NHS
Western Sussex Hospitals
NHS Foundation Trust

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Annual Report and Accounts 2018 / 19

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paragraph 25(4) (a) of the National Health Service Act 2006

Western Sussex Hospitals NHS Foundation Trust

Annual Report 2018-19

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1. Performance Report

The purpose of this section of the Annual Report is to provide a summary of the purpose and activities of Western Sussex Hospitals NHS FOUNDATION Trust (WSHFT) the Trust's priorities and objectives for 2018/19, the key risks to achieving these objectives and how we have performed in relation to these during the year.

1.1 Welcome from the Chairman and Chief Executive

At Western Sussex Hospitals we are committed to continually improving the quality of care our patients receive and despite many challenges 2018-19 has been another successful year for the trust.

Our greatest challenge is the continuing increase in patient numbers, in the face of persisting staff and resource constraints. In January we saw around 44 more patients a day in our Emergency Departments than we did last year, while admissions rose by 9% compared to 2018. This trend continued in February with around 10% more attendances than for the same month in 2018.

However, despite these huge increases in patient numbers we are providing an improved service. For example, in December, 1,000 fewer A&E patients waited more than four hours to be treated, admitted or discharged than the year before; an incredible 54% reduction in 4-hour breaches. As a result, in December we had the 11th best performance for type 1 A&E departments in England. And this trend continued in January when 850 fewer patients waited more than 4 hours to be admitted or discharged than in the same month the previous year, even though we saw 1,370 more patients.

This achievement was thanks in part to our extensive winter planning and the many new initiatives including those designed to discharge patients who are ready to leave hospital earlier in the day and our ongoing focus, with our social care partners, to ensure patients who are medically fit to be discharged are not delayed in our hospitals. It is also, of course, a result of the ongoing hard work, commitment and flexibility of our brilliant staff.

It is now nearly five years since we launched our Patient First, trust-wide transformation programme, to empower and support our staff in driving positive change which delivers tangible benefits for the people who use our services and rely on us for their care. In January 2019 eleven new clinical teams at St Richard's became the tenth wave to start on their Patient First Improvement System (PFIS) journey. They are the biggest cohort yet to take part in the programme which has now given more than 60 clinical teams the

lean management understanding and tools they need to put our PFIS into practice. And by the end of 2019 the aim is that all frontline clinical teams in the trust will be using PFIS, which is a phenomenal achievement.

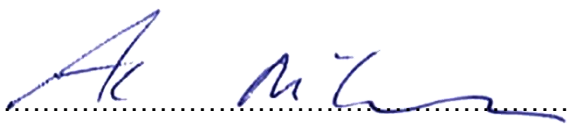
This year we also celebrated two important milestones. The first, on 5 July 2018, was the NHS 70th anniversary which you can read more about on page 30. The second, was slightly more personal, as on 1 April 2019 we wished Western Sussex Hospitals a happy 10th birthday. The trust was formed on 1 April 2009 when the Royal West Sussex and Worthing & Southlands NHS trusts merged. Within four years, Western Sussex Hospitals won Foundation Trust status and in April 2016 it became the first multi-site hospital trust to be rated “Outstanding” by the Care Quality Commission. It is important to use moments such as these to pause and look back at just how far we have come and how much has been achieved. Our journey of improvement over the last ten years is one that the whole WHST team should be extremely proud of.

Finally, 2018-19 was the year that we bid an extremely fond farewell to our Chairman Mike Viggers who retired at the end of May 2018. Mike joined the trust in 2011 and we couldn’t have wished for a better and more dedicated chairman and on behalf of our patients, staff and community I would like to thank him for his service to our hospitals. In September 2018, we warmly welcomed Alan McCarthy as our new Chairman who joined us from Sussex and Surrey Healthcare Trust (SASH) where he served as chair for eight years. On Alan’s third day he joined me to host our annual Patient First STAR Awards which is always such an uplifting celebration of the hard work and commitment of our staff and volunteers and I can’t think of a more fitting introduction to the trust.

…… 28 May 2019

Dame Marianne Griffiths, Chief Executive

Western Sussex Hospitals NHS Foundation Trust



…… 28 May 2019

Alan McCarthy, Chairman

Western Sussex Hospitals NHS Foundation Trust

1.2 About the Trust

Western Sussex Hospitals NHS Foundation Trust serves a population of around 450,000 people across a catchment area covering most of West Sussex.

The Trust runs three hospitals:

- St Richard's Hospital in Chichester
- Southlands Hospital in Shoreham-by-Sea
- Worthing Hospital in the centre of Worthing

St Richard's and Worthing hospitals provide 24-hour A&E, acute medical care, maternity and children's services, while Southlands specialises in day-case procedures and diagnostic and outpatient appointments, and is home to the eye care unit opened in June 2017.

In addition to our three hospitals, we provide a range of services in other community settings, including:

- Bognor War Memorial Hospital,
- Crawley Hospital,
- health centres,
- GP surgeries and
- sexual health clinics.

Western Sussex Hospitals was created in 2009 by a merger of the Royal West Sussex and Worthing and Southlands Hospitals NHS Trusts, and has been an NHS Foundation Trust since 2013.

Our services are delivered through four clinical divisions – Medicine, Surgery, Women and Children and Core Services – and two enabling ones: Corporate, and Facilities & Estates.

We employ 7,054 people across all our sites, including nursing and midwifery staff, medical and dental staff, technicians and scientists, and we are always looking for more skilled and caring people to join our teams.

In 2018/19, we held 614,794 outpatient appointments (2017/18: 585,037), treated 133,042 inpatient and day cases (2017/18: 132,992) and saw 144,155 patients in A&E (2017/18: 139,430).

Throughout the year, our staff were supported by the activities of around 1,000 volunteers, who help in everything from serving meals and meeting and greeting patients, to performing clerical duties, offering emotional support, befriending and listening.

As an NHS Foundation Trust, we also benefit from a membership of more than 14,000 staff, patients and members of our community, who are able to help guide our future plans and priorities through a range of channels including our Council of Governors.

As well as representing the views of local people, our governors act as a “critical friend” to the Trust, holding the organisation to account and monitoring performance.

Our income for 2018/19 was £477 million, and our principal service commissioner was Coastal West Sussex Clinical Commissioning Group. We work closely with commissioners and other healthcare providers to use our budget to provide high-quality, integrated care for local people.

We were last inspected by the Care Quality Commission, the independent regulator of health and social care in England, during December 2015, and awarded the highest possible rating, Outstanding, the first multi-site acute trust in the country to do so.

Our ongoing ambition is to continue to build on this achievement, further improving the quality of care we can offer our community. The principal risks that could affect the achievement of our objectives are related to the rising level of local demand and the national issue of recruitment, both of which are discussed more fully in the Performance Analysis section of this report. The directors have considered that on best estimates of future activity and cash flow the Trust is able to prepare its accounts on a going concern basis.

The headquarters of the Foundation Trust are:

Chief Executive’s Office
Worthing Hospital
Lyndhurst Road
Worthing
West Sussex BN11 2DH

1.3 Performance Analysis

1.3.1 Key Performance Indicators

Regulatory standards

The operational performance of Western Sussex Hospitals NHS Foundation Trust is measured against key access targets and outcomes objectives set out in the Single Oversight Framework drawn up by NHS Improvement, the overseer of health care organisations.

These are:

- A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge
- Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate − patients on an incomplete pathway
- All cancers – maximum 62-day wait for first treatment from:
  - urgent GP referral for suspected cancer
  - NHS cancer screening service referral
- Maximum 6-week wait for diagnostic procedures

Internal priorities

Alongside the performance standards we are required to meet by our regulators and external assessors, the Trust also sets itself a number of specific internal objectives that provide an additional means of measuring progress towards our strategic goals, which in turn contribute to delivering our long-term ambition of providing the best possible patient experience.

These are called our 'True North' objectives and are aligned to the strategic themes of our Patient First improvement programme:

Strategic objective	**True North goal**
Reducing preventable mortality and improving outcomes	To be in the top 20% of NHS organisations for the Hospital Standardised Mortality Ratio (HSMR)
Avoiding harm	99% of patients receiving safe, harm-free care as measured by the NHS Patient Safety

Strategic objective	True North goal
	Thermometer
Improving patient experience	97% recommendation for Friends and Family Test feedback
Improving staff engagement	To be in the top 20% of acute Trusts on NHS Staff Survey engagement score

You can read more about the Trust's True North goals and performance against them in the Quality Report section of this Annual Report.

1.3.2 Monitoring Performance

Regulatory standards

Western Sussex Hospitals NHS Foundation Trust utilises an extensive Performance Framework to ensure sustained delivery of key measures based on the principles of the Balanced Scorecard. This framework ensures scrutiny, assurance, and where necessary, remedial actions and follow through to compliance recovery. The layering of this framework ensures oversight occurs through

- Care Group review of departmental/ward delivery,
- Divisional Management Board review of associated Care Groups,
- Divisional Performance Reviews (SDRs) undertaken by the Trust Executive, and finally,
- monthly performance review by Trust Board.

Each layer of review and action considers both the key access targets and outcomes objectives used to assess operational performance under the Single Oversight Framework, and a wider set of balanced scorecard indicators that have been selected to provide a more complete view of operational risks and interdependencies. The review process is underpinned by an extensive suite of business intelligence tools designed to show outcomes, but also the drivers of potential compliance risks such as changing demand profiles.

Internal priorities

Progress towards the True North goals that support our key strategic objectives is also monitored on an ongoing basis using a similar range of quantitative and qualitative measures.

These are described in detail in the Quality Report section of this Annual Report but can be summarised as follows:

Reducing preventable mortality and improving outcomes

The primary indicator for our 'reducing preventable mortality and improving outcomes' goal is hospital mortality. The Trust uses Dr Foster's HSMR risk-adjusted mortality tool to monitor this.

Avoiding harm

The Trust uses the national NHS Patient Safety Thermometer to monitor overall harm-free care.

This tool looks at point prevalence of four key harms in all patients on a specific day in the month:

- falls,
- pressure ulcers,
- urinary tract infections, plus
- venous thromboembolisms (VTE), deep vein thrombosis and pulmonary embolism.

The Safety Thermometer includes harms suffered by the patient in healthcare settings prior to admission.

Improving patient experience

We monitor the quality of patient experiences within the Trust through a range of reporting mechanisms:

- The NHS Friends and Family Test
- Inpatient surveys
- Complaints and Patient Advice and Liaison Service (PALS) enquiries

The NHS Friends and Family Test requires hospitals to ask all adult inpatients, outpatients, day surgery patients, maternity service users and A&E attenders how likely they are to recommend the ward or department in which they were treated to friends and relatives if they needed similar treatment or care.

We supplement the data we receive from the Friends and Family Test with our own, more detailed inpatient surveys completed by patients using hand-held tablets shortly before their discharge.

Other means of monitoring experience include feedback from complaints and PALS enquiries, comments placed on social media and the NHS Choices website, and those submitted to Healthwatch West Sussex.

Improving staff engagement

The national NHS Staff Survey assesses the quality of staff experience through a number of questions linked to the NHS Constitution. Scores range from 1 to 5, indicating low to high engagement. We have identified that the key elements that make up our staff engagement score are:

- Staff recommendation of the Trust as a place to work or receive treatment
- Staff motivation at work
- Staff ability to contribute towards improvements at work

1.3.3 Clinical Performance

Regulatory standards

The following table identifies in-year delivery and trending of the specific objectives of the NHS Improvement Single Oversight Framework in 2018/19. Detailed narrative of each element follows the table.

NHS Improvement Single Oversight Framework		Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date	Trend
															MARCH 2019	
Operational Performance Metrics																
OP1	A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	94.2%	96.4%	95.7%	94.4%	93.1%	95.2%	93.8%	95.7%	92.8%	91.1%	91.9%	95.1%	94.1%	
OP2	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	84.3%	85.2%	83.9%	83.0%	81.0%	80.0%	80.6%	81.3%	81.3%	81.5%	82.3%	83.4%	82.3%	
OP3A	All cancers : 62-day wait for first treatment following urgent GP Referral	85%	88.1%	77.8%	76.6%	78.3%	81.4%	79.6%	80.1%	81.2%	81.2%	77.4%	76.5%	82.5%	80.0%	
OP3B	All cancers : 62-day wait for first treatment following consultant screening service referral	90%	90.7%	98.2%	84.2%	98.5%	100.0%	92.7%	83.2%	93.1%	88.6%	79.1%	90.5%	96.0%	90.8%	
OP4	Maximum 6-week wait for diagnostic procedures	1%	0.85%	0.98%	0.43%	0.43%	0.79%	0.59%	0.53%	0.35%	0.83%	0.86%	0.47%	0.86%	0.66%	

A&E waiting times

The Trust achieved an average 94.09% compliance rate against A&E four-hour wait targets, an improvement from 92.9% in 2017/18. This has been set against a backdrop of an increase in demand of 3.4% from last year, particularly exacerbated between January and March with a 9.9% increase in attendances relative to the same period in 2017/18. Western Sussex Hospitals was the 9th highest performing Trust in the country for Type 1 A&E delivery as reported by NHS England.

Referral to Treatment (RTT)

Trust performance in the first half of the year declined to a low of 80% in September 2018. The Trust saw an unprecedented increase in the waiting list between March and August 2018 with an additional 9.9% of patients waiting for treatment. Whilst the Trust was commissioned to maintain its waiting list level at March 2019 at no more than the level at March 2018

A recovery plan has been in place across the trust in the second half of 2018/19 targeting performance in the main non-compliant specialties such as ophthalmology, orthopaedics, cardiology and neurology. Actions included improvements to pathway management, booking processes, clinic and theatre productivity and utilisation of capacity at other local providers. This action and Trust maintained its waiting list size as commissioned by the CCG and NHSE, this level of activity was not sufficient to achieve the Referral to Treatment (RTT) standard. This action saw performance against the 18 week target improved to a position of 83.4% in March 2019. The waiting list has now stabilised to the March 2018 position and further improvements are expected in 2019/20.

Cancer

Performance against cancer waiting time targets has been challenging in 2018/19 with cancer referral demand increasing by 19.5% in comparison to 2017/18. Specialties affected in particular were colorectal with over 40% increase in referrals, followed by urology, breast and skin. Some high profile campaigns, celebrity incidence of cancer and changes in referral criteria have led to these large increases which have also been seen nationally.

The trust maintained compliant performance against all 31 day cancer diagnosis targets throughout the year and has remained largely compliant against the 2 week referral targets. However, compliance against the 62 day GP referral to treatment start target of 85% has not been achieved since April 2018. A range of actions have been put in place to return the trust to a complaint position from April 2019 onwards. These include the implementation of the optimum pathway project for colorectal referrals, additional nursing capacity and streamlining referral processes for prostate cancer pathways, additional diagnostic capacity funded by the Cancer Alliance and enhanced tracking and escalation for over 62 day waiters.

Diagnostics

The Trust delivered diagnostic investigations within the 6 week target for patients in 2018/19, representing one of the best years for delivery of the target in the Trust's history.

Internal priorities

Performance against our True North goals for the year, as set out by our Quality Strategy, is summarised as follows, with full detail available in the Quality Report section of this Annual Report.

Reducing preventable mortality and improving outcomes

- 2018/19 achievement: to remain in the top 20% of NHS organisations for HSMR

  Our HSMR score improved from 107.48 in 2011/12 (ranked 112 of 141 acute Trusts; 79th centile) to 89.8 in 2017/18 (the last full financial years' worth of data). Due to the delay in Dr Foster data (to allow for coding and processing) the most recent data point available is November 2018, which puts our performance at 89.53 (ranked 25th of 134 Trusts; 19th centile).

Avoiding harm

- 2018/19 achievement: 98.5% of patients suffered no harm during their inpatient stay. This is a 0.2% increase on 2017/18 and close to achieving the challenging internal target of 99% set by the Trust.

Improving patient experience

- Our Friends and Family Test (FFT) patient feedback has consistently ranks higher than the national average. For 2018/19 we sought to build on our past achievements and enter the top 20% of NHS Trusts for FFT recommendation score. To do this we have set a 'True North' long-term goal to achieve 97% recommendation for FFT feedback, and reduce 'not recommend' rates.

- Year to date, as at February 2019, 96.5% of people would recommend WSHFT to family and friends, an increase from 95.1% last year. The trust is positioned 16th out of 148 Trusts nationally, which is just outside the top 10%. A&E recommendation rates, in particular, have improved by over 9% in comparison to 2017/18 to position the trust as being 10th best out of 134 trusts with an A&E department.

Improving patient experience

- Our Friends and Family Test (FFT) patient feedback has consistently ranks higher than the national average. For 2018/19 we sought to build on our past achievements and enter the top 20% of NHS Trusts for

FFT recommendation score. To do this we have set a 'True North' long-term goal to achieve 97% recommendation for FFT feedback, and reduce 'not recommend' rates.

- As at December 2018, 95.9% of people would recommend WSHFT to family and friends – this is 12th of 131 Trusts nationally (in top decile).

1.3.4 Financial Performance

The key highlights for the Trust's financial performance during the period from 1st April 2018 – 31st March 2019 were:

- Against a challenging financial environment the Trust delivered a retained surplus of £28.46m. The Trust delivered a financial risk rating of 1 at year end, this being the top possible rating.
- Cost improvement programme savings of £18.2m (3.8% of turnover)
- Expenditure on capital schemes of £19m, including medical equipment, increasing ward capacity, continuation of investment in Southlands, estates backlog maintenance and the centralisation of the patient meal service. The capital programme was supported by the Trust's dedicated hospital Charity Love Your Hospital and League of Friends.

As the year progressed the Trust experienced:

- Significantly higher than planned increases in urgent care, A&E attendances and outpatient procedures.
- A rise in the proportion of admissions from the over 85 years age group, who have a longer average stay and an increase in acuity levels.

The Trust saved £18.2m by streamlining processes, improving productivity, smarter procurement and reducing waste. Over the next financial year we aim to deliver a further £11.7m of efficiency savings.

As at the end of March 2019, the Trust is reporting a surplus of £28.46m after adjustment for impairments and donated assets as summarised in the table below.

Financial Performance for 2018/19	**£m**
Net Surplus	**£23.07m**
Add back:	
Impact of Donated Assets	**£0.51m**
Impairment of Fixed Assets	**£4.88m**
Retained Surplus	**£28.46m**

"The impairments of **£4.88m** relate to net changes in the asset value following the annual revaluation."

The Trust undertakes an annual revaluation of its estate on a Modern Equivalent Asset basis for land and buildings. Any movements in the value of the estate are reflected in either the revaluation reserve or the income and expenditure account, depending on the nature of the change and any previous changes in respect of that asset. The impairments of £4.11m relate to net changes in asset value following the annual revaluation.

Long-term liabilities

The affordability of long-term loans is considered by the Trust Board prior to approval. Further information on the Trust's long-term borrowings is available within Note 31 to the accounts.

Financial outlook

The Trust has published its operational plan for 2019/20, including its financial plans. The Trust forecasts reaching a Use of Resource Rating of 1 and delivering a control total surplus, as defined by NHS Improvement, of £14.1m, which includes funding from the Provider Sustainability Fund and Marginal Rate Emergent Tariff. The Cost Improvement Programme for the next financial year amounts to £11.7m.

Going concern

After making enquiries, the directors have a reasonable expectation that the 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.

Governance ratings

The Trust is assessed under the Use of Resource Rating, which is driven by assessments on liquidity, capital service cover, income and expenditure margin, variance to plan and agency expenditure. The highest rating that can be achieved is a score of 1. A score of 2 indicates no significant financial concerns and a score of 3 requires an increased level of monitoring. The Trust scored a 1 in all four quarters of 2018/19.

There were no formal interventions by the regulator during the year 2018/19.

Other financial information

Accounting policies for pensions and other retirement benefits are set out in Note 1.3 Employee Benefits'

Details of senior employees' remuneration can be found within the Remuneration Report.

There are no post balance sheet events.

The Trust spent £377k on external consultancy services in 2018/19.

Note 37 to the accounts sets out, in relation to the financial instruments, an indication of the financial risk management objectives and policies of the Trust and the exposure of the entity to price risk, credit risk, liquidity risk and cash flow risk, where material for the assessment of the assets, liabilities, financial position and results of the Trust.

Income disclosure

The income from the provision of goods and services for the purposes of the health service in England is greater than the income from the provision of goods and services for any other purposes. Income from goods and services not for the purposes of the health service in England is required to at a minimum cover the full cost of delivery of the goods and services. Any surplus from these activities is reinvested and supports the provision of goods and services for the purposes of the health service in England.

Directors' statement

The directors are required under the NHS Health Service Act 2006 to prepare accounts for each financial year.

The directors consider the Annual Report and Accounts, taken as a whole, to be fair, balanced and understandable and provide the information necessary for patients, regulators, and stakeholders to assess the Trust's performance, business model and strategy.

Each director of the Trust Board, at the time of approval of the Annual Report and Financial Statements, declares that:

- So far as they are aware, there is no relevant audit information of which the Trust's auditor is unaware; and
- 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 Trust's auditor is aware of that information.

1.3.5 Environmental Impacts

The Estates & Facilities team has been developing the Trust's approach to environmental sustainability and provides leadership to enable the Trust to operate in a way that ensures a high regard for energy efficiency, carbon reduction, waste management, the most appropriate use of materials and other resources. Sustainable travel has also been high on the agenda in 2018/19.

We are taking a *'one step at a time'* approach for the different messages and campaigns.

Our commitments:

- Decarbonise our facilities in line with NHS national targets. We will identify an energy partner to support us in reducing energy emissions and costs.
- CO2 reduction in our buildings' energy consumption to meet NHS national targets under the Climate Change Act 2008 (we will have a 34% reduction against our baseline).
- Decarbonise our travel and transport operations to minimise the environmental and health impacts associated with the movement of staff, patients and goods.
- Support staff and patients in switching to more active and sustainable ways of travelling, shifting away from car dependency and solo car occupancy to support health and wellbeing, cut costs and reduce carbon emissions.
- Green Travel Plan, with a focus on engaging and supporting staff, patients and visitors to change their mode of travel in a practical way, reducing single car occupancy and engaging in active travel.
- Demonstrate commitment to sustainable procurement in line with the Social Value Act, integrating environmental and social principles into our core procurement practices alongside economic considerations.
- Inform, empower and support our workforce to take action to deliver high-quality care today in a way that does not compromise our ability to deliver care in the future.
- Embed sustainability into HR policies and practices and ensure that staff development processes support a shift to more sustainable and resilient healthcare delivery with clear senior leadership.

- Engage with other local Trusts within the STP footprint to share and discuss local sustainability issues.
- Create infrastructure, supply chain and logistics operations that are resilient to changes in climate and extreme weather events through our resilience and business continuity programmes.
- Work with clinical services to ensure we are prepared for the projected impacts of climate change on the Trust, including changing health needs of our patients and disruption to delivery of our services.
- Embed sustainability into our governance structures, ensuring effective, targeted action is possible at all levels of the Trust and in both clinical and non-clinical areas.
- Monitor and measure our progress against the Sustainable Development Management Plan and adopt transparent public reporting as a fundamental principle for improvement and good governance.
- Report energy, water and waste performance to Trust staff, developing a sustainability page on the intranet to achieve this.
- Maintain a clean, healthy and safe environment. We will minimise waste, increase recycling and reduce the environmental impact of landfill.

Key operational indicators during 2018/19 demonstrate and reflect that the Trust responded well to the additional winter activity. Average inpatient bed occupancy increased as well as attendance at our Emergency Departments. This additional activity brought not only an increase in patient footfall but also an increase in visitor footfall to our hospitals. We have continued to perform well with waste management alongside increased activity across our sites. We have continued to reduce infectious waste through our work to maintain waste segregation, which has meant the amount sent for incineration remains stable and is not increasing.

1.3.6 Influences on Performance

Staff commitment

The continuing commitment of our people remains the single most important positive influence on the performance of the Trust, especially as pressure on services, staffing and budgets continues to increase year on year. During winter particularly, when our Emergency Departments were busier than ever and the number of acutely unwell people needing to be admitted was also around 6% higher than last year, the dedication of our staff is an absolutely crucial element of delivering on our commitment to provide high quality, safe and compassionate care.

The commitment and engagement of our staff was also highlighted in our 2018 NHS staff survey results. In total, 4,350 staff completed the survey – 64% of the hospitals' workforce and nearly 1,000 more than just three years ago. That was the fourth-highest response rate in the country, against an average for all acute trusts of 45 per cent. Overall, the results of the survey placed Western Sussex Hospitals among the top 20 of acute hospital trusts in the country for staff engagement. It is an established fact that better engaged staff provide better patient care, so these results also underline our commitment to continuing to improve the quality of the treatment and care we provide.

For other key indicators of staff commitment and engagement we look to our monthly employee awards, our annual Patient First STAR Awards and our annual conference. STARS aims to recognise and reward talent and achievements of our staff and volunteers, share best practice as well as support staff engagement.

In 2018-19 we received 630 STAR nominations from staff, volunteers and the general public culminated in a presentation ceremony in September. Supported by the trust's charity, Love Your Hospital, this year's awards reached 59,800 people on Facebook with 14, 814 reactions, comments and shares. There were more than 2,300 views on Flickr and 19,276 Twitter impressions.

Nominators and event attendees were also surveyed to check their views on the scheme as well as help shape improvements for next year. The feedback was overwhelmingly positive and the sentiments most commonly expressed were of pride and a feeling of being valued and appreciated.

The awards evening itself also proved to be a valuable way of increasing awareness of LYH among trust staff.

The staff conference was packed out on each of its two days and featured story after story of improvement and excellence from teams and services across the Trust.

Patient First

The Trust Board recognises that much of the strength of our hospitals lies in the skill, enthusiasm and innovation of our staff and has actively sought to build an organisational culture that empowers these teams and individuals to make lasting changes that benefit our patients and the community.

To do this we have developed Patient First – our leading, long-term approach to transforming the way we deliver services for the better.

Patient First is a programme based on standardisation, system redesign and ongoing development of care pathways, built on a philosophy of incremental and continuous improvement led by frontline staff empowered to initiate and lead positive change.

We describe the structure and focus of Patient First visually in the form of a triangle.

The patient, first and foremost, is at the apex of the triangle, to make explicit the commitment that everything we do, no matter how large or small, should always contribute to improving outcomes and experiences for the people we care for in our hospitals.

This is the 'True North' of our organisation – the one constant towards which we must always set our direction of travel in order to achieve our vision.

The middle tier of the triangle identifies our four strategic themes on which we need to focus to create the organisation our patients want us to become:

- Sustainability
- People
- Quality improvement
- Systems and partnerships

How it is delivered

Patient First is supported by five pillars what will support the strategic themes and help us achieve the targets we have set under each:

- Strategy deployment

- Kaizen Office
- Capability building
- Patient First Improvement System (PFIS)
- Improvement Initiatives

The Patient First Improvement Programme uses the methodologies of the Lean and Six Sigma improvement framework, which has been proven throughout the world as a highly successful system for enabling sustained progress towards strategic goals.

This approach has enabled us to identify a True North metric and associated objectives for each of the strategic themes – essentially a point of focus and measurement that will make the strongest direct contribution to moving us forward towards our Patient First goal:

True North Domain	Metric	Objective	Executive Lead
Sustainability	Budget Management	Breakeven	Karen Geoghegan (Chief Financial Officer)
People	Staff engagement score	Top 20% in the country	Denise Farmer (Chief Workforce Officer)
Quality	Avoiding harm	99% harm-free care on Patient Safety Thermometer	Nicola Ranger (Chief Nursing Officer)
Quality	Preventable mortality	HSMR among best 20% in the country	George Findlay (Chief Medical Officer)
Systems & Partnerships	Patient flow	A&E waits under four hours for 95% of attenders	Pete Landstrom (Chief Delivery Officer)
Systems & Partnerships	Patient flow	Referral-to-treatment time less than 18 weeks for 92% of patients	Pete Landstrom (Chief Delivery Officer)

The culture of change needed to achieve service transformation on this scale requires a significant degree of support, which is what the triangle's five underlying pillars have been created to provide – all working collectively but each with a specific focus of its own.

Strategy deployment identifies and reviews the True North objectives for each strategic theme and is responsible for cascading these throughout the Trust to enable all improvement initiatives to support these common goals.

The Kaizen Office is the Trust's centre of excellence for the Lean techniques underpinning Patient First, home to a dedicated team tasked with enabling a consistent and sustainable Trust-wide approach to improvement over the long term.

Capability building is about equipping our staff with the skills to deliver continuous improvement, with training available for every staff member, beginning at induction and going all the way through to Lean practitioner level.

The Patient First Improvement System (PFIS) is a Trust-wide Lean Management system which will empower front-line staff at all levels to make changes aligned to the True North goals and give back 'time to care' by removing wasteful activities and improving processes.

Improvement initiatives are specific, larger projects aligned to True North metrics and breakthrough goals, managed by Lean-trained staff and supported by the Kaizen Office.

Patient First in 2018-19

The continuing development of our Patient First programme is one of the principal influences on our ability to deliver high-quality care and services.

During 2018-19 we continued to roll out our Patient First Improvement System (PFIS) across the hospitals. In January 2019 eleven new clinical teams at St Richard's became the tenth wave to start on their Patient First Improvement System (PFIS) journey. They are the biggest cohort yet to take part in the programme. Three years into the PFIS roll out across the trust, more than 60 clinical teams have begun to practise PFIS, empowering their teams to use proven lean management, and by the end of 2019 the aim is that all frontline clinical teams in the trust will be using PFIS.

PFIS is now recognised across the trust as giving clinical teams new fast-track methods of problem solving, creating better leadership, raising standards and helping staff release more time to care for patients.

We also expanded the educational programme that equip of staff with skills they need to embed continuous improvement of systems and services into all aspects of their work, with more than 30 wards and departments now having undergone Lean training delivered by our Kaizen Office.

The Kaizen Office also provides support to improvement projects across the trust that have enabled us to make major advances in the quality and safety of patient care, such as reducing the number of falls experienced by patients in our hospitals by more than 50%.

Progress against our Patient First True North objectives is described in detail in section two of the Quality Report section of this Annual Report.

Demand

Our hospitals continue to get busier and busier every year as demand for services continues to increase, putting ever-greater pressure on our staff and requiring us to work ever more efficiently and think in more innovative ways to meet the changing needs of our population.

Since the Trust was formed in 2009, the number of outpatient appointments we hold every year has increased by 40% to more than 614,000 and A&E attendances are up 20% to more than 144,000.

Care Quality Commission standards

Our services were last inspected by the Care Quality Commission (CQC) in December 2015, after which Western Sussex Hospitals became one of only five acute trusts in the country to be awarded the highest possible rating, 'Outstanding'.

The Trust will be expecting a CQC inspection in 2019 and we continue to monitor our performance internally against the highest standards of care. We continue to engage with the CQC through a range of activities including the hosting of the quarterly CQC divisional engagement events. The CQC has commented positively on the service presentations and the wealth of information and assurance this has provided the CQC on the quality of the Trust's services.

A refreshed and updated Statement of Purpose in line with our Trust True North Objectives has also been finalised. Our clinical governance team and nurse director meet regularly with our CQC relationship manager to share data and updates to demonstrate ongoing compliance, a monthly report is provided to the Trust Executive Committee and we have also introduced a new electronic CQC data set taken from national performance and quality metrics that allows our operational divisions to benchmark their own results month by month.

Western Sussex Hospitals
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Discharge from hospital

Delayed discharges remain a major issue for hospitals throughout the NHS. The occupation of beds by people who are well enough to go home or continue their recovery in another healthcare setting has knock-on effects throughout the entire hospital system. Ultimately, it can prevent hospitals from being able to admit new patients in urgent need of care.

This is a problem that affects Western Sussex Hospitals too, as there were typically 142 people on our wards who did not need to be there at any point during 2018-19.

We recognise that resolving the issue requires the co-operation of organisations across the health and social care sectors, and are taking part in the region-wide initiative called 'Let's Get You Home' to promote the closer collaboration that can make a difference.

Some 24 NHS organisations and councils in Sussex and East Surrey are now working together to support people who are well enough to leave hospital in returning home safely, or in moving to a care home or supported housing if this is not possible.

Key elements of the initiative include:

- Hospital staff having earlier conversations with patients about how they will leave hospital and giving them clear information about their choices
- Hospital staff and local council adult services teams working more closely with each other to ensure patients have the care and support they need to return home, or go into a care home or supported housing
- More assessments on people's long-term care needs taking place in their own homes, where they can be assessed more accurately than in hospital

Evidence shows that going home is better for patients, as they recover better outside hospital once they no longer need the specialist care they receive there, while making more beds available will help us treat more people more quickly, particularly during the winter months in which illness and accidents are more common.

The initiative continues to have a positive effect in reducing delays in discharges and freeing up beds for those who need them. We have seen around a 2.3% reduction in emergency bed days for acute patients in 2018/19 compared to 2017/18, which works out to be around 20 beds or ward, whilst also seeing a 6% increase in emergency admissions over the same period.

Also over 2018/19 we have seen a decrease in stranded patients (7+ days) of 1.9% and decrease in super stranded of 3.3% in comparison to last year.

Recruitment and Retention

During 2018/19, recruiting and retaining staff has continued to be a key priority. Our overall vacancy rate remains at 10.9%, with the number of staff leaving (our turnover rate) at 8.2%. Our ability to have sufficient workforce capacity to respond to a growing demand on our clinical services remains challenging.

Like many NHS trusts, we have a number of medical specialties that are hard to fill. Whilst our vacancies are largely in the junior doctor tier, reliance on agency staff in the long term is not sustainable or affordable. We have therefore introduced a number of different roles during 2018/19 that have been successful and attractive to doctors. This includes:

- Clinical fellows within medicine, where individuals are able to undertake research alongside their day to day responsibilities
- Resident On-Call Consultants in paediatrics, where we have been unable to fill gaps to our middle-grade rotas
- Physician Associates in medicine and surgery
- Resident Medical Officers in general surgery and trauma and orthopaedics

This will work will continue and supplement both national and international recruitment.

<u>Bands 2-4 and Recruitment process change</u>

In January 2019, the recruitment process changed for the recruitment of Healthcare Assistants (HCA) into the Trust. HCA candidates are now recruited via two pathways; those with experience and a qualification in Care and those with or without experience or a qualification in Care.

Candidates with experience and a qualification in Care are appointed to ward/department vacancies or the nurse bank.

Those without experience are appointed as Trainee HCAs and undertake an Apprenticeship at Level 2 or 3 (depending on qualifications held). Upon completion of level 3, the candidates could apply for a Trainee Nurse Associate role and eventually a Nurse Associate role at Band 4.

Recruitment continues for experienced HCAs at Band 2 on a fortnightly basis on alternate sites. There are very low vacancy rates for HCA's. The Trainee

HCA/Apprentice pathway will be undertaken in three cohorts of up to 30 candidates per year. The Apprenticeship is support by Chichester College.

The third wave of Trainee Nurse Associate (TNA) posts (Band 3) at the Trust is due to go out to advert imminently. During 2018/9 20 Nursing associates have started their training and plans are in place for them when they qualify.

Nationally, the first qualified Nurse Associates (NA – Band 4) completed their studies in February 2019 - there were no applications to the recent Trust advert. The first Trust cohort will complete their NA studies in February of 2020.

Nursing Times (NT) recruitment event

There was Trust representation at the recent NT recruitment event that was held in Brighton earlier in March.

The event was a success with three Registered Nurse's appointed and two HCA. A further 68 contacts were made with subsequent, on-going follow-up.

Care Certificate

Following the appointment of two Band 3 HCA Clinical Educators last year, there has been a huge improvement in the number of completed Care Certificates (CC) by substantive HCAs Trust wide.

There are currently five outstanding certificates for 2017&18 on the Worthing site - this figure was 100+ prior to the appointment of the Clinical Educators. There is a similar picture on the Chichester site although updated figures have not been received yet due to sickness absence.

With the improvement in the number of completed care certificates by substantive staff, the Clinical Educators are now looking to focus on the HCAs on the Nurse bank.

Preceptorship Programme

The preceptorship programme for our Newly Qualified nurses became a mandatory programme in February 2018. This change included a review of the programme with senior nurses and concluded with 12 study days encompassing all the required clinical skills and components of the national requirements. This was supported by a new Preceptorship Policy. Initial feedback has been extremely positive and the programme has been a particular attraction at both internal and local recruitment events.

