostic overshadowing: Multi-disciplinary training devised and delivered in conjunction with Trust doctors. This includes physical health screening when assessing mental health, understanding physical health presentations in the context of mental health, diagnostic tests and relevant blood results
- Falls awareness
- Wound management

Other training support offered includes:

- A suite of resources purchased as part of the Health Education Projects for simulation training are available with pictorial displays that have been incorporated into ongoing physical healthcare training. These are available for teams to borrow and have been used as part of team away days. They have also been utilised in a group for people with learning disabilities looking at physical health
- We have run training sessions around the inpatient sepsis pathway
- We have also run joint courses for doctors with Brighton and Sussex Medical School
- 270 staff have received face-to-face training and 252 staff have completed the online training in cardio vascular risk assessment to date. This training is available via MyLearning and is ongoing

- Monthly training programmes modified according to service needs has been developed as a direct result of the monthly pop up clinics and delivered on site to optimise attendance and reduce time spent on travelling
- A physical health day is now part of the preceptorship and Band 6 training programme
- All the above training has been adapted to meet the needs of people living with mental health illness

Progress on improving physical healthcare in each CDS

- **Forensic Healthcare Services**

The CDS has developed a Physical Health Steering Group to drive improvements in physical healthcare outcomes. A number of initiatives have been developed throughout the year focusing on improving the dietary habits of patients and increasing physical exercise. Local training for staff to develop more awareness regarding physical health care have also been facilitated. The CDS has been actively involved with the Trust-wide physical health care CQUIN and for 2019/20 we have a specific Physical Health CQUIN for Forensic Healthcare Services aimed at supporting patients to achieve a healthy weight. The CDS continues to develop primary care services and are negotiating contracts with local GPs to provide improved physical health care for their inpatient services.

- **Learning Disability and Neurobehavioural Services**

Approximately 50% of referrals in the CDS have a primary referral reason relating to working with people with complex health needs. This year we have established our complex health pathway which covers the key risk areas for people with a learning disability in terms of inequalities and premature death. The pathway includes: respiratory care, posture care, dysphagia (swallowing difficulties) and epilepsy. These pathways are closely linked with the learning from the LeDeR (Mortality Review Programme), and follow NICE guidance across a range of clinical areas.

- **Lindridge Care Home Service**

Ensuring staff have the knowledge, skills and competence to meet service user needs is an ongoing priority. The service works collaboratively with key stakeholders in specialist health and social care services. The area of focus for 2019 is full implementation of the New Early Warning Scoring system (NEWS) for all clinical staff.

- **Primary Care and Wellbeing**

We have had a number of exciting service developments during 2018-19 relating to the integration of physical and mental health services. We have continued to develop our pain management service in East Sussex expanding the group programme to now include a physiotherapy lead functional restoration programme with support from psychologists providing a unique evidence-based treatment that combines physiotherapy and psychologically informed interventions. The expansion of the IAPT Long Term Conditions programme continues in East Sussex with a range of pathways now developed between IAPT, community and acute physical health services e.g. diabetes, COPD, and CVD. We have also implemented an innovative new specialist clinical health psychology service provision in the Intensive Care Unit at Eastbourne Hospital which provides assessment and treatment for patients following physical trauma and also provides psychological support and consultation services for clinical staff working in the unit.

- **Brighton & Hove**

Brunswick Ward has been working with the Dementia Action Alliance and Stanford Junior School in Hove on the "Pimp My Zimmer" Project, which aims to educate children about dementia and

help those with dementia avoid falls. The 'Big Make' at Stanford Junior School took place in October 2018 with the decorated zimmer frames delivered to the ward to coincide with World Mental Health Awareness Day on 10 October 2018. These have been well received by patients on the ward and was mentioned in the local press. The zimmer frames have contributed to a 40% reduction of falls on the ward.

https://www.theargus.co.uk/news/17003100.children-pimp-zimmer-frames-for-dementia-patients/?ref=twtrec

Brighton Physical Health World Café event took place on 19 March. The key themes that arose from these discussions were: being physically healthy is holistic, and there are challenges to receiving and delivering physical health support. The key themes have informed the development of the Trust's Physical Healthcare Strategy. This will also be shared with NHS England's South East Regions Clinical Network.

- **East Sussex**

We had a successful physical health funding bid through East Sussex County Council Public Health and the CDS has welcomed a Health Promotion Lead Nurse on a year's secondment from East Sussex NHS Hospitals Trust. There is a plan in place to establish culture of a Health Promoting Trust including implementation of Making Every Contact Count (MECC) using a train the trainer approach.

The CDS has also employed Senior Physical Health Support Workers on a fixed term basis to support the physical health CQUIN. These posts have been successful in ensuring that our service users are receiving important physical health checks and are signposted to the appropriate services for physical health support. The CDS have approved three permanent Senior Support Worker posts (one for each ATS area) to continue to keep a focus on the physical health care needs of our patients.

A physical health clinic has been set up in both Bodiam Ward and Woodlands Inpatient Units so all patients who are admitted are not just screened but also supported around their physical wellbeing. We are looking at ways to improve communications with GPs to better manage individual's care and to prevent repeat examinations and investigations as well as to improve continuity of care.

- **West Sussex**

West Sussex continued to demonstrate that it was fully signed up to improving physical health by meeting its National CQUIN target. Across West Sussex, we have appointed community support workers into local areas to undertake ongoing physical health checks, thus ensuring that every patient on a depot has an annual medical review. We have purchased additional equipment for consultation rooms to ensure we can provide ongoing physical health checks. The Chichester Assessment and Treatment Service (ATS) are now running Clozapine clinics, and there are multiple Quality Improvement projects across West Sussex on improving physical health care for patients with severe mental illness. Our lead psychiatrist and lead nurse for the community have really helped to lead on continuous improvement alongside our local management teams.

- **Children & Young People's Services**

The Early Intervention in Psychosis (EIP) service has focused on improving and supporting patients to manage their own physical wellbeing and has improved its reach by using for all clients not just those indicated through CPA. The Hailsham CAMHS Team are piloting an online lifestyle module developed by one of the consultant psychiatrists. The consultant has also been invited to the Hampshire Leadership Team to discuss implementation with them and we plan to roll this out across all our services. Over the next year we also plan to work with public health partners to promote physical wellbeing for young people focusing on unhealthy behaviours and their impact on mental health.

Patient and Carer Engagement and Experience

We are continuing to build and expand our work around people participation, as outlined in the Clinical Strategy and in our Participation Strategy. The People Participation Team is expanding in 2019/2020 into a larger directorate, which will also encompass experience, spirituality, families and carers and The Recovery College. It is hoped that by bringing these areas together, we can continue to develop how we find out the experience of people using our services (or supporting those who use them), learn from this and use it to make lasting and meaningful improvements. By having these key areas working together we can also ensure that people participation and experience is at the heart of everything that we do, and that the participation opportunities within the organisation are aligned with the recovery, development and progression of those who undertake them.

Last year, we said we would:
- *Establish local patient 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 patients.* Working Together groups have now been set up across all areas of the organisation in inpatient and community settings

- *Establish a Trust-wide Central Working Together Group. This group will seek to resolve issues that cannot be addressed locally and will be a place to share best practice and new initiatives.* This has been established

- *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 carer.* To date 94% of inpatient services have

completed self-assessments (national target is 80%) and self-assessment of community teams is underway. Quality measures have been designed to monitor engagement with family, friends and carers and work across the Trust is regularly reviewed through local and Trust-wide Triangle of Care meetings

- *Develop new Quality and Safety Reviews, with patients, carers and governors taking a leading role in identifying concerns and gathering feedback.* This has been established

- *Develop and maintain a database of patients 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 2018/19 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.* A bank of Experts by Experience has been created, and people included on this bank can be involved in various opportunities, including recruitment and advising. We have embedded the National Survivor Users Network standards for involvement (known as the 4 Pi National Involvement Standards) across our participation work and also included this in available training and resources. We have also worked both within the organisation and with third party/charitable sector organisations to create a standard charter for peer working

- Participation work focuses on supporting all people to have the opportunity for involvement, and making sure the right people are being involved in the right places, with the outcomes from such involvement achieving high standards. Some of the roles that have been developed over the last year for our Experts by Experience include advisory roles on our Quality Committees subgroups including Safety and Positive Experience, developing our new Reducing Restrictive Practice Programme and the Letters of Hope project as well as in recruitment and in QI projects

- *Develop training to support patients 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.* A training programme is now available relating to Experts by Experience. It now runs as a modular programme which includes information for peer workers, experts by experience, volunteers and our staff

- *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 third sector partners to develop a range of options for peer support to patients and carer in our services.* We have a peer work lead within the participation team, and this has been a priority area of work throughout the year. We now have 29 peer workers who are employed within the Trust, which represents a 50% increase on 2017/2018. There is additional involvement of peers through third party organisations such as Capital Project and Southdown Housing. Support and training for those who are peer workers has been sourced, and there are now peer supervision networks and clear descriptors of the roles and responsibilities of a peer worker. Over the year ahead we will continue to increase the roles and opportunities for peer workers, whilst also considering how we support our staff to work alongside peer workers, to ensure strong and effective working relationships. We shall

also be working to strengthen the governance around working alongside those with lived experience

- *Work with colleagues to ensure we are able to offer patients, 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.* See points above for more details of this. Additionally a financially sustainable model for funding peer support worker training has now been created through appending peer training with the apprenticeship levy funded healthcare worker level 2 standard

- *Improvement in staff survey key finding 32 "Effective use of patient/service user feedback.*In the 2018 survey the Trust scored 3.67 (compared with 3.71 in 2017). This was not considered a significant change from last year or the national average for mental health and learning disability Trusts

- *That we implement and improve on the results of our Sussex Experience Survey.* The Friends and Family Test (FFT) is a nationally recognised measure of patient experience. We are currently working to ensure that data captures through the FFT is shared so that timely actions can be taken to lead improvements based on what the data is telling us. Over the last year, we have seen that FFT data has been captured most frequently by people using tablets or kiosks when approaching discharge from a service, followed by people completing online discharge surveys. Our data shows that, in respect to data collected through the FFT, our specialist services are receiving the most positive scores, followed by our forensic healthcare services. Our CAMHS services are currently receiving the least positive feedback, followed by our adult acute inpatient services. Our Quality Committee has a sub- committee entitled the "Positive Experience" Committee and quarterly reports and discussions on FFT data occur within this meeting. We aim to achieve the national average scores for recommendation and response levels across 2018/2019, and then will aim to exceed these in 2019/2020. So far, throughout 2018/2019 our monthly data has shown that we are consistently achieving an overall positive recommendation that is lower than that of the national average, and our "would not recommend" scores are higher. Our response level has also been consistently lower than the national average throughout 2018 (our monthly average has been 1.04 against the national average of 2.92). Improvement activity in relation to this is currently being mapped

Patient experience of Community Mental Health Services (Data from the Survey of People who use Community Mental Health Services 2018) - 220 people who had at least one contact (with at least one resulting follow up contact) with one of our community mental health teams between 1 September and 30 November 2017 responded to the survey, which represents a response rate of 27% (national average is 28%). In relation to the overall experience of people who use our community services, the overall indicator score was 6.4 which was a slight (but not statistically significant) worsening from the 2017 data (6.6). This places us close to being within the worst performing Trusts overall; at the lower end of average performance.

An area which has seen a decline in our performance, and which places us within the worst performing Trusts category is around the "medicines" domain. In particular, people reported feeling that they were not always included in decisions around their medication, and information around their medicines was not always provided in a way in which they were able to understand.

Other areas for development were identified as signposting, support and advice around physical healthcare, signposting, support and advice around benefits and financial issues, involvement in care planning and feeling that the amount of contact time offered from services is sufficient.

Areas which were highlighted as being positive practice for us include the time given in appointments, and the understanding showed by staff during appointments, the support available around access to work and activities, access to peer support, experience of crisis care and involvement in choice of therapies.

These results have been shared through our operational meetings and through our community improvement work streams who will address actions required for improvement.

The data provided by NHS Digital for Benchmarking of the Friends and Family Test for the period between period April 2018 and March 2019 showed that the Trust has had 82.7% of respondents recommending the Trust. The national average is 89.5% with the highest performing NHS mental health Trust at 98.5% and the lowest performing at 68.1%.

Volunteering
Volunteering is an integral part of participation, and there was focus in 2017/2018 in increasing the number of volunteers in the Trust (moving from around 30 to 100). We currently have 70 volunteers registered with the organisation and some of the approaches that have been most successful in attracting and supporting those that wish to volunteer with us have included focusing on roles that have the biggest impact on patient experience such as activities and befriending.