Western Sussex Hospitals
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Key achievements during 2018/19

The Trust has invested in a number of new strategies to improve recruitment and retention. This includes:

- An opportunity to step on to a 1, 2 or 3 year development programme for registered nurses
- Multiple rotation programmes showcasing the skills that can be gained working in the Trust
- Extended portfolio of in-house education and training modules
- Relocation expenses for hard to fill medical specialties
- Introduction of new roles including optometrists and opticians
- Extended roles for allied health professionals, professional and technical and HCAs

Our strategies to reduce reliance on agency staff are yielding results, particularly in nursing. By year end we anticipate to have reduced spend by a further £1.8m from last year. This will mean that since 2015/16 agency spend has fallen by £10m (45%). At the same time we have grown our internal staff bank and have therefore been able to maintain workforce capacity in critical areas of the Trust.

Working with Brighton and Sussex University Hospitals

Western Sussex Hospitals NHS Foundation Trust (WSHFT) has been providing leadership support to its neighbour, Brighton and Sussex University Hospitals NHS Trust (BSUH), since April 2017.

The WSHFT executive team was asked by the hospitals regulator NHS Improvement to lead BSUH for a period of at least three years to help it move out of Special Measures on quality and finance, build on A&E improvements, progress its hospital redevelopment programme and develop an organisational culture that can sustain improvement into the long term.

The WSHFT Board approved the agreement after being satisfied by a full risk assessment that performance at Western Sussex would not be adversely affected by the arrangement.

…… 28 May 2019

Dame Marianne Griffiths, Chief Executive

Western Sussex Hospitals NHS Foundation Trust

2. Accountability Report

2.1 Directors' Report

Our Board of Directors is responsible for the management and performance of the Trust, and for setting its future strategy.

This section of the Annual Report provides an overview of 2018/19 from an operational and strategic standpoint, outlines the in-year development of the Trust's relationships and partnerships with stakeholders, and details its governance and management arrangements from a Board perspective.

2.1.1 Patient Care

Care Quality Commission standards

The trust was not inspected by the Care Quality Commission (CQC) during 2018/19. Our last CQC inspection took place in December 2015 and led to Western Sussex Hospitals becoming only one of five organisations to receive the highest-possible 'Outstanding' rating.

CQC Chief Inspector of Hospitals, Professor Sir Mike Richard's, endorsed our Patient First approach to improvement in commending the positive attitude of staff and their innovative solutions to continually enhancing the care they provide. The CQC was also impressed by our willingness to identify our weaknesses and empower frontline staff to make the changes that will enable us to overcome them.

A detailed improvement action plan was created following the CQC inspection. The CQC report recommendations of 'Should Do' and 'Must Do' actions were incorporated into a Trust-wide improvement plan which is both monitored and assured via the corporate governance process on a regular basis.

We also continue to monitor performance against CQC standards through monthly internal reporting across a wide range of important measures. Patient experience concerns and complaints are monitored by the Trust's PALS and patient experience teams, and patient safety incident data is recorded, monitored and actioned by the electronic incident and reporting systems. Thematic reviews are completed following the reporting and investigation of any serious incident.

The Trust Triangulation Committee identifies any new and or emerging patient safety or staff concerns within the organisation. The aim of the group focuses on the triangulation of complaints, incidents, safeguarding reviews, inquests and litigation and the themes correlated from the Trust's Freedom to Speak

Up Guardians, with the primary objective of the group being to evidence shared learning within the organisation. At each committee a number of 'deep dive' presentations are discussed, focusing on case reviews where significant learning has been identified for the organisation. The ensuing action log details how the learning will be cascaded and shared within the divisions and to further close the learning loop, at the end of each quarter, the divisions demonstrate how this shared learning had been achieved.

The learning also links the priority planning for the quality assurance process with the implementation of both NICE guidance and clinical audit.

Like many other healthcare providers, Western Sussex Hospitals Foundation NHS Trust has moved towards a quality and patient safety-based approach to quality assurance visiting. This is entirely consistent with the principles of good regulation and the fundamental standards of care established by the Care Quality Commission (CQC).

Adopting this approach will ensure that the principles and practice employed by the CQC when inspecting are embedded directly into service delivery and clinical practice. The focus of this approach is one which uses the CQC Fundamental Standards that support and populate the 5 key questions and key lines of enquiry (Safe, Caring, Effective, Responsive, Well-Led) to provide the assurance that the fundamental regulations are embedded.

In order to assess the services accurately and consistently, WSHFT adopt the peer review assurance process (monthly walkabout visits) to all clinical areas in the hospital and surrounding areas, i.e. Southlands Hospital and Crawley Sexual Health Services. The peer review allows all staff, governors and stakeholders to feed back on the specific services from the observations and interviews/discussions experienced on the day of the visit. The experiences and information collected from the visits both look to celebrate and share best practice and form the foundations for any future improvement projects. The themes and learning from the visits are shared throughout the organisation, and all staff are encouraged to take part.

NHS 70 celebrations

July 2018 saw celebrations across the country to mark the 70th birthday of the National Health Service and WSHT held a number of staff and stakeholder events to play its part. Hundreds of colleagues gathered for celebratory pictures at the hospitals in Chichester, Worthing and Shoreham and raised a cuppa for the health service's special birthday.

Staff representatives from St Richard's, Worthing and Southlands hospitals also joined 4,000 other NHS colleagues at Westminster Abbey in London and

even attended a reception by the Prime Minister at Number 10 Downing Street.

WSHT used NHS70 as an opportunity to thank staff for their dedication, skill and compassion and on Thursday (5 July), all departments across the trust received “Thank you” hampers containing supplies of tea and coffee, as well as biscuits and healthy eating snacks, funded by charitable means and community support. Trust leaders, ambassadors and governors spent the day hand-delivering many hundreds of cardboard boxes full of goodies, to all clinical and non-clinical teams.

The trust used a social media campaign, using the hashtag #WSHT, to highlight advancements in local healthcare over the decades, as well as pay tribute to members of staff who have done amazing things while caring for local people during this anniversary year. Visitors to St Richard’s, Worthing and Southlands hospitals were also invited to write messages of congratulations on large display boards which will be displayed in public areas for patients, visitors and staff to read over the years to come.

Finally, Love Your Hospital, the trust’s dedicated charity, was joined by local MPs Tim Loughton (East Worthing and Shoreham) and Gillian Keegan (Chichester) to deliver a slice of birthday cake (and a piece of fruit) to every patient at Worthing and St Richard’s Hospitals.

Awards

Many of our staff, services and innovations were once again recognised with awards from colleagues, the public and the wider NHS. This year’s successes included:

Western Sussex Hospitals was one of the CHKS Top Hospitals 2018. The Top Hospital awards are data driven with more than 20 indicators of performance analysed by healthcare improvement specialists CHKS to determine the ‘Top Hospitals’ in England, Wales and Northern Ireland every year.

Chief biomedical scientist Malcolm Robinson was named as Biomedical Scientist of the Year at the Advancing Healthcare Awards in April 2018. Malcolm was nominated for his charity work and founding the charity Harvey’s Gang which helps poorly children in hospital by providing them and their families with tours of pathology laboratories. Harvey’s Gang was started three-and-a-half years ago in memory of a young patient in Worthing and thanks to Malcolm’s vision it has since expanded into nearly 40 NHS hospitals and many other healthcare organisations world-wide.

WSHT won the Education & Training award at the 2018 HSJ Patient Safety Awards in July 2018 for our continuous improvement staff training programme. Members of the Kaizen team, as well as colleagues who have put their training into practice, collected the accolade. Building 'capability' within the trust by training staff to both yellow and green belt lean problem-solving standards is one of the key pillars of the trust's Patient First Improvement Programme. The aim is to create a workforce capable of making improvements and to make continuous improvement part of daily business.

The radiography teams at St Richard's and Worthing won the Society and College of Radiographers' south east Team of the Year award. They were nominated by assistant radiology manager and went on to be entered as finalists in the national Team of the Year category at the Society of Radiography Awards, held at the Royal College of Physicians in London on world radiography day (8 November 2018).

The Endoscopy service at St Richard's secured Joint Advisory Group (JAG) accreditation from the Royal College of Physicians who highlighted the "excellent governance and leadership"; "excellent collaboration between clinical, audit and admin teams"; "excellent IT data use"; "excellent training environment"; and in total highlighted eight "areas of excellence in the service".

Orthopaedic consultant surgeon Mr Edward Dawe and team were awarded first prize for their podium presentation at the British Orthopaedic Foot and Ankle Society Annual Congress in November 2018. Their research demonstrated close links between obesity and arthritis, using a device called an AlterG Anti-Gravity Treadmill. Both obesity and arthritis are becoming increasingly common and this research has the potential to help patients who are experiencing painful arthritis of the foot or ankle.

Western Sussex Hospitals' Chief Executive Marianne Griffiths was awarded a Damehood for services to the NHS in the New Year Honours List. The Dame Commander of the Order of the British Empire (DBE) is one of the highest honours bestowed by the Queen and is the female equivalent to a knighthood.

Marianne was also named **the Health Service Journal (HSJ) top chief executive in the NHS for the second year running.** Last year, Marianne became the first woman to head the HSJ rankings. And she retained the No.1 spot when the top 50 for 2019 was announced by the magazine in March 2019. The judging panel included Care Quality Commission (CQC) chief inspector of hospitals Ted Baker, NHS England/Improvement director of

emergency and elective care Pauline Philip, Unison head of health Sara Gorton, NHS Providers chief executive Chris Hopson, NHS Employers chief executive Danny Mortimer and NHS Confederation chief executive Niall Dickson.

The stroke team at St Richard's Hospital in Chichester received a national award for improvements to their service that were introduced last year with the help of A&E and radiology colleagues. The "Quality Improvement Champions" award from SSNAP (Sentinel Stroke National Audit Programme) commended the team for their "outstanding project" which has made stroke thrombolysis available in Chichester 24 hours-a-day. Stroke thrombolysis is the delivery of a clot-busting drug which helps to restore blood flow to the brain. The Stroke Association says 10% more patients survive and live independently following thrombolysis, but it needs to take place quickly, normally within four and a half hours, to be effective.

WSHT Research nurses have won an award for being the 'Top Recruiter' of participants into a national study looking at the use of saliva to predict oesophageal cancer, and potentially colorectal cancer. The National Institute for Health Research (NIHR) commended the trust's research team for exceeding their target and recruiting 117 participants to the Saliva to Predict risk of disease using transcriptomics and epigenetics study, known as SPIT for short.

Apprentices from Worthing Hospital and St Richard's Hospital in Chichester won several prizes at Health Education England's Kent, Surrey & Sussex Apprentice Recognition Awards on 14 March. Winners included healthcare assistant Shiralee Bacon (Level 3 Clinical Apprentice Award); sterile services apprentice office manager Lydia Taylor (Level 2 Non-Clinical Apprentice Award); and Trauma and Orthopaedics support secretary Michael Brooks (Level 3 Non-Clinical Apprentice of the Year). Western Sussex Hospitals was also named runner up in the Apprentice Employer of the Year category. Currently, more than 100 staff at the acute hospital trust are learning and earning on apprenticeship courses. More than 300 colleagues have completed apprenticeships since 2015.

In October 2018 the Trust held its ninth annual staff recognition awards. The 2018 Patient First STAR Awards were the biggest yet, with around 250 colleagues attending the prize ceremony at Fontwell Park hosted by chief executive Marianne Griffiths and new trust chairman Alan McCarthy. Alan and Marianne shared stories about the nominees which were met with huge smiles, loud cheers and standing ovations.

This year saw a record 630 nominations received, with 15 individuals and teams taking home winners' trophies and certificates.

Innovations

The Patient First philosophy that underpins our approach to continuous improvement at Western Sussex Hospitals means that staff at all levels are encouraged to constantly review our systems and processes to see where they can make changes that will improve quality of care and patient experience. Some of the innovations that have made a difference in 2018-19 are summarised below.

- Worthing Hospital became the first in the country to offer patients with significantly enlarged prostates the benefits of being treated with a new piece of specialist equipment. The £32,000 Storz morslator, kindly bought by the Friends of Worthing Hospitals, enables Western Sussex to become one of the few trusts offering holmium laser enucleation of the prostate, which reduces bleeding and often means a shorter length of stay in hospital for men post-surgery.

- 26 medical students from King's College, London, completed yellow belt lean training while on placement at Western Sussex. Some of their improvement projects included better education on delirium for patients and their loved ones; improving management of pressure ulcers; and making better use of space in the Ambulatory Care Area on the Emergency Floor at St Richard's.

- Western Sussex was chosen to participate in the second phase of a pilot to introduce a new National Bereavement Care Pathway (NCBP) for pregnancy and baby loss. The charity SANDS (stillbirth and neonatal death charity) is leading the project that seeks to improve the overall quality of bereavement care and end the postcode lottery facing parents and families whose baby has died before, during or shortly after birth.

- An innovative new multi-agency service devised by a WSHT midwife won Best Customer Experience at the Public Sector Paperless Awards in July 2018. West Sussex Family Assist is a partnership between Western Sussex, the county council and community trust. It is believed to be the world's first whole children's workforce approach to offering trusted information to parents, from their children's conception to the age of 19. It was conceived as a solution to a common problem facing both parents and midwives – too much information and too little contact time in which to work through what was most relevant for each individual's situation. Women who sign up receive relevant information

via email at specific points in their pregnancy and during their child's development.

- Consultants from Southern Africa became the first doctors to benefit from a new clinical leadership scheme to share our Patient First learning and experience with healthcare colleagues from overseas. The Western Sussex Hospitals' Leadership Fellowship is thought to be the first of its kind in the country. The visiting doctors received yellow-belt lean training, attended the staff conference on Patient Experience and shadowed the trust's consultants to find out more about clinical leadership and how the hospitals are managed. The programme also included visits to other trusts and speciality events.

As well as significant improvement and changes, Patient First is also about making lots of small changes that can make a big difference to the experience and outcomes of our patients by removing obstacles that get in the way of people's efforts to provide the best possible care. The 36 wards now taking part in our Patient First Improvement System (PFIS) hold 'improvement huddles' every day to identify these issues and involve everyone from housekeepers and healthcare assistants to nurses and consultants.

These actions can be as simple as creating a chart showing the date, ward and weather to help patients stay orientated whilst in hospital, or reducing infection control risks by applying stickers to soap dispensers so they are used by one named patient only. What they all have in common is they are quick to implement, can be easily measured and those that are successful can be easily shared. For example:

- An improvement project to reduce surgical site infections (SSI) for orthopaedic patients at St Richard's won a "Small Steps" award at a national patient safety event in November 2018. The One Together Awards, supported by the Infection Prevention Society and Royal College of Nursing, celebrate and share best practice that reduces SSI. The Small Steps Award recognises small changes to practice which improve surgical care and reduce the risk of SSI. At Western Sussex, these included a series of measures known to have a positive impact on the incidence of SSI, such as ensuring operations only start when the theatre is 21C or higher; agreement to use warming blankets and forced air warming when core body temperature drops; and routine warming of irrigation and IV fluids.

- New so-called "womble boxes" are were introduced in clinical areas across the Trust in a bid to reduce waste and improve staff education and training. Old equipment, non-controlled drugs and opened packets with some unused kit can all be recycled by dropping it into the

"womble boxes". Within the clinical setting, equipment and pharmaceutical supplies have a use by date or can get inappropriately opened meaning they cannot be used. However, in education these items can still be utilised, ensuring fidelity of sessions and reducing the cost to the education department, as well as the cost of waste disposal to the trust. The womble box idea is another example of Patient First in action.

Efficiency

All NHS organisations strive to improve the quality of care they provide to people using their services, and this remains at the heart of our efficiency plans at Western Sussex. Improvements to safety, experience and effectiveness of care enable us to deliver our services in more cost-effective ways and is achieved primarily through reducing unwarranted variations (often known as process waste) and improving the flow of our patients through our hospitals.

Efficiency schemes follow best practice guidance, and are subject to rigorous quality checks and sign off at executive board level, including reviews by Internal Audit and NHS Improvement. This ensures that any changes are appropriately managed and do not negatively impact on the quality of service to either patients or our staff. The Trust has been working in partnership with local commissioners and neighbouring NHS providers, to improve both waiting times for treatment as well as the length of stay in hospital. In key specialities, improvements have been made in the reduction of our reliance on historic outsourcing of work to more expensive commercial entities, and has been achieved through more productive working within our hospitals as well as the use of alternate local NHS facilities.

In 2018/19 - the fourth year of delivering an efficiency programme - the Trust set both clinical and corporate teams a target to achieve £18.235 million of efficiency savings. 35 schemes that began in 17/18 provided a full-year benefit, and were supplemented by a further 90 new schemes that were introduced during the year. Schemes ranged from small-scale actions to reduce spend in specific areas, up to large and often complex projects that developed new and innovative ways of caring for our patients in a financially sustainable way. A high proportion of the Trust's spend is on workforce and drug medication, and these areas featured heavily in the efficiency programme. In workforce, we reduced our reliance on agency through recruitment into vacancies and new ways of working. In medical workforce, creative solutions to long-standing vacancies were achieved through the introduction of new, alternate roles that were more attractive to staff yet continued to provide consistent, high quality care to patients. Our medicine

management team sought opportunities for the standardisation of drugs in our hospitals, as well the utilisation of new technology in high-cost drugs where development of proven bio-similar alternatives gave significant cost savings to the wider NHS. This year, benefit was also received from the successful achievement of 10 quality criteria specifically relating to the reduction of risk in maternity services. Supporting our clinical teams, the Procurement team helped deliver over £2m of savings through central cost negotiation and usage standardisation.

Capital developments

Development of the Trusts capital plan followed an extensive prioritisation process and Board approval in March 2018. During the year the Trust successfully delivered 110 separate investments totalling £19,388k. These covered a wide range of investments linked to clinical divisional priorities (including service developments), medical devices, backlog maintenance in the estate and IM&T infrastructure and systems. In addition to Trust internally generated capital, this expenditure included £345k of charitable funds. Highlights include:

1. Creation of new Colposcopy unit at Worthing hospital (£809k);
2. Phase 1 of Endoscopy scope fleet replacement (£1,241k);
3. Investment in staff car parking (£930k);
4. Completing the re-plumbing of Southlands hospital (£1,459k);
5. Investment in mortuary facilities at St Richards hospital (£424k);
6. Phase 1 of a new patient meal services (£1,239k);
7. Medical equipment purchases (£2,626k);
8. Supporting the modernisation of the Trusts IM&T infrastructure and systems (£4,661k); and
9. Investment in Estate backlog maintenance (£2,581k) including £588k for a new medical oxygen tank at Worthing hospital.

Complaints

Our Patient Advice and Liaison Service (PALS) is usually the first port of call for anyone who has a problem they need the Trust to look into or resolve. PALS responders are able to offer advice on how and where to complain, investigate concerns and help bring resolution if things have gone wrong. Our complaints team investigates more complex and serious concerns that require a formal investigation about past events.

Full details of PALS and complaints activity are included in the Quality Report section of this Annual Report, but some key figures are as follows:

- 5,991 concerns have been dealt with informally via our PALS service and this rate of activity is comparable to the previous year
- 406 formal complaints have been received during 2018-19 at the time of reporting (22/3/19). This is a reduction of 23 compared to 2017/18
- 2,873 enquiries were made for on-the-spot general advice and information requests. The practice of recording all general enquiries has been altered during this current year which is why this figure equates to a significant reduction (9108 during 2017/18) This change in recording all contacts has been taken to release time for the PALS teams to deal with concerns promptly

The number of formal complaints referred to the Parliamentary Health Service Ombudsman (PHSO) for independent review by the complainant *(these may relate to complaints made to the Trust in earlier years even though received in the reporting financial year)* was nine and this is the same number as the previous year. Of these nine, one has not been upheld, six remain under review and one was partially upheld.

Quality improvement

Our continuing focus on quality improvement was a major factor in the Care Quality Commission's assessment of the Trust as an *Outstanding* healthcare organisation.

Continuous improvement is a key strand of the philosophy behind our Patient First programme and is guided by the Trust's Quality Strategy.

The Quality Strategy sets out the four broad areas in which our improvement efforts can have the strongest positive effect on outcomes and experiences for patients.

These are:

- Reducing preventable mortality and improving outcomes
- Avoiding harm
- Improving patient experience
- Improving staff engagement

Within the period covered by the Quality Strategy, the Trust sets out annual priorities under each of the four key areas of focus. Progress against the 2018/19 objectives is described in the Performance Analysis section of this report and in more detail in the Quality Report.

In the autumn of 2018, our divisions engaged with their stakeholders about the priorities for the forthcoming year under the Quality Strategy goals: Reducing avoidable mortality and improving outcomes, delivering harm free care and improving patient experience.

The Quality Board then agreed a final set of quality priorities for improvement in 2019/20. The following groups were invited to review our quality improvement priorities: WSHFT Council of Governors, Coastal West Sussex CCG, Healthwatch West Sussex and the County Council's Health and Adult Social Care Select Committee.

We would like to highlight the following priority quality improvement programmes for 2019/20:

Reducing preventable mortality and improving outcomes: Improving delivery of the 'Sepsis 6' care bundle Sepsis improvement programme

Our improvement programme in 2018/19 focused on improving the time to administration of antibiotics and delivery of the full sepsis care bundle to our patients. Whilst we have continued a focused approach in Accident and Emergency Departments and have met the CQUIN target for the early identification and timely administration of antibiotics from diagnosis in emergency departments, we have not delivered the improvements we set out to with regard to administration of antibiotics from arrival at hospital or compliance with the delivery of the full care bundle. Further detail is available in section 3.1.

In 2019/20, we will continue to drive forward our sepsis improvement programme to reach these targets, the timely treatment of patients with antibiotics and delivery of the full sepsis six care bundle as there continues to be robust evidence to show that focusing on these areas will provide the best outcomes for patients with sepsis.

We will continue to monitor time to identification, time to antibiotic administration and delivery of the sepsis six care bundle from arrival through a refreshed improvement programme. This will focus on continuing the overarching project addressing education and awareness, evaluating and refreshing the sepsis team and sepsis trolley projects, improving delivery of the whole care bundle with a focus on hourly urine measurement and improving the communication pathway of sepsis patients between departments.

Reducing preventable mortality and improving outcomes: Getting It Right First Time (GIRFT)

In 2019/20 we intend to reduce unwarranted variation in clinical practice and improve the quality, efficiency and performance of our services and improve clinical outcomes for patients. We will establish a GIRFT Programme Board to oversee divisional improvement programmes aligned to GIRFT work streams with a priority focus on orthopaedics, urology, ophthalmology, and new medical work streams.

We will measure our improvement in relation to GIRFT programme outcomes against national benchmarking data. The delivery of GIRFT programme action plans will be overseen by the relevant Divisional Boards reporting up to the GIRFT Board

Reducing preventable mortality and improving outcomes: Frailty Improvement Programme

The Coastal West Sussex population is one of the oldest in the country and is skewed towards the very old (>85+). The growth rate of the older population in Coastal exceeds that of the rest of the country and is fastest in the very old. The attendance rate and conversion of this age group is higher than for any other, with longer lengths of stay, worst mortality, greater numbers of more medically-complex patients and the most in -patient harm. As a result of this growth, these patients will continue to occupy more and more bed days, resulting in a greater spend and a stretched workforce.

We aim to enhance our provision for frail patients by establishing an integrated ambulatory frailty unit and frailty intervention team model.

Reducing preventable mortality and improving outcomes: Improvement to the Mental Health Pathway

In 2019/20 we will review current service levels in order to plan and develop new service provision to meet the needs of our patients and working with partners and commissioners to seek new pathways to support the growing patient cohort. Our key actions will include:

- To review the services for this group and seek new service pathways;
- To review the mental health pathway governance structure, which includes shared learning and reviews of adverse outcomes or issues across the partner organisations, is also included in the work programme;

- To develop a new mental health services information dashboard so the services can be monitored in more detail;
- To continue with our work to ensure we meet the requirements of NCEPOD 'Treat as One'.

Avoiding harm: Reduction in hospital-associated venous thromboembolism (VTE)

The development of VTE [which includes deep vein thrombosis (DVT) and pulmonary embolism (PE)] is often an unavoidable consequence of a patient's illness. However we have seen a significant rise in reporting of VTE since 2015/16. Whilst the number of cases that have been deemed avoidable has remained static there is a need to fully understand the nature of our challenge and to ensure we have reliable processes in place in order to eliminate avoidable harm.

In order to deliver this reduction we will implement a robust programme of improvement with Kaizen Team support that will include the following:

- Deliver improvements to VTE assessment and prescribing;
- Monthly reviews of any new hospital associated VTE to identify themes from root cause analysis;
- Ensure that learning identified from root cause informs divisional improvement plans;
- Reformed Thrombosis Committee will work through clinical pathways to ensure compliance with NICE guidelines and to provide oversight of improvement plans.

Avoiding harm: Falls improvement programme

Falls are the largest cause of patient harm in our hospitals and in 2018/19 we undertook work to ensure that learning and incremental change in falls management across divisions is ongoing, with a specific focus on reducing the number of falls causing harm.

Through our Quality Strategy, we aim to continue our successful improvement work to further reduce the number of in-hospital patient falls across the Trust sustaining and improving on over a 30% reduction in in-hospitals falls against our 2015/16 baseline. Over 2019/20 we will specifically aim to ensure that current position is maintained with no increase in harmful falls.

Avoiding harm: Elimination of severe pressure damage

Whilst a high proportion of our patients with pressure ulcers are admitted to hospital with existing skin damage, we have seen a significant rise in hospital acquired pressure damage since 2015/16.

During 2019/20, we will work to build on the improvement of 2018/19 aiming to deliver a further 10% reduction in category 3 and above ulcers. We will also work with our partner colleagues at Sussex Community NHS Foundation Trust to improve the transition of care for our patients.

Patient experience improvement programme – reducing noise at night

Sleep is important for healing and sleep deprivation is recognised as a major concern for patients in hospitals. The National Inpatient Survey 2017 results were published in June 2018 and confirmed that the area that had most deteriorated for inpatients at WSHFT was noise at night. The response to the question in relation to patients' experience of noise at night from other patients placed the Trust in the bottom 20% of Trusts nationally. National trends are similar with the CQC commenting that there are a large proportion of patients (40%), affected by noise from other patients, and this proportion has been static over time.

More detailed analysis of the patients' comments reveal that the noise disturbance comes from a myriad of sources: confused patients, staff conversations/activity of clinical area, routine alarms from a variety of equipment (staff bleeps, ward phones, infusion pumps, cardiac monitors etc.).

It is widely recognised that noise is a modifiable cause of some sleep disruption in hospitals, and when reduced can lead to more sleep. Earplugs and eye masks may help, but research has shown that changing the sound and light environment is more effective. Calming music in the evening has been shown to be effective as well as daytime bright light exposure. Engagement with the Estates and Facilities team will help us to understand if anything can be done to reduce environmental impacts to our patients.

Nursing care activities cause sleep disruption and the project will look to see whether some of the activity that occurs during the night time can be reduced and undertaken at other times.

We will work with the Communication Team to launch a 'Reducing noise at night' campaign across the Trust. The campaign will reinforce actions that deliver improvements in morning discharges and reducing night moves.

Monitoring of Quality Priority Improvements

The Trust has a robust Quality Governance Structure which is overseen at Board level by the Quality Assurance Committee (formerly the Quality and Risk Committee) and at Executive Level through the Quality Board chaired by the Executive Medical Director. The Trust's annual quality improvement objectives are set out in the Quality Report and progress against these key metrics is presented to Trust Board monthly.

2.1.2 Stakeholder Relations

Collaborative working is key to achieving the ambitions of our Patient First programme's Systems and Partnerships strategic theme, which puts a strong focus on the way we work with our external partners as well as on a multi-disciplinary basis within the Trust.

Our approach is, and always has been, based on openness, honesty and a genuine desire to listen to and act on feedback to improve our services and our patients' experience. The Trust's Patient Experience and Engagement Committee exists to seek the views of Foundation Trust members, governors, the public and statutory bodies to inform priority work programmes to improve patient experience, and influence the strategic direction of patient and public involvement by ensuring a wide range of stakeholder views are gathered and taken into account.

Our partners in or local health economy include GPs, community healthcare provider, the Coastal West Sussex Clinical Commissioning Group, Healthwatch West Sussex, social care providers, charities, the ambulance service and mental health trust.

One important piece of partnership working which was established during 2017-18, but continued to be vital to the safe and smooth running of our hospitals in 2018-19, was the region-wide 'Let's Get You Home' initiative under which 24 NHS organisations and councils in Sussex and East Surrey continue to work together to support people who are well enough to leave hospital in returning home safely, or moving to a care home or supported housing if this is not possible.

Collaborative working also extends beyond our local area as we seek to partner with other healthcare organisations across the country and abroad to improve the standards of care we offer and share the benefits of our own experience.

In October 2018, for example, we held a Patient First open day for other NHS organisations from around the country. Colleagues from Kingston and

Birmingham attended to learn more about our continuous improvement programme and the attendees were given an introduction to the Patient First Programme and the Improvement System. Visiting colleagues also heard about our project to increase the number of patients discharged before midday.

The Trust is also a member of NHS Quest, a network of foundation trusts with a relentless focus on improving quality and safety of care and in May 2018 we hosted a Multi-Agency Safeguarding Conference at St Richard's Hospital in Chichester. The event was organised by the trust's Adult Safeguarding Team, chaired by trust safeguarding lead Dr David Hunt, and attended by around 140 delegates from organisations across Sussex, including primary care, mental health, local authority, prison service, fire service and the charity sector.

And in February 2019 staff from 'Love Your Hospital', the trust's dedicated charity, shared their experiences of building a charitable business at the NHS Business conference in London. The meeting was attended by 50 delegates with chief executives, directors of fundraising and chairs from King's College, Moorfields, Eye Charity and Brighton and Sussex University Hospitals also in attendance.

Stakeholder events

The Trust runs regular event for members, patients, carers and interested members of the public as part of our topical Medicine for Members series.

Staged at St Richard's and Worthing Hospitals, these events provide an opportunity for Trust members to attend a presentation by a clinician on an area of their specialist expertise and then ask questions on the subject afterwards.

For example, in 2018-19, more than 80 people attended an informative evening about the latest developments in diabetes care at St Richard's Hospital. The event was hosted by consultant endocrinologist Dr Ken Laji and the trust's governors.

The Trust also held an evening of drama and discussion about organ donation which was attended by nearly 60 members and other interested people. Hosted by trust governors, the free-to attend event featured two short performances to demonstrate how organ donation transforms lives, as well as how it feels to be living on the waiting list for an organ.

The two events received universally positive feedback from the staff running them and everyone who attended.

July 2018 also saw celebrations across the country to mark the 70th birthday of the National Health Service and WSHT held a number of staff and stakeholder events to play its part. On Thursday 5 July Love Your Hospital, the trust's dedicated charity, was joined by local MPs Tim Loughton (East Worthing and Shoreham) and Gillian Keegan (Chichester) to deliver a slice of birthday cake (and a piece of fruit) to every patient at Worthing and St Richard's Hospitals. Hundreds of "thank you" hampers were also delivered to teams and departments across the Trust, six WSHT staff attended a special ceremony at Westminster Abbey and medical secretary Tanya Sell represented the trust at a special reception hosted by the Prime Minister at No.10 Downing Street.

The Trust's Annual General Meeting, which took place at on 23 July, was attended by more than 70 people. Presenting the review of the year, Chief Executive Marianne Griffiths highlighted WSHT's avoidable mortality rate which puts it in the top 17% of Trusts in the country and the challenge of continuing to deliver high quality patient care to an ever-growing patient population. For example, since the trust was formed in 2009 the number of outpatient appointments has increased by 34% to more than 585,000 annually, and A&E attendances are up by 15% to more than 139,000. The meeting also included presentations from Lead Governor John Thompson on the role of a Trust Governor and Head of Research Dr Cate Bell who talked about 70 years of NHS research.

Membership engagement

We have continued to refine and improve the way we communicate with members and how we enable them to share their views.

Our e-newsletter, @WesternSussex, remains a popular channel for communicating with members. It contains news, event information, feedback methods ands articles explaining how the Trust responds to suggestions from patients, carers and members.

We also use @WesternSussex to ask our members for their views on how well we communicate with them as part of our 'Are We Reaching You?' survey. This also include questions on satisfaction with membership benefits and overall experience.

The survey generates suggestions for the topics of future member events, which we will be using to inform our programme for 2019-20.

We also run a regular Stakeholder Forum and hold an Annual Members Meeting, which provides an update on hospital performance, showcases innovation across the trust and includes a 'marketplace' of stalls offering an insight into the work of our departments and specialties.

2.1.3 Managing the Trust

How the Trust is run

The Trust's Constitution sets out the way in which the Council of Governors and the Board of Directors will operate and work together including their key areas of responsibilities.

The Trust's Scheme of Delegation sets out the responsibilities of the Trust's Board and key Committees.

In the event of dispute between the Council and the Board then the dispute resolution procedure set out in the Constitution shall be followed in order to resolve the matters concerned. This has again not been required during the period 1 April 2018 to 31 March 2019.

The Board is responsible for the management of the Trust and for ensuring proper standards of corporate governance are maintained. The Board accounts for the performance of the Trust and consults on its future strategy with its members through the Council of Governors (CoG).

Our Board of Directors 01 April 2018 to 31 March 2019

NON-EXECUTIVE DIRECTORS

Mike Viggers, Chairman (Term of Office to 31-05-18)

Chair of the Finance and Investment Committee to 31-05-18

Patrick Boyle, Deputy Chair until 31-12-18 (Term of Office to 19-01-21) and Interim Chairman from 01-06-18 to 30-09-18

Chair of the Patient Experience and Feedback Committee

Chair of the Finance and Investment Committee from 01-06-18 to 30-09-18

Alan McCarthy, Chairman from 01-10-18 (Term of Office to 30-09-21)

Chair of the Finance and Investment Committee from 01-10-18

Joanna Crane, Senior Independent Director (Term of Office to 31-03-20)

Chair of the Quality and Risk Committee

Jon Furmston (Term of Office to 31-03-20)

Chair of the Audit Committee

Lizzie Peers (Term of Office to 11-05-20)

Chair of Charitable Funds Committee

Mike Rymer Deputy Chair from 01-01-19 (Term of Office to 22-01-2021)

Non-Executive Director

ASSOCIATE NON-EXECUTIVE DIRECTORS (non voting members of the Board)

From 1st April 2017 the Trust took on responsibility for the operation of Brighton and Sussex University Hospitals NHS Trust (BSUH) under a three-year management contract. As part of the Board arrangements, the Non-Executive Directors for BSUH (Kirstin Baker and Martin Sinclair) attend Western Sussex Board and Committee meetings as Board advisors but with no formal accountability or voting rights

EXECUTIVE DIRECTORS

Marianne Griffiths, Chief Executive

Pete Landstrom, Chief Delivery and Strategy Officer

Denise Farmer, Chief Workforce and Organisational Development Director

Dr George Findlay, Chief Medical Officer and Deputy Chief Executive

Karen Geoghegan, Chief Financial Officer

Nicola Ranger, Chief Nurse

Jayne Black, Chief Operating Officer (from 16-04-18)

Jane Farrell, Interim Chief Operating Officer (to 15-04-18)

Board of Directors

The Chair and Non-Executive Director Directors are appointed by the Council of Governors.

The Directors of the Trust for the period of this report are shown in the table below together with their attendance at Board meetings for the same period. All of the Non-Executive Directors are considered to be independent.

The Chair of the Board is also the Chair of the Council of Governors.

Deputy Chair

Good practice suggests that the Trust should have a Deputy Chair to stand in during any period of absence of the Chair. The Trust Constitution makes provision for the appointment of a Deputy Chair and NHS Improvement's guidance states that this should be a Council of Governors appointment, although it would be expected that the Chair would make a recommendation to Governors.

Mike Rymer, Non-Executive Director, is the Deputy Chair; he succeeded Patrick Boyle who was deputy chair for part of the year.

Senior Independent Director

The Senior Independent Director is a Non-Executive Director appointed by the Board as a whole in consultation with the Council of Governors. The Senior Independent Director has a key role in supporting the Chair in leading the Board and acting as a sounding board and source of advice for the Chair.

Joanna Crane, Non-Executive Director, is the Senior Independent Director.

Operation of the Board

The Board 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 the Executive or to Board sub-committees.

The Board sets the Trust's strategic aims and provides active leadership of the Trust. It is collectively responsible for the exercise of its powers and the performance of the Trust, for ensuring compliance with the Trust's Provider Licence, 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 Non-Executive Directors play a key role in taking a broad, strategic view, ensuring constructive challenge is made and supporting and scrutinising the performance of the Executive Directors, whilst helping to develop proposals on strategy.

Board meetings follow a formal agenda which includes Patient Safety and Experience and a range of Strategic and Operational items including; clinical governance, financial and non-financial performance, together with performance against quality indicators set by the Care Quality Commission (CQC), NHS Improvement and by the Executive. These include measures for infection control targets, patient access to the Trust, waiting times, length of stay, complaints data and the results of the Friends and Family Test. The Board receives a monthly Patient First metric report that reflects the Trust's True North priorities, breakthrough objectives, strategic initiatives and corporate projects.

During the year the Trust held four Public Board Meetings, and 12 Private Board Meetings. There were also five Public Council of Governors Meetings and the Annual General Meeting and, in addition, there was a joint review day between the Board and Council of Governors.

In addition, two subject specific seminars were held, covering topics such as Freedom to Speak Up and the Management Contract between WSHT and BSUH.

Attendance at Public Board meetings 1 April 2018 to 31 March 2019

Name	April	July	October	January	March
Mike Viggers (Chair)	✓	Mike resigned as Chair from 31 May 2018			
Patrick Boyle (interim chair for July meeting)	✓	✓	×	×	✓
Alan McCarthy (Chair)	Alan was appointed on 1 October 2018		✓	✓	✓
Joanna Crane	✓	×	✓	✓	✓
Jon Furmston	×	✓	✓	✓	×
Lizzie Peers	✓	✓	✓	✓	×
Mike Rymer	✓	✓	✓	✓	✓
Kirstin Baker*	✓	×	×	✓	✓
Martin Sinclair*	✓	✓	✓	✓	✓
Marianne Griffiths	✓	×	✓	✓	✓
Pete Landstrom**	×	×	×	✓	✓

Name	April	July	October	January	March
George Findlay	✗	✓	✓	✓	✓
Karen Geoghegan	✓	✓	✗	✓	✓
Nicola Ranger	✓	✓	✓	✓	✓
Denise Farmer	✓	✓	✓	✓	✓
Jane Farrell*	✓	Jane resigned as COO from 15 April 2018			
Jayne Black*	✓	✓	✓	✓	✓

* non-voting members of the Board

** Pete in covering the role of Chief Operating Officer for BSUH during 2018/19 was not required to attend WSHFT Board meetings

Attendance at Private Board meetings 1 April 2018 to 31 March 2019

Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Mike Viggers (Chair)	✓	✓	Mike resigned as Chair from 31 May 2018									
Patrick Boyle (interim chair for June to Sept)	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓
Alan McCarthy (Chair)	Alan was appointed on 1 October 2018						✓	✓	✓	✓	✓	✓
Joanna Crane	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓
Jon Furmston	✗	✓	✓	✓	✗	✗	✓	✗	✓	✓	✓	✗
Lizzie Peers	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗
Kirstin Baker*	✓	✗	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓
Martin Sinclair*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mike Rymer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Marianne Griffiths	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pete Landstrom**	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✓
George Findlay	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karen Geoghegan	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓

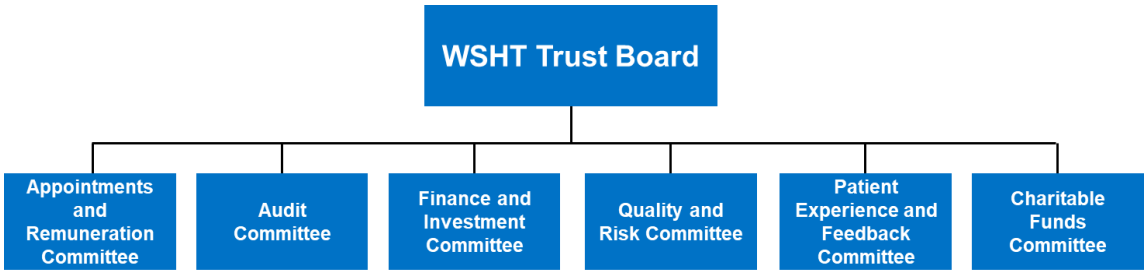
Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Nicola Ranger	✓	✓	×	✓	×	×	✓	✓	✓	×	✓	✓
Denise Farmer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jayne Black*	✓	✓	×	✓	✓	×	✓	✓	✓	✓	×	✓
Jane Farrell*	✓	Jane resigned as COO from 15 April 2018										
Maggie Davies*	✓	✓	✓	✓	×	✓	×	×	×	✓	✓	✓
Alison Ingoe*	✓	✓	✓	×	×	✓	✓	✓	✓	✓	✓	✓
Jennie Shore*	✓	✓	×	✓	×	✓	✓	✓	×	×	✓	×
Tim Taylor*	×	✓	×	×	×	✓	✓	✓	×	×	×	✓

* non-voting members of the Board
** Pete in covering the role of Chief Operating Officer for BSUH during 2018/19 was not required to attend WSHFT Board meetings

Board committees

The Board has established a number of formal sub-committees that support the discharging of the Board's responsibilities. Each Committee is chaired by a Non-Executive Director.

These committees do not operate independently of each other but where appropriate operate together (and indeed report to one another) to ensure full coverage and clarity on all areas of Trust activity. Figure 1 shows the inter-relationships of the Committees and the Board



Audit Committee

The existence of an independent Audit Committee is the central means by which the Trust Board ensures effective control arrangements are in place. The Committee membership is solely made of Non-Executive Directors in line with the Code of Governance for Foundation Trusts.

The Audit Committee independently reviews, monitors and reports to the Board on the attainment of effective control systems and financial reporting processes.

Register of Members' attendance at Audit Committee meeting for the period 01 April 2018 to 31 March 2019

Name	Apr	May	Jul*	Oct	Jan	Total
Jon Furmston (Non-Executive Director and Committee Chair)	✓	✓	✓	✓	✓	5 of 5
Lizzie Peers (Non-Executive Director)	✓	✓	×	✓	✓	4 of 5
Joanna Crane (Non-Executive Director)	✓	×	×	×	✓	2 of 5
Martin Sinclair (Associate non voting Non-Executive Director)	✓	✓	✓	✓	✓	5 of 5
Kirstin Baker (Associate non voting Non-Executive Director)	✓	✓	✓	✓	×	4 of 5

* The July Committee was not quorate – items requiring agreement were circulated post meeting for approval and ratified at next meeting.

The Chief Financial Officer, Chief Workforce and Organisational Development Director, Local Counter Fraud Services, Internal and External Auditors are regular attendees at meetings of the Committee. The Committee requests other senior Trust officers to attend for specific items. The Committee is supported by the Company Secretary.

The Trust retained its External Auditors, Ernst and Young for the year.

The Trust does not have its own internal audit or counter fraud functions. The Trust's Internal Auditor is BDO LLP. The Trust's Local Counter Fraud Service is provided by RSM UK.

The Audit Committee Agenda is based upon an agreed annual work-plan. In order to maintain independent channels of communication, the members of the Audit Committee hold a private meeting collectively with External Audit, Internal Audit and Counter Fraud ahead of each Audit Committee. This provides all parties the opportunity to raise any issues without the presence of management.

The Audit Committee is responsible to the Board for reviewing the adequacy of the governance, board assurance and risk management and internal control processes within the Trust. In carrying out this work the Audit Committee obtains assurance from the work of the Internal Audit, External Audit and Counter Fraud Services.

The Audit Committee review the financial year-end Annual Report, Annual Accounts and Annual Governance Statement with the External Auditor prior to Board approval and sign off.

The Audit Committee agrees the schedule of Internal Audit reviews at the start of the year and receives the reports of those audits and tracks the implementation of recommendations at each of its meetings.

Quality and Risk Committee

The Quality and Risk Committee supports the Board in ensuring that the Trust's management of clinical and non-clinical processes and controls are effective in setting and monitoring good standards and continuously improving the quality of services provided by the Trust.

Register of Members' attendance at Quality and Risk Committee meeting for the period 01 April 2018 to 31 March 2019

Name	Jun	Sep	Dec	Mar	Total
Joanna Crane (Non-Executive Director and Committee Chair)	✓	✓	✓	✓	4 of 4
Mike Rymer (Non-Executive Director)	✓	✓	✓	✓	4 of 4
Patrick Boyle (Non-Executive Director)	✓	×	✓	✓	3 of 4
Martin Sinclair (Associate non voting Non-Executive Director)	✓	✓	✓	✓	4 of 4
George Findlay (Chief Medical Officer and Deputy Chief Executive)	✓	✓	✓	×	3 of 4
Nicola Ranger (Chief Nurse and Patient Safety Officer)	✓	✓	✓	✓	4 of 4
Denise Farmer (Chief Workforce and Organisational Development Director)	✓	×	✓	✓	3 of 4
Jayne Black (Chief Operating Officer)	×	✓	×	×	1 of 4

Finance and Investment Committee

The Finance and Investment Committee supports the Board to ensure that all appropriate action is taken to achieve the financial objectives of the Trust through regular review of financial strategies and performance, investments, and capital and estates plans and performance.

The Committee is chaired by the Chair of the Trust and all Non-Executive and Executive Directors are invited to attend.

Register of Members' attendance at the Finance and Investment Committee meeting for the period 01 April 2018 to 31 March 2019

Name	Apr	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Mike Viggers (Non-Chairman and Committee Chair to 31 May 2018)	✓	Mike resigned as Chairman from 31 May 2018									1 of 1
Patrick Boyle (Interim Chairman and Committee Chair 1 June to 30 Sept 2018 and Non-Executive Director)	✓	✓	✓	✓	×	✓	✓	✓	✓	×	8 of 10
Alan McCarthy (Chairman and Committee Chair from 1 Oct 2018)	Alan was appointed Chairman from 1 October 2018				✓	✓	✓	✓	✓	✓	6 of 6
Lizzie Peers (Non-Executive Director)	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	9 of 10
Jon Furmston (Non-Executive Director)	×	✓	×	×	×	×	✓	×	✓	×	3 of 10
Marianne Griffiths (Chief Executive)	✓	×	×	✓	✓	✓	✓	✓	✓	×	7 of 10
Karen Geoghegan (Chief Financial Officer)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10 of 10
George Findlay (Chief Medical Officer and Deputy Chief Executive)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10 of 10
Nicola Ranger (Chief Nurse and Member of Committee from 1 May 2017)	✓	×	✓	×	×	✓	✓	✓	✓	×	6 of 10
Denise Farmer (Chief Workforce and Organisational Development Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10 of 10
Mike Rymer* (Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	9 of 10
Joanna Crane* (Non-Executive	×	✓	×	✓	×	✓	×	×	×	×	3 of 10

Name	Apr	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Director)											
Pete Landstrom** (Chief Delivery and Strategy Officer)	✗	✗	✗	✗	✗	✗	✓	✗	✓	✓	3 of 10
Jayne Black (Chief Operating Officer)	✓	✗	✓	✗	✓	✓	✓	✓	✓	✗	7 of 10
Jane Farrell (Interim Chief Operating Officer)	✓	Jane resigned as COO from 15 April 2018									1 of 1
Martin Sinclair* (associate non voting Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10 of 10
Kirstin Baker* (associate non voting Non-Executive Director)	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	8 of 10

* Non-members, in attendance
** Pete in covering the role of Chief Operating Officer for BSUH during 2018/19 was not required to attend WSHFT Board meetings

Patient Experience and Feedback Committee

The Patient Experience and Feedback Committee provides assurance to the Quality and Risk Committee and the Board that the Trust manages comments, compliments, concerns and complaints from patients and the public in a sensitive and effective manner and that a process of organisational learning is in place to ensure that identified improvements are embedded within the organisational framework.

Register of Members' attendance at the Patient Experience and Feedback Committee for the period 01 April 2018 to 31 March 2019

Name	Jun	Sep	Total*
Patrick Boyle (Non-Executive Director and Committee Chair)	✓	✗	1 of 2
Mike Rymer (Non-Executive Director)	✗	✓	1 of 2
George Findlay (Chief Medical Officer and Deputy Chief Executive)	✗	✗	0 of 2
Nicola Ranger (Chief Nurse and Patient Safety Officer)	✓	✓	2 of 2
Tracey Nevell (Customer Relations Manager)	✓	✗	1 of 2

Name	Jun	Sep	Total*
Katrina O'Shea (Matron Patient Experience)	✓	✓	2 of 2

* Meetings scheduled for December and March were combined with the Quality and Risk Committee.

Charitable Funds Committee

The purpose of the Charitable Funds Committee is to monitor progress and performance against the strategic direction of the Trust's charity fundraising activity as determined by the Board as corporate Trustee; to approve and monitor expenditure of charitable funds in line with specified priority requirements; and to monitor the management of the Trust's investment portfolio ensuring that the Trust at all times adheres to Charity Law and to best practice in governance and fundraising.

Register of Members' attendance at the Charitable Funds Committee for the period 01 April 2018 to 31 March 2019

Name	May	Aug	Nov	Feb	Total
Lizzie Peers (Non-Executive Director and Committee Chair)	✓	✓	✓	✓	4 of 4
Joanna Crane (Non-Executive Director)	✓	✓	✓	✓	4 of 4
Alison Ingoe (Finance Director)	✓	✓	✓	✓	4 of 4
Denise Farmer (Chief Workforce and Organisational Development Director)	✓	×	✓	×	2 of 4
Martin Sinclair* (Associate non-voting Non-Executive Director)	✓	×	✓	✓	3 of 4

* In attendance

Appointment and Remuneration Committee

The Committee sets the terms and conditions of the Executive Directors. This committee's membership is the Trust Chair and Non-Executive Directors only.

In attendance at meetings are the Chief Executive, Chief Workforce and Organisational Development Director and the Group Company Secretary.

During the period the Committee did not procure any external advice relating to pay.

Appointments and appraisal

The Chief Executive undertakes an appraisal on the performance of the Executive Directors, which are formally reported to the Appointment and Remuneration Committee.

The Chair conducts the Chief Executive's appraisal which is reported in the same way.

The Chair undertakes the appraisal of the Non-Executive Directors, having sought feedback from other Directors. The Senior Independent Director conducted the appraisal of the Chair which included feedback from Directors and Governors.

The Chair and Non-Executive Directors appraisals were formally reported to the Council of Governors..

The Chairman, other Non-Executive Directors, and the Chief Executive are responsible for deciding the appointment of Executive Directors.

Non-Executive Directors are appointed by the Council of Governors with the process being led by the Governors Nomination and Remuneration Committee. Non-Executive Directors are appointed for a three-year term in office. A Non-Executive can be re-appointed for a second three-year term in office on an uncontested basis, subject to the recommendation of the Chairman and approval by the Council of Governors.

During the year the Council of Governors approved the appointment of the Trust's new Chairman from 1 October 2018. The Council had earlier in the year approved Patrick Boyle as interim Chairman from the period of the retirement of Mike Viggers (31 May 2018) to the appointment of the new Chair.

Statement of compliance with the NHS Foundation Trust Code of Governance 2018-19

Western Sussex 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.

Statement of compliance with the NHS Constitution

The Board of Directors takes account of the NHS Constitution in its decisions and actions, as they relate to patients, the public and staff. The Board of

Directors is compliant with the principles, rights and pledges set out in the Constitution.

Statement on directors' disclosures

The Annual Report is required to include a statement that for each individual, who is a director at the time the report is approved, as follows:

- So far as each director is aware, there is no relevant audit information of the which the (external) auditor is unaware; and
- 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 auditor is aware of that information.

The Directors have confirmed the above statement.

Declarations of interest

All Board members have declared their relationship, under the terms of a management contract, with Brighton and Sussex University Hospital NHS Trust as an 'Interest' in order to provide transparency on Board decision making.

The Chair has not declared any significant commitments that require disclosure, other than that highlighted above relating to Brighton and Sussex University Hospital NHS Trust.

The Trust holds a register of company directorships and other significant interests, held by both directors and governors, which may conflict with their management responsibilities. The Audit Committee receives an Annual Report on Board Declarations and the process to mitigate any potential conflicts. The Council of Governors receives an Annual report on Governors Declarations in the public part of its meeting.

The register of these interests is made publicly available on the Trust's public website. The register can be found at https://www.westernsussexhospitals.nhs.uk/your-trust/board/declarations-of-interest/

Single Oversight Framework

The Trust is subject to the NHS Improvement's Single Oversight Framework which 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. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Trust was in Segment 2 for each of the four quarters of 2018/19.

Finance and use of resources

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

		2018/19 Scores				**2017/18 Scores**	
Area	**Metric**	**Q4**	**Q3**	**Q2**	**Q1**	**Q4**	**Q3**
Financial sustainability	Capital service capacity	1	1	1	1	2	1
	Liquidity	1	1	1	2	3	2
Financial Efficiency	I& E margin	1	1	1	1	2	1
Financial Controls	Distance from financial plan	1	2	3	1	4	1
	Agency spend	1	1	1	1	1	1
Overall scoring		**1**	**1**	**1**	**1**	**2**	**1**

NHSI Well led framework

In line with the FT code of governance, the Board commissioned an external review of its Board effectiveness, such reviews should be undertaken at periodic intervals. The review has been undertaken by Deliotte who provided

initial feedback to the Board at the end of the year with the formal report provided in May. The Board was delighted to receive the feedback from Deloitte who concluded "Overall we are of the view that the governance arrangements in place at WSHFT are highly effective, with a clear sense of purpose and values, enabling a culture of continuous improvement and innovation focusing on the patient. Many of the attributes of a high performing organisation as defined within the well led framework were evident throughout our review." This work validated the Trust's own self assessment which considered the Board to be delivering strongly against the established NHSI framework. Notwithstanding this positive review the Board has developed an improvement plan to continue to enhance its governance, risk management and internal control processes. The delivery of the Trust's improvement plan is monitored through an established working group with representation from clinical services to ensure Board to ward alignment.

Emergency planning and business continuity

Western Sussex Hospitals is again confirmed as being fully compliant with the Emergency Preparedness, Resilience and Response (EPRR) core standards for 2018/19) which are set annually by NHS England.

The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet to ensure they are able to respond to a wide range of incidents and emergencies that could affect health or patient care and ensure the Trust has plans in place to continue the delivery of critical services during periods of disruption, such as a critical incident, a business continuity incident or major incident as defined by the NHS England Emergency Preparedness Resilience and Response (EPRR) guidance.

All NHS Trusts are required to undertake an annual EPRR assurance assessment and report the outcome to commissioners and NHS England for approval.

For 2018/19 the revised EPRR Core Standards covered the following areas:

- Governance
- Duty to Risk Assess
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response

- Warning and Informing
- Cooperation
- Business Continuity
- CBRN (Chemical, Biological, Radiological, Nuclear).

In addition to the above core standards, NHS England also specified an additional 8 standards focusing on Command and Control covering incident coordination and command structures.

An EPRR Annual Report was presented to the Trust Executive Committee in December 2018 following the December meeting of the Emergency Planning and Business Continuity Integrated Performance Group. NHS England (South | South East) and Coastal West Sussex Clinical Commissioning Group confirmed the Trust's assessment as being fully compliant (Green).

The Western Sussex Hospitals Emergency Planning and Business Continuity Department formulates a detailed work stream identifying key risks and appropriate mitigating actions for identified core standards and shortfalls which is expanded further as necessary in a specific Emergency Planning and Business Continuity work flow for 2019 with specific key dates identified for completion. This is monitored through the Emergency Planning and Business Continuity Integrated Performance Group quarterly and reported to the Trust Executive Committee on an annual basis or as required.

2.1.4 Disclosures to Auditors

The directors are required under the NHS Health Service Act 2006 to prepare accounts for each financial year.

The directors consider the annual report and accounts, taken as a whole, is fair, balances and understandable and provides the information necessary for patients, regulators, and stakeholders to assess the Trust's performance, business model and strategy.

Each director of the Trust Board, at the time of approval of the Annual Report and Financial Statements, declares that:

- So far as they are aware, there is no relevant audit information of which the Trust's auditor is unaware; and

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 Trust's auditor is aware of that information.

2.1.5 Income Disclosures

The income from the provision of goods and services for the purposes of the health service in England is greater than the income from the provision of goods and services for any other purposes. Income from goods and services not for the purposes of the health service in England is required to at a minimum cover the full cost of delivery of the goods and services. Any surplus from these activities is reinvested and supports the provision of goods and services for the purposes of the health service in England.

2.1.6 Political Donations

The Trust did not make any donations to political parties during the year.

2.1.7 Better Payments Practice Code

The Trust's measure of performance in paying suppliers is the Better Payment Practice Code (BPPC). The Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. In 2018/19 possible interest liabilities on invoices was £1,199,000. The total amount of interest actually paid was £8,521.18 (see note 12.2 in the Notes to the Accounts)

Measure of Compliance	**2018/19**		**2018/19**
	Number		**£000**
Non-NHS Payables			
Total Non-NHS Trade Invoices Paid in the Year	110,252		215,461
Total Non-NHS Trade Invoices Paid Within Target	17,650		105,717
Percentage of Non NHS Trade Invoices Paid Within Target	16.01%		49.07%
NHS Payables			
Total NHS Trade Invoices Paid in the Year	4,494		22,464
Total NHS Trade Invoices Paid Within Target	370		5,919
Percentage of NHS Trade Invoices Paid Within Target	8.23%		26.35%

2.2 Governors' Report

2.2.1 Council of Governors

As a Foundation Trust Western Sussex NHS Hospitals has a Council of Governors (COG). The Board of the Trust is directly responsible for the performance and success of the Trust and satisfying the COG that the Board is achieving its aims and fulfilling its statutory obligations. Governors act as a vital link to the local community and report matters of concern raised with them, to the Board, via Governor Patient Experience and Engagement Committee. Governors also participate in other activities in support of the Trust's work.

Role of Governors

The COG has a number of statutory roles and responsibilities as follows;

- Appoint and, if appropriate, remove the Chair
- Appoint and, if appropriate, remove the other Non-Executive Directors
- Decide the remuneration and allowances and other terms and conditions of office of the chair and other Non-Executive Directors
- Approve (or not) and new appointment of a Chief Executive
- Approve and, if appropriate, remove the Trusts auditor
- Receive the Trusts Annual Accounts and Annual report at a general meeting of the COG
- Hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors
- Represent the interests of the members of the Trust
- Approve Significant Transactions as defined by NHS Improvement guidance
- Approve an application by the Trust to enter into a merger or acquisition
- Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose; and
- Approve amendments to the Trust's Constitution

Composition of the COG

The COG comprises the following Constituencies;

Elected public and patient governors

The COG has 15 Governors elected from its membership that represent the public and patients (14) and one Governor who represents patients who live out of the catchment area of the Trust. Public Governors are elected from

within Local Authority areas. The number of elected Governors for each constituency is in proportion to the population within the area using the Trust's services.

Area	Number
Adur	2
Arun	5
Chichester	3
Horsham	1
Worthing	3
Patient	1
Total Elected Public and Patient Governors	**15**

Staff Governors

There are six staff Governors drawn from different areas of the workforce and elected by staff members from those particular professional areas.

Professional Area	Number
Medical and Dental	1
Nursing and Midwifery	1
Scientific, Technical and Professional (including Allied Health Professionals)	1
Additional Clinical Services	1
Estates and Ancillary	1
Administrative and Clerical	1
Total Elected Staff Governors	**6**

Stakeholder Governors

The Trust has a further seven Governors who are appointed by partnership or stakeholder organisations. There is currently one vacancy for Arun District Council.

Partner/Stakeholder Organisation	Number
West Sussex County Council	1
Brighton and Sussex Medical School	1
Friends of WSHT Hospitals	1
University of Brighton School of Nursing and Midwifery	1
Worthing Borough Council	1
Chichester District Council	1
Arun District Council (vacancy)	1
Total Partner/Stakeholder Governors	**7**

During the year 1 April 2018 to 31 March 2019 attendance at Council of Governor meetings was as follows:

Constituency	Full Name	End of Term of Office	Number of COG meetings attended[1]
Elected Governors			
Public – Adur	VACANCY	-	
Public – Arun	Anita MacKenzie	30 June 2019	4 of 4
Public – Arun	Jill Long	30 September 2021	4 or 4
Public – Arun	John Thompson	30 September 2021	4 of 4
Public – Chichester	Linda Tomsett	30 June 2020	2 of 4
Public – Chichester	Alan Sutton	30 September 2021	2 of 2

[1] Shows the Number of Council of Governor meetings attended by the individual Governor as a proportion of the number of meetings they were eligible to attend, reflecting new members to the Council in year.

Public – Chichester	Les Willcox	30 September 2021	2 of 2
Public – Horsham	Penny Richardson	30 June 2019	3 of 4
Public – Worthing	John Bull	30 September 2021	3 of 4
Public – Worthing	Roger Hammond	30 June 2019	4 of 4
Public – Worthing	Patricia Peal	30 June 2020	2 of 4
Patient/Carer	Stuart Fleming	30 June 2019	1 of 4
Associate Governors			
Adur	John Todd	30 September 2019	4 of 4
Arun	Lyn Fowler	30 September 2019	1 of 2
Arun	Andrew Ratcliffe	30 September 2019	2 of 2
Staff Governors			
Medical & Dental	Richard Venn	30 June 2019	3 of 4
Nursing & Midwifery	Moira Whitlock	30 September 2021	1 of 2
Scientific, Technical & Professional	Ryan De-Vall	31 October 2021	2 of 2
Additional Clinical Services	Miranda Jose	31 October 2021	2 of 2
Administrative & Clerical	Jacqui Campbell	30 November 2021	0 of 2
Estates & Ancillary	Natalie Matthews	30 June 2019	4 of 4
Appointed Governors			
Brighton & Sussex Medical School	Professor Sommath Mukhopadhyay	31 July 2020	2 of 4
Chichester District Council	Councillor Eileen Lintill	30 June 2020	2 of 4
Friends of WSHT Hospitals	Jane Ramage	1 July 2019	3 of 4
University of Brighton School of Nursing & Midwifery	Professor Kathleen Galvin	1 April 2020	1 of 4
West Sussex County Council	Councillor Ashvin	30 September 2019	2 of 4

	Patel		
Worthing Borough Council	Councillor Val Turner	30 June 2020	3 of 4
Arun District Council	VACANCY	-	

Governor Elections were held during the year to fill existing vacancies

Governor expenses

The Trust is required to disclose the value of expenses claimed by the CoG during the financial year.

	1 April 2018 to 31 March 2019	1 April 2017 to 31 March 2018
Total number of governors in office (as at 31st March)	26	22
Number of governors receiving expenses	13	11
Aggregate sum of expenses paid to governors	£6,987.45	£6,281.21

Lead Governor

NHS Improvement (NHSI) requires that a COG elects a Lead Governor to be the primary link with the Foundation Trust. A Lead Governor is elected by the full Council and would also be the formal link to NHSI if circumstance required direct communication between the COG and the Regulator. On 1 November 2018, Roger Hammond, Public Governor for the Worthing Constituency, was elected by the full Council to the role of Lead Governor. John Thompson, Public Governor for Arun, was elected to act as Deputy Lead Governor.

Governor engagement

There are four Council of Governors meetings held in public each year. The CoG meetings are attended by members of the Trust Board, are open to Trust members and the public and promoted in advance through the @westernsussex email newsletter, the Trust website and local media. The agenda at each meeting includes reports from Governors in respect of their work on the Governor Committees and working groups. They also receive regular presentations from the Non-Executive Directors on their work and that of the Committees on which they Chair. The Council also receive regular reports in respect of the Trust's financial and operational performance along with the Trust's delivery of its quality priorities.

In addition, the Board and Council met together to discuss key issues and developments. These meetings are augmented by assurance meetings held in private between the Governors and Non-Executive Directors only. In addition the Chair and Chief Executive have held a number of briefing sessions for Governors during this financial year.

To support Governors in their role the Trust runs information seminars on areas of interest. This year these included Frailty – The Way Forward, Strategy & Planning – Process for Corporate Projects, Security, Clinical Governance & Patient Safety, Capital Projects and Finance and Business Planning.

The CoG has an active and vibrant Membership Committee and Patient Experience and Engagement Committee, The Council also has a Nomination and Remuneration Committee which meets as required during the year.

NHS Improvement requires Foundation Trusts to provide a forward plan for each financial year, prepared by the Board of Directors. Governors are consulted on the development of these forward plans and are able to input views from the public and members they represent via relevant workshops.

Governors are involved in many aspects of the Trust including improvement programme workgroups, Trust conferences, Stakeholder meetings, and undertaking PLACE visits. They have also contributed to several project groups including Patient Catering, Dementia, Medical Revalidation, Organ Donation and Sustainability (Estates and Facilities – Environment).

Governors Annual Programme

This is reviewed by Council and the objectives of this programme are;

- To hold to account Non-Executive Directors – through ongoing challenge and the seeking of assurances;
- To review the outcomes of the Chair's and Non-Executive Directors' appraisals and discuss with Chair and Senior Non-Executive Director and report to Governors;
- To review remuneration levels of the WSHFT Chair and the Non-Executive Directors (Section D.2.3 of NHS Improvement Code of Governance) – through the Governors' Nomination and Remuneration Committee;
- To monitor WSHFT Membership: and revise strategies where appropriate and in accordance with the Membership Targets – by maintaining and exceeding Trust Membership target numbers by area;
- To represent to the Trust the interests of the Members of the WSHFT and the public – by attending public meetings and networking with the membership and the public;

- To continue to contribute to the development of the WSHFT Corporate Strategies – contributing to joint Board and Council of Governors workshops;
- To contribute to work of the Trust through membership of working groups.

The programme set out how these objectives are achieved under the headings of, Listening and representing, Holding to Account and Governance.

Holding the Non-Executive Directors to account for the performance of the Trust Board

Principles

Governors have an important role in making an NHS foundation trust publicly accountable for the services it provides. They bring valuable perspectives and contributions to its activities. Importantly, Governors are expected to hold Non-Executive Directors to account for the performance of the Trust Board of Directors and the following sets out the principles of how Governors discharge this responsibility.

- To ensure that the process of holding to account is transparent and fulfils the statutory duties of the COG
- To share successes and discuss any concerns that NEDs or Governors have.
- To reflect the NHS Improvement guidance that Governors should through the NEDs seek assurance that there are effective strategies, policies and processes in place to ensure good governance of the Trust.
- To work effectively together and make the best use of the time NEDs and Governors have together.

Appraisal and appointments

It is the responsibility of the Council of Governors to appoint the Chair and other Non-Executive Directors and to oversee the appraisal process of the Chair and Non-Executive Directors.

The Governors Nomination and Remuneration Committee (GNARC) oversee these processes on behalf of the Council. The Chair and other Non-Executive appraisals for 2017/18 have been undertaken and reported to the Nomination and Remuneration Committee in February 2019 who then reported to the full Council in public on the 7 March 2019.

At no time during the period has the Council of Governors exercised its formal power to require a Non-Executive Director to attend a Council meeting and account for the performance of the Trust Board.

It is the responsibility of the Governor Nomination and Remuneration Committee, with the Chair of Western Sussex Hospitals NHS Foundation Trust, to consider appropriate Non-Executive Director (NED) succession planning.

During the year the Committee where instrumental in the appointment of the interim Trust Chair, upon the retirement of Mike Viggers and then the appointment of the new Chairman of the Trust Alan McCarthy.

The Committee supported the Council of Governors in December with the appointment of a new Deputy Chair for the Trust.

Some of the other key items discussed by the GNARC during the year were:

- A review of the Committee's Terms of Reference
- A review of the Non-Executive Director (NED) appraisal process
- Ongoing review of number and skill mix of Non-Executive Directors
- Outcomes of Exit Interviews with retiring Governors

2.2.2 Membership

Membership Strategy

The Trust currently has a Membership Strategy for the period 2015-2021, which is updated annually with the help of the Governor's Membership Committee. This strategy acknowledges that it is a responsibility of a Foundation Trust to recruit, communicate and engage with members as a means of ensuring service provision meets the needs of service users. The Trust's strategy aims to recruit a representative membership base that is actively engaged in working for the good of the Trust. It also considers and monitors engagement levels through annual surveys and by tracking responses rates to in year activity. Other work includes targeting specific groups of members to ensure that the Trust membership is representative of the population it serves.

The Trust's Membership Strategy is supported by a full action plan which outlines how the strategic aims will be implemented and the objectives of the strategy achieved.

Keeping in touch with members

Governors are accessible to members via email and at the regular Council of Governors meetings. They also attend our Medicine for Members and other public events (see Stakeholder Relations), and play an important role in recruiting new members. They hold regular recruitment events at GP surgeries, health centres and Children and Family centres across the area. Venues visited have reflected areas where the current membership is under represented and recruitment of younger members via visits to Children and Family centres and schools has been particularly successful.

Governors spend time at these events describing the role of a Trust member and gathering feedback on services across the Trust and its future plans. All feedback is then shared with our Patient Engagement and Experience Committee to help us continue to improve services.

Governors can be contacted via a Trust generic email address which is advertised on the Trust website and through other communications sent to members. Governor “Who’s who” posters have also been developed and contain information on how to contact your local Governor. These have been designed so that they can be displayed in Doctors Surgeries, Libraries and Community Centres.

An individual must be at least 16 years old to become a member of the Trust.

Currently the Trust has 7,555 public members, the table below summaries the constituencies these fall within.

Constituency	Membership as at 31 March 2017	Membership as at 31 March 2018	Membership as at 31 March 2019
Adur	1,188	1,163	1139
Arun	2,479	2,424	2364
Chichester	2,116	2,071	2023
Horsham	468	495	494
Worthing	1,296	1,294	1283
Patient	264	307	252

All staff are automatically enrolled as members on starting employment with the Trust.

2.2.3 Disclosures and declarations of interests

The Chair of the Council of Governors has not declared any other significant commitments that require disclosure. The Chair submits an Annual Declaration of Interest Statement and Fit and Proper Person Declaration.

Governors are required to complete a Declaration of Interest which is held on a Trust Register and is made publically available on the Trust's website. This is available at https://www.westernsussexhospitals.nhs.uk/your-trust/board/declarations-of-interest/

2.2.4 Resolution of disputes

The Trust Constitution sets out at Section 12 the process for dealing with any dispute between the Council of Governors and Trust Board. The Council of Governors and Trust Board have a positive working relationship and the process has not been used during the 2018/19 year.

2.3 Staff Report

At the end of February 2019, Western Sussex Hospitals NHS Foundation Trust employed more than 7,000 people in a range of different roles across the organisation. Each and every member of our staff works to ensure our patients receive excellent quality care.

Our staff have consistently demonstrated their willingness to go over and above to ensure high quality care is delivered to the people of West Sussex. We ensure that we take opportunities to thank our staff in a variety of ways including Employee of the Month awards, an annual staff award ceremony and long service awards. During 2018 we also celebrated the NHS 70 anniversary where we distributed tea and biscuit hampers across our three sites. In the summer we served Thank You lunches to over 7,000 staff and volunteers during which we took the opportunity to showcase the improvements staff had made in their workplace.

Average number of employees (WTE basis not actual staff employed)

Average number of employees (WTE basis)	Permanent	Other	Total	Total
	31-Mar-19	31-Mar-19	31-Mar-19	31-Mar-18
	2018/19	2018/19	2018/19	2017/18
	No.	No.	No.	No.
Medical and dental	748		**748**	**728**
Ambulance staff	-		**-**	**0**

Average number of employees (WTE basis)	Permanent	Other	Total	Total
	31-Mar-19	31-Mar-19	31-Mar-19	31-Mar-18
	2018/19	2018/19	2018/19	2017/18
	No.	No.	No.	No.
Administration and estates	1,271		**1,271**	**1,279**
Healthcare assistants and other support staff	1,219		**1,219**	**1,597**
Nursing, midwifery and health visiting staff	1,691		**1,691**	**1,674**
Nursing, midwifery and health visiting learners			**-**	**0**
Scientific, therapeutic and technical staff	766		**766**	**635**
Healthcare science staff	213		**213**	**0**
Social care staff	-		**-**	**0**
Agency and contract staff		66	**66**	**142**
Bank staff		541	**541**	**477**
Other			**-**	**74**
Total average numbers	**5,908**	**607**	**6,515**	**6,607**
Of which:				
Number of employees (WTE) engaged on capital projects	14	4	**18**	**9**

Total staffing costs for the year were £297,535,000, comprising £257,175,000 substantive employees and £40,360,000 for bank and agency workers.