Progress on patient and carer engagement and experience in each CDS

- **Learning Disability and Neurobehavioural Services**

This year the Springwell team, a group of people with a learning disability from across Sussex who have used our services, have established themselves as an Expert by Experience Group and achieved the following:

- The Springwell referral support films were shown at a premiere event in October at the Duke of York cinema in Brighton – it was a great turn out and the team did a brilliant Q&A afterwards
- Springwell on the road – at the beginning of December some of Team Springwell travelled to Bristol to present our project to the Division of Clinical Psychologists Working in Partnership conference
- In November Team Springwell won a GOLD Positive Practice Award for Inspiring Improvement
- Springwell web page is now live https://www.sussexpartnership.nhs.uk/springwell
- There will now be a patient focus group for recruitment of professional staff as part of the formal interview process
- Mencap National Learning Disability Survey
- Team Springwell's Expert By Experience trained member started his new role sitting on the Learning Disability Clinical Academic Group meeting
- The Springwell project report is out now on the Health Education England website https://idhekss.wordpress.com/2019/02/19/out-now-the-springwell-project-report-giving-people-with-a-learning-disability-a-voice-in-their-care/

- Project "this is me" – this project uses a photographer to support service users to find ways of showing their personality using photography

In Hastings & Rother Community Learning Disabilities Team our Recovery College course "Managing my Ups and Downs" has been co-delivered with peer workers who have a learning disability. In West Sussex we have been running a co-produced "CHAT" project with carers of people with a learning disability which has delivered a series of wellbeing and training events co-facilitated by Health professionals and parents. Our Neurobehavioural Service has co-produced with people who have autism, a film to train staff working in mental health about how best to support people with autism. Experts by experience have also consulted with OTs regarding developing the Trust's urgent and acute care environments to make these more autism friendly. There has also been a co-delivered Recovery Course in Brighton and Hove about autism and a new ADHD recovery course both jointly run with peer trainers.

- **Lindridge Care Home Service**

A core element of the service ethos and ambition, is to ensure that residents and relatives contribute to the running of service, so that people feel it is genuinely their home rather than a place they are staying and that it is a good place to live. There is a planned schedule of engagement and involvement forums. This work is championed by a Non-Executive Director, Clinical Director and all Lindridge team members.

- **Primary Care and Wellbeing**

The Health in Mind patient forum continues to go from strength to strength with a clear work plan and service improvement priorities. Patients are routinely involved in the development of any new service initiatives and marketing information. Recently patients supported a marketing and promotion event in Eastbourne at the Arndale Centre which attracted local media attention.

- **Brighton and Hove**

We have a well-established Patient/Carer Participation Group. The group held a workshop in October 2018 which included representatives from all CDS teams and services together with patients and carers

We are working with the St Peter's GP Surgery in Brighton on a pilot that involves a Mental Health Practitioner carrying out a weekly clinic in the surgery. The National Collaboration Centre for Mental Health (NCCMH) has included the pilot as an example of innovative practice in community services.

The Lighthouse Service is liaising with the Royal College of Psychiatrists and CQQI around applying for an Enabling Environment Award. The award is a quality mark given to those who can demonstrate they are achieving an outstanding level of practice in creating and sustaining a positive and effective social environment.

The AOT team have a popular weekly Allotment Group for patients supported by a newly recruited volunteer and using the Heads On grant for a new shed and tools. We have established a new monthly carers group for friends and family of people who use our AOT services.

- **East Sussex**

Beechwood Dementia Unit have run a Carer Engagement Quality Improvement Project offering a "Welcome Visit" from a senior clinician to each patient's primary carer within two working days of admission. Evaluation of the first cycle is complete and the initial feedback has been that carers found the visit experience as being positive in terms of knowing what to expect from an admission and demonstrating a compassionate approach. The CDS Board includes representatives from the People Participation Team and from Healthwatch. An East Sussex Triangle of Care Group is working closely with Carers to ensure their feedback of their experiences can inform and support the development of our services.

- **West Sussex**

In the Coastal West Sussex area, we have "Carer Ambassadors" in all teams and attend the Trust Triangle of Care meetings. The Team Leader for Bognor Regis presented a QI Project on patient and carer involvement at the Triangle of Care meeting in March 2019 and we have been holding evening carers meetings. The service has improved logging of carers on Carenotes by 5%. We have had carers training in March 2019 for Chichester staff and more training is booked in May for Bognor Regis.

We have also established a new monthly Carers Forum that started in North West Sussex in December 2018 and Working Together Groups started in Horsham in 2018 and Crawley more recently.

- **Children & Young People's Services**

Parents and young people have joined the Clinical Academic Group as full members and have co-designed the care pathway documents. Other groups of young people and families have co-designed the content of websites for Hampshire and Sussex which have both now been launched. The CDS will be appointing a parent to lead in partnership the delivery of our Participation and Co-production Strategy.

- **Forensic Healthcare Services**

The CDS has developed a patient lead role who is part of the CDS leadership team. The Working Together Groups led by patients in collaboration with staff have been established. We have also started Recovery Colleges for inpatient services. A Carer support worker role (Expert by Experience) has also been developed and we hold numerous carer forums.

Staff Health and Wellbeing Development

Last year, we said we would:

- *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.* The number of OD practitioners in the Trust has increased due to a second training programme. OD practitioners have supported the facilitation of numerous away days during 2018/19

- *To increase staff engagement, sharing of knowledge and skills we will continue to promote sharing of learning with staff from incidents, complaints and claims.* This has continued to be a focus and a priority, through local and Trust-wide communication methods. The scores in the staff survey relating to incidents have improved over the years, in particular this year the score for the 'organisation treats staff involved in errors fairly' showed a 5% increase between 2017 and 2018

- *To communicate effectively with staff we will continue with the Chief Executive's regular messages and briefings for all staff.* These have continued on a quarterly basis

- *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.* Local actions were developed and progress reported back on during 2018/19. Local posters were developed for all services to help communicate the survey results and also actions being taken. Actions each CDS has taken are reflected below

- *Promote the use of our internal Bullying and Harassment Advisors Service.* This was done to a certain extent, and the Freedom to Speak Up Guardian was widely promoted

- *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.* Health and wellbeing branding materials were developed during 2018/19 to give an easy to understand look and feel to health and wellbeing communications, including pull up banners which are used at inductions and wellbeing fairs. Six main health and wellbeing fairs were organised during 2018/19 with additional attendance at multiple conferences and away days to promote wellbeing services available to staff

- *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.* Workshops were held with staff to investigate what makes them want to stay working for the Trust

with actions developed in response to feedback. A staff retention working group has developed pieces of work to improve staff retention. The Trust scored above average compared to the sector average for the new staff survey questions relating to retention. Pilot projects to minimise workloads have taken place such as capping workloads, or developing new support worker roles based in GP practice's to support workflow and approach use of resources. The Staff Friends and Family Test was used to target new starters and find out how they found joining the Trust, in order to improve the induction process. Content and process for a new Trust induction was developed during 2018/19, and is due to commence in Spring 2019
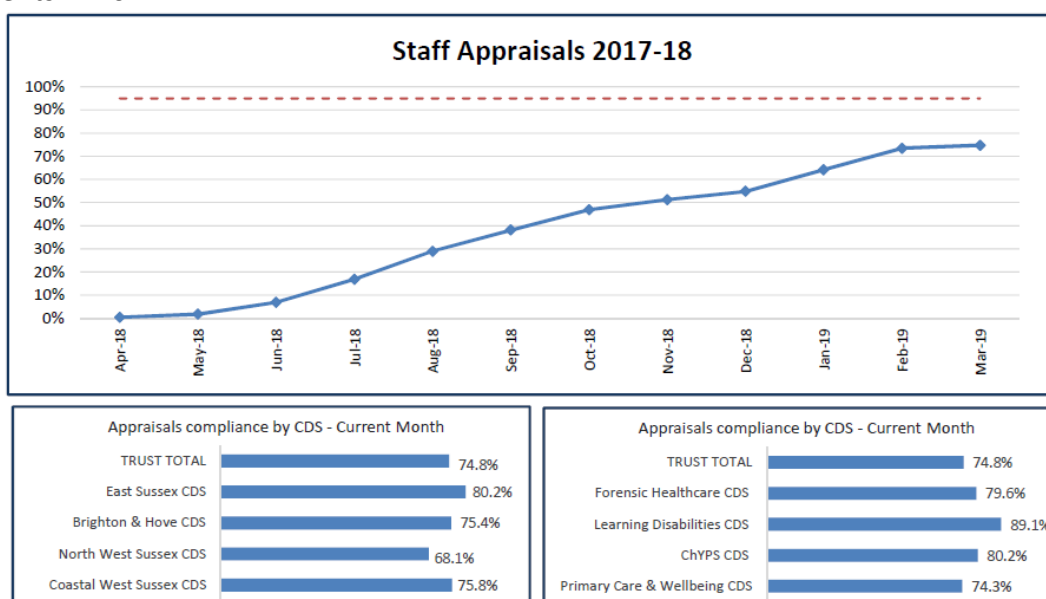
- *Strengthening our approach to communications based on the feedback from staff in the communications survey we conducted earlier in the year to ensure are as effective as possible.* Staff feedback was used to improve communication methods such as regular emails to all staff and CEO briefings

- *Ensure all staff have clear job plans with clear and realistic expectations set around task and workload.* Work on job plans made significant progress during 2018/19, with many areas now being in a position of discussing and implementing trial job plans and using feedback from staff to refine these

- *Make sure all teams are using our new clinical intelligence data to develop systems and processes that more effectively match demand to capacity.* Digital projects made significant progress during 2018/19 with the Trust being selected to be a 'fast follower' implementer of Oxford Health NHS Foundation Trust as part of NHS Digital's Global Digital Exemplar programme. A key workstream of the programme is to improve clinical intelligence

- *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.* Operation Cavell has continued to support staff to follow up incidents of violence and abuse in the workplace, supporting staff to prosecute where appropriate. The use of behavioural contracts with patients has been developed and shared. The Trust-wide protocol for supporting staff post incident has been reviewed and agreed. Some parts of the Trust such as Langley Green Hospital have reduced observations and interventions, by working in a preventative way and these lessons are being harnessed and shared

- *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.* The webinar took place in 2018 and included case studies from Hampshire CAMHS and Langley Green Hospital, with staff in three different Trust locations taking part in discussions after the webinar

- *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 response to the survey.* This took place and is reflected in the plans for this year

- *Introduce a new self-referral system where staff can anonymously refer themselves to talking therapy services outside their work area if they wish.* Referral systems across different areas for staff were reviewed during 2018/19 and a referral pathway document developed and shared to enhance understanding of how to obtain out of area treatment. Work is also underway to establish a mutual system with Kent and Medway NHS Partnership Trust for referral to a completely separate Trust as appropriate

- *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).* Workplace environment reviews were on several local action plans as priority areas, and the estates planning process is taking into account the need for staff to have appropriate facilities which enhance their wellbeing and ability to undertake their roles

In 2018/19 we planned to ensure that:

- *Sickness levels are at or below 4%*
  The average sickness levels for the year from February 2018 to January 2019 was 4.33%, which was above the Trusts target, but lower than the average levels recorded for 2015 (4.45%), 2016 (4.37%) and 2017 (4.43%)

- *80% of clinical staff receive clinical supervision monthly and 80% of non-clinical staff to receive management supervision every 6 weeks*
  56.3% of monthly supervision sessions were reported as completed for the year in 2018/19. These are sessions that are recorded on our electronic system, MyLearning. There are known issues with this centralised record being not fully completed that we are addressing

- *90% of staff receive an annual appraisal*
  74.8% of appraisals were reported as completed for the year in 2018/19. These are sessions that are recorded on our electronic system, MyLearning. There are known issues with this centralised record being not fully completed that we are addressing. The chart below shows the improvements made in reporting through the year

In the staff survey 2018 87.5% replied that they had an annual appraisal as opposed to 90% of respondents in 2017.

Staff Appraisals 2017-18

Appraisals compliance by CDS - Current Month	
TRUST TOTAL	74.8%
East Sussex CDS	80.2%
Brighton & Hove CDS	75.4%
North West Sussex CDS	68.1%
Coastal West Sussex CDS	75.8%

Appraisals compliance by CDS - Current Month	
TRUST TOTAL	74.8%
Forensic Healthcare CDS	79.6%
Learning Disabilities CDS	89.1%
ChYPS CDS	80.2%
Primary Care & Wellbeing CDS	74.3%

Progress on improving staff health, wellbeing and development in each CDS

- **Primary Care and Wellbeing**

All services in the Primary Care and Wellbeing CDS now have two team development days each year to support staff engagement and development of service/team-specific objectives. Clinical and administrative hot desking spaces were identified as a particular staff stressors in recent local staff wellbeing surveys. We now have a monthly accommodation strategy meeting with senior estates leads to support the development of a comprehensive primary care wellbeing estates strategy. We secured additional funding in East Sussex for further accommodation and additional premises in Hastings which will provide a hub solution for both primary care mental health practitioners and IAPT clinicians in the Hastings area. This will ensure that staff are able to work more efficiently but also benefit from the sense of team cohesion and support.

Clinical health psychology have run professional development sessions across the Sussex-wide service to support professional and clinical development and to meet to gain a sense of team and being part of a service.

- **Lindridge Care Home Service**

We have received positive staff survey results for Lindridge. The service is working closely with our HR Business Partner to continue to develop and underpin a strategy which supports staff resilience, wellbeing and development. We are currently planning some work with the Trust's OD Practitioners to support staff away days.

- **Brighton & Hove**

We have a monthly support meeting for our new staff led by the clinical lead nurse. A local workforce strategy for the CDS will be developed for this year that will address feedback from the Staff Survey.