2.3.1 Staff Polices applied in respect of Equality and diversity

Our Equality, Diversity and Inclusion Policy is wide-ranging and aims to protect employees from discrimination and harassment while promoting equal opportunity and the value of diverse cultures and backgrounds within the workforce.

We recognise that attracting, developing and retaining a diverse and reflective workforce is essential to delivering responsive and inclusive services. Having such a workforce encourages the Trust to develop and deliver services that understand the needs of the diverse communities it serves.

Staff and patient diversity is viewed positively and, in recognising that everyone is different, the Trust values equally the unique contribution that individuals from different backgrounds can make. The Trust undertakes several activities to raise awareness of the equality agenda, and to ensure as many people have a voice into the way services are delivered.

Support is available for staff through the Trust's Celebrating Cultures Network (which incorporates Black, Minority, Ethnic (BME) and Religion and Belief) and more widely through the SEC (South East Coast) BME Network. Additionally, the Trust hosts a Lesbian, Gay, Bisexual and Transgender (LGBT) Network and a Disability Forum internally for staff and patients.

The Trust is committed to equal opportunities for all. Our aim is to ensure that no patient, carer or visitor to the Trust, job applicant or member of staff, is discriminated against because of:

- their age
- any disabilities they may have
- their gender
- their gender identity
- being in a marriage or civil partnership
- pregnancy or having recently had a baby
- their race
- their religion or belief system
- their sexual orientation.

Selection for employment, training and promotion will be based solely on objective and job-related criteria and we have a number of employment-related policies that ensure the promotion of an inclusive culture regardless of protected characteristic.

If staff have a disability or develop a disability during their time working with the Trust, reasonable adjustments will be made to prevent them from being placed at a substantial disadvantage in all aspects of employment including recruitment and selection, training, transfer, career development and retention. The Trust adheres to the Disability Confident Scheme which is administered by Job Centre Plus to ensure the mechanisms, systems and processes to support existing and newly disabled employees throughout the employment journey are met.

We employ a diverse workforce; proportionately greater than the population and communities we serve. We are proud of the unique contribution our staff make and the value this adds delivering and supporting high patient care.

During 2018 we have seen many great examples of celebrating diversity and we publicise these on the Trust's StaffNet, through the Trust's weekly 'Headlines' staff publication and by using notice boards and newsletters. We have continued to raise the profile of Equality and Diversity (E&D) by taking part in NHS Employers Equality, Diversity and Human Rights week during May 2018 as well as holding E&D awareness stands at two annual staff conferences, during which a group of staff delivered workshops sharing the culture of the Philippines. 2018 also saw the first Pride event at Worthing and the Trust's stand, represented by our staff and LGBT network attracted a lot of interest particularly for volunteering in our hospitals.

During 2018/19 the Trust has supported:

Celebrating Cultures Network - that work towards improving patient care and working conditions for all staff from BME and non-British backgrounds. This group is also involved in our policy development, to ensure issues relating to culture are taken into account.

Disability Forum - has welcomed a new chair to provide a mechanism to ensure disabled people have a voice within the Trust. One of the key objectives is to ensure that monitoring systems and processes are put in place to support disabled people, are fit for purpose. This group is also involved in our policy development, to ensure issues relating to disability are taken into account.

Disability Confident - replaces the 'Two Ticks - Positive about Disabled People' scheme. The aim of this national programme is to ensure that the Trust has mechanisms, systems and processes to support existing and newly disabled employees throughout their employment journey. The programme is administered by Job Centre Plus.

Diversity Matters Group - this key steering committee helps to ensure that equality, diversity and human rights are at the heart of the Trust's strategic plans. All of the staff and patient networks and forums feed into this committee.

LGBT Network - the network helps to raise the profiles of Lesbian, Gay, Bisexual and Trans issues within the Trust. The network provides support to LGBT staff, patients and visitors. This group is also involved in our policy development, to ensure issues relating to sexual orientation and gender identity are taken into account.

We are partnering with Brighton and Sussex University Hospitals (BSUH) on equalities and inclusion; using their expertise to improve the experience and outcomes for our patients and staff where they share a protected characteristic. We have established shared equality objectives for 2018/19 and the theme of our 2019 Staff Conferences is Inclusion.

As part of the 2018 statutory and mandatory training programme the Equality and Diversity function and HR team presented 124 face-to-face training sessions to help ensure the workforce is aware of their responsibilities under equality legislation. The three yearly update included general equality awareness, educating the terminology of a 'hate crime' which can constitute as a criminal offence and reiterating to staff that any kind of discrimination is unacceptable.

In partnership with BSUH the Trust is purchasing a 2 year contract for the 'Recite Me' system to improve accessibility of the Trust's website, internal StaffNet and outpatients booking service. 'Recite Me' is a web based tool that allows patients and staff to customise the Trust's website in way individuals need it to work for them personally. The easy to use facility includes large font, text to speech functionality, dyslexia software, an interactive dictionary, a translation tool with over 100 languages and many other features. These functions not only benefit individuals with sensory impairments, but also benefit those with learning disabilities / difficulties and overseas language speakers.

The Trust undertakes a wide range of work and projects to support the equality agenda to benefit patients, the workforce and ensure as many people have a voice into the way services are delivered.

NHS England Equality Standard

Workforce Race Equality Standard (WRES) - Data is taken from the annual National Staff Survey and Electronic Staff Records system which is reflected in nine key metric indicators. WRES looks at a number of factors that help demonstrate race equality within Trust processes and services for staff. As a result a number of improvements were identified; the celebrating cultures network supported the development of a 3 year action plan to address issues of inequity.

To view WSHFT 2018/19 WRES report and 2018-2020 WRES action plan and priorities, please go to:

https://www.westernsussexhospitals.nhs.uk/your-trust/about/equality-diversity/

Workforce Disability Equality Standard (WDES) - WSHFT will be participating in the first Workforce Disability Equality Standard (WDES), due to be released in 2019. The aim of the standard is to demonstrate through a set of specific measures to compare experiences of disabled and non-disabled staff. The Disability Network Group will be actively involved to review issues raised within the standard and develop a local action plan.

Further information about the standard can be found on NHS England's website:

https://www.england.nhs.uk/about/equality/equality-hub/wdes

Sexual Orientation Monitoring (SOM) Information Standard - NHS England has announced a standard will be introduced in the future. The SOM will provide a consistent mechanism for monitoring and recording sexual orientation of all patients / service users aged 16 year.

Further information about the proposed standard can be found on NHS England's website:

https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/

2.3.2 Gender and Gender Pay Gap Report

At the end of the financial year, the makeup of the Trust by gender was:

	Female	Male
Non-executive directors	2 (33.3%)	4 (66.7%)
Executive directors	4 (66.7%)	2 (33.3%)
Non-executive director advisor	1 (50.0%)	1 (50.0%)
Other senior managers	13 (56.5%)	10 (43.5%)
Other staff	5420 (77.0%)	1623 (23.0%)
Total	5441 (76.8%)	1640 (23.2%)

At 31 March 2019, the second Gender Pay Gap report was published, relating to the pay period at 31 March 2018. The table below shows the mean and median hourly rates for male and female employees in the Trust and the actual gap in monetary and percentage terms in 2018. The 2017 figures are shown in brackets.

There is a 21.16% (19.62% in 2017) difference in favour of male employees when using the mean hourly rate, this is an increase of 1.54% on 2017. This

however, moves to 0.98% (0.89%) in favour of female employees when the median hourly rate is used, this is marginally up on the previous year.

Gender	Mean Hourly Rate	Median Hourly Rate
Male	£ 19.28 (£ 18.32)	£ 13.30 (£ 13.06)
Female	£ 15.20 (£ 14.73)	£ 13.55 (£ 13.18)
Difference	£ 4.08 (£ 3.59)	-£ 0.25 (- £0.12)
Pay Gap %	21.16% (19.62%)	-0.98% (0.89%)

A total of 8,021 (7,226) employees (non-medical and Medical & Dental) are included in this report. The gender split is 6,137 (5,524) 76.51% (76.45%) female employees and 1,884 (1,702) 23.49% (23.55%) male employees.

This is comparable with the NHS workforce nationally which has a 77% female and 23% male split.

The Medical & Dental staff group in the Trust consists of 21.66% (24.62%) male employees and 5.73% (6.89%) female employees. This is comparable to 22% and 5% respectively in the wider NHS nationally.

2.3.3 Strategies and Processes applied in respect of Health and Wellbeing

Recognising that a key component of staff engagement is staff health and wellbeing, we have continued to deploy a range of health and wellbeing strategies for staff including physiotherapy, counselling, emotional resilience and mindfulness. Our Wellbeing Wednesdays, which take place on the first Wednesday of every month have been strengthened during 2018/19 and extended to include exercise classes (Yoga, Pilates, Kick Boxing, Nordic Walking), support networks (colleagues for carers, Schwartz rounds) and general wellbeing (hand and head massage, singing).

As part of the green travel plan, a staff minibus service was introduced for travel across the three sites along with park and ride facilities. This has been popular and benefitted staff wellbeing.

Work to address staff mental health and stress-related conditions has started and will be a key feature of the 2019/20 workplan. This includes the evaluation of a pilot of the leadership behaviours required to extend pastoral support and care for postgraduate doctors in training.

Whilst our attention is focused on maintaining attendance and health and wellbeing rather than absence, sickness is robustly managed. During 2018/19, our 12 month rolling sickness rate averaged at 3.7%. Through our strategy deployment reviews, a lot of work has been undertaken at divisional level to understand the root cause of absence and tailored initiatives have been implemented to address areas where sickness is higher than the Trust average. Within our Estates and Facilities division, bespoke manual handling training and support has been delivered to address the high occurrence of muscular skeletal disorders. Targeted emotional resilience programmes have been delivered across the organisation and will be strengthened further as part of the staff mental health work.

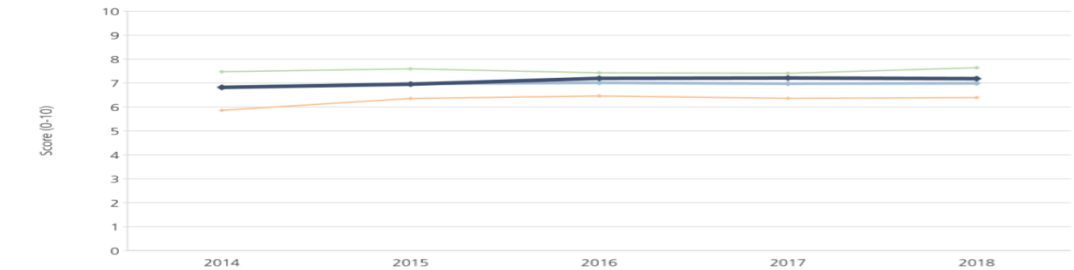
2.3.4 Improving staff engagement

Our staff engagement results from the 2018 staff survey have remained at a score of 7.2. This has remained consistently high for the last 3 years and places the Trust in the top 20 acute trusts in the country. See table 1 below.

This result is above the national average of 7.0 and is a composite score that includes staff advocacy about the organisation, how motivated staff feel and the extent to which they can affect and implement improvements.

Staff recommendation (advocacy) of our organisation as a place to work or receive treatment was the 9th best in the country.

Table 1 – Staff Engagement Trend

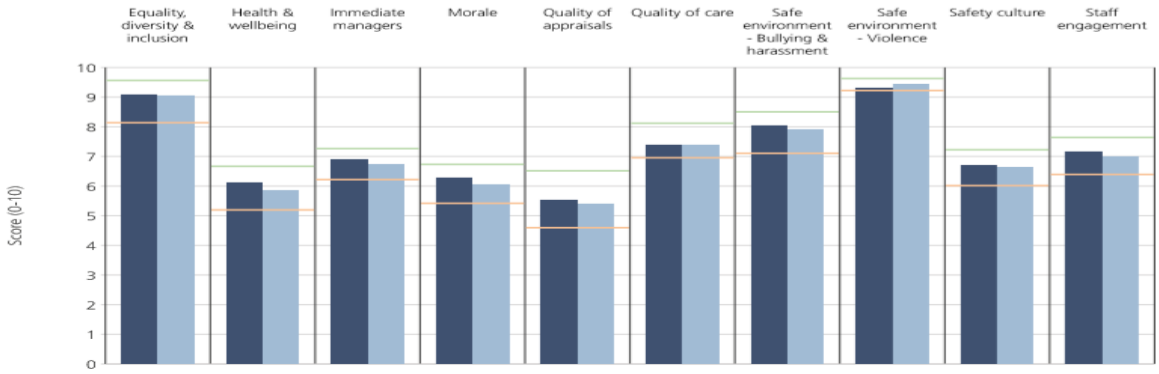


	2014	2015	2016	2017	2018
Best	7.5	7.6	7.4	7.4	7.6
Your org	6.8	7.0	7.2	7.2	7.2
Average	6.8	7.0	7.0	7.0	7.0
Worst	5.9	6.4	6.5	6.4	6.4
No. responses	3,591	3,458	3,943	4,469	4,350

2.3.5 Staff survey 2018

For the eighth year, the Trust rolled out the NHS staff survey to all permanent staff and achieved another high response rate of 64%. This compares to a national response rate of 44%.

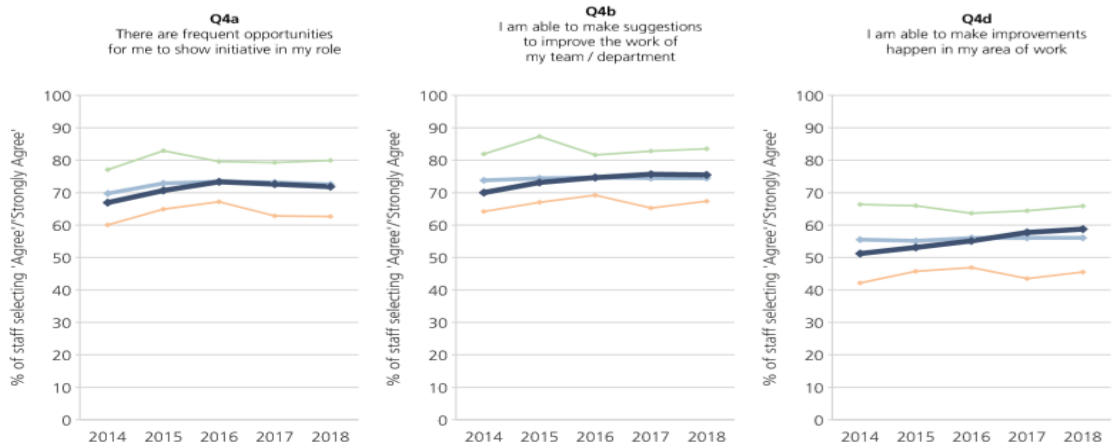
The staff survey results against the 10 themes are set out below.



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.6	6.7	7.3	6.7	6.5	8.1	8.5	9.6	7.2	7.6
Your org	9.1	6.1	6.9	6.3	5.5	7.4	8.1	9.3	6.7	7.2
Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0
Worst	8.1	5.2	6.2	5.4	4.6	7.0	7.1	9.2	6.0	6.4
No. responses	4,305	4,335	4,332	4,286	3,852	3,835	4,301	4,299	4,306	4,350

Providing a safe environment for staff is important to us and during 2019 we aim to improve this further. 'Reducing Abusive Behaviours' has now been established as a corporate trust-wide project and includes reducing the amount of violence our staff experience and the level of bullying and harassment they are subjected to.

Over the last three years, focused attention has been given to enable staff to make improvements in their work area. This has resulted in year on year improvements (see table 2 below, Q4d).



	Q4a					Q4b					Q4d				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
Best	77.1%	82.9%	79.6%	79.3%	80.0%	81.9%	87.3%	81.6%	82.8%	83.5%	66.4%	66.0%	63.7%	64.4%	65.9%
Your org	66.9%	70.7%	73.4%	72.6%	71.9%	70.0%	73.1%	74.7%	75.7%	75.5%	51.2%	53.1%	55.1%	57.7%	58.8%
Average	69.8%	72.9%	73.4%	73.1%	72.5%	73.8%	74.4%	74.7%	74.5%	74.5%	55.5%	55.2%	56.0%	56.1%	56.1%
Worst	60.1%	64.9%	67.2%	62.8%	62.7%	64.2%	67.0%	69.2%	65.3%	67.4%	42.2%	45.8%	46.9%	43.5%	45.5%

The continuing roll out of the Patient First Programme and local improvement work in our clinical divisions will sustain and increase this further. A review of staff motivation is now being prepared that will refresh our staff engagement breakthrough objective. During 2018/19 we will be also be working with HEE

and Clever Together to become the Best Place to Work which will inform our actions to improve staff motivation and thereby drive improvements in our staff engagement.

Trust results over the last three years are set out below.

	2018		2017		2016	
	Trust	Benchmark group	Trust	Benchmark group	Trust	Benchmark group
Equality, diversity and inclusion	9.1	9.1	9.2	9.1	9.2	9.2
Health and wellbeing	6.1	5.9	6.3	6.0	6.2	6.1
Immediate managers	6.9	6.7	6.9	6.7	6.8	6.7
Morale (new for 2018)	6.3	6.1	N/A	N/A	N/A	N/A
Quality of appraisals	5.5	5.4	5.4	5.3	5.3	5.3
Quality of care	7.4	7.4	7.4	7.5	7.5	7.6
Safe environment – harassment and bullying	9.1	7.9	8.0	8.0	8.0	8.0
Safe environment – violence	9.3	9.4	9.2	9.4	9.3	9.4
Safety culture	6.7	6.6	6.7	6.6	6.6	6.6
Staff engagement	7.2	7.0	7.2	7.0	7.2	7.0

2.3.6 Process applied to support Learning and development

At Western Sussex Hospitals NHS Foundation Trust we aim to foster an inclusive culture of education, training and development for all staff.

We are proud of the career progression pathways we offer – from apprenticeships to leading and transforming organisations – and have a team of staff dedicated to supporting colleagues' development including NMC-qualified nurse teachers and researchers.

We have established partnerships with a number of educational organisations, including the Universities of Surrey and Brighton, which provide learning and development opportunities for nurses, midwives and other healthcare professionals who wish to develop their professional practice and academic careers.

Our speciality programmes aim to produce high-quality clinicians with a broad range of skills that will enable them to practice as consultants across the United Kingdom. Some of this training is funded through the Kent Surrey Sussex Deanery.

Attendance on statutory and mandatory training was consistently high throughout 2018/19 and remains above the Trust target of 90%. The Trust continues to have one of the highest attendance rates for statutory and mandatory training across the UK.

2.3.7 Staff conference

The Staff Conference is an annual event at Western Sussex, which showcases achievements across the Trust. The programme is developed by the Staff Conference Planning Group. This year the theme of “Patient Experience” meant that the programme was designed to include stories of how staff had made improvements for patients. We were also able to secure Matt King, OBE, as our keynote speaker for both dates.

In addition, this year, for the first time, we included an activity at the end of the day to create a Patient Charter. Delegates really enjoyed the opportunity to have a detailed discussion with other staff at their table and the opportunity to input into the Patient Charter.

Feedback on all of the presentations and programme was extremely positive. Matt King’s inspiring story of how the smallest things can make the greatest difference to patients touched the heart of all delegates and led to two standing ovations.

2.3.8 Apprenticeships

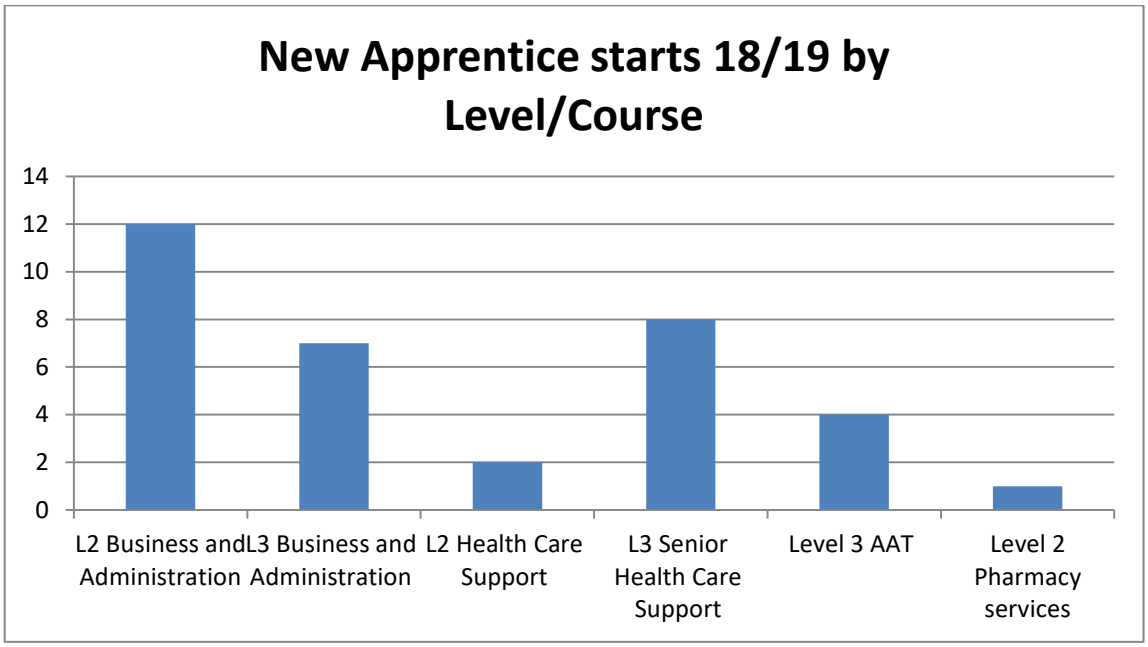
The Trust is committed to working towards fully utilising the Apprentice Levy funding to provide training opportunities and apprentice qualifications for new and existing staff. The Trust will also aim to meet the Enterprise Bill target that 2.3% (216 WTE) of the workforce will be apprentices.

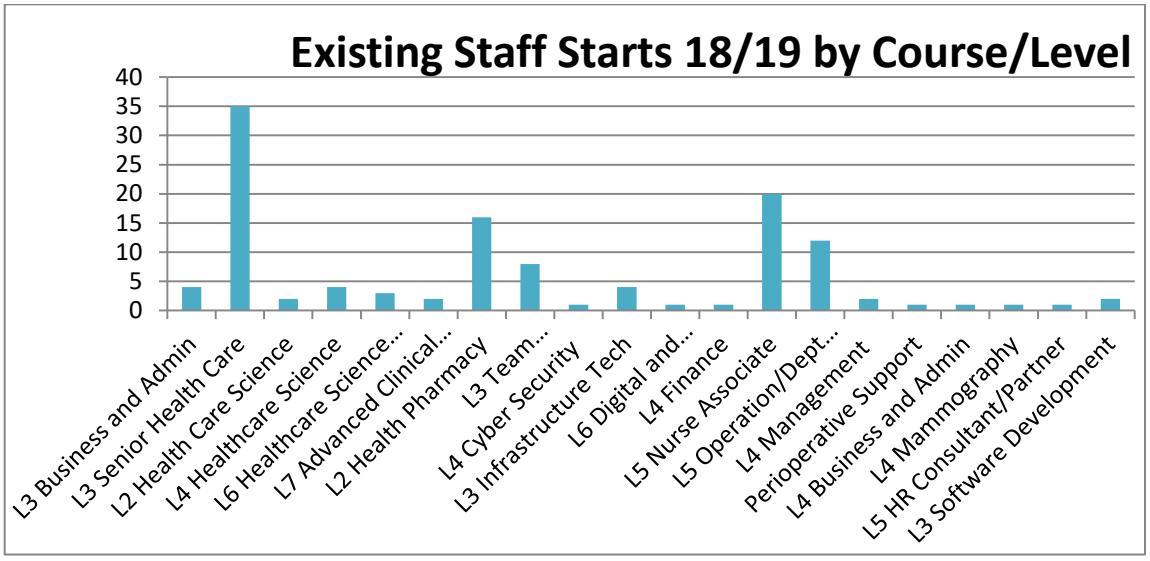
The development of new apprentice qualifications is enabling the Trust to develop new roles, such as the Nurse Associate, and to “grow our own” staff who will be likely to remain in the Trust on completion of their apprenticeship.

We also provide support to staff to prepare themselves academically for the introduction of new standards; this includes supporting them with functional skills, English and Maths. Since April 2018 we have enrolled 59 members of staff onto the Level 1 and Level 2 Math's qualification and 49 members of staff onto the Level 1 and Level 2 English qualification.

During 2108/19, the Trust started 115 staff on apprenticeship programmes. This is a combination of new apprentices joining the Trust on apprentice contracts (26% of starts) and existing staff (74% of starts) who are also accessing apprentice qualifications.

This chart shows the number of new apprentice starts broken down by qualifications.





This chart shows the number and range of qualifications existing staff are completing; this includes three staff accessing degree apprenticeships (level 6) and two staff accessing masters apprenticeships (level 7).

The Trust also offers a range of Work Experience opportunities and employs a work experience co-ordinator in a substantive post, in quarter 3 thirty six individuals completed work experience activities and the Widening Participation team attended 16 recruitment events.

Our engagement with schools and colleges includes attending careers fairs, talking to groups of students and taking part in interview practice with students. By offering a variety of work experience and opportunities to individuals from the age of 14 years we are introducing new perspectives and talent, supporting the local community and generating positive publicity and meeting our corporate social responsibility objectives. We know that organisations who work closely with their community have higher levels of employee loyalty and engagement.

2.3.9 Health and safety

Health and safety compliance at Western Sussex Hospitals NHS Foundation Trust is managed by the Risk (Non-Clinical) Team and monitored at Board level by the Health and Safety Committee on a quarterly basis. A Health and Safety Report is also published annually and made available to staff via the Trust extranet, along with the Policy for the Management of Health, Safety and Risk.

The Health and Safety Committee reviews reports, policies and accident data on issues relating to the following areas of health and safety: fire, manual handling, security, training, estates and facilities, occupational health, staff incidents, stress, radiation protection and non-clinical risk management.

Health and safety incidents are logged on the Trust's Datix incident reporting system, while risk assessments around issues such as dangerous substances, display screen equipment, fire and manual handling tasks are carried out using the Safety, Health and Environment (SHE) software package.

Health and safety training is mandatory for all staff on induction and then on a triennial cycle. Attendance rates during 2018/19 improved further to 94%.

2.3.10 Fraud, bribery and corruption statement

Western Sussex Hospitals NHS Foundation Trust is committed to eliminating fraud and corruption within the NHS, freeing up public resources for better

patient care. To this end, the Trust employs a specialist counter-fraud service to provide a comprehensive programme against fraud and corruption which is overseen by the Trust's Audit Committee.

All anti-fraud and corruption legislation is complied with. It is a criminal offence to give, promise or offer a bribe, and to request, agree to receive, or accept a bribe. A bribe may take the form of any financial or other advantage to another person in order to induce a person to perform improperly.

Although the Bribery Act permits hospitality, all staff are required to consider on an individual basis whether accepting any hospitality offered is appropriate and should they then elect to take it, to record it within the Trust's Hospitality register (in line with the Receipt of Hospitality, Gifts and Inducements Policy) so that it has been fully disclosed.

It is also important that all of our contractors and agents comply with our policies and procedures.

When entering into contracts with organisations the Trust follows the NHS standard terms and conditions of contract for the purchase of goods and supplies.

We ask all who have dealings with the Trust, as employees, agents, trading partners, stakeholders and patients, to help us in our fight against fraud and corruption and to contact the counter-fraud service in confidence if they have any concerns or suspicions.

2.3.11 Exit packages

There have been no exit packages in 2018/19

2.3.12 Off-payroll engagements

The Trust did not make any off-payroll engagements in the financial year.

2.3.13 Trade Union Facility Time

Our relationship with our trade unions is a key tenant of our employee relations strategy and we work hard to foster a strong partnership where areas of concern are identified and we pay attention to resolution and learning.

The Trade Union (Facility Time Publication Requirements) Regulations 2017 require disclosures of facility time provided for trade union activities. This disclosure, due for annual publication by the 31 July each year, relates to the period 1 April 2018 to 31 March 2019.

NHS
Western Sussex Hospitals
NHS Foundation Trust

Table 1 - Relevant Union Officials	
Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
32	27.75

Table 2 - Percentage of time spent on facility time	
How many employees who were relevant union officials employed during the relevant period spent their working hours on facility time	
Percentage of time	Number of employees
0%	22
1%-50%	10
51%-99%	0
100%	0

Table 3 - Percentage of pay bill spent on facility time	
The percentage of total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period	
Total cost of facility time	£4,865
Total pay bill	£297,039,174
Percentage of the total pay bill spent on facility time	0.0%

Table 4 - Paid trade union activities
Time spent on paid trade union activities as a percentage of total paid facility time hours
37.21%

..... 28 May 2019

Dame Marianne Griffiths, Chief Executive

Western Sussex Hospitals NHS Foundation Trust

2.4 Remuneration Report

2.4.1 Annual statement on remuneration

It is the responsibility of the Appointment and Remuneration Committee of Non-Executive Directors to oversee the pay arrangements of Executive Directors and Very Senior Managers, details of the committee can be found within the 'How the Trust is Run' section of this report. During the period of this report there have been no substantial changes to the base salary of Senior Managers.

2.4.2 Senior Managers Remuneration Policy

All Directors' performance is subject to an annual appraisal the outcome of which is reported to the Appointment and Remuneration Committee by the Chief Executive. This is prior to any decision being made on Executive remuneration.

For the Chief Executive Officer, their appraisal is undertaken by the Chair of the Trust with a report then submitted to the Committee.

The annual appraisal method is chosen as it is an effective way to assess performance against a range of performance targets and leadership responsibilities and includes feedback from Non-Executive Directors and peers as part of a 360 degree feedback process.

In coming to any decision on remuneration, the Committee takes account of the circumstances of the Trust, the size and complexity of the role, any changes in the Directors portfolio, the performance of the individual and any appropriate national guidance. Senior managers are remunerated based on these decisions. Any performance related pay award by the Committee is within the context of the NHS Very Senior Managers Pay Framework.

In considering Senior Managers Pay the Committee took note of national benchmark data provided by NHS Providers and the requirement to consider any pay above a threshold of £150,000 as per Cabinet Office guidance.

2.4.3 Future policy table

Please see in the following table details of the components of the remuneration package for senior managers. This is made up of;

Components of Senior Managers remuneration:
Base Salary
Performance related pay (where appropriate).

Base salaries are set in line with market information and are designed to ensure retention, or recruitment, of the calibre and experience required to deliver the aims of the Trust. Salaries are revised annually and uplifted only if:

- There is demonstrable evidence that an uplift is required to keep in line with the market
- A change in portfolio necessitates an uplift

The performance related pay scheme is based on the NHS Pay framework for Very Senior Managers. The Appointment and Remuneration Committee would, annually, consider whether the overall performance of the Trust warrants consideration of a performance related element being paid and if so the parameters of such an award.

2.4.4 Service contracts obligations and Policy on payment for loss of office

HM Treasury has issued specific guidance on severance payments within 'Managing Public Money' and special severance payments when staff leave requires Treasury approval.

All contracts are permanent with no fixed end date. There are no contractual provisions for payments on termination of contract.

The table below shows the date of contracts and notice periods.

Name	Title	Date of Contract	Notice period from the Trust	Notice period to the Trust
Mrs Marianne Griffiths	Chief Executive	01/04/2009	6 months	6 months
Mr Peter Landstrom	Chief Delivery and Strategy Officer	18/04/2016	6 months	6 months
Mrs Karen Geoghegan	Chief Financial Officer	01/02/2014	6 months	6 months
Mrs Nicola Ranger	Chief Nursing and Patient Safety Officer	02/05/2017	6 months	6 months
Mrs Denise Farmer	Chief Workforce and Organisational Development Director	01/04/2009	6 months	6 months

Name	Title	Date of Contract	Notice period from the Trust	Notice period to the Trust
Dr George Findlay	Chief Medical Officer and Deputy Chief Executive	27/01/2014	6 months	6 months
Mrs Jayne Black	Chief Operating Officer	16/04/2018	6 months	3 months

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

In considering any decision on remuneration the Committee takes note of both the organisational and national context.

2.4.6 Salary and pension entitlements of senior managers

Remuneration 2018/19

	Salary Bands of £5,000 a	Total expenses Nearest £100 b	Bonus Bands of £5,000 c	L/term bonus Bands of £5,000 d	Pension Benefit* Bands of £2,500 e	Total Bands of £5,000 f	Western Sussex Hospitals Remuneration Bands of £5,000 g
Marianne Griffiths Chief Executive	265 - 270	93	20 - 25	-	17.5 - 20	**320 - 325**	150 - 155
Peter Landstrom Chief Delivery and Strategy Officer	155 - 160	239	5 - 10	-	27.5 - 30	**215 - 220**	35 - 40
Karen Geoghegan Chief Financial Officer	190 - 195	5	5 - 10	-	45 - 47.5	**245 - 250**	100 - 105
George Findlay Chief Medical Officer	185 - 190	296	-	45 - 50	162.5 - 165	**430 - 435**	130 - 135
Nicola Ranger Chief Nursing Officer	175 - 180	126	5 - 10	-	37.5 - 40	**230 - 235**	95 - 100
Denise Farmer Chief Workforce Officer	165 - 170	140	5 - 10	-	-	**185 - 190**	90 - 95
Jane Farrell (to 30th April 2018) Chief Operating Officer	10 - 15	21	-	-	-	**10 - 15**	10 - 15
Jayne Black (from 16th April 2018) Chief Operating Officer	140 - 145	9	-	-	-	**140 - 145**	140 - 145
Michael Viggers (to 31st May 2018) Chairman	5 - 10	19	-	-		**5 - 10**	5 - 10
Alan McCarthy (from 1st October 2018) Chairman	30 - 35	7	-	-		**35 - 40**	20 - 25
Joanna Crane Non-Executive Director	10 - 15	9	-	-		**10 - 15**	10 - 15
Jon Furmston Non-Executive Director	10 - 15	2	-	-		**10 - 15**	10 - 15
Patrick Boyle Non-Executive Director and Acting Chairman (1st June 2018 to 30th September 2018)	20 - 25	10	-	-		**20 - 25**	20 - 25
Michael Rymer Non-Executive Director	10 - 15	2	-	-		**10 - 15**	10 - 15
Elizabeth Peers Non-Executive Director	10 - 15	4	-	-		**10 - 15**	10 - 15
Kirstin Baker Non-Executive Director Adviser	5 - 10	-	-	-		**5 - 10**	5 - 10
Martin Sinclair Non-Executive Director Adviser	5 - 10	-	-	-		**5 - 10**	5 - 10

The Non-Executive Director remuneration disclosed in this table is that which is incurred and paid directly by Western Sussex Hospitals NHS Foundation Trust. Several Non-Executive

Directors are also paid directly by Brighton and Sussex University Hospitals NHS Trust (BSUH) for separate services to BSUH and this is disclosed within BSUH Annual Report.

Pension Entitlements as at 31st March 2019

	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2019 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2019 (nearest £1,000)	Cash Equivalent Transfer Value at 31 March 2018 (nearest £1,000)	Real increase in Cash Equivalent Transfer Value (nearest £1,000)	Employer's contribution to Stakeholder Pension
Marianne Griffiths Chief Executive	0 - 2.5	5 - 7.5	45 - 50	145 - 150	1,169	986	153	Nil
Peter Landstrom Chief Delivery and Strategy Officer	2.5 - 5	-	30 - 35	60 - 65	437	342	85	Nil
Karen Geoghegan Chief Financial Officer	2.5 - 5	-	60 - 65	140 - 145	1,107	913	167	Nil
George Findlay Chief Medical Officer	7.5 - 10	12.5 - 15	60 - 65	140 - 145	1,183	889	266	Nil
Nicola Ranger Chief Nursing Officer	2.5 - 5	-	55 - 60	130 - 135	1,073	897	149	Nil
Denise Farmer Chief Workforce Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Nil
Jayne Black Chief Operating Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Nil

Notes:

As set out in paragraph 8(3) of the Regulations, where the calculations of any of these columns result in a negative value (other than in respect of a recovery or withholding), the result is expressed as zero in the relevant column in the table.

"a" is salary and fees (in bands of £5,000)

"b" is all taxable benefits (total to the nearest £100)

"c" is annual performance-related bonuses (in bands of £5,000)

"d" is long-term performance-related bonuses (in bands of £5,000). The long term performance bonus for George Findlay relates to a national Clinical Excellence Award

"e" is all pension–related benefits (in bands of £2,500). As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. Information on accrued pension benefits is provided by the NHS Pensions Agency

"f" is the total of items "a" to "e" (in bands of £5,000).

"g" On 1st April 2017, the Trust (WSH) entered into a long-term agreement with NHS Improvement and Brighton and Sussex University Hospitals NHS Trust (BSUH). This agreement provides for collaboration between the Trusts, including arrangements for board membership and governance in common, as well as the provision of management support to BSUH by WSH. The initial term of this agreement is for three years. Contracts for employment continue to be held by Western Sussex Hospitals NHS Foundation Trust. The remuneration disclosed in columns "a" to "f" therefore includes the remuneration in respect of duties undertaken in relation to BSUH. Column "g" shows the element of remuneration (excluding pension) that relates to duties undertaken in relation to WSH. Pension benefits include benefits accrued as a result of total pension in the pension scheme and not just service in a senior capacity to which disclosure applies. Pension benefits are therefore not able to be split between BSUH and WSH roles. A more detailed analysis of the components of remuneration (excluding pension) directly relating to WSH are summarised below:

Trust Splits i.e. Directly relating to Western Sussex Hospitals NHS FT

	Salary Bands of £5,000	Total expenses Nearest £100	Bonus Bands of £5,000	L/term bonus Bands of £5,000	Total Bands of £5,000
Marianne Griffiths Chief Executive	130 - 135	47	10 - 15	-	**150 - 155**
Peter Landstrom Chief Delivery and Strategy Officer	30 - 35	50	0 - 5	-	**35 - 40**
Karen Geoghegan Chief Financial Officer	95 - 100	3	0 - 5	-	**100 - 105**
George Findlay Chief Medical Officer	90 - 95	148	-	20 - 25	**130 - 135**
Nicola Ranger Chief Nursing Officer	85 - 90	63	0 - 5	-	**95 - 100**
Denise Farmer Chief Workforce Officer	80 - 85	70	0 - 5	-	**90 - 95**
Jane Farrell Chief Operating Officer	10 - 15	21	-	-	**10 - 15**
Jayne Black Chief Operating Officer	140 - 145	9	-	-	**140 - 145**
Alan McCarthy Chairman	20 - 25	5	-	-	**20 - 25**

Cash Equivalent Transfer Values

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 accumulated benefits and

any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

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

Total Pension Entitlement

Normal retirement age for the NHS Pension Scheme is either 60 (for members in the 1995 scheme) or 65 (for members in the 2008 scheme). On retirement members receive their accrued pension and members in the 1995 scheme receive a lump sum equal to three times their annual pension. Members may choose to retire from work before their normal pension age and draw their benefits although these will be reduced because they will be paid earlier than expected. Further information about scheme rules and entitlements is available from http://www.nhsbsa.nhs.uk/pensions.

NHS
Western Sussex Hospitals
NHS Foundation Trust

Remuneration 2017/18

	Salary Bands of £5,000 a	Total expenses Nearest £100 b	Bonus Bands of £5,000 c	L/term bonus Bands of £5,000 d	Pension Benefit* Bands of £2,500 e	Total Bands of £5,000 f	Western Sussex Hospitals Remuneration Bands of £5,000 g
Marianne Griffiths Chief Executive	265 - 270	81	20 - 25	0	150 - 152.5	**450 - 455**	160 - 165
Peter Landstrom Chief Delivery and Strategy Officer	155 - 160	58	5 - 10	0	122.5 - 125	**290 - 295**	85 - 90
Karen Geoghegan Chief Financial Officer	190 - 195	5	5 - 10	0	190 - 192.5	**390 - 395**	100 -105
George Findlay Chief Medical Officer	185 -190	317	0	45 - 50	55 - 57.5	**320 - 325**	130 - 135
Nicola Ranger Chief Nursing Officer	160 - 165	39	0	0	145 - 147.5	**310 - 315**	80 -85
Denise Farmer Chief Workforce Officer	165 - 170	56	5 - 10	0	0	**180 -185**	90 - 95
Jane Farrell Chief Operating Officer	40 - 45	-	0	0	0	**40 -45**	40 - 45
Michael Viggers Chairman	40 - 45	67	0	0		**50 - 55**	50 - 55
Joanna Crane Non-Executive Director	10 - 15	19	0	0		**10 - 15**	10 - 15
Jon Furmston Non-Executive Director	10 - 15	8	0	0		**10 - 15**	10 - 15
Patrick Boyle Non-Executive Director	10 - 15	12	0	0		**10 - 15**	10 - 15
Michael Rymer Non-Executive Director	10 - 15	10	0	0		**10 - 15**	10 - 15
Elizabeth Peers Non-Executive Director	10 - 15	9	0	0		**10 - 15**	10 - 15
Kirstin Baker Non-Executive Director Adviser	5 - 10	-	0	0		**5 - 10**	5 - 10
Graham Hodgson Non-Executive Director Adviser	0 - 5	-	0	0		**0 - 5**	0 - 5
Martin Sinclair Non-Executive Director Adviser	5 - 10	-	0	0		**5 - 10**	5 - 10

Pension Entitlements as at 31st March 2018

	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2018 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2018 (nearest £1,000)	Cash Equivalent Transfer Value at 31 March 2017 (nearest £1,000)	Real increase in Cash Equivalent Transfer Value (nearest £1,000)	Employer's contribution to Stakeholder Pension
Marianne Griffiths Chief Executive	7.5 - 10	22.5 - 25	40 -45	130 - 135	986	776	203	Nil
Peter Landstrom Chief Delivery and Strategy Officer	5 - 7.5	10 - 12.5	25 - 30	60 -65	342	257*	82	Nil
Karen Geoghegan Chief Financial Officer	10 - 12.5	17.5 -20	50 - 55	135 - 140	913	706*	200	Nil
George Findlay Chief Medical Officer	2.5 - 5	0 - 2.5	50 - 55	120 -125	889	803*	78	Nil
Nicola Ranger Chief Nursing Officer	7.5 - 10	0	50 - 55	125 - 130	897	860	28	Nil
Denise Farmer Chief Workforce Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Nil
Jane Farrell Chief Operating Officer	Not available							Nil

* Cash Equivalent Transfer value as at 31st March 2017 has been restated to include benefits from the 2015 Pension Scheme that were incorrectly excluded from the 2016/17 annual report

Fair Pay Multiple (median pay)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the financial year 2018/19 was £290k - £295k (2017/18: £290k - £295k). This was 10 times (2017/18: 11) the median remuneration of the workforce, which was £28.5k (2017/18: £28k).

In 2018/19, no employees (2017/18: nil) received remuneration in excess of the highest-paid director. Remuneration ranged from £8k to £261k (excluding the highest-paid director (2017/18: £8k-£248k excluding highest-paid director).

The banded salary referenced above includes the total remuneration paid for roles undertaken at Western Sussex Hospitals and Brighton and Sussex University Hospitals. Taking into account only that part of the director remuneration that relates to Western Sussex Hospitals, the banded remuneration of the highest paid director is £145 - £150k, This was 5 times the median remuneration of the workforce and in 2018/19, 57 employees received remuneration in excess of this.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

28 May 2019

Dame Marianne Griffiths, Chief Executive

Western Sussex Hospitals NHS Foundation Trust

2.5 Regulatory ratings

The Trust is assessed under NHS Improvement's Use of Resources Rating. Financial risk is covered under the Financial Sustainability Risk Rating which is driven by a range of financial metrics. The highest rating that can be achieved is 1. A score of 2 indicates no significant financial concerns. The Trust was rated at 1 for each of the quarters during 2018/19.

NHS Improvement Use of Resource Risk Ratings				
Rating	Q1	Q2	Q3	Q4
Financial Sustainability Risk Rating	1	1	1	1

2.6 Statement of Accounting Officer's Responsibilities

Statement of the chief executive's responsibilities as the accounting officer of Western Sussex Hospitals NHS Foundation Trust

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require [name] NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of [name] NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

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

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

- make judgements and estimates on a reasonable basis

- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements

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

- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy 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*.

Signed……

Dame Marianne Griffiths

Chief Executive Date: 28 May 2019

2.7 Annual Governance Statement for the period 1 April 2018 to 31 March 2019

1. Scope of responsibility

1.1 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.

1.2 The Trust's Standing Orders and Scheme of Delegated Authority outline the accountability arrangements and scope of responsibility of the Board of Directors ('the Board'), Executive Directors and Trust officers.

1.3 The Board receives regular minutes and reports from each of the nominated Committees that report into it. The terms of reference of the Committees of the Board are regularly reviewed to ensure that governance arrangements continue to be fit for purpose.

1.4 The Trust works in close partnership with other Health and Social Care organisations in the area, but notably with the Coastal West Sussex Clinical Commissioning Group. In addition the Trust attends the West Sussex County Council Health and Adult Social Care Scrutiny Committee.

1.5 Management contract with Brighton and Sussex University Hospitals NHS Trust

1.6 Western Sussex Hospitals NHS Foundation Trust continues with the management contract arrangements with Brighton and Sussex University Hospital NHS Trust. These arrangements are formalised within an agreement between both the Trusts and NHS Improvement for a period of three years from 1 April 2017 to 31 March 2020.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Western Sussex Hospitals NHS Foundation Trust , to evaluate the likelihood of those risks

being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Western Sussex Hospitals NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

3.1*Trust Board*

3.2 The Trust has a Risk Management Strategy and Policy, endorsed by the Board of Directors. The Board of Directors recognise that risk management is an integral part of good management practice and to be most effective should be embedded in the Trust's culture. This recognition is embodied within the Strategy and Policy as this documents the Board's risk appetite and the processes applied across the Trust which see the oversight of the Trust's key risks assigned to a Board Committee with each key risk having a named executive lead. The Board is committed to ensuring that risk management is embedded as part of the Trust's philosophy, practice and planning and is not viewed or practiced as a separate programme and that responsibility for implementation is accepted at all levels of the organisation.

3.3 *Board Committees*

3.4 The Audit Committee has overall responsibility for ensuring effective risk management across the Trust. The Audit Committee receive information annually from the Trust's internal auditors and from its own review of the Trust's Board Assurance Framework and through this work supports the Board to be assured over the robustness of the Trust's application of sound risk management processes. To enable the Audit Committee to fulfil its role one Non Executive Member sits on each of the other Board Committees providing a clear link to and from the Audit Committee's oversight of the Board Assurance Framework and the work undertaken in each Committee in respect of the key risks they have assigned oversight for.

3.5 The other key Board Committees of Finance and Investment Committee and Quality and Risk Committee regularly receive and consider the strength of assurance reflected within the Board Assurance Framework and the actions being taken to manage risks that are outside the Board's stated risk appetite.

3.6 *Non-executive Directors*

3.7 All Committees are chaired by a nominated Non-Executive Director. The Audit Committee who play a pivotal role in providing assurance over the risk management processes of the Trust has a membership of only Non-Executive Directors. Through the Non Executive chairs and the Audit Committee membership they all have a responsibility to challenge robustly the effective management of risk and to seek reasonable assurance of adequate control.

3.8 *Chief Nurse and Patient Safety Officer*

3.9 The Chief Nurse and Patient Safety Officer is accountable for the strategic development and implementation of organisational risk management and ensuring there is a robust system in place for monitoring compliance with standards and the Care Quality Commission (CQC) Registration legal requirements.

3.10 The Chief Nurse and Patient Safety Officer is also responsible for managing patient and non-patient safety, complaints, patient information and medical legal matters.

3.11*Chief Finance Officer*

3.12 The Chief Finance Officer oversees the adoption and operation of the Trust's Standing Financial Instructions including the rules relating to budgetary control, procurement, banking, losses and controls over income and expenditure transactions, and is the lead for counter fraud.

3.13 The Chief Finance Officer and the Trust Finance Director attend the Trust's Audit Committee but are not members, and liaise with internal audit, external audit and counter fraud services, who undertake programmes of audit with a risk based approach.

3.14 *Risk Management Training and Learning*

3.15 Risk management training forms part of the essential training package that all staff are required to complete. All new members of staff attend a mandatory induction covering key elements of risk management, supplemented by local induction. The organisation provides mandatory and statutory training that all staff must attend.

3.16 The Trust has established a culture of learning, through the work on the implementation of national clinical standards, the delivery of improvements flowing from local and national clinical audits and the focus on learning from all untoward incidents. The reporting of this work flows to the Board through the work of the Quality and Risk Committee and from reports directly to the Board. This allows the Board to see the positive impact that the improvements from this learning has on the Trust's risk profile.

4. The risk and control framework

4.1 The Board of Directors has established a robust corporate governance framework in which is detailed within the Annual Report section 'How the Trust is run'. The corporate governance structure is designed to ensure appropriate oversight and scrutiny and to ensure good corporate governance practice is followed.

4.2 Supporting the Trust's corporate governance is the Trust's established clinical divisional governance processes. Each Clinical Division is led by a triumvirate of a Divisional Director of Operations, a Chief of Service and a Head of Nursing. Each division reports through the Quality Board to the Board's Quality and Risk Committee.

4.3 The Board in 2018 reviewed and codified the Trust's risk appetite and the Trust's processes for identifying, reporting and managing risk.

4.4 Risk management training forms part of the essential training package that all staff are required to complete. All new members of staff attend a mandatory induction event which covers key elements of risk management.

4.5 Risks are raised and captured to a central risk management database known as Datix.

4.6 All staff are responsible for responding to incidents, hazards, complaints and near misses in accordance with appropriate Trust policies. Local management teams oversee local risk registers and the management and escalation, as appropriate, of risks.

4.7 The Trust has an established Board Assurance Framework (BAF), through which the Board is provided with a mechanism for satisfying itself that its responsibilities are being discharged effectively; and informs the Board where the delivery of principal objectives are at risk due to a gap in control and/or assurance.

4.8 The BAF records that the Trust has been managing 11 significant risks, and at the year end the Trust remained with one key risk above the Trust's risk appetite, this related to

- Increased volumes, reduced flow, and non-delivery of activity volumes lead to a poor patient experience and waiting times and there is a failure to achieve National RTT 18wk constitutional target.

4.9 Whist the Trust took action and Trust has maintained its waiting list size as commissioned by the CCG and NHSE, this level of activity was not sufficient to achieve the Referral to Treatment (RTT) standard. In respect of the 62 day Cancer standard the Trust saw significantly increased Cancer referrals in a small number of specific specialties which resulted in the Trust not achieving this standard consistently during the year.

4.10 For all the Trust's risks there are a detailed series of actions which will continue through 2019/20.

Processes for Managing Cyber Security Risk

4.11 Over the last year we have worked very closely with NHS Digital to fully deploy Microsoft Advanced Threat Protection (ATP) across the Western Sussex Environment. ATP is a security platform for intelligent protection, detection, investigation and response. Windows Defender ATP protects endpoints from cyber threats, detects advanced attacks and data breaches, automates security incidents, and improves security posture. This has now been added to our already existing 'arsenal' of security prevention and response systems which include Sophos Anti-Virus, Sophos Pure Message email security, Rapid 7 Security management, full patch management and Palo Alto Network Firewalls.

4.12 As such, our Trust is seen as one of the leaders within the NHS regarding Cybersecurity readiness. The Trust Board has continued to invest in tool sets that IM&T use to combat threats. However, this is a continually changing landscape so confirmed investment is always required.

4.13 We are currently engaged with the APM Group and are working toward Cyber Essentials Certification. Cyber Essentials is a UK government information assurance scheme operated by the National Cyber Security Centre

4.14 In February 2019, we underwent an external audit into our IT Asset Management, which has a focus on endpoint security. We are proud to report that we have received a positive audit opinion and in line with our ethos, that better never stops, we have created an action plan to further improve the controls in this area.

Processes for assuring the Board that staffing processes are safe, sustainable and effective

4.15 There are a number of ways in which the Trust ensures that short, medium and long term workforce strategies and staffing systems are in place which assures the board that staffing processes are safe, sustainable and effective. Informed by our True North, clinical strategy and aligned to operational and financial planning, workforce demand and supply plans are developed at specialty and divisional level and include recruitment, retention and workforce transformation and efficiency plans.

4.16 National Quality Board standards, NICE guidance, recommendations from Royal Colleges and the output of national taskforces on workforce are used to inform the optimum staffing levels required to deliver high quality and safe services in an acute hospital environment. Changes to staffing profiles (numbers and skills) are subject to a Quality Impact Assessment at divisional level and reviewed by the Chief Medical Officer and Chief Nurse prior to implementation.

4.17 Through regular reporting to the board, workforce and safer staffing reports are provided and these are triangulated against quality metrics to ensure our staffing processes are safe, sustainable and effective.

4.18 There are robust governance structures in place that oversee the efficiency and effectiveness of our staffing systems that ultimately report into the Quality and Risk and Finance and Investment Committees of the board.

4.19 The trust uses integrated electronic systems to capture and collate staffing numbers and skill mix for nursing staff and this is currently being rolled out to medical staff. The Safer Staffing Board report will remain six monthly and extend to all other clinical professions. As part of the NHS Improvement level of attainment standards we will also be rolling the use of e-rostering for medical staff job planning and extending to other clinical professions including nurse specialist and AHP roles.

Processes for managing regulatory risk

4.20 The Trust's last CQC inspection report was in 2015 and on going engagement with the CQC through a series of engagement visits during 2018/19 have confirmed that the Trust remains fully compliant with the registration requirements of the Care Quality Commission.

4.21 The Trust through its continued role out of its Patient First programme ensures that there is a continued focus on improvement focusing on improving quality, the patient experience and ensuring the trust is sustainable, which are key to the delivery of the Trust's True North and Breakthrough Objectives.

4.22 During the period of this report the Trust regrettably had 3 Never Events. Never Events and Serious Incidents are subject to a thorough internal review to identify Root Causes and learning. All Serious Incidents including Never Events were reported as required to the Clinical Commissioning Group, NHS Improvement and to NHS England. A full investigation is undertaken and the outcome and recommendations reported to the Trust Board for each incident.

4.23 The trust has maintained and 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. This register is available on the Trust's website and records the details of the Trust senior decision makers, including Board members and Trust Directors.

4.24 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.

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

4.26 The Foundation Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

4.27 The Trust has undertaken a six-facet survey and SCART audit with the output reported to the Board.

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

5.1 The Board receives a monthly report from the Chief Financial Officer on financial performance. Financial performance is highlighted and reviewed at the Trust Executive Committee to ensure that all senior leaders have visibility on the position and the actions required. Financial performance is scrutinised in detail at the Finance and Investment Committee.

5.2 The Foundation Trust has maintained a robust structure for the identification and delivery of efficiency programmes. This is supported by a Programme Management Office and oversight provided by an Executive led efficiency and workforce steering group. Reports are also provided monthly to the Finance and Investment Committee. In 2018/19, the Trust has delivered its efficiency plan in full.

5.3 The Foundation Trust has maintained a financial risk rating of 1, which provides confidence over the Trust's financial stewardship.

5.4 The Board has commissioned an external well led review which commenced in January 2019. The outcome of this review which judged the Trust against the NHS I well led key lines of enquiry was discussed with the Board in March 2019 and concluded that the Board is performing consistently strongly against the NHS I expected hall marks of an effective Board. Notwithstanding this positive review the Board has developed an action plan to further enhance its currents processes over the forthcoming year. The action plan will be subject to regular review by the Board and will form the basis of the Trust's 2019/20 effectiveness self assessment.

6. Information governance

6.1 Having fully implemented new guidance from NHS Digital on the reporting and classification of Data Protection and Security Incidents, the Trust is pleased to report that it has not had any incidents reportable to the Information Commissioner's Office (ICO).

6.2 The Trust has updated its processes to comply with the new General Data Protection Regulations. In May 2018 the EU General Data Protection Regulation 2016 (GDPR) and Data Protection Act 2018 replaced the Data Protection Act 1998. The Trust has worked hard in moving towards compliance with the new Data Protection legislation, to ensure its systems and processes are appropriate. Currently the Trust is working on updating its detailed Information Asset Management programme. This has been aligned to its preparations for Brexit, and aims to robustly assure the Trust regarding what information it holds, along with what is done with it, particularly if it is legitimately shared beyond the European Economic Area. The Trust is also updating elements of its IT process to ensure ongoing compliance with GDPR.

7. Annual Quality Report

7.1 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.

7.2 In developing the Quality Account for 2018/19 quality improvement priorities for 2018/19 were identified following discussion within the Trust and

with its Governors. The detail of the Trust's performance against these quality priorities is considered by the Quality Assurance Committee prior to their reporting to the Board. This process allows for the Board to be assured over the accuracy of the Trust's Quality Report prior to its approval in May 2019.

7.3 To assure the Board that the Quality Accounts present a balanced view and that there are appropriate controls in place to ensure the accuracy of data, the Board has:

- Appointed the Chief Medical Officer supported by the Trust Medical Director and Trust Nurse Director to lead and advise us on all matters relating to the preparation of the Trust's annual Quality Accounts.
- Established a Quality Board to provide focus on continuously improving clinical practice.
- Put in place a system to receive and act upon feedback on the information contained in the Accounts from local stakeholders.

7.4 All service improvements are subject to robust Quality Improvement Assessments, the outcome of the initial assessment and subsequent re-assessments as the projects progress are reported to the Quality and Risk Committee who provide oversight of actions being taken in respect to any significant changes to the quality risk profile of that service improvement.

7.5 Service changes and Trust polices all include an Equality Impact Assessment which identifies any risk of individuals or groups being disadvantaged by that change or policy together with actions being taken to mitigate that risk. Such risks are captured within the Trust's risk management processes and mitigating actions are closely monitored via the Trust's divisional governance processes with any significant risks escalated to the Trust Executive Committee.

7.6 The Trust has a comprehensive suite of near real time daily reports, which allow detailed patient level review at an operational level, allowing for trend analysis. There is an established daily validation process undertaken by clinical leads for patients who exceed four hours in department, and approved by COO each respective day. The Trust capture daily A&E breach information on 4 hourly site reports which are cross referenced against electronic PAS reporting which helps ensure understanding and reconciliation of any discrepancies between daily performance (as reported via the Patient Administration system) and that observed by site management teams. Additionally, the Trust participates in annual audits as part of the Annual Report governance process, where external audit review accuracy of reporting for a limited set of indicators (A&E and RTT typically are part of this

review). In 2018/19 this review was able to provide assurance in terms of the accuracy of reporting.

7.7 For RTT, there is a comprehensive validation process undertaken, underpinned by the patient access policy and RTT Rules Suite, whereby month end over 18 week waiters are reviewed at a care group level for their accuracy, and the validated cohort of patients are updated daily up to the point at which reporting is finalised (approximately 18th of subsequent month). This is supported by divisional and corporate weekly meetings where trends and anomalies are tracked and rectified. The head of inpatient access has recently established an audit process for RTT patients which have been removed from the waiting list following a non-patient interaction (validation process), to help assure data quality , and pinpoint opportunities to focus improvements or training to ensure alignment against the access policy. As per A&E this is supplemented with an annual cycle of audit which provided assurance over the RTT reported performance in 18/19.

7.8 For cancer patient level information is reviewed daily as part of MDT meetings and tracking processes, captured in detail on the National Somerset system, with a range of daily updated performance and operational tracking reports to support patient pathway management.

7.9 More widely, the Trust access the national SUS CDS data quality dashboards which provide a degree of assurance around completeness of key administrative data items (patient details) broken down by main activity types (A&E, inpatient and outpatient activities) where the Trust has performed well above target level in terms of completeness of records. The data quality team proactively undertake data cleansing activities on the Patient Administration System daily, acting on a suite of automated reports and results from the trace files sent to the national Personal Demographic Serves (PDS). The data quality reports are shared with the Information Governance Group.

7.10 The Trust also undertakes a Strategy Deployment Review at a divisional level which allows executive level scrutiny of performance trends which provides another layer of assurance in terms of performance (and its associated data quality). The process adopts a review of key performance metrics, whereby a drop in performance trend elicits a structured stratification of reasons for performance slippage, and mitigation and recovery actions to recover performance. This is an opportunity to cover data quality concerns alongside key operational constraints, or demand pressures. This is part of the Trust True North/Patient First governance arrangements all of which prioritise patient care, and allow the core operational priorities to be aligned

and understood from board to floor. The Trust PFIS programme reviews data on a granular level to establish baselines, and monitor improvement, the scrutiny of which contributes to maintained high quality data.

8. Review of effectiveness

8.1 As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework.

8.2 *Head of Internal Audit Opinion*

8.3 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.

8.4 Based on work undertaken during 2018/19 the Head of Internal Audit has stated in their Head of Internal Audit Opinion that they “are able to provide moderate assurance that there is a sound system of internal control, designed to meet the Trust’s objectives and that controls are being applied consistently”

8.5 In forming their opinion they took into account that, the Trust had delivered its control total, that the majority of audits provided moderate assurance including the key audits of key financial systems, divisional governance and data quality. Internal Audit provided only one part limited assurance opinion in the year and this was over the effectiveness of the well-designed controls. For this area specifically, as well as in respect of all recommendations made, actions to address their findings were confirmed by Internal Audit to be underway.

8.6 Internal Audit also reflected that the Trust has a good record in implementing internal audit recommendations and through their testing they had confirmed closure of nearly all prior year recommendations (94% having been confirmed as closed, with all high grade recommendations confirmed as closed). Internal Audit confirmed that for the 3 remaining recommendations action was in progress and these did not pose any unaddressed significant risk.

8.7 *External Audit*

8.8 External Audit report to the Trust on the findings from their audit work, in particular their audit of the financial statements and the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources (the Value for Money Conclusion). For 2018/19 an unqualified audit opinion has been issued in respect of the financial statements and have no matters to report by exception in respect of the Value for Money Conclusion.

8.9 *Counter-fraud*

8.10 The Trust is required under Service Condition 24 of the Standard NHS Commissioning Contract to ensure appropriate counter fraud measures are in place.

8.11 The Local Counter Fraud Specialist (LCFS) adopts a risk-based approach to counter fraud work, identifying areas of potential vulnerability. Relevant local proactive exercises (LPEs) are consequently built into the Trust's annual counter fraud work plan, which includes activity relating to the four main NHS Counter Fraud Authority (CFA) standards: Strategic Governance, Inform and Involve, Prevent and Deter, and Hold to Account and which is overseen by the Audit Committee. The LCFS helps to foster an anti-fraud culture within the Trust through delivery of an ongoing training programme across a wide range of staff groups. This features regular presentations on counter fraud and on compliance with the UK Bribery Act 2010. The LCFS attends each meeting of the Audit Committee to present a report on their work.

8.12 The LCFS has not identified any significant control weaknesses during their work. Where improvements have been identified then, similar to Internal Audit they make recommendations and the delivery of these is tracked and reported to the Audit Committee.

8.13 Board Committees

8.14 The Board and its Committees form an important aspect of control and I have been advised during my review by the work of the Audit Committee where the results of the work of the Trust's auditors are received along with the Finance and Investment Committee and the Quality and Risk Committee.

8.15 *Finance and Investment Committee*

8.16 The Finance and Investment Committee which is chaired by the Trust Chair provides me and the Board with a flow of assurance over the effectiveness of the established systems of internal financial control.

8.17 During the year the Committee has received regular reports on the Trust's financial positon, the management of its cash position and the delivery of the Trust's capital programme, along with the delivery of the Trust's efficiency programme and reports covering workforce, procurement and IM&T. The Committee have supported the assurance flow to the Board that these key risks have been managed well during the year.

8.18 *Quality and Risk Committee*

8.19 The Quality Assurance Committee which is chaired by a Non Executive Director provides me and the Board with a flow of assurance over the effectiveness of the established systems of internal control in respect of management of key quality risks.

8.20 During the year the Committee has received regular reports on the Trust's quality performance and quality risks, learning from complaints and investigations into untoward incidents along with regular reporting on the outcomes from clinical audits. The Committee have supported the assurance flow to the Board that quality key risks have been managed during the year especially that there have been no significant patient safety matters arising during the year.

8.21 *Board Assurance Framework*

8.22 During the year covered by this report a revised Board Assurance Framework reporting framework has been implemented which has seen the a structured flow of assurance reporting to the Board on the controls managing the Trust's key risks to the delivery of the Trust's identified True North and associated breakthrough objectives. This process plays a key role in articulating where gaps in control exist and the tracking of devised actions to mitigate these.

8.23 *Wider processes*

8.24 My review is also informed by, the Trust's processes for:

- monitoring the delivery of improvements flowing from the receipt of th outcome of the Annual Staff Survey
- monitoring the delivery of improvements from the learning identified from complaints and the investigation of untoward incidents
- tracking the outcomes from the programme of work undertaken by internal and external auditors a well as Counter Fraud
- Delivering improvements from the outcomes of external assurance visits including the national Getting It Right First Time reviews across many of the Trust's services.

8.25 These process culminate in reporting to the Board through the revised Divisional and Executive governance processes on the state of the Trust's systems of internal control.

8.26 I have drawn on the content of the Quality Report attached to this annual report along with that outlines above 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 the quality and risk committee. Where improvements have been highlighted then and a plan to address weaknesses and ensure continuous improvement of the system is in place.

9. Conclusion

9.1 I have considered the factors described in the NHS Improvement guidance on the 2018/19 annual governance statement in respect of significant issues.

9.2 During the period 1 April 2018 to 31 March 2019 and up to the time of signing the accounts I have identified a small number of challenged areas with respect to the consistent achievement of Trust priorities in relation to the Constitutional Access Standards as follows:

- The Trust has maintained its waiting list size as commissioned by the CCG and NHSE, however this level of activity was not sufficient to achieve the Referral to Treatment (RTT) standard; and

- Significantly increased Cancer referrals in a small number of specific specialties has resulted in the Trust not achieving the 62 day Cancer standard consistently during the year.

9.3 Detailed action plans are in place to address these issues, with oversight of these actions being reported to the Board through the Trust performance management reports. These matters are also considered within the routine integrated assurance meetings held with NHS Improvement.

9.4 Where wider opportunities for improvement have been identified I have overseen actions to ensure that we continue to improve the systems of internal control we operate for the benefits of our patients, staff and the wider community we serve.

9.5 I would like to thank all of our staff for their effort and commitment to providing safe, high quality care.

Signed (by order of the Board of Directors)

Dame Marianne Griffiths

Chief Executive Date: 28 May 2019

NHS
Western Sussex Hospitals
NHS Foundation Trust

QUALITY REPORT 2018/19

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

Marianne Griffiths, Chief Executive

What we do

Western Sussex Hospitals NHS Foundation Trust serves a population of around 450,000 people across a catchment area covering most of West Sussex. The Trust runs three hospitals: St Richard's Hospital in Chichester, Southlands Hospital in Shoreham-by-Sea, and Worthing Hospital in the centre of Worthing.

St Richard's and Worthing hospitals provide 24-hour A&E, acute medical care, maternity and children's services, while Southlands specialises in day-case procedures, diagnostics and outpatient appointments.

In addition to our three hospitals, we provide a range of services in other community settings, including: Bognor War Memorial Hospital, Crawley Hospital, health centres, GP surgeries, and sexual health clinics.

The organisation was created in 2009 by a merger of the Royal West Sussex and Worthing and Southlands Hospitals NHS Trusts, and has been an NHS Foundation Trust since 2013.

Our services are delivered through four clinical divisions – Medicine, Surgery, Women & Children and Core Services – and two enabling ones: Corporate, and Facilities & Estates.

We were inspected by the Care Quality Commission, the independent regulator of health and social care in England, during December 2015, and awarded the highest possible rating, Outstanding.

Our ambition now is to build further on this achievement and continue to improve the quality of care we can offer our community.

Purpose of the Quality Report

Patients deserve to know about the quality of care they receive, and at Western Sussex Hospitals NHS Foundation Trust we aim to ensure that this is the very best quality of care every time.

Our Quality Report is a narrative to patients, carers, professionals and the public about the quality and standard of services we provide. It is an important way to show improvements in the services we deliver to local communities and stakeholders.

The quality of our services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

NHS Improvement requires all NHS Foundation Trusts to report on the quality of care they provide as part of their annual reports. Foundation Trusts are also required to publish a quality account each year by the Government. Our Quality Report combines both requirements in this one document.

Statement on quality from the Chief Executive

At Western Sussex Hospitals we are committed to continually improving the quality of care our patients receive through our Patient First Improvement Programme focused on empowering and enabling everyone to be passionate about delivering excellent care every time. I am delighted with the improvements we have seen through 2018/19.

My congratulations go to all our wards working on the falls improvement programme. This year we have reduced falls within hospitals by an amazing 32%. I have been particularly impressed by the Emergency Floor team at St Richard's who have achieved an incredible 56% reduction in patient falls over the past five months, compared to the previous five months. This is a superb improvement and only due to the hard work and diligence of many colleagues and excellent leadership.

Nearly two-and-a-half years ago, we set ourselves the ambitious target of reducing our biggest cause of avoidable harm – patient falls – by at least 30% and a majority of wards have now exceeded this target. Without doubt, this has saved lives and prevented hundreds of patients from going through the harrowing experience of sustaining further injuries while we care for them in hospital. All our ward teams deserve to be commended for this – achieving and sustaining this improvement has required real determination and positive team working under challenging circumstances.

The Endoscopy service at St Richard's celebrated "excellent" feedback this year from a rigorous accreditation process led by the Royal College of Physicians. Assessors from the Joint Advisory Group (JAG) on Gastro Intestinal Endoscopy praised the "excellent governance and leadership"; "excellent collaboration between clinical, audit and admin teams"; "excellent IT data use"; "excellent training environment"; and in total highlighted eight "areas of excellence in the service". JAG now benchmarks the service in the top 5% of best performing units in the UK. Last year, the Worthing Endoscopy department also received the highest of praise from the JAG assessors, following an £8m overhaul of their facilities.

The New Year began with excellent news for our stroke team at St Richard's, who have received a national award commending them as 'Quality Improvement Champions'. This is well-earned recognition of what has been achieved since we started providing stroke thrombolysis 24 hours a day in Chichester last year. Well done to Lavant ward, A&E, radiology and all our stroke clinicians – whom in the past six months have more than doubled the number of patients receiving the clot-busting treatment within four and a half hours. Such an achievement is a great example of what is possible when we use our Patient First problem-solving approach to champion quality improvement.

2018/19 has been another extremely challenging year in terms of demand for our services. So many colleagues have done so much to ensure we continue to provide the highest quality care to thousands of patients. Our emergency

attendances continue to peak over the levels we were seeing last year and our referrals for elective care are reaching new highs. Such demand, which is echoed to one extent or another across many specialties, puts considerable strain on colleagues and teams, as well as all our systems and partnerships.

I would like to thank our staff for all their hard work and commitment to improvement initiatives, recovery plans and Patient First projects introduced to help us care for an unprecedented number of patients over the past 12 months.

Winter planning

In the autumn of 2018, we initiated four key improvement initiatives to help us continue to provide excellent care during periods of high demand.

1. Ambulatory care - expanded capacity and longer opening hours

This project aims to expand both the capacity and opening times for ambulatory care at St Richard's and Worthing, within the existing Emergency Floor footprints. An enhanced ambulatory care service offers a number of benefits including better patient experience, reduction in avoidable admissions and improved patient flow in our A&E departments. Ambulatory care is a national growth area and at Western Sussex, we already see a far greater proportion of our patients in this way, compared to the national average.

2. Frailty intervention - comprehensive geriatric assessment at the front door

A new Frailty Intervention team will provide a full check-up, known as a comprehensive multidisciplinary geriatric assessment, for frail patients coming in via A&E or the Emergency Floor. Research has shown that if these patients receive a comprehensive geriatric assessment in hospital, they are 12 times more likely to be at home and alive six months later. We can reduce a patient's risk of falling, optimise medication and look at bone health. We will ensure patients have appropriate support at home and involve all the various parts of the multidisciplinary team, as is appropriate to each individual.