- **East Sussex**

We have put Recharge Stations in some of our sites with fruit and snacks available for staff during breaks. There has been targeted focus of staff survey actions to support a reduction in absences and reducing attending work when people are feeling unwell. This includes local wellbeing initiatives to support the top three reasons for short term sickness.

All of our teams in East Sussex have been having away days, some of which have been supported by the Organisational Development Practitioners. These away days are valuable for teams to be able to take time out and be able to reflect as a team.

- **West Sussex**

Last year we held health and wellbeing days across the CDS including at Oaklands Centre for Acute Care and Langley Green Hospital for Stress Awareness month and Swandean for World Suicide Prevention day. All events were attended well and received positive feedback.

We have as a CDS supported the "Sign up for Safety" campaign to make the NHS the safest healthcare system in the world and have held workshops for staff teams with a focus on psychological safety. We have been encouraging our teams to use strategies such as check ins/check outs, safety huddles, team "time out" to support effective team working. We have

also rolled out mindfulness sessions for staff. We have utilised OD practitioners to facilitate away days and we are planning to hold our own Band 7 team leaders away day in June 2019. We believe as a CDS that teams that feel secure and safe will provide safe and effective care and treatment for those who use our services. One of the Clinical Operational Managers ran a Sign up for Safety workshop for our CDS leadership team at a recent Quality & Governance meeting.

- **Children & Young People's Services**

The New to CAMHS training programme continues to evolve and has received excellent feedback. HR and clinicians have delivered some bespoke training and consultation for our admin staff on how to deal with parents who may be anxious or angry. The CDS has focused on wellbeing in the last year and this includes the delivery of yoga groups, choirs and team days. DBT training has been delivered to a large number of staff in Sussex and Transgender training has been identified for the coming year.

- **Forensic Healthcare Services**

The CDS develops a yearly improvement plan based on the staff survey. The Service and Clinical Director schedule rotational staff forums for each staff team within the CDS. The CDS is committed to reducing vacancies and retaining staff, this has led to a number of new roles being developed enabling junior staff to achieve competencies to develop into more senior roles. The CDS has a Staff Wellbeing Working Group led by our HR Business Partner.

- **Learning Disability and Neurobehavioural Services**

The HR Business Partner has been meeting teams and agreeing with them what could help their wellbeing at work. This has resulted in an ongoing action plan which has included yoga sessions, redecoration of a staff area, better induction for bank staff and improved local debriefings.

3.1   Duty of Candour

Sussex Partnership 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 Ulysses risk management system used by the Trust records all incidents and the Duty of Candour (DoC) process including whether the relevant person had been contacted, whether a written explanation was given and that the investigation report was sent. The system allows for documentary evidence to be uploaded to the incident. The system sends an automated email to the relevant manager to inform them of the need to fulfil the Duty of Candour requirements.

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.

Year	Number of Incidents that met the DoC criteria	Number excluded*	Contacts made after 10 working days	Percentage compliance
2016/17	204	10	24	88%
2017/18	129	6	9	93%
2018/19	153	4	3**	97%

*Reasons why cases might be excluded are where there is no Next of Kin or no contact details for Next of Kin; it was considered clinically inappropriate to make contact; contact was not made due to safeguarding reasons.

**1 case was not completed as of 8th of April 2019

3.2 South of England Mental Health Quality & Patient Safety Improvement Collaborative

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 11 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 Trusts. 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.

The Collaborative's focus for 2018/19 is 'Sharing the learning from deaths in mental health'. This may include medication, physical health, safe & reliable care and leadership. These four workstreams focus on identification, development, sustainability and spread of innovation in each topic. In addition, the Collaborative has two cross cutting themes, delivering and co-producing person and family centred care and creating a culture for continuous learning and safety. These two themes are essential if quality care is to be achieved. They form the foundations for the Collaborative; they cut across all four of the above workstreams and form the basis of sharing the learning widely across our network.

Three Learning Sessions have been held in the 2018/19 year and 28 staff attended. Below is some feedback from staff that have attended a learning session this year.

'I first attended the collaborative with Andrea shorty after joining the trust in 2016. It opened my eyes to the concept of sharing good practice. It made me realise that we had a way to come and that with the right approaches, we could achieve a lot. We started with an empty table and we now attend with tables full, sharing all of our exciting ideas. What a simple concept with such positive and powerful opportunity.'
Matron, Langley Green Hospital

'I feel like the collaborative opened up my eyes personally to how easy it was to implement ideas and evidence a change… I actually felt kind of mind blown that it didn't have to be through research or statistics and knew it was something everyone could use. I enjoyed seeing how other wards across the south were improving their services through QI and some of the amazing changes they had made and the fact we

could steal their ideas to implement at SPFT. I always fed back to the team that you don't need to be an IT or research wizard to do QI. With our QI project for reducing restrictive practice the team have seen how it works and how easy it is to implement change ideas at any banding or job role and see if it works'
Ward Manager, Pavilion Ward.

The Trust has implemented a system through the Ulysses Risk Management system to enable staff to report Excellence. This was an idea shared by Cornwall Partnership NHS Foundation Trust. The themes are 'attention to detail', 'episode of care that went well', 'going an extra mile', 'having an innovative idea', 'offering peer support' and 'showing good communication'. This will be shared with CDSs in a monthly report and through the Quality & Patient Safety quarterly report. This was implemented at the end of February 2019 and to date (12 March 2019) there have been 26 reports submitted. The Trust has also adapted Central and North West London NHS Foundation Trust weekly 'Clinical Message' to the 'Clinical Message of the Month'. This has been developed to share the learning Trustwide from Mortality Reports. The Trust have shared the 'Patient Safety Matters' bulletin which shares the learning from Serious Incidents at the Collaborative. This has been developed by Cornwall Partnership NHS Foundation Trust who now produce their own version of the bulletin. The Trust has also shared the interactive incident dashboard and this has been developed by other Trusts in the South to share themes and trends of incident reporting from ward to Trustwide level.

3.3   NHS Staff Survey for the Race Equality Standard

Sussex Partnership 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 (WRES).

Key Finding	Staff	2018	Average (median) for mental health	2017	2016
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (KF21)	White	**89%**	87%	87%	89%
	BAME	**81%**	77%	86%	81%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (KF26)	White	**23%**	22%	24%	23%
	BAME	**28%**	25%	29%	22%

Source: http://www.nhsstaffsurveyresults.com/local-workforce-equality-standards-wres/

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 1% 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:

- The Trust has invested in a member of staff that is attending the WRES Experts Programme.

- The national WRES team visited the Trust and delivered training to the Board of Directors around the WRES indicators
- Regular BAME Network events including an Annual General Meeting
- The BAME Network and Health Education Kent, Surrey and Sussex is running a Talent Management Programme to help BAME staff progress through the organisation
- A new BAME Network page has been created on the staff Intranet
- Organised a breakfast for BAME staff with the Chief Executive at Millview Hospital in Hove
- Staff Wellbeing Focus Groups focusing on the WRES indicators relating to staff who experience discrimination from patients or other staff
- Support for staff to attend the NHS Leadership Nye Bevan and WRES Experts programmes
- 'Black History Month' celebration at Langley Green Hospital
- Regular visits to teams and meetings with managers to update on WRES
- One to one meetings with BAME staff to support development goals
- The Trust offers apprenticeship schemes and functional skill support for BAME Healthcare Assistants wanting to become Nursing Associates

Over the next year we aim to continue with the above and:
- Further embed the work of WRES into teams across Sussex Partnership
- Embed a detailed action plan around BAME Health and Wellbeing at work

3.4 Indicator Selected by the Council of Governors

At the meeting of the Council of Governors held on the 4 of February 2019 the Trust Governors approved an indicator for the Trust's external auditors to audit. The indicator was - Reducing Staff Abuse - To reduce the number of incidents of abuse (including discriminatory abuse) experienced by staff in the work place.

For this indicator the incident data included parameters such as physical, verbal and harassment type incidents. Based on these parameters a total of 1,999 incidents were reported trust-wide as indicating an element of staff abuse the majority of these were reported as a no harm or low harm outcome.

In terms of reducing staff abuse during 2018/19 there have been a number initiatives Trust-wide to deal with this issue. For example, the domiciliary care agency (PDCA) who support people with complex learning disabilities in their own homes at Acorn and Mayfield Court feature in the top 10 highest reporting teams. The Prevention of Management, Violence and Aggression (PMVA) team now offer bespoke physical interventions training to this team which they have completed in addition to theory training provided by Positive Behavioural Support Sussex. The team scrutinise all incidents of violence and aggression and use of restrictive interventions and this is monitored in 6 weekly "Team Around the Person" meetings.

Higher levels of violence and aggression incidents occur on our dementia care wards where there is high levels of staff abuse reported. These wards have a culture of high reporting of incidents which we are working to embed across all services, therefore making comparisons more informative. During 2018/19 we introduced a bespoke dementia care course to help equip staff with the skills, knowledge and competence to be able to work with people who have dementia and are in distress whilst reducing abuse staff may experience on the wards. Additionally in March 2019 there was a Trust-wide event launching Safewards. Safewards interventions aim to reduce conflict and containment within inpatient services. Representatives from 14 inpatient wards across the organisation have committed to implementing the interventions. A Trust email group

has been devised for teams to share good practice and provide a forum for teams to discuss any challenges that they are facing and reducing staff abuse. There is a planned follow up to Safewards in September 2019.

Over the past year the Trust's Local Security Management Specialist has been involved with the following:

- Participated in a working group led by the Crown Prosecution Service Senior Policy Advisor drafting the protocol for prosecuting those with mental health conditions as part of the Assaulting Emergency Workers Bill
- Speaking about Operation Cavell at the NHS Improvement Event 'Reducing Bullying & Harassment and Violence & Aggression in the NHS and to the National Association of Healthcare Security and National Advisory Performance Group
- Supporting other NHS Trusts in setting up Operation Cavell
- Invited to work with NHS England and Improvement regarding case studies for their website publication around some of our successful prosecutions
- Participating in the working group drafting the new standards for providers in line with the Health Secretary's Violence Reduction Strategy

3.5 CQC ratings

The 2018/19 CQC Well-Led Inspection took place during January 2019. The final report is being prepared and upon receipt, the Quality Governance Oversight Group (QGOG) will provide oversight of any requirements.

At the time this report was produced, the overall rating sheet for the Trust's services was as follows.

CareQuality Commission

Sussex Partnership NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Good	Outstanding	Good	Good	Good
Long-stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Forensic Inpatient or secure wards	Good	Outstanding	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Outstanding	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Good	Good	Good	Good Good	Good	Good
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires Improvement	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Outstanding	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Community mental health services for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Outstanding	Good	Good	Good

Overall the Trust is rated a "Good" with "Outstanding" for the Caring domain. All core services are rated as Good.

Sussex Partnership NHS Foundation Trust continues to work to improve the quality of services and has made the following progress by 31 March 2019.

Ratings for adult social care services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Lindridge	Good ↑ Dec 2018	Good →← Dec 2018	Good →← Dec 2018	Good →← Dec 2018	Requires improvement →← Dec 2018	Good ↑ Dec 2018
Avenida Lodge	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017

Lindridge Care Home was subject to an unannounced inspection. Whilst further work is required to ensure that the findings of audits are used to inform management decisions and actions, the Inspector identified improvements in areas covered by the Safe domain and as a result the home was rated as a 'Good' overall

During 2018/19, Sussex Partnership continues to support improvements through the Quality Governance Oversight Group (QGOG). The group was reorganised to focus upon providing oversight and governance across a broader range of quality and compliance priorities with enhanced input from the Project Management Office. This work continues to include any recommendations raised by the CQC during their inspections.

3.6 Freedom to Speak Up

Sussex Partnership NHS Foundation Trust employs an Independent Freedom to Speak Up (FTSU) Guardian who undertakes a shared role for both our Trust and Surrey and Borders Partnership NHS Foundation Trust. The Trust has a current Whistleblowing Policy that advises all workers, whether a substantive employee or not, of the support they can access from the FTSU Guardian. Employees are encouraged to speak up confidentially in a number of ways:

- By talking with their line manager
- By emailing, telephoning or meeting with the Freedom to Speak Up Guardian
- By talking with a Board Director of senior manager within our Trust
- By speaking to the Non-Executive Director with special interest in whistleblowing
- By speaking to the Chief Executive
- Whilst not encouraged, a concern could be raised anonymously over the telephone or by letter
- Employees are provided with details within the Whistleblowing Policy of how to speak up externally if they prefer

If an employee raises concerns with the FTSU Guardian, they are provided with feedback every 2-3 weeks as updates from management are received relating to the actions to resolve the particular concern.

In relation to suffering detriment, the Trust policy clearly states that nobody should suffer any hardship as a result of speaking up. Our FTSU Guardian points this out to all employees when they raise concerns and they are asked to get back in touch with the Guardian the minute they become uncomfortable about the way they are being treated.   There have been two instances raised with the Guardian in the last year where employees have felt they have been treated unfairly after speaking up and both of those issues have been raised and resolved with management.

During the first year of having a Freedom to Speak Up Guardian, 27 employees raised their concerns to the Guardian. We are pleased that in our second year, 2018/19 this number has increased to 41. Our Guardian reports to our Trust Board or Executive Management Committee every quarter and the insight provided to our senior leaders is very much welcomed by the Trust.