3. Early discharges - putting patients first by enabling them to leave before 12 noon

The early discharge project is being expanded to include all surgical wards, as well as the remainder of medical wards that were not participating in the initial pilot that started in July 2018. Bringing discharges forward during the day has multiple benefits, both for the patients leaving and those waiting to be admitted, as well as for staff and flow. Moving more and more discharges earlier in the day undoubtedly helped us to better manage demand at peak times through the winter months. Since the project commenced in May 2018, pilot wards have achieved earlier discharges - the medium time of discharge moving from 16:15 to 14:15. This is in the context of 890 additional discharges in the same period.

4. Super-stranded patients - reduce number of patients in hospital more than 21 days

A key focus this year has been to reduce the number of patients who have been in hospital for

more than 21 days, a cohort referred to as super-stranded patients. National analysis of patient flow and why A&Es get overcrowded has determined that hospitals with more than 25% of patients staying more than 21 days are far more likely to have problems with patient flow. We have seen a 9.9% reduction in patients staying more than 21 days since last year.

These improvement initiatives are helping to keep our services safe and meet increasing demands. With demand for urgent care growing by more than 5% a year and staff shortages continuing, having clear winter plans has never been more important. It is therefore heartening to see us innovate and introduce new ways to tackle old problems.

System focus

Many of the challenges we face in increasing demand and patient flow can only be met by a whole system approach to improvement. I have been delighted by system focus seen this year, colleagues cross organisations working together to improve care pathways. I look forward to continued working through our Sustainability and Transformation Partnership (STP) with our 24 partners organisations, to achieve our vision for our health and care future. Our plans, shaped by the NHS Long term Plan and local Population Health Check, are ambitious, however, just as we have seen through Patient First in our trust, when we come together with a shared focus on the same objectives, pooling resources and benefiting from each other's expertise, amazing things happen.

Supporting BSUH

I would particularly like to thank everyone at Western Sussex who has supported Brighton and Sussex University Hospitals Trust in making improvements. Western Sussex was asked by NHS Improvement to provide management and other support to help BSUH to improve the safety, quality and financial sustainability of its services over a three-year period from April 2017, when the Western Sussex executive team took responsibility for the leadership of both trusts. I am delighted that BSUH have achieved a 'GOOD' overall by the Care Quality Commission (CQC) and 'OUTSTANDING' for caring this year. This is also good news for our hospitals as having strong partners around us has positive implications for our own services.

Staff Survey

The results of the NHS Staff Survey have recently been published, and I am very pleased to say that, despite the ever-growing pressure under which we work, staff commitment to patients and each other remains at record levels.

Staff engagement is the key measure of the annual survey, as it's a proven fact that engaged staff provide better care for patients and are better able to help their organisation improve. Engaged staff understand what an organisation is trying to achieve, know how they can play their part and feel valued for the contribution they make and the commitment they give. That is right at the core of Patient First's 'Our People' theme and it is really heartening that the standards we set in earning our "Outstanding" rating from the CQC in 2016

have become our new normal rather than a high-water mark for the trust.

Western Sussex scored 7.2 for staff engagement, which is the same as in both 2016 and 2017, when results from those years are recalculated on the same basis. The average for all acute trusts this year was 7.0, so our staff are again among the most engaged in the country.

Committed to quality improvement

I have the privilege to work with so many extraordinary and caring colleagues at Western Sussex committed to always improving the care and services we provide. I look forward to our continued focus on our quality improvement programmes during the year ahead.

I am pleased to confirm that the Trust Board has reviewed the 2018/19 Quality Report and confirm that it is a true and fair reflection of our performance. We hope that this Quality Report provides you with a clear picture of what we have achieved over the past year and how we will continually build upon these foundations and deliver against our 2019/20 quality improvement priorities.

We have written the report in plain English wherever possible to ensure it is widely accessible for all interested parties, and will continue to refine all our literature to meet this ambition.

The information contained within the Quality Report is, to the best of my knowledge, accurate.

Signed: 

Date: *28th May 2019*

Dame Marianne Griffiths

Chief Executive,
Western Sussex Hospitals NHS Foundation Trust

Part 2.1: Priorities for quality improvement

International Stop Pressure Ulcer Day — Our dedicated Tissue Viability Team became 'Pressure Heroes' for the day to support NHS Improvement's Stop the Pressure campaign in November 2018. They highlighted the damaging impact of pressure ulcers with both healthcare professionals and the public across our hospital sites.

Our Trust approach to Quality Improvement

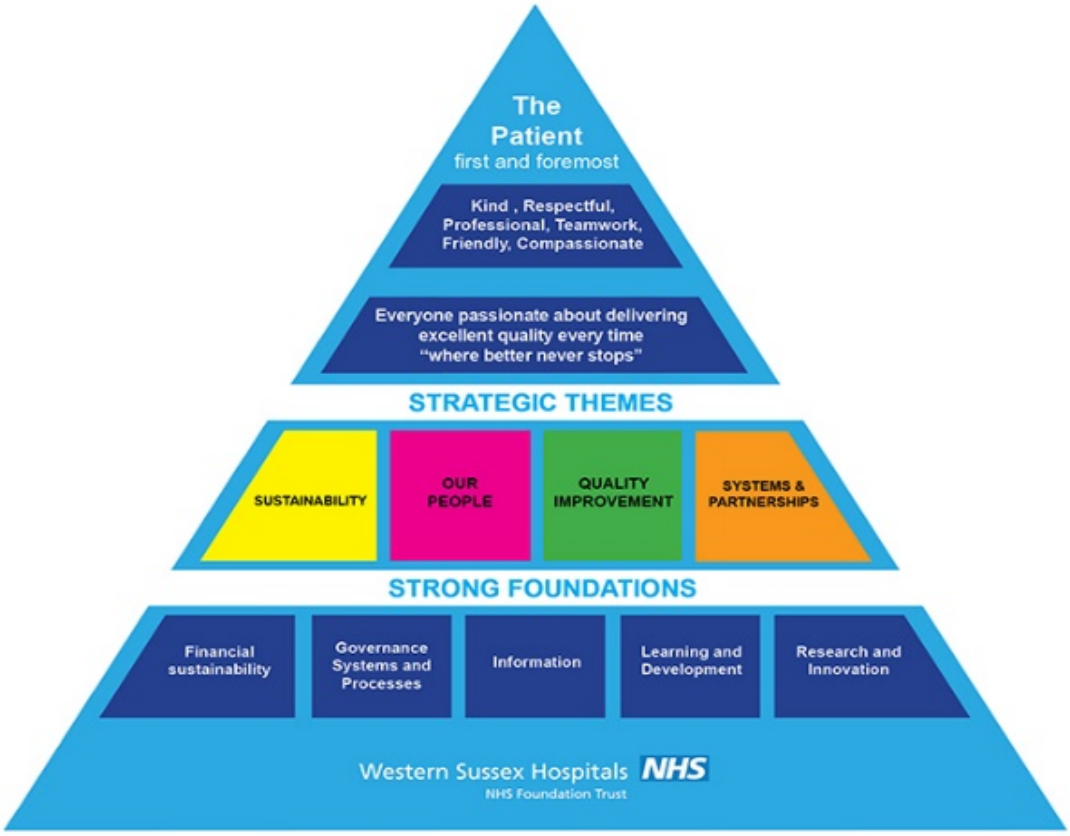
Patient First Programme

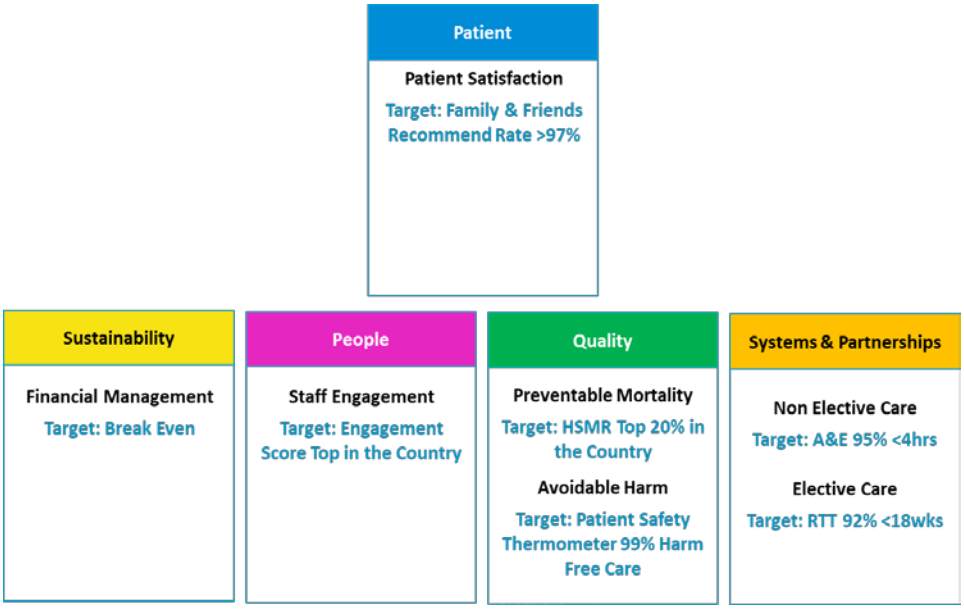
We recognise that the strength of our hospitals lies in our staff, and have built an organisational culture that empowers teams and individuals to make lasting changes that benefit our patients and community. To do this, we have developed Patient First – the Trust's bespoke approach to sustaining a culture of continuous improvement.

The Patient First Programme drives quality improvement at Western Sussex Hospitals. It comprises four strategic themes: sustainability; our people; quality improvement; and systems and partnerships; to enable excellent care for patients.
In simple terms, the main aim of our Patient First Programme is to empower and enable everyone to be passionate about delivering excellent care every time. Further information about Patient First can be found on the Trust website: www.westernsussexhospitals.nhs.uk/your-trust/performance/patient-first

True North

Our top priorities relate to the Trust's 'True North' quality and safety improvement metrics. These establish a measure of our organisational health and provide a system-wide improvement focus. True North is the compass that keeps our hospitals heading in the right direction – a fixed point we should always refer to when identifying which improvements and projects to prioritise.





Note: HSMR is Hospital Standardised Mortality Ratio. RTT is Referral to Treatment waiting times. A&E is Accident and Emergency.

For Quality Improvement our True North Metrics are the reduction in preventable mortality, and provision of harm free care. Over the last year, we have focused relentlessly on our Breakthrough Objectives, those that will take us furthest and fastest towards our overall True North, as the key objectives to deliver this.

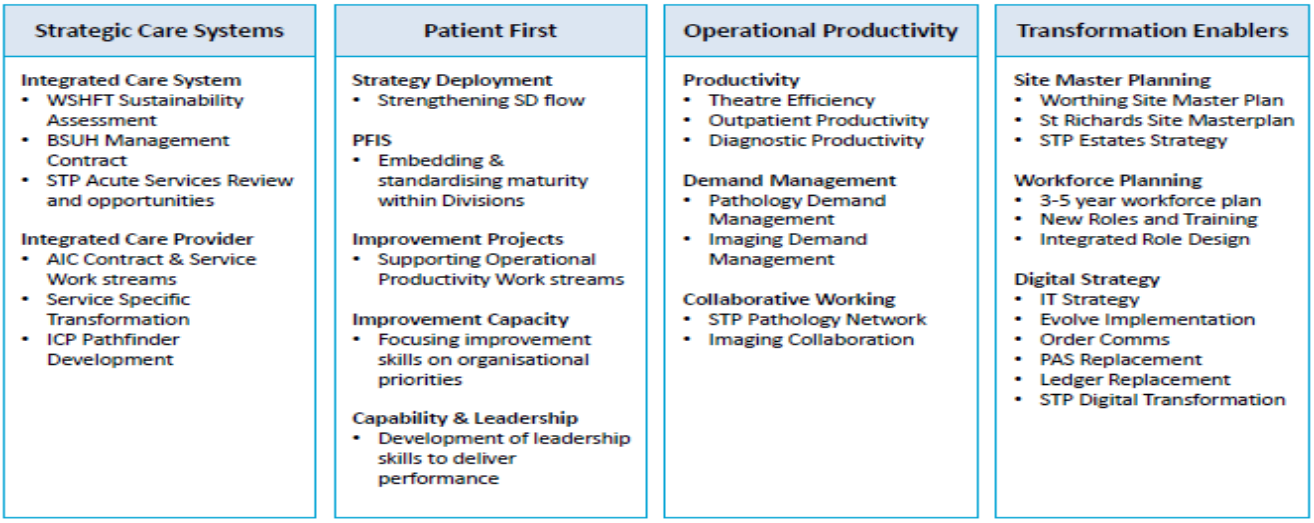
Our breakthrough objectives are regularly reviewed to ensure that we focus on the key improvements that will deliver our True North Metrics.

Our True North objectives are cascaded throughout the Trust and from Board to ward using a process referred to as 'catch ball'. This occurs with each Division and the Executive ensuring:

- Divisions understand how to contribute to achieving the organisational priorities;
- Agreement of what additional local priorities each division needs to achieve;
- Mutual agreement of these objectives, as well as the resources required to achieve them.

Strategic Initiatives

In order to ensure long-term improvement, the Trust has identified four strategic initiatives, which are listed below. These are 1-3 year work programmes, aimed at strengthening the Trust's capability, capacity and governance, to make the improvements it aspires to.



Corporate Projects

The Trust has identified five corporate projects (shorter term 'start and finish' projects) with a 12-18 month time frame, which are of sufficiently complex nature or are cross organisational, and therefore require specific corporate leadership and oversight. For 2019/20, these include:

- Western 'Outstanding' - Build on our Outstanding CQC rating to improve and deliver outstanding services;
- Clinical Strategy Delivery - Development of a refreshed Clinical Strategy for Western Sussex to inform the Integrated Care System (ICS) and regional (as well as Trust and local) planning;
- Delivery of 7 Day Services - Progress the development of seven day services against the national standards building on the work and improvements to date;
- Reducing Abusive Behaviours – Organisational-wide programme of work to understand and develop a response to the national and local increase in abusive behaviours in the NHS;
- Response to 6-Facet Survey – Cross-site, cross-organisational programme of estates work to respond to findings of the six-facet survey.

Trust operational plans for 2019/20 will enable the Trust to progress against the overall tests set by the government to:

- Improve productivity and efficiency;
- Eliminate provider deficits;
- Reduce unwarranted variation in quality of care;
- Incentivise systems to work together to redesign patient care;
- Improve how we manage demand effectively;
- Make better use of capital investment.

Clinical Strategy

During 2019/20, the Trust will refresh its Clinical Strategy for the next five years. The strategy provides an opportunity to plan for a greater level

of service reconfiguration that will support workforce planning, clinical sustainability and quality in the context of escalating patient need and complexity. The strategy will be developed collaboratively with system partners to ensure alignment with wider clinical strategy at both Coastal Care area and STP level. It will also provide the context to deliver the requirements of the NHS Long Term Plan.

Quality improvement capacity and capability: Patient First Improvement System (PFIS)

Using the aforementioned Patient First approach, the Trust has developed a bespoke approach to sustaining a culture of continuous improvement. Our programme is based on Lean thinking, standardisation, system redesign, ongoing development of care pathways, and is built on a philosophy of incremental and continuous improvement by front-line staff empowered to initiate and lead positive change. PFIS helps our wards and departments to support and sustain large-scale improvement projects. The PFIS system involves four months of training for each ward or department team through attendance at a series of modules and team days. Staff learn to implement PFIS in their areas and adopt new Lean management techniques including 'A3 problem solving', testing solutions using a 'Plan Do Study Act' (PDSA) approach, standard work, and process observation, as well as implementing improvement huddles.

Maintaining an outstanding CQC rating

The Trust participated in a comprehensive inspection by the CQC in December 2015, receiving an inspection rating of 'Outstanding' with St Richard's Hospital and Worthing Hospital receiving an individual inspection rating of 'Outstanding' overall and Southlands Hospital receiving an individual inspection rating of 'Good'. To help maintain this 'Outstanding' rating, the Trust conducts regular self-assessments against the CQC Fundamental Standards using the CQC Key Lines of Enquiry (KLOE) as a framework, triangulated with the information and intelligence data reported via the CQC Insight Tool, recognised learning from Serious Incidents (SI) and the corporate action plan.

Quality assurance peer reviews are undertaken on a monthly basis with staff from all services within the Trust invited to attend. External stakeholders from the local mental health and ambulance trusts and Clinical Commissioning Group (CCG) are also invited to attend, which has been of particular value, for example, when assessing the care of mental health patients presenting to the emergency department. An immediate risk assessment matrix is used to identify, manage and escalate risks appropriately. Service specific action logs are then developed with teams and monitored through a three-monthly review process. Quarterly exception reports are presented to the Executive Team highlighting service specific themes and actions that have been identified for the corporate supporting services.

As an NHS Foundation Trust there is a requirement to undertake an independent development review of the Trust's leadership and governance using the 'Well-Led framework' every three to five years. The Trust has recently completed a high-level self-assessment of the KLOEs of the Well-Led framework. Evidence has been collated against the expectations of a CQC Outstanding rating and risk rated in line with the NHS Improvement guidance; Executive Directors have triangulated the desktop review. Deloitte LLP, commissioned by the Trust Board, is currently conducting the required external development review. A draft report of the Well-Led review of governance and leadership will be prepared in readiness for a presentation and discussion with the Board in early 2019. In the meantime, clinical divisions are self-assessing their services against the eight KLOEs, collating evidence and identifying actions required to further improve.

How we learn

We have robust systems in place for reviewing incidents, complaints and claims within our clinical divisions. Each clinical division has a governance lead to coordinate this activity and help the Divisions to track and complete the actions arising out of each of these areas. Divisions also use safety huddles, newsletters and staff meetings to help communicate changes made in response to learning.

When things go wrong for patients, talking to the person affected or their family provides crucial context to any investigation. We continue to develop and encourage an open and honest approach to supporting patients who have been harmed, or their families, as candour and transparency are core values for Western Sussex Hospitals NHS Foundation Trust.

Learning from incidents

The Trust Patient Safety Team is currently undertaking an improvement project regarding the Datix incident reporting system. We aim to understand and improve shared feedback and learning, implement staff survey user and focus groups, recruit and train a Datix Manager and design a revised and improved methodology and system.

In June 2018 we hosted a two day Serious Incident Investigator training programme accredited by the Royal College of Physicians and sponsored by the Kent Surrey and Sussex Quality and Patient Safety Collaborative (KSS AHSN). The programme was facilitated by staff from the Trust and Healthcare Safety Investigation Branch and provided training on how to investigate serious incidents using a Human Factors approach, the Duty of Candour and involving the patient, their family and carers. The programme was extremely well received with a recommendation that all staff investigating serious incidents should attend the training in the future. In addition, the programme was condensed into a one-day learning event for consultants, clinical directors and chiefs of service in November 2018. A further training programme is planned for 2019 with an annual training programme under development. Trends and

themes from incidents, complaints, inquests and deaths (mortality) are also shared at the monthly Trust Triangulation Committee, with the learning translated into the Patient Safety and Learning Newsletter, for use by the teams in safety and improvement huddles.

Learning from deaths

In accordance with national mortality guidance, the Trust has continued to run a screening and structured judgement review process to identify and learn from deaths. The operational links between this activity and the serious incident, complaints and legal process have been established and the Trust is continuing to work on refining these relationships. The thematic learning from this activity is linking to other key work streams and groups such as the End of Life Board, the Deteriorating Patient Group and the Triangulation Committee to ensure the learning is informing strategic planning and development in those key areas. The Trust has also actively participated in the NHS England funded Learning Disabilities Mortality Review Programme (LeDeR) both at investigation level and as active members of the Sussex LeDeR Programme steering group.

This work will continue to progress through 2019/20 with an improvement programme-piloting processes for daily review panels. We have appointed a Mortality Review Manger to lead this improvement work-stream. We have also been successful in attracting a KSS HEE Darzi Fellow who will work with us in 2019/20 leading a co-produced project exploring how we best work with families as we learn from deaths.

Priorities for quality improvement in 2019/20

Our Quality Priorities for 2019/20 form part of our broader ambition set out in our Quality Strategy and True North metrics. In order to develop our annual quality priorities and breakthrough objectives we analyse quality indicators and benchmarking data, and engage widely.

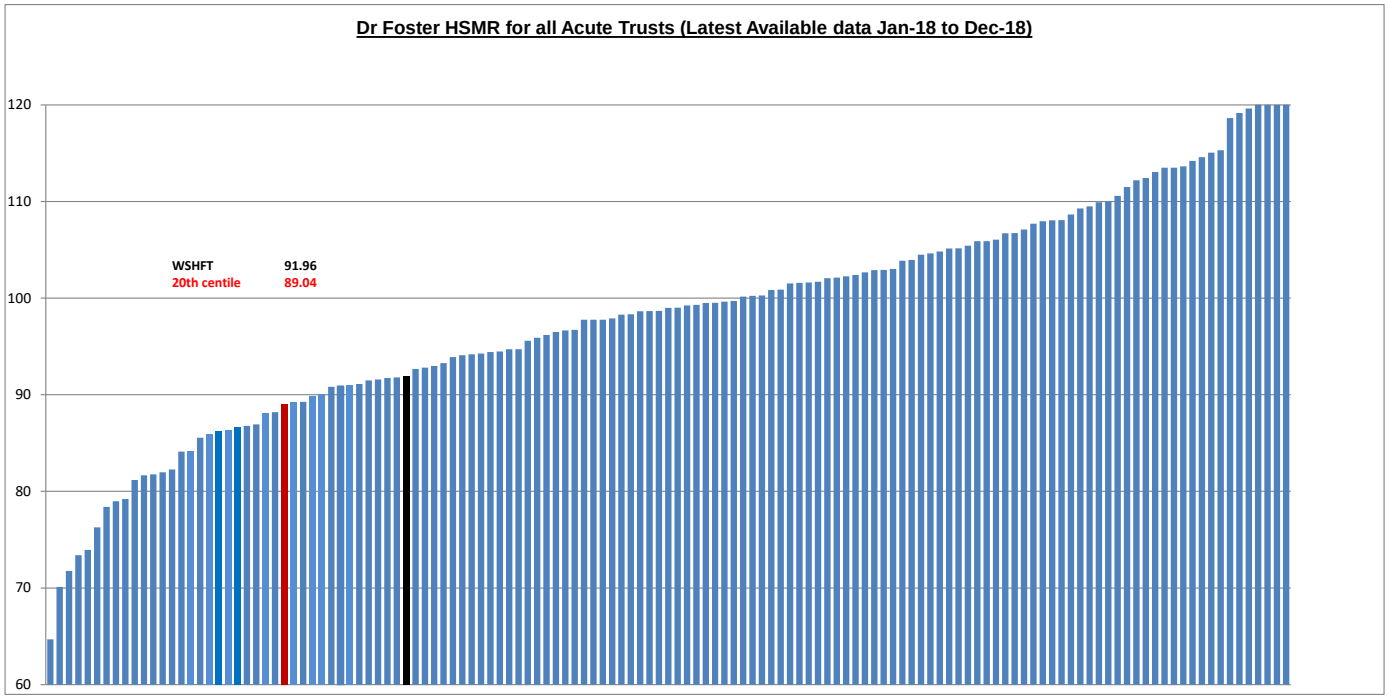
In the autumn of 2018, our divisions engaged with their stakeholders about the priorities for the forthcoming year under the Quality Strategy goals: Reducing avoidable mortality and improving outcomes, delivering harm free care and improving patient experience. Divisional improvement priorities were presented to the Quality Board in November 2018 and discussed alongside Trust Quality scorecard data, quality improvement programme progress through 2018/19 and other strategic developments. The Quality Board then agreed a final set of quality priorities for improvement in 2019/20. The following groups were invited to review our quality improvement priorities: WSHFT Council of Governors, Coastal West Sussex CCG, Healthwatch West Sussex and the County Council's Health and Adult Social Care Select Committee.

The delivery of key Quality Priorities will be monitored by the Trust Executive Board through the regular Quality Report and scorecard. The Trust Quality Board will monitor the delivery of detailed quality improvement programmes set out in the Trust Quality Strategy and annual plans. Divisional accountability for elements of our quality improvement programme is achieved through early engagement work relating to setting meaningful annual improvement priorities and local objectives and the cascade of accountabilities through our strategy deployment processes.

We would like to highlight the following priority quality improvement programmes for 2019/20:

Reducing preventable mortality and improving outcomes

True North goal: To be in the top 20% of NHS organisations for the Hospital Standardised Mortality Ratio (HSMR)



Data source: Dr Foster

The primary indicator for our 'reducing preventable mortality and improving outcomes' goal is hospital mortality. The Trust uses Dr Foster's HSMR risk adjusted mortality tool to monitor this. This indicator is reported to Quality Board and Trust Board.

Our HSMR score improved from 107.48 in 2011/12 (ranked 112 of 141 acute trusts; 79th centile) to 89.43 in 2017/18 (the last full financial years' worth of data Dec 17-Nov 18). Due to the delay for Dr Foster data (to allow for coding and processing) the graph above shows the 12 months to December 2018 as the most recent data point with performance at 91.96 just outside the 20th centile.

As described in our Quality Strategy we would like to continue to improve and ensure we are in the top 20% of trusts with the lowest HSMR. We will focus specifically on our 'True North' goal of zero avoidable deaths.

Trust Hospital Standardised Mortality Ratio (HSMR)						
	2018/19 (as at March19)	2018/19 target	2017/18	2016/17	2015/16	2014/15
Trust Hospital Standardised Mortality Ratio (HSMR) (Reported in arrears: 12 months to November 2018 is the latest available data.)	**92**	100	88.10	91.1	89.6	95.4

Data source: Dr Foster

Improving delivery of the 'Sepsis 6' care bundle

Aim: Reduce delays in recognising and treating sepsis, reduce patients' risk of adverse outcomes.

Sepsis is a rare but serious complication of an infection; delays in the recognition and treatment of sepsis can lead to multiple organ failure and death.

Our improvement programme in 2018/19 focused on improving the time to administration of antibiotics and delivery of the full sepsis care bundle to our patients. Whilst we have continued a focused approach in Accident and Emergency Departments and have met the CQUIN target for the early identification and timely administration of antibiotics from diagnosis in emergency departments, we have not delivered the improvements we set out to with regard to administration of antibiotics from arrival at hospital or compliance with the delivery of the full care bundle. Further detail is available in section 3.1.

In 2019/20, we will continue to drive forward our sepsis improvement programme focused on improving the timely treatment of patients with antibiotics, and the delivery of the full sepsis six care bundle - as there continues to be robust evidence to show that focusing on these areas will provide the best outcomes for patients with sepsis.

We will continue to improve time to identification, time to antibiotic administration and delivery of the sepsis-six care bundle from arrival through a refreshed improvement programme. This will focus on continuing education and awareness, evaluating and refreshing the sepsis team and sepsis trolley projects, improving delivery of the whole care bundle with a focus on hourly urine measurement and improving the communication pathway of sepsis patients between departments.

This work will be overseen by the Medicine Division Board and reported through to the Trust Quality Board.

Getting It Right First Time (GIRFT)

Aim: Reduce unwarranted variation in clinical practice and improve the quality, efficiency and performance of our services and improve clinical outcomes for patients.

Actions:

- Establish a GIRFT Programme Board to oversee divisional improvement programmes aligned to GIRFT work streams;
- Performance manage WSHFT programme in line with national model;
- Priority focus on orthopaedics, urology, ophthalmology, and new medical work streams.

We will measure our improvement in relation to GIRFT programme outcomes against national benchmarking data. The delivery of GIRFT programme action plans will be overseen by the relevant Divisional Boards reporting up to the GIRFT Board.

Frailty Improvement Programme

We aim to enhance our provision for frail patients by establishing an integrated ambulatory frailty unit and frailty intervention team model.

The Coastal West Sussex population is one of the oldest in the country and is skewed towards the very old (>85+). The growth rate of the older population in Coastal exceeds that of the rest of the country and is fastest in the very old. The attendance rate and conversion of this age group is higher than for any other, with longer lengths of stay, worst mortality, greater numbers of more medically-complex patients and the most in - patient harm. As a result of this growth, these patients will continue to occupy more and more bed days, resulting in a greater spend and a stretched workforce.

Aim: Following unscheduled attendance to A&E, reduce avoidable conversion to admission of older people with frailty.

Actions:

- Establish a frailty intervention team – a focused team to support early identification, assessment and care planning of people with frailty;
- Ensure a rapid response system for frail older people in urgent care settings;
- Work towards establishing an integrated ambulatory frailty unit on both acute sites with a bespoke environment and team to maximise the outcomes and experience of older people with frailty presenting urgently to A&E.

Improvement will be measured through reduction in admissions of frail older patients (with a Rockwood score of 4-8). This programme will be overseen by the Medical Division Board.

Improvement to the Mental Health Pathway

The Trust has established a multi-agency Mental Health Board to enable standardisation of care of complex patients with mental health issues, irrespective of setting i.e. mental health patients accessing Trust services, or requiring support for physical health needs when in mental health inpatient settings.

As an acute hospital, there are wide ranges of patients attending who have mental health needs as well as physical needs and it is essential the clinical operational teams are supported to provide the best care whilst a patient is accommodated in our wards and departments. This is achieved working with partners in the provision of specialist mental health care - Sussex Partnership NHS Foundation Trust, Sussex Police, Coastal West Sussex CCG, West Sussex County Council and Voluntary sectors. Good practice guidance as well as legal standards are used to drive the governance and operational procedures generated by the divisions. The Mental Health Board also works collaboratively with partners to ensure the Trust maintains full compliance with the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) and Care Quality Commission (Registration) Regulations 2009 (Part 4) in respect of the Mental Health Act 1983.

There are a range of areas included in the overarching work program, which covers the

mental health needs for Working Age Adults, Older people, Children and Young people and Perinatal Care. In addition, strategies supporting Dementia, Learning Disabilities and Autism have been included.

Service audits using the CQC well led standards and other such benchmarking references e.g. NCEPOD (National Confidential Enquiry into Patient Outcome and Death) self-assessments and PLAN (Psychiatric Liaison Accreditation Network) standards have identified a range of potential actions for improvement and opportunities for service development to continually improve the care and support we can offer patients, and their families and carers attending our hospitals.

Aim: To review current service levels in order to plan and develop new service provision to meet the needs of our patients and working with partners and commissioners to seek new pathways to support the growing patient cohort.

Actions:

- Older people's services are working with partners to review the services for this group and seek new service pathways;
- A review of the mental health pathway governance structure, which includes shared learning and reviews of adverse outcomes or issues across the partner organisations, is also included in the work programme;
- A new mental health services information dashboard is being developed so the services can be monitored in more detail;
- The Trust will continue with work to ensure we meet the requirements of NCEPOD 'Treat as One'.

This work will be overseen by the Mental Health Board, and reported through to the Trust Quality Board. Trust Board will receive updates during the year.

The Mental Health Board receives incident reports and themes associated with the care of patients with mental health needs, providing learning opportunities that can be incorporated into the work program and further disseminated to divisional teams. These reports are generated from internal and external incidents across all mutual partners as many incidents are reliant on good integrated working and shared learning can be beneficial to all.

Other programmes continuing this year include:

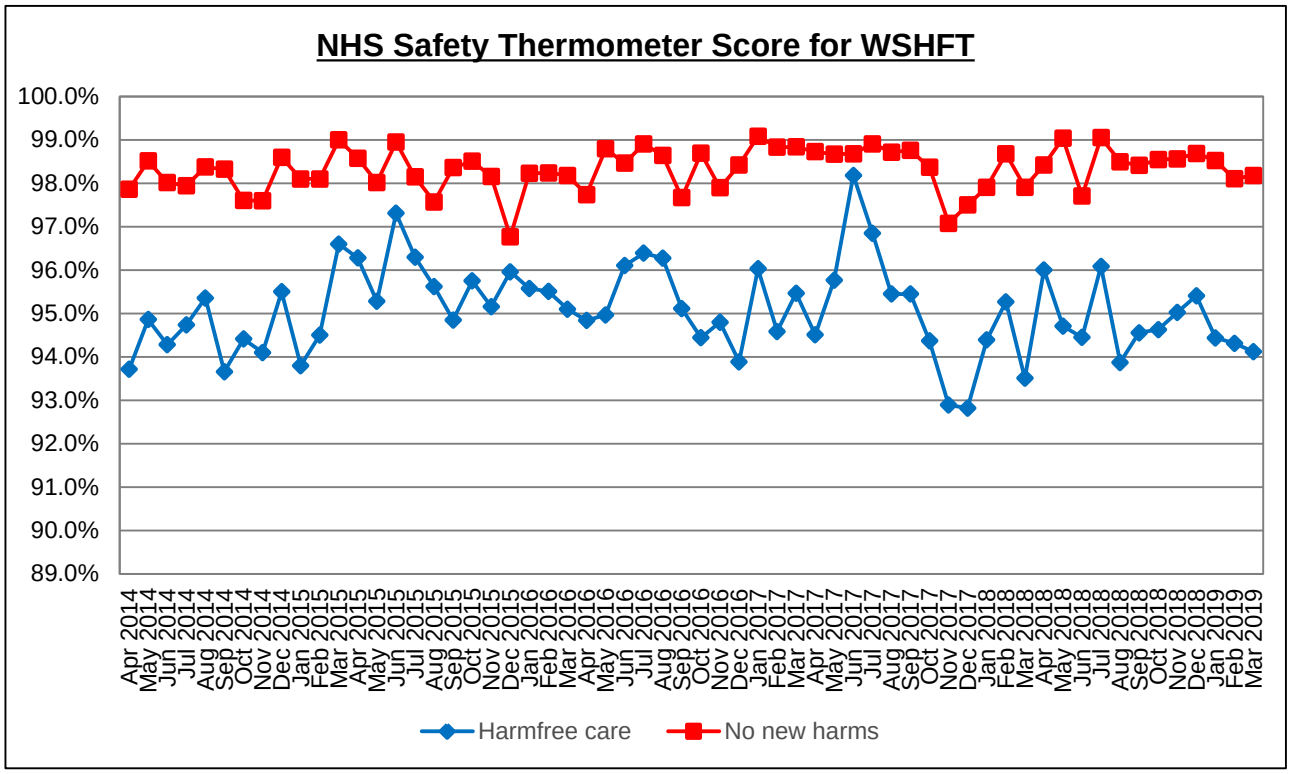
- Maternity transformation programme,
- Further improvement against Seven Day Services (7DS) standards.

Avoiding harm

True North goal: 99% of patients receiving safe, harm free care as measured by the NHS Patient Safety Thermometer

The primary indicator for our 'avoiding harm' goal is the NHS Patient Safety Thermometer. This indicator is reported to Quality Board and Trust Board.

The Safety Thermometer includes harms suffered by the patient in healthcare settings prior to admission. The percentage of patients who suffered no new harm during their inpatient stay at WSHFT in 2018/19 was 98.5%* (*date to end March 19) and close to achieving the challenging internal target of 99% set by the Trust. This positive position sets us up well in aiming to achieve our 99% target next year.



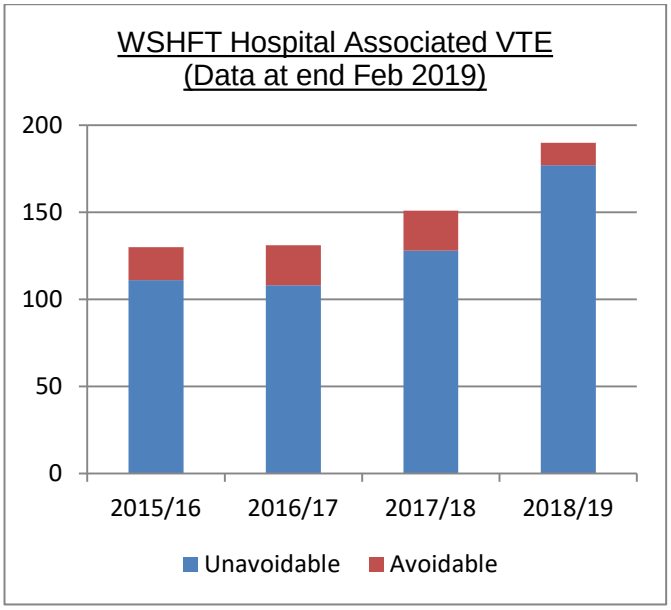
Data source: NHS Improvement

Reduction in hospital-associated venous thromboembolism (VTE)

The development of VTE [which includes deep vein thrombosis (DVT) and pulmonary embolism (PE)] is often an unavoidable consequence of a patient's illness. However, we have seen a significant rise in reporting of VTE since 2015/16. Whilst the number of cases that have been deemed avoidable has remained static, there is a

need to fully understand the nature of our challenge and to ensure we have reliable processes in place in order to eliminate avoidable harm.

Aim: The reduction of hospital associated VTE is therefore a key quality breakthrough objective for 2019/20, with a goal to reduce avoidable VTE by 10% from our 2018/19 baseline.



Data source: WSHFT

Actions: In order to deliver this reduction we will implement a robust programme of improvement with Kaizen Team support that will include the following:

- Deliver improvements to VTE assessment and prescribing;
- Monthly reviews of any new hospital associated VTE to identify themes from root cause analysis;
- Ensure that learning identified from root cause informs divisional improvement plans;
- Reformed Thrombosis Committee will work through clinical pathways to ensure compliance with NICE guidelines and to provide oversight of improvement plans.

Our VTE metrics are monitored operationally by the Trust Thrombosis Committee and through divisional governance meetings monthly with reporting through to the Trust Quality Board.

Falls prevention

Patient falls are the largest cause of patient harm in our hospitals. Through our Quality Strategy, we aim to continue our successful improvement work to further reduce the number of in-hospital patient falls across the Trust sustaining and improving on over a 30% reduction in in-hospitals falls against our 2015/16 baseline**.** Further detail is available in section 3.1.

Aim: Over 2019/20 we will work to ensure that learning and incremental change in falls management across divisions is ongoing. We will specifically aim to ensure that current position is maintained with no increase in harmful falls.

Actions:

- Continue to support divisional strategy deployment, with support for wards with falls as driver metric;
- Develop continence improvement A3;
- Continue with deconditioning awareness campaign;
- Multi-disciplinary team working to ensure that patients' self-care and mobility potential is not reduced as an unintended consequence.

Our falls metrics are monitored operationally by the Trust falls leads weekly and through divisional governance meetings monthly with reporting through to the Trust Quality Board.

Elimination of severe pressure damage

Whilst a high proportion of our patients with pressure ulcers are admitted to hospital with existing skin damage, we have seen a significant rise in hospital acquired pressure damage since 2015/16.

Aim: During 2019/20, we will work to build on the improvement of 2018/19 aiming to deliver a further 10% reduction in category 3 and above ulcers. Further detail is available in section 3.1.

Actions:

- Weekly stand up meeting with Trust and divisional leads to review programme progress;
- Senior nurse panel scrutiny for category 3+ hospital acquired pressure ulcers;
- Safer Care team to support 'driver' wards with improvement work, attending improvement huddles;
- Work to improve activity / reducing the risk of deconditioning;
- Continence improvement A3.

We will also work with our partner colleagues at Sussex Community NHS Foundation Trust to improve the transitions of care for our patients.

Our pressure ulcer metrics are monitored operationally by the Tissue Viability leads weekly and through divisional governance meetings monthly with reporting through the Trust Quality Board.

Other programmes continuing this year include:

- Medicine optimisation programme.

Improving patient experience

True North goal: 97% recommendation for Friends and Family Test feedback

Our Friends and Family Test (FFT) patient feedback consistently ranks higher than the national average. We now seek to build on our achievements and enter the top 20% of NHS Trusts for FFT recommendation score. To do this we have a 'True North' long term goal to achieve 97% recommendation for FFT feedback, and reduce 'not recommend' rates. These indicators are reported to the Trust Quality Board and Trust Board.

Friends and Family Test recommend rates

	2018/19 Latest available data to March 2019	National average Latest available data to January 2019	Best performing Trust Latest available data to January 2019	Worst performing Trust Latest available data to January 2019	2017/18 (Figure updated from last year's quality report due to more recent data being available)	2016/17	2015/16	2014/15
A&E	**95.2%**	86.82%	98.77%	52.03%	85.8%	89.01%	91.39%	90.60%
Maternity delivery	**97.3%**	96.85%	99.70%	9.50%	97.8%	97.64%	96.20%	97.00%
Inpatients	**97.3%**	95.54%	100%	42.30%	96.8%	96.06%	95.20%	92.40%
Outpatients	**96.8%**	93.50%	100%	33.30%	97.0%	95.43%	92.4%	Not launched until 2015/16
Overall rate	**96.65%**	92.81%	99.30%	68.20%	95.06%	94.20%	93.03%	*Not available*

Data source: NHS England

Reducing noise at night

We know from our national inpatient survey and real-time patient feedback there are many examples of excellent care and experience being delivered by our staff; however there are occasions where we know this is not the case for every patient, every time.

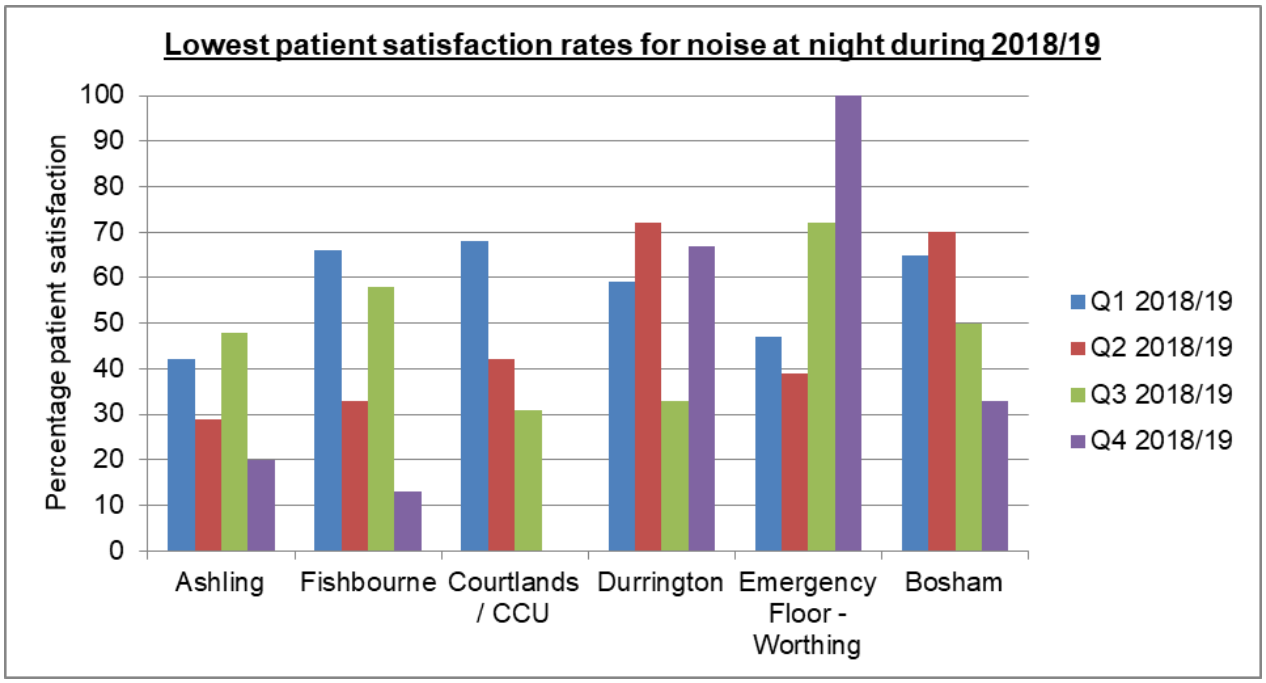
Our patient experience focus and breakthrough objective for 2019/20 will be reducing noise at night for inpatients.

Sleep is important for healing and sleep deprivation is recognised as a major concern for patients in hospitals. The National Inpatient Survey 2017 results were published in June 2018 and confirmed that the area that had most deteriorated for inpatients at WSHFT was noise at night. The response to the question in relation to patients' experience of noise at night from other patients placed the Trust in the bottom 20% of Trusts nationally. National trends are similar with the CQC commenting that there are a large proportion of patients (40%), affected by noise from other

patients, and this proportion has been static over time.

Aim: We aim to increase inpatient (Real Time Patient Experience) satisfaction rates from a Trust wide monthly average of 54% to 65% by end of March 2020.

The data below shows the areas that have had the lowest satisfaction rates regarding noise at night during 2018/19 and these areas will be our focus for improvement work this year.



Data source: WSHFT

More detailed analysis of the patients' comments reveal that the noise disturbance comes from a myriad of sources: confused patients, staff conversations/activity of clinical area, routine alarms from a variety of equipment (staff bleeps, ward phones, infusion pumps, cardiac monitors etc.).

Poor understanding of how to manage delirium can result in the disturbance of other patients and ensuring that clinical staff that work out of hours are routinely trained in this aspect of care is likely to result in an improvement to night experience. Further analysis of patients' comments highlighted that pain was also a cause of noise at night, where patients were calling out or using their call bell. Further analysis of this is required so that targeted training can be arranged for relevant staff.

We will work with the Communication Team to launch a 'Reducing noise at night' campaign across the Trust. The campaign will reinforce actions that deliver improvements in morning discharges and reducing night moves.

It is widely recognised that noise is a modifiable cause of some sleep disruption in hospitals, and when reduced can lead to more sleep. Earplugs

and eye masks may help, but research has shown that changing the sound and light environment is more effective. Calming music in the evening has been shown to be effective as well as daytime bright light exposure. Engagement with the Estates and Facilities team will help us to understand if anything can be done to reduce environmental impacts to our patients.

Nursing care activities cause sleep disruption and the project will look to see whether some of the activity that occurs during the night-time can be reduced and undertaken at other times. Patient satisfaction rates regarding noise at night will be monitored monthly and local opportunities for improvement will be tested throughout the year with the ward teams to identify high impact interventions.

Progress will be reported via the Patient Experience Quarterly Report, which is reviewed at the Quality Board, Quality Committee and Trust Board.

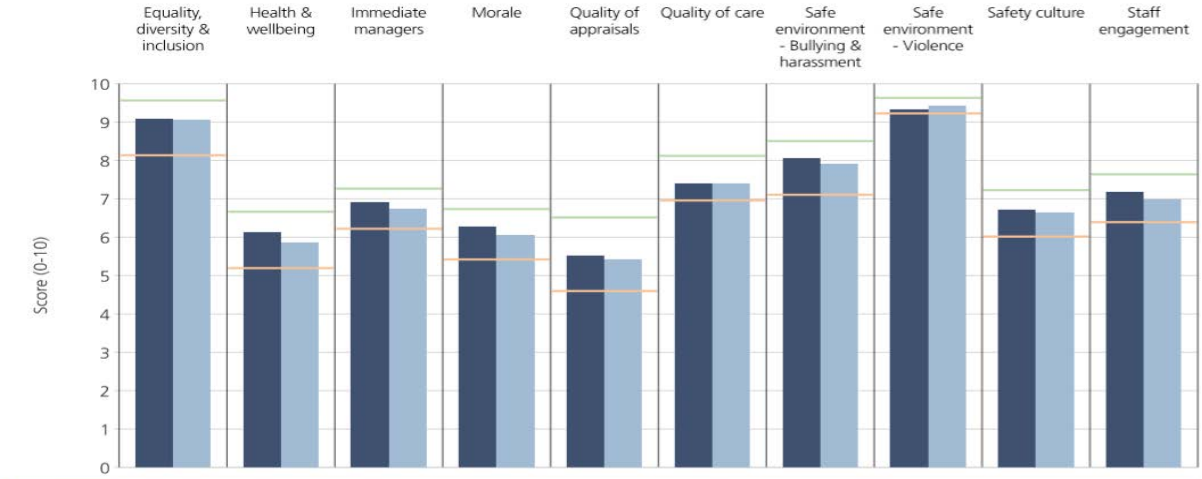
Engaging our staff

True North goal: To become the top performing Acute Trust for staff engagement by 2020

'Our People' determine the experience of their workplace and when individuals are highly engaged in their work they think and behave positively, are emotionally resourceful and have better health. This ultimately leads to delivering better outcomes for patients, increases staff productivity and satisfaction and compliments the Trust's Patient First strategy.

The national NHS Staff Survey is a way of assessing the quality of staff experience through a number of questions linked to the NHS Constitution. For the 2018 national staff survey, NHS England has revised and restructured the scoring system to measure trusts on a scale of 0-10, rather than 0-5 used previously and made improvements to the survey analysis outcomes based on ten key themes.

Staff Survey Theme Results Overview:



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.6	6.7	7.3	6.7	6.5	8.1	8.5	9.6	7.2	7.6
Your org	9.1	6.1	6.9	6.3	5.5	7.4	8.1	9.3	6.7	7.2
Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0
Worst	8.1	5.2	6.2	5.4	4.6	7.0	7.1	9.2	6.0	6.4
Responses	4,305	4,335	4,332	4,286	3,852	3,835	4,301	4,299	4,306	4,350

Data source: 2018 NHS Staff Survey results

On the new scale, Western Sussex Hospitals NHS Foundation Trust scored 7.2 for overall staff engagement which is unchanged from 2016 and 2017 when results from those years are recalculated on the same basis; ranking the Trust in the top 20 Acute Trusts in England and Wales. (More detail is provided in section 3.1).

Aim: Supporting the Trust's journey to become a NHS model employer, 'Our People' aim is to become the top performing Acute Trust in the country by 2020. Based on the new methodology

scoring system, a Trust wide target has been set to achieve a staff engagement score of 7.6.

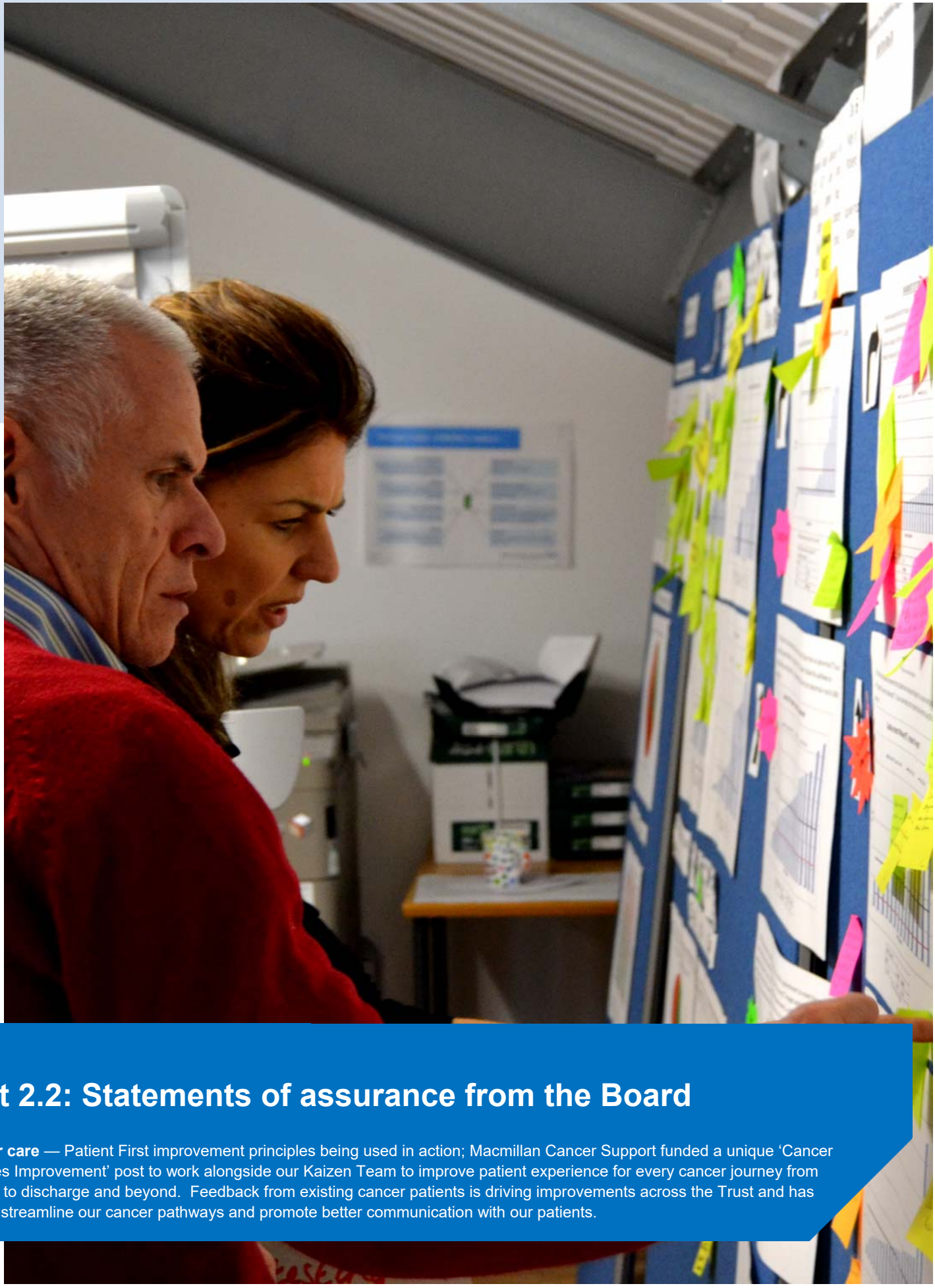
To realise 'Our People' objective and become the top performing Acute Trust for staff engagement by 2020 will require the Trust to demonstrate to staff that Western Sussex Hospitals NHS Foundation Trust is the best place to work. Whilst our performance is continuing to improve and our organisational culture reflects our values, the Trust is taking part in an innovative culture transformational project named, 'Best Place to Work' to support our journey.

Additional to the work with 'Best Place to Work' there are areas of improvement being made to reduce the poor behaviours staff experienced reported in the staff survey. During 2019/20, a trust wide approach to reduce the abusive behaviours staff have experienced and how incidents are dealt with has been adopted as a corporate project. The project will also support the Trust's Workforce Race Equality Standard (WRES) action plan in improving the experience of our Black Minority Ethnic (BME) workforce and links to the Trust Equality agenda.

Progressing our work on equality, diversity and inclusion is important and will be the focus of this year's staff conference. This follows on from the last four years staff conference themes when we first launched our Patient First Programme. The objective of this year's conference will be to further integrate and increase awareness of diversity throughout the workforce. By working in collaboration and understanding the different needs of patients and staff, Western Sussex will improve patient services and establish stronger links in the local community.

It is anticipated that staff engagement will improve as we continue to roll out our Patient First Improvement System. In addition, over the next year we will also focus on:

- Implementing the Reducing Abusive Behaviour corporate project to obtain a statistically significant change in the 2019 staff survey results.
- Promoting equality, diversity and inclusion throughout the Trust through the annual 2019 staff conference and our diversity groups (Celebrating Cultures, LGBT network and Disabilities forum) to reduce discrimination of staff.
- Continuing to deliver the Trust's well-being Wednesday programme, increase health & wellbeing champion membership and promote staff health & wellbeing programme to new starters.
- Identifying key initiatives that will improve the mental health and wellbeing of staff.
- Using an online platform as part of the Best Place to Work initiative to engage staff and co-design strategies to improve engagement.
- Supporting staff in feeling confident to raise concerns about unsafe clinical practice by learning from incidents through the 'Speaking Out' Guardians and associated networks.
- Continuing to grow the Staff Survey Champion membership within all Divisions.
- Developing a corporate 2019 engagement strategy for the national staff survey.



Part 2.2: Statements of assurance from the Board

Cancer care — Patient First improvement principles being used in action; Macmillan Cancer Support funded a unique 'Cancer Services Improvement' post to work alongside our Kaizen Team to improve patient experience for every cancer journey from referral to discharge and beyond. Feedback from existing cancer patients is driving improvements across the Trust and has helped streamline our cancer pathways and promote better communication with our patients.

Review of services

During 2018/19 the Western Sussex Hospitals NHS Foundation Trust provided and/or sub-contracted 131 relevant health services.

The Western Sussex Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 131 of these relevant health services.

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 Western Sussex Hospitals NHS Foundation Trust for 2018/19.

Participation in clinical audits and confidential enquiries

National clinical audits

During 2018/19, 42 national clinical audits and five national confidential enquiries covered relevant health services that Western Sussex Hospitals NHS Foundation Trust provides.

During that period, Western Sussex Hospitals NHS Foundation Trust participated in 93% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Western Sussex Hospitals NHS Foundation Trust was eligible to participate in during 2018/19 are as follows (see below).

The national clinical audits and national confidential enquiries that Western Sussex Hospitals NHS Foundation Trust participated in during 2018/19 are as follows (see below).

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

National clinical audits	Eligible	Participated	Percentage submitted
Adult Community Acquired Pneumonia (British Thoracic Society)	Y	Y	Ongoing
BAUS Urology Audits: Cystectomy (British Association of Urological Surgeons)	Y	Y	Ongoing
BAUS Urology Audits: Female stress urinary incontinence (British Association of Urological Surgeons)	Y	Y	Ongoing
BAUS Urology Audits: Nephrectomy (British Association of Urological Surgeons)	Y	Y	Ongoing
BAUS Urology Audits: Percutaneous nephrolithotomy (British Association of Urological Surgeons)	Y	Y	Ongoing
BAUS Urology Audits: Radical prostatectomy (British Association of Urological Surgeons)	Y	Y	Ongoing
Cardiac Rhythm Management (CRM) (National Institute for Cardiovascular Outcomes Research)	Y	Y	Ongoing
Case Mix Programme (CMP) (Intensive Care National Audit and Research Centre)	Y	Y	Ongoing
Elective Surgery (National PROMs Programme) (NHS Digital)	Y	Y	Ongoing
Falls and Fragility Fractures Audit programme (FFFAP) (Royal College of Physicians of London)	Y	Y	100%
Inflammatory Bowel Disease (IBD) programme (Inflammatory Bowel Disease Registry)	Y	N	N/A
Major Trauma Audit (The Trauma Audit and Research Network)	Y	Y	Ongoing
Myocardial Ischaemia National Audit Project (MINAP) (National Institute for Cardiovascular Outcomes Research)	Y	Y	Ongoing
National Asthma and COPD Audit Programme (Royal College of Physicians/British Thoracic Society)	Y	Y	Ongoing
National Audit of Breast Cancer in Older Patients (NABCOP) (Royal College of Surgeons)	Y	Y	Ongoing
National Audit of Cardiac Rehabilitation (University of York)	Y	Y	Ongoing
National Audit of Care at the End of Life (NACEL) (NHS Benchmarking Network)	Y	Y	100%
National Audit of Dementia (Royal College of Psychiatrists)	Y	Y	100%
National Audit of Percutaneous Coronary Interventions (PCI) (National Institute for Cardiovascular Outcomes Research)	Y	Y	Ongoing
National Audit of Seizures and Epilepsies in Children and Young People (Royal College of Paediatrics and Child Health) - Organisational	Y	Y	Fully completed
National Bariatric Surgery Registry (NBSR) (British Obesity and Metabolic Surgery Society)	Y	Y	Ongoing
National Bowel Cancer Audit (NBOCA) (NHS Digital)	Y	Y	Ongoing
National Cardiac Arrest Audit (NCAA) (Intensive Care National Audit and Research Centre)	Y	Y	Ongoing
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA) (British Society for Rheumatology)	Y	N	N/A
National Comparative Audit of Blood Transfusion programme (NHS Blood and Transplant)	Y	Y	100%

National clinical audits	Eligible	Participated	Percentage submitted
National Diabetes Audit – Adults (NHS Digital)	Y	Y	Ongoing
National Emergency Laparotomy Audit (NELA) (Royal College of Anaesthetists)	Y	Y	Ongoing
National Heart Failure Audit (National Institute for Cardiovascular Outcomes Research)	Y	Y	Ongoing
National Joint Registry (NJR) (Healthcare Quality Improvement Partnership)	Y	Y	Ongoing
National Lung Cancer Audit (NLCA) (Royal College of Physicians)	Y	Y	Ongoing
National Maternity and Perinatal Audit (NMPA) (Royal College of Obstetricians and Gynaecologists)	Y	Y	Ongoing
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care) (Royal College of Paediatrics and Child Health)	Y	Y	Ongoing
Oesophago-gastric Cancer (NAOGC) (NHS Digital)	Y	Y	100%
National Ophthalmology Audit (Royal College of Ophthalmologists)	Y	N	N/A
National Paediatric Diabetes Audit (NPDA) (Royal College of Paediatrics and Child Health)	Y	Y	Ongoing
National Prostate Cancer Audit (Royal College of Surgeons of England)	Y	Y	Ongoing
National Sentinel Stroke Programme (SSNAP) (Royal College of Physicians)	Y	Y	Ongoing
Non-Invasive Ventilation - Adults [British Thoracic Society]	Y	Y	Ongoing
National Sentinel Stroke Programme (SSNAP) (Royal College of Physicians)	Y	Y	Ongoing
Seven Day Hospital Services (NHS England)	Y	Y	Ongoing
Vital Signs in Adults (care in emergency departments) (Royal College of Emergency Medicine)	Y	Y	100%
VTE risk in lower limb immobilisation (care in emergency departments) (Royal College of Emergency Medicine)	Y	Y	100%

National Confidential Enquiries	Eligible	Participated	Percentage submitted
Perioperative Diabetes	Y	Y	87%
Pulmonary Embolism	Y	Y	On-going but 100% so far
Long Term Ventilation	Y	Y	Ongoing
Acute Bowel Obstruction	Y	Y	Ongoing
Peri-operative Diabetes	Y	Y	Ongoing

The reports of 25 national clinical audits were reviewed by the provider in 2018/19 and Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Title	Action taken or planned
National Bowel Cancer Audit (NBCAP)	Trust figures are-broadly in line with the national picture, 77% of patients undergoing laparoscopic surgery with 38% having a length of stay (LOS) < 5 days. The Abdominal Perineal Excision of Rectum [APER] and stoma rates were within the national limits. The majority of emergency and all elective resections are performed by specialist Core members of the Multi-Disciplinary Team.
National Emergency Laparotomy (NELA) – SRH site	Mortality rates are below the national average. Consultant presence remains as high. ITU admission rates remain high. Action: patients who would benefit from input from geriatricians should be identified in their perioperative care.
National neonatal programme (NNAP0	The Trust has performed well and above average. Action: to continue the focus on conformity and improving breast feeding, temperature control and antenatal steroids and magnesium in our more premature babies.
National Paediatric Diabetes Audit (NPDA)	The Trust was identified as being an outlier for mean HbA1c [68% Trust wide, 64% Nationally] and the seven care processes [28% Trust wide, 43.5% Nationally]. Action: The Trust has actively participated in the quality improvement programme, run by the Royal College of Paediatrics and Child Health [Nov 2017-July 2018]. Through the quality improvement programme we have begun to see a reduction in mean HbA1c, and by improving the annual review form we hope to better capture the care processes data.
National Diabetes in Pregnancy Audit	Two main actions in response to recommendations: 1. To establish better communication with CCG regarding diabetes in pregnancy service and to include and involve primary care. 2. To increase the number of diabetics patients receiving pre pregnancy counselling. These recommendations are in progress.
Bronchiectasis [Adult] National Audit (BTS)	Overall good compliance with CT confirmation and immunoglobulins checked [90%]. Action: Written management plans proved an issue. This has been discussed at a local respiratory audit meeting and is being addressed developing and disseminating written action plans.
National Heart Failure Audit	Local recommendations have made at both SRH and Worthing. Heart failure outcomes are improving as a result of access to specialist care, drugs and rehabilitation, with overall in-hospital mortality falling to under 10% in 2016/17. Actions: ensure that there are sufficient Heart Failure Specialist Nurses to see patients whilst in-patients. The Trust has recommended engaging with commissioners, providing ongoing information from national audit and local analysis to inform future investment in specialist follow-up and cardiac rehab services.
Myocardial Ischaemia National Audit Project (MINAP)	MINAP audit data highlight areas for improvement and case studies are used to show where minutes count in A&E to the patient arriving in the Cardiac Cath Lab for primary percutaneous coronary interventions [pPCI]. MINAP data are presented and discussed in Clinical Governance Meetings across the Trust, presenting national and local STEMI and nSTEMI data. Action: discuss cases with clinicians to ensure decisions about intervention, discharge drugs and management meet local/national guidelines.
National BTS COPD Pulmonary Rehabilitation Audits	Worthing site pulmonary rehab programme performed well in process items sections of the 2017 audit as did St Richard's site, achieving above the national mean and the national quality improvement targets in these areas. Similarly in the outcome items sections, both sites achieved above the national average and national quality improvement targets for completing discharge assessments. Areas where we didn't perform as well were achieving the minimum clinically important difference (MCID) for the Incremental shuttle walk test (ISWT). Action: To improve this respiratory departments on both sites are

Title	Action taken or planned
	going to ensure that all COPD patient referrals have spirometry results. They are looking into the plausibility of doing their own non-diagnostic spirometry in house.
National Cardiac Arrest Audit	There were fewer numbers of cardiac arrests than previous year, due to introduction of Medical Emergency Team (MET), but is still above the national average. More work is needed to identify patients in last days of life in order to have DNACPR in place. This is a focus of the Trust's End of Life Strategy. Action: There remains the need to reinforce good communication among staff in order to stop CPR being performed on patients with a DNACPR form (covered in annual clinical update). The Trust will continue to report unexpected deaths or inappropriate resuscitation attempts to the Mortality Steering Group.

Local clinical audits

The reports of 90 local clinical audits were reviewed by the provider in 2018/19 and Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Reports of local clinical audits are disseminated to the Trust's Clinical Divisions for their actions. Main points of action for a sample of local clinical audits reported in 2018/19 are shown below. Further information regarding local clinical audits and the resulting actions to improve the quality of healthcare provided will be detailed in the Trust's Clinical Audit Annual Report for 2018/19.

Title	Action taken or planned
Child protection medicals audit	The Royal College of Paediatrics and Child Health [RCPCH] gives clear guidance surrounding child protection medical examinations. Overall good practice was observed in: the medical examinations, storage of photos, appropriate teams involved in a timely manner, written consent and in the writing of the reports. Action: Areas for improvement highlighted were: improved clarity of documentation proformas, documentation of time and location of assessment and documentation of developmental milestones and changes of behaviour.
Review of ward based care of acute pancreatitis admissions [SRH]	Areas of good practice good points found that SRH were on target for several measures : No re-admissions to ITU and low mortality rate. Action: Areas for improvement identified were: Recording of severity score, referral of severe pancreatitis patients to ITU and administration of appropriate medication for alcoholic pancreatitis presentations.
Audit of the robustness of procedure for follow-up chest x-rays for patients with pneumonia admitted under the respiratory team [WH]	This audit was based on the British Thoracic Sociaty Guidelines for the Management of Community Acquired Pneumonia in Adults. Of the patients requiring follow-up chest X-ray 61% had this performed at about 6 weeks, in line with BTS guidance. 18% of patients identified with no follow-up chest X-ray evident. Action: Recommendations have been made to address this, with the aim of rectifying any discrepancies and sending a form to the patient, also to send reminders to patients who have not had their follow-up chest X-ray within the expected timeframe.
Out of hours head CT scans	82% of CT head scans requested out of hours [OOH] were compliant with the NICE, SIGN, acute meningitis and Stroke guidelines. Action: There were no clear guidelines within WSHFT. Out of hours CT head guidelines have now been developed to make an impact on reducing inappropriate scans.

Title	Action taken or planned
The use of capnography during in-hospital cardiac arrests in non-specialist areas. Capnography	The key area for improvement from the previous audit was relating to the method of data collection. The data collection tool principally used was a retrospective questionnaire. Whilst this produced very helpful results (both quantitative and qualitative), this method was highly prone to recall bias as well as being time-intensive due to people responding at different rates or not responding at all. Action: A more robust system for collating data surrounding interventions used at cardiac arrests was introduced and utilised for this re-audit. The results of the re-audit provided a more reliable set of results for analysis.
Pre- op fasting in paediatric day case	Excessive fasting is associated with agitation and irritability in all patients. WSHFT found that over 62% of our patients were starved of clear fluid for over four hours with 37% starved for 12 hours or more of clear fluids. Action: WSHFT have now adopted a new 6-4-1 protocol in order to reduce the amount of fasting. The plan is to educate staff with the new protocol and re-audit the outcomes
Torus fractures	This audit was undertaken to evaluate the management of torus fractures in paediatric population. Treating paediatric bone fractures makes up a sizeable portion of orthopaedic fracture clinical activities. NICE guidelines were used for the audit. Action: The recommendations included: to fully implement the NICE guidelines not only in the virtual fracture clinic (VFC) but also in other departments such as A&E as sometimes these patients are put in a plaster of paris back slab by the A&E staff prior to the fracture clinic. The audit showed that the VFC improved the number of patients treated in splint/soft cast from 13% to 64%. Thus, reducing the workload, time spent per patient and cost of treatment. 75% of patients were discharged from VFC with guidelines for management of this injury. This significantly decreased the number of visits and reduced the workload on fracture clinics which are often overbooked. It also decreases parents' anxiety, school absentee for children.
Nurse Led Raised PSA Clinic Audit	The main objective was to determine service efficiency/resources. The results of the audit identified that the surgical management in the Trust were broadly similar to the national level. Actions: Recommendations as a result of the audit – improve the MRI pathway for patients aged below 70 years in order to expedite booking and reporting of MRI results. Clinical Nurse Specialists to undertake further training regarding nurse prescribing.
Gentamicin prescribing	The results of this re-audit showed that there was a 36% improvement in the prescribing of second dose of Gentamicin including: no duplicated doses, no missed doses and no prescriptions greater than the maximum dose. 100% of patient's heights were recorded on Patientrack in the re-audit compared with 13% in the previous Audit. Action: There is still room for improvement with regards to prompt gentamicin levels being taken within the 6-14 hour timeframe. This was achieved in 81% of patients in the re-audit compared to 57% in the original audit
Hepatitis B Vaccination Audit	To assess and compare our practice regarding Hepatitis B vaccination recommendation and management against local policy and British Association of Sexual Health and HIV standards and to identify areas of improvement of service delivery. The findings of the audit identified that Indications for vaccination were appropriate and expected given our cohort. The sexual health service recommended regimen is accelerated regimen unless other high risk indications for hyper accelerated. In this audit a significant number of individuals were prescribed the standard regimen rather than accelerated. It is possible that some of these individuals were started prior to ratification of the service vaccination protocol and therefore do not represent deviation from local protocol. Action: A recommendation as a result of the audit is to ensure all staff aware of service protocol and that the accelerated regimen is recommended unless high risk and indications for hyper accelerated regime .

Research

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Western Sussex Hospitals NHS Foundation Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 2,177.

Research as a driver for improving the quality of care and patient experience

A new Research and Innovation Strategy was launched in 2017 setting out the Trust's ambition for the development of research and innovation over a three year period 2017-2020. Clinical research is considered a core part of NHS services because evidence shows that organisations which support high quality clinical research and innovation improve clinical outcomes for all their patients, not just those taking part in specific research trials. At Western, our ambition is to deliver high quality patient care through innovation and continuous quality improvement, education and research.

Research and innovation within the Trust supports the aims of our Patient First Programme - to empower and enable everyone to be passionate about delivering excellent care every time. The Health and Social Care Act (2012) places a statutory duty on the NHS to promote research and the NHS Constitution includes a commitment to promote, conduct and use research to improve the current and future health and care of the population.

Our research and innovation goals for 2017-20:

- Increase opportunities for patients to participate in high quality clinical research that aims to improve patient care;
- Implement innovative improvements in patient care at pace through standardisation, robust improvement science, partnership and shared learning;
- Continue to support roll out of the Patient First Improvement System empowering all staff to lead change and improvements in care for patients;
- Deliver a Clinical Academic Nursing, Midwifery and Allied Health Professional (NMAHP) Strategy that promotes a professional, well-trained and up to date healthcare workforce leading best practice and innovation.

The numbers of participants accessing clinical research at Western has increased by over 30% since 2016/17 with new specialities across the Trust getting involved to provide greater opportunities for patients to take part in research, with 94% of patients rating their experience as good to excellent[1]. The Trust has also been working alongside our new local NIHR Patient Research Ambassadors who have already contributed their expertise in helping at staff engagement and education events and assisted in developing new research opportunities.

[1] NIHR CRN KSS Patient Research Experience Survey 2018/19 Western Sussex Hospitals NHS Foundation Trust.