3.7 Medical Rota Gaps

Schedule 6, paragraph 11b of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 requires: "a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account".

The Medical Staffing Team and the Medical Education Team have introduced joint meetings that are scheduled at least 10 weeks prior to each rotation to discuss the allocation of trainees from HEKSS and to look at known rota gaps. Identifying the gaps in advance of the start date allows both teams to work collaboratively in running a recruitment campaign to try to fill the vacancies with Locums Appointed for Service (LAS) who will be employed directly with the Trust. This was implemented for the April 2019 rotation but unfortunately there were no successful applicants despite these being advertised twice.

From our meeting regarding the April 2019 rotation it was also agreed that a joint rotation spreadsheet between both teams would support with information sharing. This has now been produced and will support in addressing gaps in the rotas as the Medical Education Team will update it with known changes to trainees, including working patterns for those who are less than full time. This will support the Medical Staffing team in producing the rotas with the correct working patterns and reduce the likelihood of needing to make changes after the rota has been published.

If one area consistently has gaps through vacant posts, then the option of considering a rota redesign would be recommended to the Chief Medical Officer and the Deputy Medical Director (Medical Education) to address this. This will be supported by the Medical Staffing Team. Currently Foundation Year 2 (FY2) Trainees in Brighton and Hove are not currently on the Junior Doctor rota in this area. However, FY2 trainees are on the rota in the other 3 areas. Adding FY2 trainees to the Brighton and Hove Rota in the future is something that is being reviewed.

Over the course of the year the following number of rota gaps have been vacant between April 2018 and April 2019:

Locality	WTE	Grade	Reason for Gap
Brighton	3 WTE	CT/GP	Illness/Occ Health
	1 WTE	GP	Vacancy
	2.8 WTE	CT/GP/LAS	LTFT trainees in stand alone posts
East Sussex	2 WTE	CT/GP	Illness/Occ Health
	1 WTE	CT	Maternity Leave
	2 WTE	CT/GP/LAS	LTFT trainees in stand alone posts
Coastal West Sussex	5 WTE	CT/GP	Vacancy
	2.4 WTE	CT/GP	LTFT trainees in stand alone posts
North West Sussex	3 WTE	CT/GP/LAS	Vacancy
	2.2 WTE	CT/GP/LAS	LTFT trainees in stand alone posts

3.8 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	SPFT 2018/19	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[1]	50%	88.5%	88.6%	Achieved	75.9%	98.5%	32.1%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:							
a) inpatient wards	90%	78%	94%	Achieved	n/a	n/a	n/a
b) early intervention in psychosis services	90%	79%	81%	Not met	n/a	n/a	n/a
c) community mental health services (people on care programme approach)	75%	60%	77%	Achieved	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 [2]	75%	90.8%	86.0%	Achieved	89.3%	99.7%	52.0%
ii. within 18 weeks of referral[3]	95%	99.9%	99.0%	Achieved	99.1%	100%	86.2%
Care programme approach (CPA) follow-up: proportion of discharges from hospital followed up within seven days	95%	95.7%	95.0%	Achieved	95.7%	100%	82.8%
Admissions to adult facilities of patients under 16 years old[5]	0	0	0	Achieved	n/a	n/a	n/a
Inappropriate out-of-area placements for adult mental health services (average days per month)[6]	n/a	366	375	n/a	355	0	1,751

Benchmarking data is from NHS Digital.   *n/a: NHS Digital does not include benchmarking data for these areas*

[1] Benchmarking data for EIP 2 week Wait Times are for the period April 2018 to March 2019

[2] Benchmarking data for IAPT 6 Week waits are for the period April 2018 to February 2019

[3] Benchmarking data for IAPT 18Week waits are for the period April 2018 to February 2019

[5] There have been two under 16 year olds detained in the adult Places of Safety (136 suite) attached to the hospitals. In both cases although a CAMHS psychiatrist was on call the staff caring for the patients were drawn from either the Crisis Resolution and Home Treatment Team or adult ward. In both cases the appropriate authorities were informed along with Commissioners

[6] Benchmarking data for out-of-area placements are for the period April 2018 to February 2019

Appendix 1: Glossary

ADHD: Attention Deficit Hyperactivity Disorder www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/

Academic Health Science Networks (AHSNs): There are 15 Academic Health Science Networks across England, established by NHS England in 2013 to spread innovation at pace and scale – improving health and generating economic growth. Each AHSN works across a distinct geography serving a different population in each region. www.ahsnnetwork.com

AMRC OP100: A report on improving the physical health of adults with severe mental illness from the Academy of Medical Royal Colleges and the Royal Colleges of General Practitioners, Nursing, Pathologists, Psychiatrists, Physicians, the Royal Pharmaceutical Society and Public Health England.

AOT: Assertive Outreach Team. Are specialist mental health services that work with people who have ongoing complex mental health needs and need intensive support in the community.

CAGs: Clinical Academic Groups. The CAGs comprise Experts by Experience, clinicians and researchers working to ensure the care offered by SPFT is evidence based and as effective as possible.

CAMHS: Children & Adolescents Mental Health Services, the Trust provides these services across Hampshire and Sussex.

Carenotes: Sussex Partnership's comprehensive on-line patient records system.

CDS: Care Delivery Service. A sub-part of the Trust, focusing on a specific area of the Trust's work.

ChYPS: Children's & Young People's services.

COPD: Chronic Obstructive Pulmonary Disease; an umbrella term including emphysema, chronic bronchitis, and non-reversible asthma.

CPA: Care Plan Approach. A core part of the Trust's work placing the emphasis on each patient having a co-produced care plan to which they can refer.

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

CQQI: College Centre for Quality Improvement helps providers, users and commissioners of mental health services to assess and improve the care they provide. www.rcpsych.ac.uk/improving-care/ccqi

DBT: Dialectical behaviour therapy (DBT) is a type of talking treatment based on cognitive behavioural therapy (CBT), but has been adapted to help people who experience emotions very intensely. It is mainly used to treat problems associated with borderline personality disorder (BPD), but it has also been used more recently to treat a number of other different types of mental health problems.

DNA: Did not Attend

DoC: Duty of Candour

ECAT: Effective Care & Treatment Committee. The Effective Care and Treatment (ECAT) Committee exists to make services more effective: providing evidence-based, recovery oriented care and treatment, supported by research and education activity as developed by the Clinical Academic Groups (CAGs).

EIP: Early Intervention for Psychosis. The team offers a psychological service to people experiencing first episode psychosis or who have been deemed at risk of doing so. The service also provides support to the families.

EPMA: Electronic Prescribing & Medicines Administration System

Expert by Experience (EBE): A person with experience of using our services who is employed to be involved within the work of the Trust.

Freedom to Speak Up (FTSU): Arrangements to develop a more open and supportive culture that encourages NHS staff to speak up about any issues of patient care, quality or safety.

GASS (Glasgow Antipsychotic Side Effects Scale): A clinically recognised means of gauging the side-effects of medication.

Global Digital Exemplar: An internationally recognised NHS provider delivering improvements in the quality of care, through the world-class use of digital technologies and information. Exemplars will share their learning and experiences through the creation of blueprints to enable other trusts to follow in their footsteps as quickly and effectively as possible.

Heads On: Sussex Partnership's in-house charity, seeking to raise money to help people with mental health problems to feel supported, to stay active and to be more involved in their communities. http://www.headsoncharity.org

Health Education England (HEE): Exists purely to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

HQIP: The Healthcare Quality Improvement Partnership, (HQIP), aims to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve our healthcare services. www.hqip.org.uk

Health in Mind: is an IAPT service for residents of East Sussex. www.healthinmind.org.uk

IAPT: Improving Access to Psychological Therapy. An NHS service designed to offer short-term psychological therapies (CBT) to people suffering from anxiety, depression and stress.

Learning Disability Mortality Review Programme (LeDeR): has been commissioned by NHS England to support local areas in England to review the deaths of people with a learning disability

Make your Mark: Make Your Mark projects are for patients, carers, staff and anyone interested in the arts and health as both active participants and as audience members. We often commission professional artists from a range of art forms to work with us on projects.

Mild Cognitive Impairment (MCI): is a condition in which someone has minor problems with cognition - their mental abilities such as memory or thinking. www.alzheimers.org.uk/about-dementia/types-dementia/mild-cognitive-impairment-mci

MDT: Multi-disciplinary Team. A team made up of people with differing but complementary skills.

National Audit of Care at the End of Life (NACEL): focuses on the quality and outcomes of care experienced by those in their last admission in acute, community and mental health hospitals throughout England and Wales.

National Clinical Audit & Patient Outcomes Programme (NCAPOP): www.hqip.org.uk/national-programmes/#.XMmw2IlKiCg

National Collaborating Centre for Mental Health (NCCMH): - www.rcpsych.ac.uk/improving-care/nccmh

National Confidential Inquiry into Suicide and Safety (NCISH): sites.manchester.ac.uk/ncish/

National Early Warning Score (NEWS) and NEWS2: NEWS2 is the latest version of the National Early Warning Score (NEWS), first produced in 2012 and updated in December 2017, which advocates a system to standardise the assessment and response to acute illness. www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2

NHS Benchmarking Network (NHSBN): www.nhsbenchmarking.nhs.uk/

NHS Digital (NHSD): digital.nhs.uk/

NHS England (NHSE): www.england.nhs.uk/

NHS Improvement (NHSI): improvement.nhs.uk/about-us/what-we-do/

New Care Models: This programme aims to reduce length of stay and the number of patients who are out-of-area in a number of specialised mental health services. www.england.nhs.uk/mental-health/taskforce/imp/mh-new-care-models/

NICE: National Institute for Health and Care Excellence. www.nice.org.uk

OCD: Obsessive Compulsive Disorder www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-ocd/#.XN6I2-VKi00

OTs: Occupational Therapists www.rcot.co.uk

Operation Cavell: Working with the Police to tackle violence and anti-social behaviour against NHS staff.

Patient Advice and Liaison service (PALS) is an information and advice service for patients, relatives and the public. www.sussexpartnership.nhs.uk/patient-advice-and-liason-service-pals

Places of Safety: Specially designed facilities where a person experiencing a violent psychotic episode can be detained safely under close supervision.

Prescribing Observatory for Mental Health (POMH-UK): The Prescribing Observatory for Mental Health (POMH-UK) is a subscription based project that helps specialist mental health services across the UK improve their prescribing practice. www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/pomh-uk

QRISK: The QRISK algorithm calculates a person's risk of developing a heart attack or stroke over the next 10 years.

Recovery College: Recovery colleges offer a range of courses focussing on mental health education, wellbeing and recovery. The courses are delivered by highly specialised clinical practitioners and Peer Trainers (people with lived experience of mental health challenges) and work closely in partnership with local providers of mental health services. www.sussexrecoverycollege.org.uk/

Registered General Nurse (RGN): The recognised qualification for general nurses, the basis on which specialisation can be built.

Royal College of Psychiatrists' Centre for Quality Improvement (CCQI): help providers, users and commissioners of mental health services to assess and improve the care they provide. www.rcpsych.ac.uk/improving-care/ccqi

Section 117 aftercare: Means that you will get free aftercare when you leave hospital if you have been in hospital under Section 3, 37, 45A, 47 or 48 of the Mental Health Act 1983.

Sections 135 and 136: Assessment of Persons under Sections 135 and 136 of the Mental Health Act 1983 relating to detention in a recognised place of safety.

SNOMED CT is an international vocabulary of clinical terms. The commitment to move to a single clinical terminology across the NHS is a long-standing objective outlined in the 'Personalised Health and Care 2020 Framework'. The primary purpose of SNOMED CT is to encode the meanings that are used in health information and to support the effective clinical recording of data with the aim of improving patient care. SNOMED CT provides the core general terminology for electronic health records.

Stay Alive smart phone app: An app originally developed by a member of the Trust, providing support and guidance for people at risk of suicide, their friends and families. www.prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html

STP: Sustainability and Transformation Partnership. These are areas covering all of England, where local NHS organisations and councils have drawn up shared proposals to improve health and care in the areas they serve. www.seshealthandcare.org.uk/

Ten Ways to Improve Safety from the NCISH : sites.manchester.ac.uk/ncish/, The National Confidential Inquiry into Suicide & Safety in Mental Health (NCISH), have developed a list of 10 key elements for safer care for patients.

Triangle of Care : The Triangle of Care is a therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing. www.sussexpartnership.nhs.uk/triangleofcare

Ulysses: The Trust's database for recording serious incidents, ligature audits, complaints, compliments, and more to inform and create reports as required.

Working Together Group: Sussex Partnership's Working Together Groups offer service users and carers a chance to give feedback on the trust's mental health services. Held in locations across the whole of Sussex and led by engagement workers, the feedback is used to help shape future services.

Zero Suicide Alliance: is a collaborative of National Health Service trusts, businesses and individuals who are all committed to suicide prevention in the UK and beyond. www.zerosuicidealliance.com; because one life lost is one too many.

Annex 1: Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

For the attention of:
Jonathan Beder
Transformation Director
Operational Service
Sussex Partnership NHS Foundation Trust

By email

20 May 2019

Brighton and Hove Clinical Commissioning Group
Hove Town Hall
Norton Road
BN3 4AH

Tel: 07825 676617
Email: lian.wilson7@nhs.net
Email: Allison.cannon@nhs.net

Dear Jonathan

Draft Quality Account 2018/19

Thank you for giving the Sussex and East Surrey CCGs the opportunity to comment on your Quality Account for 2018-19.

The Quality Account appears to comply with the national guidance on the content of the Account. The CCGs are pleased to see that the Quality Account priorities for 2019/20 have taken into account both national and local priorities, and takes into account information received from a variety of sources, such as patient safety incidents, complaints and other forms of patient and carer feedback.

The Quality Account includes a strong focus on continual quality improvement using a measurable methodology that clearly links to the Trust's Clinical Strategy.
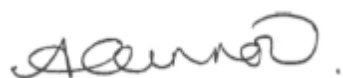
The CCGs' are pleased to see the inclusion of the five priority areas, which includes improved care planning, management of physical health care and a continued focus on suicide prevention, which remains a significant issue for the population of Sussex. The move to ensuring mandatory training for staff on suicide prevention is therefore a welcome inclusion.

Recruitment and retention of staff continues to be a challenge and it is reassuring to see that the development and support of the workforce is a high priority throughout the quality account. This includes the development of new roles, improved training, supervision and appraisal. There are significant plans to improve the health and well-being of staff which are likely to assist with reducing sickness rates and improve retention; we look forward to seeing the impact that these measures will have in the staff survey next year.

Overall the CCG has seen evidence of significant quality improvements being made within the Trust in recent years, evidenced by a 'good' rating by the Care Quality Commission, with 'outstanding' for caring, and the CCG looks forward to working with the Trust to make further improvements in 2019/20.

The commissioners are therefore pleased to endorse this quality account and we look forward to continuing an effective working relationship with the Trust so we can collectively drive forward improvements for our local population This will include the need for collaborative working with other health and social care partners to ensure that people with mental health needs have the full range of healthcare provision needed.

Yours sincerely

Allison Cannon
Chief Nursing Officer
East Surrey and Sussex CCGs

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13 May 2019

SPFT 2019/20 draft Quality Report – Response from Healthwatch Brighton & Hove

Thank you for once again providing Healthwatch Brighton & Hove with the opportunity to comment on the priorities identified in the recently circulated draft Quality Report for year 2019/20. As in previous years we broadly welcome the commitment to improving services, particularly in areas such as Care Planning, facilitating better transition from children's to adult services – a long-standing issue of concern - the continuing focus on suicide prevention, and the further strengthening of patient and carer engagement across the Trust.

Further specific comments include –

- We note that around the individual performance targets, although there has been some strengthening of wording ("we will aim to ensure") many of the targets remain modest in ambition. For example, surely the *aim* should be to ensure that 100% of people on CPA have a crisis plan, and have their care plans reviewed at least annually?
- These shortfalls are most apparent for the indicated targets around staff appraisal and supervision. This is an area that has been regularly identified as requiring improvement by CQC, and remains a live issue, yet the aspiration in this year's plan is still only for 80% of clinical staff to receive clinical supervision monthly, and 80% of non-clinical to receive management supervision every six weeks. If the supervision levels indicated reflect minimum standards, then the target for attainment this baseline should surely be 100%.
- Once again all priorities identified will have to be delivered against a background of acute and continuing financial constraint. It would have been helpful to have had some reflection of this within the narrative, along with commentary on how these pressures are to be mitigated whilst maintaining and improving quality of service.
- It has been previously suggested that Healthwatch might be invited at an earlier stage of planning to play a role in the development of this plan and its priorities. It's regrettable that once again the opportunity to do so has only been presented at this relatively late stage.

Neil McIntosh
Director
Healthwatch Brighton & Hove

Together we speak louder

healthwatch
West Sussex

Healthwatch West Sussex response to Quality Accounts

As the independent voice for patients, Healthwatch West Sussex is committed to ensuring local people are involved in the improvement and development of health and social care services.

Local Healthwatch across the country are asked to read, digest and comment on the Quality Accounts, which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers). In West Sussex this translates to seven Quality Accounts from NHS Trusts.

For last two years we have declined to comment on Quality Accounts, and we are doing this again this year. Each document is usually over 50 pages long and contains lengthy detailed accounts of how the Trust feels it has listened and engaged with patients to improve services.

Prior to taking this decision, we spend many hours of valuable time reading the draft accounts and giving clear guidance on how they could be improved to make them meaningful for the public. Each year we also state that each and every Trust could, and should, be doing more to proactively engage and listen to all the communities it serves.

Whilst we appreciate that the process of Quality Accounts is imposed on Trusts, we do not believe it is a process that benefits patients or family and friend carers, in its current format. This format has remained the same despite Healthwatch working strategically to make recommendations for improvements to increase impact and improve outcomes. We have reducing resources and we want to focus our effort where it has the most impact on patient care and we do not believe quality accounts have this outcome.

We remain committed to providing feedback to Trusts through a variety of channels to improve the quality, experience and safety of its patients.

Healthwatch West Sussex 2019

Joint Statement East Sussex Health Overview and Scrutiny Committee, and West Sussex Health and Adult Social Care Select Committee*

During 2018/19 both 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 meetings.

Both Committees agreed with the trust at the last joint liaison meeting that, because of the continued improvements in performance, the meeting would no longer need to occur as frequently. Due to its important role in keeping both parties informed of upcoming issues and avoiding the need for the trust to attend multiple meetings, however, Members are keen for it to continue to meet at least once a year to discuss emerging issues that affect the whole of Sussex. Individual Committees will continue to scrutinise local issues with the trust separately at their public meetings.

Both 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 Trust's continued development of 24/7 mental health crisis teams as an important tool in assessing patients in their homes and avoiding the need for them to be placed in inpatient care. The Committees also welcome the Trust's launch of the Towards Zero Suicides programme and hope to see it have positive effects on residents in the Sussex area.

Areas of concern continue to 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, and the Committees are aware that CAMHS provision is currently subject to a review.

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. The Committees hope that the trust is able to develop its proposals for reconfiguring inpatient care in East and West Sussex further during the next year.

Priorities for Improvement for 2019/20
The Committees welcome the operating objectives set out by the Trust Board for 19/20. In particular, the delivery of 24/7 crisis and urgent care; improved access to care through mental

health support being available via 111 and 999; and improving staff wellbeing, recruitment and retention.

The Committees also welcome the approach of maintaining the same five quality priorities as last year. We are glad to see the adoption of the Towards Zero Suicide approach during the previous year and are keen to see the trust implement its proposed further actions during 2019/20, particularly the three day follow up after discharge from hospitals. Plans to see the expansion of patient and carer engagement is to be commended and we hope the trust is able to deliver on its aim to increase volunteer numbers by 100% by the end of 2019/20.

As we stated last year, we remain keen to see the trust develop its ongoing plans to provide a single point of access into services, which we note is identified as a key theme of the strategic review of the Sussex and East Surrey Sustainability and Transformation Partnership (STP) Mental Health Workstream.

* Brighton & Hove HOSC was unable to co-sign this statement as, due to changes to committee membership following the May 2019 local elections, there was no HOSC Chair in position at the date of sign-off. This is purely an administrative issue, and should not be taken to imply that Brighton & Hove HOSC in any way disagrees with or is unsupportive of the statement by East Sussex HOSC and West Sussex HASC.

Mr Bryan Turner
Chairman
Health and Adult Social Care Select Committee

e-mail address: bryan.turner@westsussex.gov.uk
website: www.westsussex.gov.uk

County Hall
West Street
Chichester
West Sussex
PO19 1RQ

7 May 2019

Jonathan Beeder
Swandean Hospital
Arundel Road
Worthing
West Sussex
BN13 3EP

SENT VIA E-MAIL to Jane.Wells@sussexpartnership.nhs.uk

Dear Jonathan,

2018-19 Quality Account

Thank you for offering the Health & Adult Social Care Select Committee (HASC) the opportunity to comment on Sussex Partnership NHS Foundation Trust's (SPFT) Quality Account for 2018-19.

HASC agreed in 2016 that formal responses from the committee to Quality Accounts (QA), from that year onwards, would only be forwarded to NHS providers where HASC had undertaken formal scrutiny within the previous financial year. Therefore, as the committee did not scrutinise any services directly provided by SaSH in 2018-19, the committee will not be making any comments this year.

Yours sincerely

Mr Bryan Turner
Chairman, Health and Adult Social Care Select Committee

Annex 2: Statement of directors' responsibilities for the quality report

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

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance

- the content of the Quality Report is not inconsistent with internal and external sources of information including:

    - board minutes and papers for the period 1st April 2018 to 31st March 2019
    - papers relating to quality reported to the board over the period 1st April 2018 to 31st March 2019
    - feedback from commissioners dated 20th May 2019
    - feedback from governors dated 4th February and 3rd April 2019
    - feedback from local Healthwatch organisations dated 13th May 2019
    - feedback from Overview and Scrutiny Committee dated 7th and 14th May 2019
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 25 July 2018
    - the latest national patient survey 2018
    - the latest national staff survey 2018
    - the Head of Internal Audit's annual opinion of the trust's control environment dated 20th May 2019
    - 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

Peter Molyneux
Chair   Date: 22 May 2019

Sam Allen
Chief Executive   Date: 22 May 2019

Annex 3: 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 2019 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 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; and

- 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 2018/19* ('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 2018/19.*

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 1st April 2018 to 31st March 2019

- papers relating to quality reported to the board over the period 1st April 2018 to 31st March 2019

- feedback from commissioners dated 20th May 2019

- feedback from governors dated 4 February and 3 April 2019

- feedback from local Healthwatch dated 13 May 2019

- feedback from Overview and Scrutiny Committee dated 14 May 2019

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 25 July 2018;

- the latest national patient survey 2018

- the latest national staff survey 2018

- the Head of Internal Audit's annual opinion of the trust's control environment dated 21 May 2019

- CQC inspection report dated January 2018

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 Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the 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 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and

- the indicators in the Quality Report subject to limited assurance have 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

KPMG LLP
Chartered Accountants
15 Canada Square
Canary Wharf
London
E14 5GL

24 May 2019

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Sussex Partnership NHS Foundation Trust

Accounts

For the year

1 April 2018 to 31 March 2019

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FOREWORD TO THE ACCOUNTS

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SUSSEX PARTNERSHIP NHS FOUNDATION TRUST

These accounts for the year ended 31 March 2019 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 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Date: 22 May 2019   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 2019 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 2019 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 2018/19 and the Department of Health Group Accounting Manual 2018/19.

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	£5.0m (2017/18:£4.8m) 2% (2017/18: 2%) of total income from operations

Risks of material misstatement		vs 2017/18
Recurring risks	Revenue recognition	◀▶
New	Expenditure recognition	▲

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

	The risk	Our response
NHS and non-NHS revenue (£271.7m; 2017/18: £251.5m) *Refer to page 46 Annual report (Audit Committee Report), page 14 (accounting policy) and page 33 (financial disclosures)*	**Accounting treatment** In 2018/19, the Trust reported total income of £271.7m (2017/18, £251.5m). Of this, £232.2m (2017/18: £219.8m) relates to income from patient care activity with other NHS bodies. This represents 86% of total income (2017/18: 87%). The remaining income was primarily generated by contracts with local authorities and other non-NHS organisations. Income from NHS England and CCGs is captured through the Agreement of Balances exercises performed at months 6, 9 and 12 to confirm amounts received and owed. 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. The Trust recognised £4.6m of income from the Provider and Sustainability Fund. Receipt of this income is contingent on achievement of quarterly financial targets agreed with NHS Improvement.	Our procedures included: **Control operation:** We undertook the following tests to assess whether controls had operated during the period: — For the Trust's largest commissioners we inspected documentation to confirm that contracts had been agreed for the delivery of services; and — We considered the extent to which the Trust had agreed the income it was entitled to for 2018-19 through its participation in the Agreement of Balances exercise. **Tests of detail:** We undertook the following tests of detail: — We inspected supporting documentation for variances over £0.25m arising from the Agreement of Balances exercise to critically assess the Trust's accounting for disputed income; — For income not included within the agreement of balances exercise we inspected supporting evidence, including invoices and receipt of cash on bank statements, for a sample of transactions recorded during the year; — We inspected a sample of sales made at the end of the financial year to assess whether they had been recorded within the correct period; and — We inspected bank statements and the year-end confirmation received from NHS Improvement of the Trust's entitlement to Provider Sustainability Funding for 2018/19.

KPMG

	The risk	**Our response**

Operating expenses

(£259.8m; 2017/18: £245.7m)

Refer to page 46 Annual report (Audit Committee Report), page 16 (accounting policy) and page 34 (financial disclosures)

Accounting treatment

In the public sector auditors consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period). This may arise due to the audited body manipulating expenditure to meet externally set targets.

As a Foundation Trust fulfils some of the characteristics of a governmental body there is as much focus on the expenditure being incurred as the generation of revenue. The risk of material misstatement due to fraud related to expenditure recognition may therefore be as significant as the risk of material misstatements due to fraud related to revenue recognition and so we have had regard to this when planning and performing audit procedures. We consider this risk to relate to the completeness of the expenditure recorded as there may be an incentive to seek to defer expenditure in order to achieve financial targets.

The Trust agreed a target for its financial performance with NHS Improvement for 2018-19, achievement of which entitled it to Provider Sustainability Funding. There may therefore be an incentive to defer expenditure or recognise commitments at a reduced value in order to achieve the control total agreed with NHS Improvement.

Our procedures included:

Historical comparison: We considered the trend in accruals compared to prior periods to assess the accuracy of accruals made in previous years. Where accruals had not been included we critically assessed the reason for an accrual not being made at 31 March 2019.

Tests of detail: We undertook the following tests of detail:

— We inspected transactions incurred around the end of the financial year to critically assess whether they had been included in the correct accounting period;

— We inspected a sample of accruals made at 31 March 2019 for expenditure but not yet invoiced to assess whether the valuation of the accrual was consistent with the value billed after the year end; and

— We inspected manual journals posted as part of the year end accounts preparation that reduced expenditure recorded by the Trust to assess whether there was appropriate supporting evidence for the reduction in expenditure.

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £5.0m (2017/18: £4.8m), 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 £0.25 million (2017/18: £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.

Total income from operations
£271.7m (2017/18: £251.5m)

Materiality
£5.0m (2017/18: £4.8m)

£5.0m
Trust whole financial statements materiality (2017/18: £4.8m)

£0.25m
Misstatements reported to the audit committee (2017/18: £0.24m)

■ Total income from operations
■ Materiality
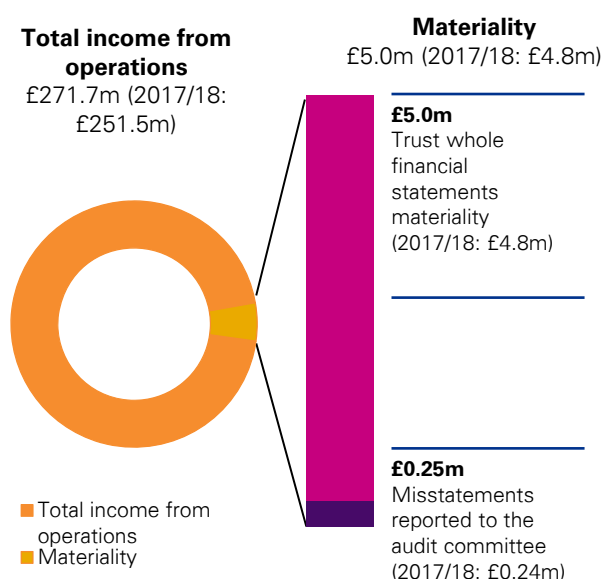
4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not 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. They have concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

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In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Trust's business model, including the impact of Brexit, and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement on page 78 on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's 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, and we did not identify going concern as a key audit matter.

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 2018/19.

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 2018/19, 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 78, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: 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; or

— 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.

We did not identify any significant risks as part of our risk assessment.

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
24 May 2019

KPMG

STATEMENT OF COMPREHENSIVE INCOME

For the year ended 31 March 2019

	NOTE	2018/19 £000	2017/18 £000
Revenue from patient care activities	3	**246,994**	234,504
Other operating revenue	4	**24,709**	16,962
Operating expenses	5	**(259,784)**	(245,669)
NET OPERATING SURPLUS		**11,919**	5,797
Net Finance costs			
Finance income	7	**216**	77
Finance expense	7	**(2,420)**	(2,463)
Public Dividend Capital dividends payable		**(4,366)**	(4,487)
		(6,570)	(6,873)
Net gain on disposal of property, plant and equipment	9	**520**	1,476
Share of profit of joint venture accounted for using the equity method	18	**69**	123
RETAINED SURPLUS FOR THE YEAR		**5,938**	523
OTHER COMPREHENSIVE INCOME			
Gains on revaluations	9	**60**	0
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**5,998**	523

STATEMENT OF FINANCIAL POSITION

As at 31 March 2019

	NOTE	31 March 2019 £000	31 March 2018 £000
NON-CURRENT ASSETS			
Intangible assets	8	**3,146**	3,578
Property, plant and equipment	9	**165,951**	162,033
Trade and other receivables	10	**2,288**	2,050
Investment in joint venture	18	**23**	0
		171,408	167,661
CURRENT ASSETS			
Trade and other receivables	10	**23,374**	18,610
Deposits with National loans fund	13	**20,000**	15,000
Assets held for sale	9	**882**	1,049
Cash and cash equivalents	13	**19,316**	22,439
		63,572	57,098
CURRENT LIABILITIES			
Trade and other payables	11	**(27,083)**	(24,422)
Obligations under PFI contracts	11	**(614)**	(483)
Other financial liabilities	18	**0**	(46)
Provisions	12	**(559)**	(443)
Deferred Income	11	**(12,309)**	(10,451)
		(40,565)	(35,845)
NET CURRENT ASSETS		**23,007**	21,253
TOTAL ASSETS LESS CURRENT LIABILITIES		**194,415**	188,914
NON-CURRENT LIABILITES			
Obligations under PFI contracts	11	**(19,227)**	(19,841)
Provisions	12	**(681)**	(675)
Deferred Income	11	**(1,059)**	(1,975)
		(20,967)	(22,491)
TOTAL ASSETS EMPLOYED		**173,448**	166,423
FINANCED BY:			
TAXPAYERS' EQUITY			
Public dividend capital		**158,822**	157,795
Revaluation reserve		**29,989**	29,990
Income and expenditure reserve		**(15,363)**	(21,362)
TOTAL TAXPAYERS' EQUITY		**173,448**	166,423

The accounts on pages 10 to 58 were approved by the Board of Directors and signed on its behalf by:

Signed: (Chief Executive)   Date: 22 May 2019

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

For the year ended 31 March 2019

	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Total taxpayers' equity
Changes in taxpayers' equity for 2018/19	**£000**	**£000**	**£000**	**£000**
Balance brought forward as at 1 April 2018	**157,795**	**(21,362)**	**29,990**	**166,423**
Surplus for the year prior to other comprehensive income	0	5,938	0	**5,938**
Revaluations - Property, Plant and equipment	0	0	60	**60**
Asset disposals	0	61	(61)	**0**
Public Dividend Capital received	1,027	0	0	**1,027**
Taxpayers' equity at 31 March 2019	**158,822**	**(15,363)**	**29,989**	**173,448**

	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Total taxpayers' equity
Changes in taxpayers' equity for 2017/18	**£000**	**£000**	**£000**	**£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**

STATEMENT OF CASH FLOWS

For the year ended 31 March 2019

	NOTES	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus		**11,919**	5,797
Depreciation and amortisation	8 and 9	**4,659**	4,521
Income in repsect of capital donations		**(184)**	0
Impairments and reversals	5	**0**	0
Other movements in operating cash flows		**218**	35
Increase in trade and other receivables		**(4,803)**	(2,981)
Increase / (decrease) in trade and other payables		**2,249**	(212)
Increase in deferred income	11	**943**	4,710
Increase / (decrease) in provisions	12	**120**	(355)
Net cash inflow from operating activities		**15,121**	11,515
Cash flows from investing activities			
Interest received	7	**216**	77
Payments for intangible assets		**(341)**	(1,134)
Payments for property, plant and equipment		**(7,451)**	(5,921)
Proceeds from disposal of plant, property and equipment		**750**	4,101
Deposit with national loans fund movement		**(5,000)**	0
Receipt of cash donations to purchase capital assets		**184**	0
Prepayment of PFI capital contributions	16	**(241)**	(78)
Net cash outflow from investing activities		**(11,883)**	(2,955)
Cash flows from financing activities			
Public dividend capital received		**1,027**	350
Interest element of PFI obligations	7	**(2,418)**	(2,462)
Capital element of PFI, LIFT and other service concession payments	16	**(483)**	(369)
PDC dividends paid		**(4,487)**	(4,493)
Net cash outflow from financing		**(6,361)**	(6,974)
Net (decrease) / increase in cash and cash equivalents		**(3,123)**	1,586
Cash and cash equivalents at the beginning of the financial year	13	**22,439**	20,853
Cash and cash equivalents at the end of the financial year	13	**19,316**	22,439

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 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

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 Revenue Recognition

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

1.3.1 Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

1.3.2 Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. At contract inception, the Trust assesses the outputs promised in the research contract to identify as a performance obligation each promise to transfer either a good or service that is distinct or a series of distinct goods or services that are substantially the same and that have the same pattern of transfer. The Trust recognises revenue as these performance obligations are met, which may be at a point in time or over time depending upon the terms of the contract.

1.3.3 Other income

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 Injury Benefit provision

This provision comprises injury benefit awards against the Foundation Trust. 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 2.9% in real terms, except for early retirements' provisions which use the HM Treasury's pension discount rate of 0.29% in real terms.

1.10.2 Legal Claims provision

This provision includes employer liability claims and public liability claims.

1.10.3 Redundancy provision

This provision comprises pay claims for clinical and non-clinical staff, and redundancy benefits.

1.10.4 Other Provision

This provision comprises clinical excellence awards payable and Care Quality Commission fine.

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 assets and financial liabilities

1.18.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

1.18.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost, through income and expenditure.

Financial liabilities classified as subsequently measured at amortised cost through income and expenditure.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Financial assets measured at fair value through other comprehensive income
A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value through income and expenditure
Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.18.3 De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

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 14 Regulatory Deferral Accounts	Not yet EU-endorsed.* Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.
IFRS 16 Leases	Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the *FReM*: early adoption is not therefore permitted.
IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the *FReM*: early adoption is not therefore permitted.
IFRIC 23 Uncertainty over Income Tax Treatments	Application required for accounting periods beginning on or after 1 January 2019.

* The 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 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.

1.22.1 Significant Judgements

The Foundation Trust's assets are held at fair value, and this year the Trust carried out an impairment review of the relevant indices to assess whether there was any indication of impairment. The review of the various indices did not demonstrate any significant movements and therefore the Trust was satisfied that the Trust assets were held at fair value based on prior valuations, less depreciation.

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.

1.22.2 Significant Estimates

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.

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. 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 2019 (as presented to CODM in April 2019)

Below includes a reconciliation between the published accounts and the information presented to the CODM, for the financial year to 31 March 2019. 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	2018/19 Actual	2018/19 Plan
Revenue Available for Capital Service	14.1	13.6
Capital Service	-7.3	-7.5
Capital Service Cover Metric	1.9	1.8
Capital Service Cover Rating	**2**	**2**
Cash for CoS Liquidity Purposes	19.7	18.7
Operating Expenses within EBITDA, Total	-255.1	-247.0
Liquidity Metric	28.1	27.7
Liquidity Rating	**1**	**1**
I&E Margin	1.2%	1.2%
I&E Margin Ratio	**1**	**1**
I&E Margin Variance to Plan	0.0%	0.0%
I&E Margin Variance to Plan Ratio	**1**	**1**
Agency spend % Over cap	15.9%	18.2%
Agency Spend Rating	**2**	**2**
Overall Financial Sustainability Risk Rating	**1**	**1**

Finance and Use of Resource Ratings
The year-end has resulted in a finance and use of resources metric rating of 1 which is matching the planned rating of 1.

Service Improvements
At month 12 the planned target for the Service Improvement Programme was £12,002k. Delivery against this stands at £8,993k, an achievement of 75%, and a shortfall of £3,009k. Services are offsetting the shortfall in SIP schemes with non-recurrent underspending in some areas, which is reflected in the Trust's overall position of a £1,217k surplus at month 12.

Income and Expenditure Account
The year-end has resulted in a surplus of £1,217k, against a target surplus of £1,122k. There continues to be some underlying shortfalls relating to service improvement projects within pay and non-pay, overspending inpatient wards, and high use of external placements and agency staff, but also a shortfall in the agenda for change pay award funding.

2.1 Segmental Reporting – Information presented to the Chief Operating Decision Maker for the year ended 31 March 2019

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	(266,534)	(266,964)	(429)	(4,739)	(271,703)
Operating Expenses					
Total Pay Costs	206,126	203,618	(2,508)	0	203,618
Total Non Pay Costs	48,200	51,509	3,309	4,657	56,166
Total Operating Costs	254,326	255,127	801	4,657	259,784
Reserves	0	0	0	0	0
Earnings Before Interest, Taxes, Depreciation and Amortisation / Operating Surplus	(12,208)	(11,837)	372	(82)	(11,919)
Total other Income & Expenditure Items	11,087	10,620	(467)	(4,639)	5,981
Retained Surplus For the Year	(1,122)	(1,217)	(95)	(4,721)	(5,938)
PSF income & Donated asset income	(2,084)	(2,268)	(184)	2,268	0
Retained Surplus For the Year	(3,206)	(3,485)	(279)	(2,453)	(5,938)

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 overall difference relates to the 2018/19 Provide Sustainability Fund (PSF) Incentive, Bonus and General Distribution Scheme, an amendment to PDC payable for the year and the revaluation of a non-current asset.

Statement of Financial Position

	31st-Mar-18 £000	31st-Mar-19 £000	ADJUSTMENT AS PER ACCOUNTS £000	ACTUAL AS PER ACCOUNTS £000
	As at 31st-March-19			
Non Current Assets	**167,661**	**171,348**	60	171,408
Trade and other receivables	18,610	20,921	2,453	23,374
Assets held for sale	1,049	882		882
Cash and cash equivalents	37,439	39,316		39,316
Total Current Assets	**57,098**	**61,119**	**2,453**	**63,572**
Current Liabilities	**(35,845)**	**(40,565)**		**(40,565)**
Non-Current Liabilities	**(22,491)**	**(20,967)**		**(20,967)**
TOTAL ASSETS EMPLOYED	**166,423**	**170,935**	**2,513**	**173,448**
TAXPAYERS' EQUITY				
Public dividend capital	157,795	158,822		158,822
Revaluation reserve	29,990	29,929	60	29,989
Retained earnings	(21,362)	(17,816)	2,453	(15,363)
TOTAL TAXPAYERS EQUITY	**166,423**	**170,935**	**2,513**	**173,448**

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 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 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.

3. Revenue from patient care activities

3.1 Revenue by type

	2018/19	2017/18
	£000	£000
NHS Trusts	600	558
CCGs and NHS England	226,123	216,819
Foundation Trusts	2,780	2,463
Local Authorities	9,388	9,427
Department of Health and Social Care	2,713	0
Other	5,390	5,237
	246,994	234,504

3.2 Revenue by classification

	2018/19	2017/18
	£000	£000
Block Contract Revenue	234,227	222,308
Cost and Volume contract income	4,663	6,953
Other clinical income	3,967	4,034
Private patients income	1,424	1,209
Agenda for change pay award central income	2,713	0
	246,994	234,504

For 2018/19 the amount of income relating to Commissioner Requested Services was £241,604k, with £5,390k relating to non-Commissioner Requested services.

For 2017/18 the amount of income relating to Commissioner Requested Services was £229,267k, with £5,237k relating to non-Commissioner Requested services.

The Foundation Trust did not receive any income direct from overseas visitors in 2018/19 or 2017/18.

4. Other operating revenue

	2018/19	2017/18
	£000	£000
Education and training	8,236	7,046
Charitable and other contributions to capital assets	184	0
Charitable and other contributions to expenditure	15	143
Research and development	3,089	2,784
Non-patient care services	1,504	2,187
Provider Sustainability fund (PSF)	4,555	444
Staff Recharges	2,964	1,672
Catering	433	406
Property Recharges	3,610	2,280
Other	119	0
	24,709	16,962

4.1 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2018/19	2017/18
	£000	£000
Income	0	0
Full Cost	0	0
Surplus / (deficit)	0	0

5. Operating Expenses

5.1 Operating expenses by type

		2018/19	2017/18
		£000	£000
Executive Directors' costs	Note 6.1 and 6.3	1,049	880
Staff costs	Note 6.1	202,436	196,006
Non-executive Directors' costs	Note 6.3	133	139
Redundancy costs & related provisions		10	143
Drug costs		5,389	5,311
Supplies and services - clinical (excluding drug costs)		13,123	7,538
Supplies and services - general		3,980	3,514
Establishment		2,866	3,547
Transport		2,671	2,842
Patient travel		964	723
Premises		9,044	7,414
Rentals under operating leases		1,838	1,754
Charges to operating expenditure relating to the PFI scheme		1,115	1,060
Information technology		3,975	5,373
Increase in provision for impaired receivables		713	508
Depreciation and amortisation		4,659	4,521
Auditor's remuneration - statutory audit		91	85
Auditor's remuneration - other services: audit related assurance services		11	11
Auditor's remuneration - other non audit services		0	15
Internal audit and counter fraud fees		115	130
Clinical negligence		1,583	1,486
Net Impairments	Note 5.2	0	0
Legal fees		397	411
Consultancy services		699	413
Training, conferences and courses		2,847	1,721
Hospitality		20	8
Insurance		56	116
Total		259,784	245,669

5.1.1 Auditor Remuneration

The external auditors for 2018/19 and 2017/18 are KPMG LLP (all figures stated in the table below are exclusive of VAT).

	2018/19 £000	2017/18 £000
Auditor's remuneration - statutory audit	76	71
Auditor's remuneration - other services: audit related assurance services	9	9
Auditor's remuneration - other non-audit services	0	13
	85	93

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

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	0	0
Total net impairments charged to operating surplus / deficit	0	0
Impairments charged to the revaluation reserve	0	0
Total net impairments	0	0

5.3 Operating Leases

5.3.1 Payments recognised as an expense

	2018/19 £000	2017/18 £000
Minimum lease payments	1,838	1,754
	1,838	1,754

Total future minimum lease payments

	2018/19 £000	2017/18 £000
Payable:		
Within 1 year	1,632	1,534
Between 1 and 5 years	4,117	4,162
After 5 years	7,045	7,766
	12,794	13,462

6. Staff costs

6.1 Staff costs

	2018/19	2017/18
	£000	£000
Salaries and wages	160,688	152,090
Social Security Costs	15,479	14,825
Employer contributions to NHS Pension Scheme	19,325	18,517
Agency staff	7,589	10,998
Apprenticeship Levy	760	731
	203,841	197,161
Of which		
Costs capitalised as part of assets	356	275

Staff costs are compliant with NHS Agenda for Change and other review bodies national guidance. During the year staff costs have increased across the Foundation Trust due to the national agenda for change and medical pay awards, recruitment to vacant and new posts, countered partly by the reduction of agency usage.

6.2 Retirements due to ill health

During the year there were 2 (2017/18: 4) early retirements from the Foundation Trust on the grounds of ill health, at a value of £67,082 (2017/18: £212,531). 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
2018/19					
Executive Directors	1,049	1	117	107	824
Non Executive Directors	133	0	2	10	121

	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

The highest paid director during the year ended 31 March 2019 was the Chief Medical Officer (£157k) with employer pension contributions of £22k; for the year ended 31 March 2018 it was the Chief Executive (£148k), with employer pension contributions of £21k.

In addition to inflation the increase in Executive Director costs also relates to vacancies in 2017/18.

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 for Health 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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 latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from

the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

7. Finance Costs

7.1 Finance Income

	£000	£000
Interest from bank accounts	141	30
Interest from investments with NLF	75	47
	216	77

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, with an additional £5m being invested towards the end of March 2019. The interest received from these investments was £74,552 for the year, with the average interest rate return being 0.50%. Interest received from the current account amounted to £141,328 for the year from an average daily interest rate of 0.39%.

In 2017/18, 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%.

7.2 Finance Expense

		2018/19	2017/18
		£000	£000
Interest on obligations under PFI contracts	Note 16	2,418	2,462
Unwinding of discount on provisions	Note 12	2	1
		2,420	2,463

8. Intangible Assets

8.1 Intangible Assets at the statement of financial position date comprise the following elements:

	2018/19	2017/18
	£000	£000
Cost at 1 April	5,007	5,007
Additions	341	0
Disposals	0	0
Cost at 31 March	5,348	5,007
Accumulated amortisation at 1 April	1,429	675
Charged during the year	773	754
Disposals	0	0
Accumulated amortisation at 31 March	2,202	1,429
Net book value		
- Purchased at 31 March	3,146	3,578
Total at 31 March	3,146	3,578

8.2 Summary of intangible asset economic lives

Minimum life (years)	1
Maximum life (years)	5

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	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	22,319	142,227	0	1,147	112	2,772	3,136	**171,713**
Additions purchased	525	4,182	1,269	549	0	731	528	**7,784**
Impairments	0	0	0	0	0	0	0	**0**
Revaluation gains	60	0	0	0	0	0	0	**60**
Revaluation losses	0	0	0	0	0	0	0	**0**
Transfers to / from assets held for sale	(144)	105	0	0	0	0	0	**(39)**
Disposals	0	0	0	(172)	0	(312)	(471)	**(955)**
Cost or Valuation at 31 March 2019	**22,760**	**146,514**	**1,269**	**1,524**	**112**	**3,191**	**3,193**	**178,563**
Accumulated Depreciation at 1 April 2018	0	5,532	0	677	68	1,656	1,747	**9,680**
Charged during the year	0	2,854	0	156	17	409	450	**3,886**
Impairments	0	0	0	0	0	0	0	**0**
Revaluation gains	0	0	0	0	0	0	0	**0**
Revaluation losses	0	0	0	0	0	0	0	**0**
Transfers to / from assets held for sale	0	1	0	0	0	0	0	**1**
Disposals	0	0	0	(172)	0	(312)	(471)	**(955)**
Accumulated Depreciation at 31 March 2019	**0**	**8,387**	**0**	**661**	**85**	**1,753**	**1,726**	**12,612**
Net book value								
- Purchased at 31 March 2019	22,502	120,718	1,269	863	27	1,438	1,467	**148,284**
- Leased at 31 March 2019	0	16,390	0	0	0	0	0	**16,390**
- Donated at 31 March 2019	258	1,019	0	0	0	0	0	**1,277**
- Total at 31 March 2019	**22,760**	**138,127**	**1,269**	**863**	**27**	**1,438**	**1,467**	**165,951**

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 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**
Transfers to / from assets 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**
Transfers to / from assets 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**

9.3 Revaluations and Impairments

The Foundation Trust's assets are held at fair value, and this year the Trust carried out an impairment review of the relevant indices to assess whether there was any indication of impairment. The review of the various indices did not demonstrate any significant movements and therefore the Trust was satisfied that the Trust assets were held at fair value based on prior valuations, less depreciation.

The Trust has recorded a revaluation gain of £60k during the year following the re-registration of a property back into the Trust's name.

The Trust is currently in the 4th year of the 5 year valuation cycle, and will be undertaking a full valuation in 2019/20.

In 2017/18, 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.

9.4 Gross carrying amounts of assets fully written down

The gross carrying amount of assets fully written down at 31 March 2019 is £2,150k (31 March 2018: £1,962k).

9.5 Assets held for sale

There are 2 properties in the process of being sold as at 31 March 2019 (31 March 2018: 3) with combined asset values of £882k (31 March 2018: £1,049k). These properties form part of the Foundation Trust's site rationalisation programme.

	2018/19	2017/18
	£000	£000
Net book value of assets held for sale	1,049	1,502
Assets classified as available for sale in the year	189	1,397
Assets sold in the year	(208)	(1,850)
Less assets removed from the market	(148)	0
Net book value of assets held for sale at 31 March	882	1,049

9.6 Summary of property, plant and equipment economic lives

	Buildings excluding dwellings	Dwellings
Minimum life (years)	1	0
Maximum life (years)	111	0

	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
Minimum life (years)	1	1	1	1
Maximum life (years)	10	2	5	6

9.7 Profits and losses on disposal of property, plant and equipment

During the year the Foundation Trust has disposed of one property (2017/18: 5) relating to the provision of Commissioner Requested Services. The net book value of this was £208k (2017/18: £2,553k), and the sale proceeds were £750k (2017/18: £4,062k). The services that were provided from this property have been re-provided from another of the Foundation Trust's properties.

In 2017/18 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 2018/19 amounted to £520k (2017/18: £1,476k).

10. Trade and other receivables

10.1 Trade and other receivables (current)

	31 March 2019	31 March 2018
	£000	£000
NHS trade receivables	8,677	10,505
Non NHS trade receivables	6,401	5,314
Provision for impaired receivables	(1,299)	(940)
Prepayments	1,179	1,091
Accrued income	7,154	1,931
PDC receivable	223	102
VAT receivable	869	417
Other receivables	170	190
Total trade and other receivables (current)	23,374	18,610

10.2 Trade and other receivables (non-current)

	31 March 2019	31 March 2018
	£000	£000
Prepayments	260	262
PFI prepayments	2,028	1,788
Total trade and other receivables (non-current)	2,288	2,050

10.3 Provision for impairment of NHS receivables

	31 March 2019	31 March 2018
	£000	£000
At 1 April	714	403
Provision for receivables impairment	955	456
Receivables written off during the year as uncollectable	(348)	(145)
Unused amounts reversed	(248)	0
At 31 March	1,073	714

10.4 Provision for impairment of Non-NHS receivables

	31 March 2019	31 March 2018
	£000	£000
At 1 April	226	190
Provision for receivables impairment	137	52
Receivables written off during the year as uncollectable	(6)	(16)
Unused amounts reversed	(131)	0
At 31 March	226	226

11. Liabilities

11.1 Current Liabilities

		31 March 2019	31 March 2018
		£000	£000
Trade and other payables			
NHS and DHSC payables		**4,546**	4,152
Amounts due to other related parties		**2,774**	2,538
Other trade payables		**3,872**	3,664
Trade payables - capital		**1,476**	1,064
Other payables*		**4,523**	3,887
Accruals		**9,892**	9,117
Total trade and other payables		**27,083**	24,422
Other			
Obligations under PFI	Note 16	**614**	483
Othe financial liabilities	Note 18	**0**	46
Provisions	Note 12	**559**	443
Deferred Income		**12,309**	10,451
Total Current Liabilities		**40,565**	35,845

*Other payables include tax and social security payments £4,234k (31 March 2018: £3,824k).

11.2 Non-Current Liabilities

		31 March 2019	31 March 2018
		£000	£000
Non Current Liabilities			
Obligations under PFI	Note 16	**19,227**	19,841
Provisions	Note 12	**681**	675
Deferred Income		**1,059**	1,975
Total non current liabilities		**20,967**	22,491

11.3 Borrowings

	31 March 2019 £000	31 March 2018 £000
Current		
Obligations under PFI Scheme	614	483
Total current borrowings	614	483
Non-current		
Obligations under PFI Scheme	19,227	19,841
Total non-current borrowings	19,227	19,841

The borrowings in the above table relate to the PFI schemes the Foundation Trust has entered into (see note 16).

12. Provisions

	Injury Benefits £000	Legal Claims £000	Redundancy £000	Other £000	Total £000
At 1 April 2018	759	212	147	0	1,118
Change in the discount rate	28	0	0	0	28
Arising during the year	85	48	103	250	486
Utilised during the year	(107)	(52)	(24)	0	(183)
Reversed unused	0	(88)	(123)	0	(211)
Unwinding of discount	2	0	0	0	2
Total as at 31 March 2019	767	120	103	250	1,240
At 1 April 2017	812	152	509	0	1,473
Change in the discount rate	30	0	0	0	30
Arising during the year	0	112	147	0	259
Utilised during the year	(84)	(2)	(351)	0	(437)
Reversed unused	0	(50)	(158)	0	(208)
Unwinding of discount	1	0	0	0	1
Total as at 31 March 2018	759	212	147	0	1,118

Expected timing of cash flows:

At 31 March 2019					
Within one year	86	120	103	250	559
Between one and five years	345	0	0	0	345
After five years	336	0	0	0	336
At 31 March 2018					
Within one year	84	212	147	0	443
Between one and five years	335	0	0	0	335
After five years	340	0	0	0	340

Injury Benefit - This provision comprises injury benefit awards against the Foundation Trust. 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.

Legal Claims – This includes employer liability claims and public liability claims.

At 31 March 2019, £2,045k (31 March 2018: £1,898k) 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.

Other – This comprises Clinical Excellence Awards payable for 2018/19 and Care Quality Commission fine.

13. Cash and cash equivalents and statement of cash flows

	2018/19	2017/18
	£000	£000
Balance at 1 April	**22,439**	20,853
Net change in year	**(3,123)**	1,586
Balance at 31 March	**19,316**	22,439
Made up of:		
Cash with the Government Banking Service	**19,230**	22,337
Cash equivalents	**0**	0
Commercial banks and cash in hand	**86**	102
Cash and cash equivalents as in statement of financial position and statement of cash flows	**19,316**	22,439

The Foundation Trust also held a balance of £20,000k on deposit with the National Loans Fund at the 31 March 2019 (31 March 2018: £15,000k), across 4 deposits which are due to mature between April and September 2019.

14. Capital Commitments

Contracted capital commitments at 31 March not otherwise included in these accounts:

	2018/19	2017/18
	£000	£000
Property, plant and equipment	**2,301**	616

The commitment relates to refurbishment works of our inpatient services in Worthing and Brighton and ongoing upgrades to a number of community services sites. The prior year included refurbishment works of our inpatient services in Brighton, Worthing, Crawley and Horsham.

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 Social Care 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.

2018/19	Income £000s	Expenditure £000s	Receivables £000s	Payables £000s
Aneurin Bevan Local Health Board	331	0	464	0
Brighton & Hove City Council	1,797	490	1,167	155
Brighton and Sussex University Hospitals NHS Trust	1,097	876	271	196
Camden and Islington NHS Foundation Trust	332	67	22	13
Community Health Partnerships	0	415	0	40
Department of Health and Social Care	3,889	0	23	0
East Sussex County Council	3,421	178	537	1
East Sussex Healthcare NHS Trust	389	1,600	354	489
Health Education England	7,331	1	201	0
HM Revenue & Customs - Employer costs	0	16,240	0	4,234
HM Revenue & Customs - VAT	0	0	869	0
Kent and Medway NHS and Social Care Partnership NHS Trust	4	693	3	192
Kent County Council	0	13	0	0
National Loans Fund	0	0	20,000	0
NHS Ashford CCG	14	0	6	0
NHS Brighton and Hove CCG	39,467	1,240	1,067	236
NHS Canterbury and Coastal CCG	15	0	3	0
NHS Coastal West Sussex CCG	45,288	29	1,931	17
NHS Crawley CCG	9,790	0	13	0
NHS Dartford, Gravesham and Swanley CCG	8	0	1	0
NHS East Surrey CCG	257	0	32	0
NHS Eastbourne, Hailsham and Seaford CCG	22,818	0	376	0
NHS England	36,471	59	6,336	21
NHS Fareham and Gosport CCG	1,878	0	22	0
NHS Hastings and Rother CCG	26,308	9	814	0
NHS High Weald Lewes Havens CCG	17,520	79	1,512	6
NHS Horsham and Mid Sussex CCG	18,345	1,804	1,361	1,804
NHS Medway CCG	10	0	0	0
NHS North East Hampshire and Farnham CCG	1,817	0	30	0
NHS North Hampshire CCG	2,027	0	27	0
NHS Pension Scheme	0	19,325	0	2,774
NHS Property Services	958	347	1,696	2,081
NHS Resolution (formerly NHS Litigation Authority)	0	1,585	0	9
NHS South Eastern Hampshire CCG	2,392	0	111	0
NHS South Kent Coast CCG	103	32	70	0
NHS Swale CCG	8	0	0	0
NHS Thanet CCG	5	0	0	0
NHS West Hampshire CCG	5,279	0	61	0
NHS West Kent CCG	69	0	20	0
Northumbria Healthcare NHS Foundation Trust	0	0	0	5
Royal Surrey County Hospital NHS Foundation Trust	860	0	3	0
Southern Health NHS Foundation Trust	138	267	22	42
Surrey and Borders Partnership NHS Foundation Trust	1,625	838	21	156
Surrey And Sussex Healthcare NHS Trust	0	268	0	55
Sussex Community NHS Foundation Trust	918	757	146	176
West Sussex County Council	5,039	4,958	219	2,682
Western Sussex Hospitals NHS Foundation Trust	218	2,986	92	967

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
Camden and Islington NHS Foundation Trust	68	0	1	0
Community Health Partnerships	0	239	0	97
Department of Health and Social Care	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
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 East Surrey CCG	227	0	0	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
Southern Health NHS Foundation Trust	7	182	25	23
Surrey and Borders Partnership NHS Foundation Trust	1,748	813	286	145
Surrey And Sussex Healthcare NHS Trust	0	63	0	27
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

Out of the total provision for doubtful or bad debts of £1,299k (2017/18: £940k), £1,005k (2017/18: £664k) 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 and no outstanding balances as at 31 March 2018.

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 2018/19, there were expenditure transactions of £61k (2017/18: £nil) and income transactions totalling £1,241k (2017/18: £1,198k) with SMSKP2, with a balance of £nil outstanding as at 31 March 2019 (31 March 2018: £4k) and there were no transactions with SMSKP1.

The remaining 50% share is owned by Horder MSK Limited. In 2018/19, there were expenditure transactions of £77k and income transactions of £4k (2017/18: expenditure transactions of £14k and income transactions of £nil) with Horder MSK Limited; with a receivable balance of £nil as at 31 March 2019 (31 March 2018: £nil).

HERE and Sussex Community NHS Foundation Trust both have a risk and reward interest in SMSKP1 Limited. In 2018/19, there were expenditure transactions of £nil and income transactions of £2,934k (2017/18: expenditure transactions of £42k and income transactions of £3,085k) with HERE with a receivable balance of £966k (31 March 2018: £825k) outstanding as at 31 March 2019. For Sussex Community NHS Foundation Trust please see the tables at the top of this note.

It should also be noted that the Trustees of Heads On are also members of the NHS Foundation Trust Board. Revenue payments from the Charitable Fund Trust amounted to £80k during the year (2017/18: £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 2019	31 March 2018
	£000	£000
Gross PFI liabilities of which liabilities are due:		
Not later than 1 year	2,973	2,901
Later than 1 year and not after 5 years	12,656	12,347
Later than 5 years	22,466	25,748
	38,095	40,996
Finance charges allocated to future periods	(18,254)	(20,672)
Net PFI liabilities of which liabilities are due:	19,841	20,324
Not later than 1 year	614	483
Later than 1 year and not after 5 years	4,131	3,417
Later than 5 years	15,096	16,424
	£000	£000
Estimated capital value of the PFI scheme	16,390	16,574

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 2019 £000	31 March 2018 £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;	4,063	3,962
- later than one year and not later than five years;	17,392	16,974
- later than five years.	32,412	37,150
Net present value of total future commitments	53,867	58,086

	31 March **2019** **£000**	31 March 2018 £000
Unitary payment payable to service concession operator	**4,257**	4,140
Consisting of:		
- Interest charge	**2,418**	2,462
- Repayment of finance lease liability	**483**	369
- Service element	**1,055**	1,019
- Capital lifecycle maintenance	**0**	171
- Revenue lifecyle maintenance	**60**	41
- Contingent rent	**0**	0
- Addition to lifecycle prepayment - capital	**79**	78
- Addition to lifecycle prepayment - revenue	**162**	0
Other amounts paid to operator 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	**4,257**	4,140

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	2018/19 Total £000	Carrying value £000	2017/18 Total £000	Carrying value £000
Trade and other receivables excluding non financial assets	21,103	21,103	17,102	17,102
Deposit with national loans fund	20,000	20,000	15,000	15,000
Cash and cash equivalents	19,316	19,316	22,439	22,439
Gross financial assets at 31 March	**60,419**	**60,419**	54,541	54,541

17.2 Financial Liabilities

Financial Liabilities	2018/19 Total £000	Carrying value £000	2017/18 Total £000	Carrying value £000
Obligations under private finance initiative contracts	19,841	19,841	20,324	20,324
Trade and other payables excluding non financial liabilities	22,849	22,849	20,598	20,598
Other financial liabilities	0	0	46	46
Provisions under contract	888	888	971	971
Gross financial liabilities at 31 March	**43,578**	**43,578**	41,939	41,939

17.3 Maturity of Financial Assets

	2018/19	2017/18
	£000	£000
Less than one year	**60,419**	54,541
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	**60,419**	54,541

17.4 Maturity of Financial Liabilities

	2018/19	2017/18
	£000	£000
Less than one year	**23,670**	21,424
In more than one year but not more than two years	**1,119**	938
In more than two years but not more than five years	**3,358**	2,814
In more than 5 years	**15,431**	16,763
Total	**43,578**	41,939

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 2018	(46)	0	0	(46)
Acquisitions in year	0	0	0	0
Share of profit	69	0	0	69
Disposal	0	0	0	0
Carrying value at 31 March 2019	**23**	**0**	**0**	**23**
Carrying value at 1 April 2017	(169)	0	0	(169)
Acquisitions in year	0	0	0	0
Share of profit	123	0	0	123
Disposal	0	0	0	0
Carrying value at 31 March 2018	**(46)**	**0**	**0**	**(46)**

In 2017/18 the carrying value was negative, and thus was allocated to Other Financial Liabilities rather than investment in Joint Venture on the Statement of Financial Position.

The 2018/19 share of profit recorded during the year included £26k in respect of the trading profits for 2018/19 (see Note 18.2) as well as a further £43k of trading profits relating to 2017/18.

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 2019 is £nil (2017/18: £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 2018/19 and 2017/18 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 2018/19 or 2017/18, and the company will be dissolved during 2019/20.

18.2 Disclosure of aggregate amounts for assets and liabilities of joint ventures

The table below relates to the Foundation Trust's 50% (2017/18: 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
2018/19				
Current assets	3,507	0	0	3,507
Non current assets	17	0	0	17
Total assets	3,524	0	0	3,524
Current liabilities	(3,501)	0	0	(3,501)
Non current liabilities	0	0	0	0
Total liabilities	(3,501)	0	0	(3,501)
Operating income	17,730	0	0	17,730
Operating expenditure	(17,704)	0	0	(17,704)
Profit for the year	26	0	0	26
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)
Loss for the year	4	0	0	4

The 2017/18 SMSKP2 Ltd resulted in an unqualified audit, and the 2018/19 results will be subject to an audit.

18.2.1 Recovery and Rehabilitation Partnership Unlimited

The figures above reflect that there were no financial transactions during 2018/19 and 2017/18, with the company being dissolved on 27 June 2017.

18.2.2 SMSKP2 Limited

The figures in the above note are based on the forecast out turn position of the SMSKP2 Limited for the year ending 31 March 2019.

The Foundation Trust's share of the joint venture's capital commitments as at 31 March 2019 is £nil (31 March 2018: £nil).

19. Third party assets

The Foundation Trust held £244k (31 March 2018: £193k) cash and cash equivalents at 31 March 2019 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 41 cases of losses and special payments (2017/18: 50) totalling £358k (2017/18: £165k) paid during the year ending 31 March 2019. No individual case exceeded £300k (2017/18: nil). These amounts are reported on an accruals basis but exclude provisions for future losses.

Losses	2018/19 Total number of cases	2018/19 Total value of cases £s	2017/18 Total number of cases	2017/18 Total value of cases £s
Cash losses	3	3	3	1
Fruitless payments and constructive losses	0	0	0	0
Bad debts and abandoned claims	21	354	31	161
Stores losses	0	0	0	0
Total	24	357	34	162
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	17	1	16	3
Total	17	1	16	3
Grand Total	41	358	50	165

21. Events after the reporting period

There were no events after the reporting period.

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