Since 2017/18 we have successfully developed a new clinical academic programme with a focus on support for nurses, midwives and allied health professionals (NMAHPs) across the Trust to bring the latest research into clinical practice. The programme is closely linked to Patient First with a focus on leading change and improving the quality of everyday care and includes research taster sessions, library training and support and regular education, networking and research drop-in sessions. There are also several newly developed clinical academic roles embedded in practice. The Trust is supporting two new full time nurse/midwife clinical doctoral research fellows and a new twelve-month Clinical Improvement Scholarship programme supported by HEE KSS. The Clinical Improvement Scholarship supports NMAHPs to combine their clinical work with research, leadership and quality improvement professional development. Early feedback demonstrates positive outcomes for both scholars and their clinical departments. The programme has promoted increased research engagement across a range of clinical specialities within the organisation and has received widespread external interest.

Goals agreed with commissioners: use of the CQUIN payment framework

A proportion of Western Sussex Hospitals NHS Foundation Trust income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Western Sussex Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at:
http://www.westernsussexhospitals.nhs.uk/your-trust/performance

Income in 2018/19 conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework: £7,285K.

Associated CQUIN payments received in 2018/19: £7,273K.

The above 2018/19 value is based on the reconciled position for months 1-10 with estimates for the full year. The final value may differ from this.

Associated CQUIN payments received in 2017/18: £6,931,729.

Statements from the Care Quality Commission (CQC)

Western Sussex Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "registered without conditions".

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

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

Data Quality

NHS Number and General Medical Practice Code Validity

Western Sussex Hospitals NHS Foundation Trust 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:
99.7% for admitted patient care;
99.9% for outpatient care; and
98.5% for accident and emergency care.

- which included the patient's valid General Medical Practice Code was:
100% for admitted patient care;
100% for outpatient care; and
100% for accident and emergency care.

[Date to end of Dec 18 – Q4 data not available until May 19]

Information Governance Toolkit attainment levels*

**replaced by below IG Toolkit no longer used Trust's are now required to submit Data Security and Protection Toolkit Assessment Report :*

Data Security and Protection Toolkit attainment levels

Western Sussex Hospitals NHS Foundation Trust has submitted its Data Security and Protection Toolkit Assessment Report for 2018/19, demonstrating Information Governance and Information Security compliance.

Western Sussex Hospitals NHS Foundation Trust Data Security and Protection Toolkit Assessment Report overall score was 'Standards met'.

Clinical coding error rate

Western Sussex Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period 2018/19 by the Audit Commission.

Statement on relevance of Data Quality and your actions to improve your Data Quality

Western Sussex Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

1. Internal audit program: Clinical Coding have created a program of audit where each individual coder is audited at least once per year as part of their ongoing appraisal process;
2. Data Security and Protection (DS&P) Toolkit audit: An annual audit of 200 episodes is provided by an NHS Digital approved Auditor is submitted to the DS&P Toolkit each year. Coding errors are shared with the coding team;
3. National Standards NHS Digital approved training: Every new member of staff attends a 25 day NHS Digital National Standards course provided by an approved experienced Classification Service Certified Trainer. Every experienced coder attends a four day NHS Digital National Standards Refresher course provided by an approved experienced Classification Service Certified Trainer every 3 years;
4. We also encourage staff to further their understanding by studying for a professional qualification and we provide a four day NHS Digital National Standards Revision course by an approved experienced Classification Service Certified trainer to help staff achieve 'Accredited Clinical Coder' Status;
5. We are also semi regularly inviting consultants to come and speak to the team and teach the coders about their specialty;
6. Ad-hoc internal 'mini refresher' training takes place on a bi-monthly basis.

Identifying, Reporting, Investigating and Learning from Deaths in Care

Concern about patient safety and scrutiny of mortality rates has intensified with investigations into NHS hospital failures that have taken place over the last few years. There is an increased drive for NHS Trust boards to be assured that deaths are reviewed and appropriate changes made to ensure patients are safe.

Deaths in 2018/19

During 2018/19 (as at 26/2/2019) 1809 of Western Sussex Hospitals NHS Foundation Trust patients (*adult and paediatric)* died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

Deaths in 2018/19*

	Deaths Apr-Jun 2018	Deaths Jul-Sep 2018	Deaths Oct-Dec 2018	Deaths Jan-Mar 2019	**Total deaths by category 2018/19**
Adults (inpatient)	445	421	522	557	**1945**
Adults (A&E)	12	22	25	18	**77**
Adults (maternal)	0	0	0	0	**0**
Paediatrics (inpatient)	0	0	0	0	**0**
Paediatrics (A&E)	0	1	0	1	**2**
Total deaths by quarter 2017/18	**457**	**444**	**547**	**576**	**2024**

Data source: WSHFT

Other deaths in 2018/19					
	Deaths Apr-Jun 2018	Deaths Jul-Sep 2018	Deaths Oct-Dec 2018	Deaths Jan-Mar 2019	Total deaths 2018/19
Neonatal	0	1	1	0	2
Stillbirths	6	3	3	4	16
Data source: WSHFT					

**It should be noted that due to problems with duplicate patients counted in previous board reports there may be discrepancies between this report and previously reported numbers in the Learning from Deaths Board Paper for Q2*

Mortality Reviews

Adult and paediatric deaths

By 8th April 2019, 231 case record reviews and 44 investigations have been carried out in relation to 236 of the deaths included in the 'Deaths in 2018/19' tables above.

In twenty six 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:
62 in the first quarter;
69 in the second quarter;
59 in the third quarter;
8 in the fourth quarter.

Stillbirths and neonatal deaths

By 26th February 2018, 18 case record reviews and five investigations have been carried out in relation to 18 of the deaths included in the item above.

In five 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:
6 in the first quarter;
4 in the second quarter;
4 in the third quarter;
4 in the fourth quarter.

Patient deaths judged to be more likely than not to have been due to problems in the care provided to the patient

Adult and paediatric deaths

Three representing 0.15% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of:
One representing 0.22% for the first quarter;
Zero representing 0% for the second quarter;
Two representing 0.38% for the third quarter;
Zero representing 0% for the fourth quarter;

These numbers have been estimated through a process of undertaking two reviews for each case which are then presented and discussed at the Trusts Learning from Deaths Panel where a

judgement is made led by the Medical Director. In addition, cases may have also gone through a serious incident investigation process including a root cause analysis.

Stillbirths and neonatal deaths

5.5% of patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of:

One representing 16.6% for the first quarter;
Zero representing 0% for the second quarter;
Zero representing 0% for the third quarter;
Zero representing 0% for the fourth quarter

The above numbers may change pending the completion of on-going investigations for cases across all four quarters including the three cases identified in quarter three of the adult and paediatric section.

Three patient deaths occurring in 2018/19, which may meet criteria for reporting, are still proceeding through the investigation process at the time of this report. Should the outcome of investigations judge the deaths 'to be more likely than not to have been due to problems in care provided to the patient' we will provide details in our 2019/20 Quality Report.

Learning from case record reviews and investigations

Adult and paediatric deaths

Following the completion of case reviews over the past year a number of learning themes have been identified, namely:

- Late recognition of end of life leading to lost opportunities for palliative intervention at an earlier stage.
- Despite a comprehensive work programme focusing on the deteriorating patient – the early identification of deterioration and escalation, still requires attention.
- VTE assessment and the identification and preventative treatment of at 'at risk' patients is not always delivered consistently.

Stillbirths and neonatal deaths

- Importance of following up women who do not attend a planned ante-natal appointment.
- Importance of standard process when additional investigations are ordered by community midwives.
- Customised growth charts should be used for ultrasounds measuring fetal growth.

Two patient deaths occurring in 2018/19, which may meet criteria for reporting, are still proceeding through the investigation process at the time of this report. Should the outcome of investigations judge the deaths 'to be more likely than not to have been due to problems in care provided to the patient' we will provide details of learning in our 2019/20 Quality Report.

Actions following our learning

Adult and paediatric deaths

- Refresh and consolidate improvement work related to end of life in collaboration with health economy partners.
- Pilot of mobile alerting to 'nurse in charge' /night team from the Trusts track and trigger bedside monitoring system which records patient observations and assessments electronically.
- Inclusion of escalation plan in upgrade of the Trusts track and trigger system (mid 2019).
- Prioritise VTE prevention as a quality improvement priority in 2019-20.

Stillbirths and neonatal deaths

- DNA pathway to be embedded between ultrasound and ante-natal clinic.
- Introduction of a standardised process for storing of request forms to ensure sonographer access at the time of the scan.
- Introduction of a standardised process for community requested investigations and follow up.

The impact of our actions

Adult and paediatric deaths

- Linked improvement programme for 'end of life' between all stakeholders and work streams.
- Reduction in late escalations to outreach/ITU.
- VTE prevention programme in the Trust's priority breakthrough objectives for 19-20.

Stillbirths and neonatal deaths

- Fully embedded the process for management of small for gestational age babies to allow earlier detection and appropriate action.

An update on deaths in 2017/18

79 case record reviews and no investigations were completed after May 2018 which related to deaths which took place after the reporting period.

Two representing 0.09% of patient deaths in 2017-18 are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated through a process of undertaking two reviews for each case which are then presented and discussed at the Trusts Learning from Deaths Panel where a judgement is made led by the Medical Director. In addition cases may have also gone through a serious incident investigation process including a root cause analysis.

As no deaths judged more likely than not to have been due to problems in care provided to the patient were reported in 2017-18 the revised estimate is the same as above.

Part 2.3: Reporting against core indicators

International Nurses Day — Some of the Trust's Research Team photographed for annual International Nurses Day, which celebrates amazing, skilful and caring nurses and midwives around the world. Clinical teams, across a wide range of specialty areas within our organisation, are working hard to support research and improve care and outcomes for our patients.

Performance against the 2018/19 core set of indicators

Since 2012/13, NHS Foundation Trusts have been required to report performance against a core set of indicators using data made available by NHS Digital. The following core quality indicators are relevant to Western Sussex Hospitals NHS Foundation Trust and relate to the NHS Outcomes Framework (NHS OF). A full description of each core indicator is available in the glossary section of this report.

The tables in this section show our performance for these core indicators, by NHS Operating Framework domain, over the last four reporting periods and, where the data source allows, a comparison with the national average and the highest and lowest performing trusts. The majority of core indicators are reported by financial year, e.g. from 1st April 2018 to 31st March 2019, however some indicators report on a calendar year or partial year basis. Where indicators report on a non-financial year time period this is stated in the data table. It is important to note that some national data sets report in significant arrears and therefore not all data presented are available to the end of the current reporting period (31st March 2019).

Summary Hospital-level Mortality Indicator (SHMI)

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: Mortality rates over the past 12 months have been around the national average, and within the expected range. The mortality rate has been reducing steadily since 2011/12. This reduced from 1.03 in 2014/15 to 0.97 in 2017/18. Provisional 2018/19 data shows that the mortality rate is continuing to remain within the expected range.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Maintaining monthly reporting of mortality statistics to Divisions and the Board;
- Continuing to focus on the implementation of care pathways in key mortality areas;
- Strengthening arrangements for identifying and treating patients who deteriorate suddenly.

Indicator: **Domain:**	**Summary Hospital-level Mortality Indicator** **Preventing people from dying prematurely**					
2018/19 **Latest available data October 2017-September 2018**	National average Latest available data October 2017-September 201	Best performing Trust Latest available data October 2017-September 2018	Worst performing Trust Latest available data October 2017-September 2018	2017/18	2016/17	2015/16
0.98 **As expected**	1.00 As expected	0.69 Higher than expected	1.27 Lower than expected	0.97 As expected	0.95 As expected	1.00 As expected
Data source: NHS Digital						

Palliative care indicators are included below to assist in the interpretation of SHMI by providing a summary of the varying levels of palliative care coding across non-specialist acute providers.

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: the Trust has a well-established Palliative Care Team working to a reinvigorated End of Life Care Strategy.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Maintaining monthly reporting of mortality statistics to Divisions and the Board.

Indicator:	**Percentage of patient deaths with palliative care coded at either diagnosis or specialty level**					
Domain:	**Enhancing quality of life for people with long-term conditions**					
2018/19 ***NHS Digital no longer reporting on this metric**	National average Latest available data October 2016-September 2017	Best performing Trust Latest available data October 2016-September 2017	Worst performing Trust Latest available data October 2016-September 2017	**2017/18** **Latest available data October 2016-September 2017**	2016/17 (Figures updated from last year's quality report due to more recent data being available)	2015/16
n/a	31.5%	59.8%	11.5%	34.4%	32.6%	33.5%
Data source: NHS Digital						

**Only indicator under Domain: Enhancing quality of life for people with long-term conditions is 'Admissions to acute wards where the Crisis Resolution Home Treatment Team were gate keepers'*

Patient Reported Outcome Measures (PROMs)

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: This data, which is based on quality of life measures, shows that our treatments are effective in improving the health of our patients.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Ensuring regular feedback of PROMs data to clinical teams;
- Working with commissioners to ensure that treatments are offered to those groups of patients most likely to benefit from the particular treatment.

Indicator: Domain:	Patient Reported Outcome Measures EQ 5D Index (case mix adjusted health gain) Helping people to recover from episodes of ill health or following injury						
Surgery type	2018/19 Latest available data (provisional) April 2018-September 2018	National average April 2018-September 2018	Best performing Trust April 2018-September 2018	Worst performing Trust April 2018-September 2018	2017/18 (Figures updated from last year's quality report due to more recent data being available)	2016/17	2015/16
Groin hernia	No longer reported	0.089	0.417	-0.378	0.080	0.097 (final data)	0.067
Varicose vein		*WSHFT does not carry out sufficient numbers of varicose vein procedures to be included in PROMS data.*					
Hip replacement (primary)	Insufficient records	0.481	0.549	0.401	0.446	0.448 (provisional data)	0.399
Knee replacement (primary)	**0.382**	0.343	0.436	0.234	0.338	0.346 (provisional data)	0.317
Data source: NHS Digital							

Readmissions

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: While the Trust works hard to plan discharges appropriately, in some instances readmissions still occur. The rate of readmissions is in line with peers.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Continuing to work closely with commissioners and other health organisations to identify patients at risk of readmission and putting in place services to prevent them requiring further immediate hospital care;
- We will identify those cases where readmissions could have been prevented by organising care differently and make the appropriate changes to reduce the level of readmission.

Indicator: Domain:	Patients readmitted to a hospital within 28 days of being discharged Helping people to recover from episodes of ill health or following injury						
Latest available data April 2018-February 2019	**2018/19** (Trust data)	National average	Best performing Trust	Worst performing Trust	2017/18 (Trust data)	2016/17 (Trust data)	2015/16 (Trust data)
Patients aged 0 to 15 years	**14.58%**	*Please note that this indicator was last updated by NHS Digital in December 2013 and future releases have been temporarily suspended pending a methodology review; we are therefore unable to provide comparative data for 2017/18.*			13.41%	13.97%	13.09%
Patients aged 16 years or over	**14.45%**				14.01%	12.56%	13.28%
Data source: NHS Digital has not updated this metric since 2013 and we have therefore used our own locally collected data to report against this core indicator.							

Indicator: Domain:	Emergency readmissions within 30 days of discharge from hospital *Local Trust indicator*						
Latest available data April 2018-February 2019	**2018/19** (Trust data)	National average	Best performing Trust	Worst performing Trust	2017/18 (Trust data)	2016/17 (Trust data)	2015/16 (Trust data)
All patients	**14.92%**	*Please note that this indicator was last updated by NHS Digital in March 2014; we are therefore unable to provide comparative data for 2017/18.*			14.31%	14.24%	13.70%
Data source: NHS Digital has not updated this metric since 2013 and we have therefore used our own locally collected data to report against this core indicator.							

Responsiveness to the personal needs of patients

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Trust's involvement in Care and Compassion Reviews has ensured responsiveness to the personal needs of patients in line with its peers.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Using results from real time patient experience tracking to constantly identify areas for improvement;
- Identifying areas for further improvement from our peer review programme.

Indicator: Domain:	Responsiveness to the personal needs of patients Ensuring people have a positive experience of care					
2018/19	National average (2017/18)	Best performing Trust (2017/18)	Worst performing Trust (2017/18)	2017/18	2016/17	2015/16
Not available until August 2019	68.6%	85.0%	60.5%	70.8%	66.9%	69.1%
Data source: NHS Digital						

Staff who would recommend the Trust to their family or friends

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: An increasing proportion of staff are positive about the overall quality of the services and care offered by the Trust.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Our Patient First Improvement System (PFIS) trains and engages all staff to make continuous improvements to our services.
- We use regular feedback opportunities to capture staff views about how we can improve.
- We have also reviewed staffing ratios, particularly in ward areas.

Indicator: Domain:	Percentage of staff who would recommend the Trust as a provider of care to their family or friends Ensuring people have a positive experience of care					
2018	National average (acute non-specialist trusts) 2017	Best performing Trust (acute non-specialist trusts) 2017	Worst performing Trust (acute non-specialist trusts) 2017	2017	2016	2015
81.3%	71.3%	87.3%	39.8%	81.5%	79.3%	73.0%
Data source: NHS Staff Survey Coordination Centre (Picker Institute Europe)						

Patients who would recommend the Trust to their family or friends

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: We aim to give every patient the opportunity to take the Friends & Family Test, either at discharge or within 48 hours of discharge. Recommendation rates are in line with peers and results are monitored on a monthly basis.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- We continue to focus on improving response rates to ensure we gather feedback from sufficient people to know that information is reliable, particularly in our A&E departments.
- We will work to address themes arising from the survey to improve patient experience.
- We have developed a new Patient Experience Strategy with seven broad ambitions: with focused working groups we will develop our ambitions and deliver the actions required to improve patient experience across the Trust.

Indicator: Domain:	Percentage of Patients who would recommend the trust to their family or friends - Ensuring people have a positive experience of care						
	2018/19 Latest available data April 2018 to January 2019	National average Latest available data April 2018 to January 2019	Best performing Trust Latest available data April 2018 to December 2018	Worst performing Trust Latest available data April 2018 to December 2018	2017/18	2016/17 (Figure updated from last year's quality report due to more recent data being available)	2015/16
Inpatients	**97.30%**	95.54%	100%	26.3%	96.81%	96.06%	95.20%
Patients discharged from A&E	**95.31%**	86.91%	98.67%	49.73%	85.78%	89.01%	91.39%
Data source: NHS England							

Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has focused on this area and made good progress on embedding it into normal practice with a sustained increase in the proportion of patients screened.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

One of the Trust's priority improvement programmes for 2019/20 will focus on eliminating avoidable VTE through the following actions:

- Deliver improvements to VTE assessment and prescribing.
- Monthly reviews of any new hospital associated VTE to identify themes from root cause analysis.
- Ensure that learning identified from root cause informs divisional improvement plans.
- Reformed Thrombosis Committee will work through clinical pathways to ensure compliance with NICE guidelines and to provide oversight of improvement plans.

Indicator: **Domain:**	**The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism** **Treating and caring for people in a safe environment and protecting them from avoidable harm**					
2018/19 **Latest available data to December 2018**	National average Latest available data to December 2018	Best performing Trust Latest available data to December 2018	Worst performing Trust Latest available data to December 2018	2017/18 (Figure updated from last year's quality report due to more recent data being available)	2016/17	2015/16
96.07%	95.55%	100%	70.94%	95.24%	95.60%	94.90%
Data source: NHS Digital - Full year data for 2018/19 is not expected to be published until June 2019.						

Rate of *C.difficile* infection

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: A relentless and constant focus is required to minimise the level of *C.difficile* infection. Particular challenges include the need for antibiotic usage in a frail and ill patient population and balancing this with the risk of causing *C.difficile* disease.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services, by:

- Focus on adherence to our antibiotic prescribing policies;
- Heightened environmental cleaning;
- Targeted review of the patient pathway for these patients.

Indicator:	The rate per 100,000 bed days of trust apportioned cases of *C. difficile* infection that have occurred within the trust amongst patients aged 2 or over
Domain:	Treating and caring for people in a safe environment and protecting them from avoidable harm

2018/19 (Trust data) Latest available data to February 2019	National average Latest available data: 2016/17	Best performing Trust Latest available data: 2016/17	Worst performing Trust Latest available data: 2016/17	2017/18 (Figure updated from last year's quality report due to more recent data being available)	2016/17	2015/16
10.2 **Count of Trust apportioned cases: 31**	13.2	0.0	87.2	10.3 Count of Trust apportioned cases: 35	13.6 Count of Trust apportioned cases: 45	11.1 Count of Trust apportioned cases: 36

Data source: Public Health England - national data for 2018/19 is not expected to be published until July 2019.

Patient Safety Incidents

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has a systematic approach to the management and investigation of events and we analyse these on an aggregated basis to ensure that safety lessons are learned and shared widely, leading to improvements in the quality and safety of care we provide.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services, by:

- Continuing to promote the reporting of patient safety incidents across the organisation in order to learn and improve.
- Themes, trends and learning from incidents will continue to be discussed and analysed through a variety of forums including the divisional clinical governance sessions, Triangulation Group, the Trust Brief newsletter and Divisional Governance Reviews.
- Review of incident reporting systems to promote ease of use and feedback.

Indicator: Domain:	Patient safety incidents Treating and caring for people in a safe environment and protecting them from avoidable harm

	October 2018 to March 2019 Trust Data	National average Latest available data: April to September 2017	Best performing Trust Latest available data: April to September 2017	Worst performing Trust Latest available data: April to September 2017	2017/18 (Figure updated from last year's quality report due to more recent data being available)	October 2016 to March 2017	April 2016 to Sept 2016
Rate of patient safety incidents (per 1,000 bed days)	**31.20** **Count of incidents: 5,259**	42.84 Acute non-specialist trusts	23.47 Acute non-specialist trusts	111.69 Acute non-specialist trusts	25.00 Count of incidents: 4389	28.55 Count of incidents: 4982	25.45 Count of incidents: 4245
Rate of patient safety incidents (resulting in severe harm or death)	**0.107%** **Count of incidents: 16**	0.37% Acute non-specialist trusts	0.00% Acute non-specialist trusts	1.98% Acute non-specialist trusts	0.16% Count of incidents: 25	0.50% Count of incidents: 25	0.24% Count of incidents: 10

Data source: NHS Improvement. Trust data used for 2018/19 as no 2018/19 values released to date by NHS improvement.

Implementing seven-day services

The Trust is working toward the implementation of the new Board Assurance Framework. A trial run of the framework was undertaken in February 2019. This included live audits of standards 2 and 8 on both sites.

Standard Two – All emergency admissions should have a thorough assessment by a suitable consultant within 14 hours of admission to hospital.

This standard is not yet met and the June 2018 national audit submission showed that 66% of patients were reviewed by a consultant within 14 hours of admission (national average: ~78%).

Live audit data from February 2019 indicates that performance has improved but awaits corroboration from the full audit planned in March 2019. Work is ongoing providing live performance data from the whiteboard system with weekly reports provided for clinical leaders.

Standard Five – Inpatients have scheduled access to seven-day diagnostic services.

The Trust is compliant providing access to MRI but relies on neighbouring providers out of hours. A delivery plan is in place for local provision by 2019/20. Limited access to MRI scanning affects specific high-risk patient pathways and in particular the recognition of spinal cord compression.

Standard Six – Inpatients have timely 24 hour access, seven days a week, to key consultant-directed interventions.

The Trust is working to formalise the agreements that are currently in place for Interventional Radiology. These will be agreed and documented for the June 2019 Board Assurance Framework submission.

Standard Eight – Once and twice daily consultant review.

87% patients with high dependency needs are seen and reviewed by a consultant or appropriate delegate twice daily (June 2018 national audit submission and national averages: ~89.5%).

93% patients are reviewed by a consultant or appropriate delegate at least once daily (June 2018 national audit submission and national average of ~85.5%)

The Trust expects to achieve compliance with the priority clinical standards by 2020. A targeted programme of work to achieve the national requirements, led as a Corporate Project, will be undertaken in 2019/20.

Ways in which staff can speak up

The Trust has a Freedom to Speak Up Policy and a Dignity at Work policy which outline the various routes available to staff to raise a concern regarding quality of care, patient safety or bullying and harassment. They also detail the processes involved in addressing the concerns, including communication with the member of staff who has raised the concerns. The Trust's Freedom to Speak Up (FTSU) Guardians, appointed in 2017, continue to promote their role by attending training events, meetings, visiting workplaces and attending forums and drop in events. Their details are displayed on posters and on our Trust intranet

site. The FTSU Guardians receive bulletins from the national Guardian's office highlighting best practice. They have carried out an assurance exercise with the Board and regularly assess the Trust's policy and processes against the national Guardian's office case reviews. They attend triangulation meetings and meet with Human Resources to ensure themes are shared and actioned. They also provide regular reports on activity and themes to the Quality & Risk Committee.

The Trust will be exploring ways to strengthen the processes and support available for staff raising concerns regarding bullying and harassment as part of the Reducing Abusive Behaviours project, one of the Trust's corporate projects for 2019/20.

Annual report on rota gaps and plans for improvement

In 2018, the medical workforce pressures causing rota gaps have been greatest in Emergency Medicine, Elderly Medicine and Paediatrics with the strongest pressures at Tier 2 (T2) in Emergency Medicine and Paediatrics and Tier 1 (T1) in Elderly Medicine. Tier 1 includes Foundation Doctors and doctors in their early years of specialist training and Tier 2 refers to middle grade doctors who are usually at ST3 level and above. Both tiers can include doctors who are not within a training program and are undertaking posts including Trust Grade and Specialty Doctor Posts.

The table below shows the specialties with the largest numbers of vacancies and the rota tier affected. A greater proportion of vacancies were on the Worthing site (58%). Of the vacancies 66% were full time (FT) and 33% less than full time (LTFT) posts. There have been national concerns about the wellbeing of doctors in training and the Trust has adopted the BMA Fatigue and Facilities Charter to improve the facilities available for them. This has included work to ensure access to food out of hours and access to appropriate rest facilities for doctors unable to travel after a busy night shift. It is anticipated that actions to improve the general wellbeing of doctors in training at the Trust will ensure that WSHFT is an attractive employer.

Specialty	Rota T1 or 2	All Vacancies >3/12	FT posts	Action
Emergency medicine	T1	11	4	A&E T2 business case Development of clinical fellow posts
	T2	11	6	
Elderly medicine	T1	15	12	Review of medical staffing requirements Development of clinical fellow posts
	T2	7	5	
Orthopaedics	T1	7	7	Improvements to training environment and support in and out of hours
	T2	2	2	
Paediatrics	T1	8	5	Review of medical staffing requirements Use of ROC posts on T2
	T2	6	5	
O&G	T1	6	4	Use of ROC posts on T2
	T2	2	2	
Data source: WSHFT				

The medicine division has developed alternative roles such as clinical fellows to support fragile rotas in Emergency Medicine and Elderly Medicine. A business case has been devised to strengthen middle grade staffing in Emergency Medicine and recruitment of clinical fellows has is now well established.

In orthopaedics, measures have been taken to improve the training environment for the Tier 1 doctors in response to feedback. A better training experience is expected to improve recruitment.

Vacancies in paediatric and obstetrics and gynaecology middle grade medical staffing have been managed by using Resident On-Call Consultant (ROC) posts to strengthen the rota. A review of staffing requirements is being undertaken in early 2019/20.

Part 3.1: Review of quality performance

Royal Wedding — our catering team prepared and served a special celebratory wedding buffet for inpatients across our hospital sites on the evening of the royal wedding in May 2018.

Performance against 2018/19 quality improvement priorities

Below is a list of 2018/19 quality improvement programmes and their current status. Programmes are explained in more detail in the following individual programme sections.

Programme	Trust Target achieved / on plan	Close to target	Behind plan
Sepsis Improvement Programme			▲ **Above plan for CQUIN**
Mental Health Care Programme	▲		
Orthopaedic Improvement Programme	▲		
Falls Improvement Programme	▲		
Skin damage reduction Programme		▲	
Discharge Improvement Programme		▲	

Reducing preventable mortality and improving outcomes

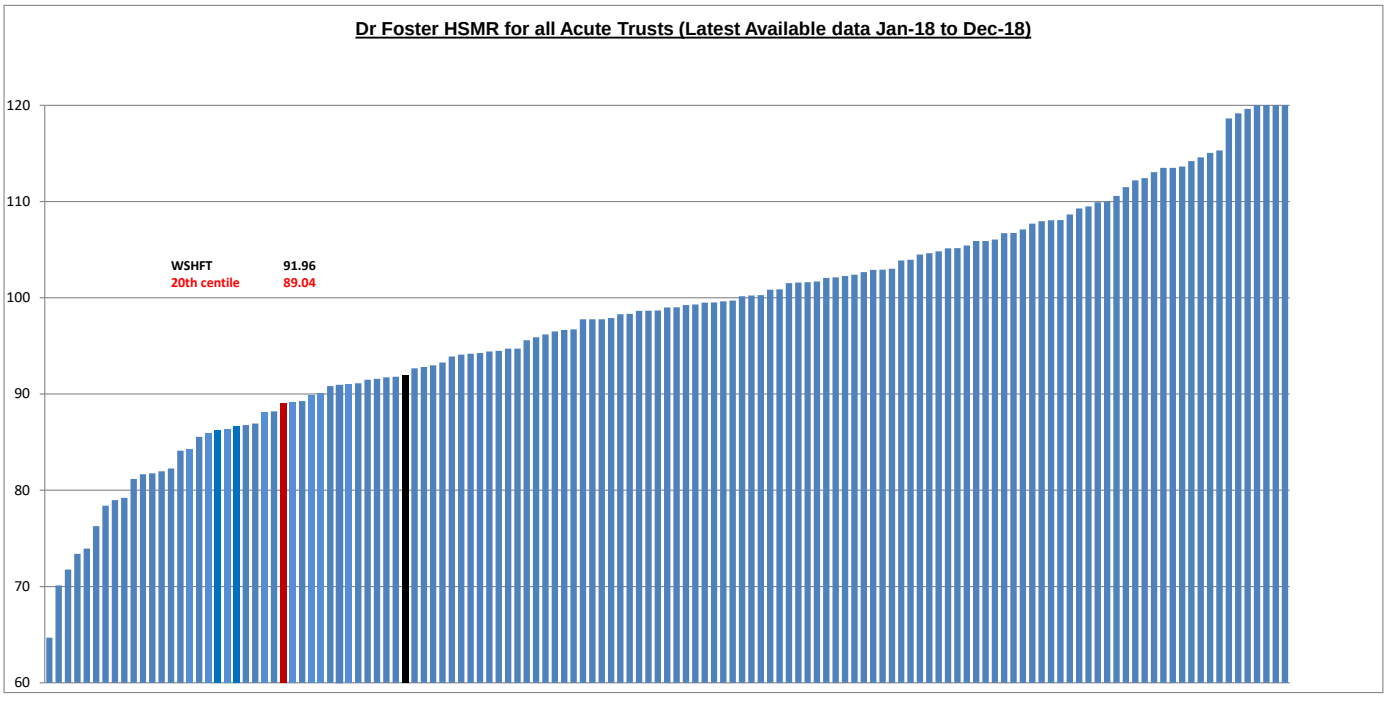
True North goal: To be in the top 20% of NHS organisations for the Hospital Standardised Mortality Ratio (HSMR)

2018/19 achievement: Top 21% of NHS organisations for HSMR

About half of all deaths in the UK take place in hospital. The overwhelming majority of these deaths are unavoidable. The person dying has received the best possible treatment to try to save his or her life, or it has been agreed that further attempts at cure would not be in the patient's best interest and the person receives palliative treatment.

We know, however, that in all healthcare systems things can and do go wrong. Healthcare is very complex and sometimes things that could be done for a patient are omitted or else errors are made which cause patients harm. Sometimes this means that patients die who might not have, had we done things differently. This is what we mean by 'avoidable mortality'. More often, if things go wrong with care, patients fail to achieve the optimal level of recovery or improvement. By concentrating on this area we will end up with safer hospitals, save lives, and ensure the best possible clinical outcomes for patients.

The primary indicator for our 'reducing preventable mortality and improving outcomes' goal is hospital mortality. The Trust uses Dr Foster's HSMR risk adjusted mortality tool to monitor this.



Data source: Dr Foster

Our HSMR score improved from 107.48 in 2011/12 (ranked 112 of 141 acute trusts; 79th centile) to 89.43 in 2017/18 (the last full financial years' worth of data Dec 17-Nov 18). Due to the delay for Dr Foster data (to allow for coding and processing) the graph above shows the 12 months to December 2018 as the most recent data point with performance at 91.96 just outside the 20th centile.

As described in our Quality Strategy we would like to continue to improve and ensure we are in the top 20% of trusts with the lowest HSMR. We will focus specifically on our 'True North' goal of zero avoidable deaths.

Sepsis Improvement Programme

Trust target:	**80% compliance with the Sepsis 6 care bundle**
By when:	**March 2019**
Outcome:	**54.2% for 2018/19**
Progress:	**Behind plan**

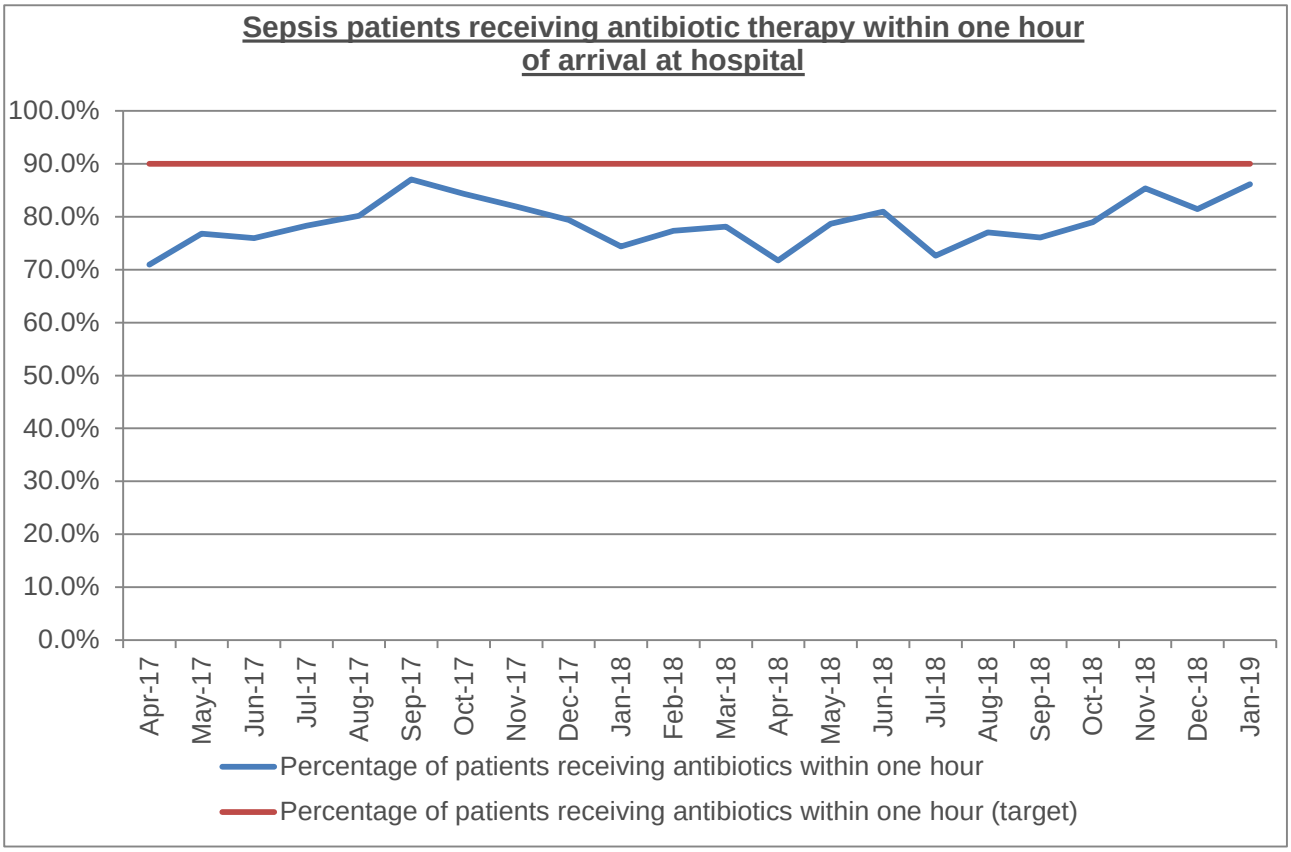
CQUIN target:	**90% of patients to receive antibiotic therapy within one hour**
By when:	**March 2019**
Outcome:	**97.4% for 2018/19**
Progress:	**Above plan**

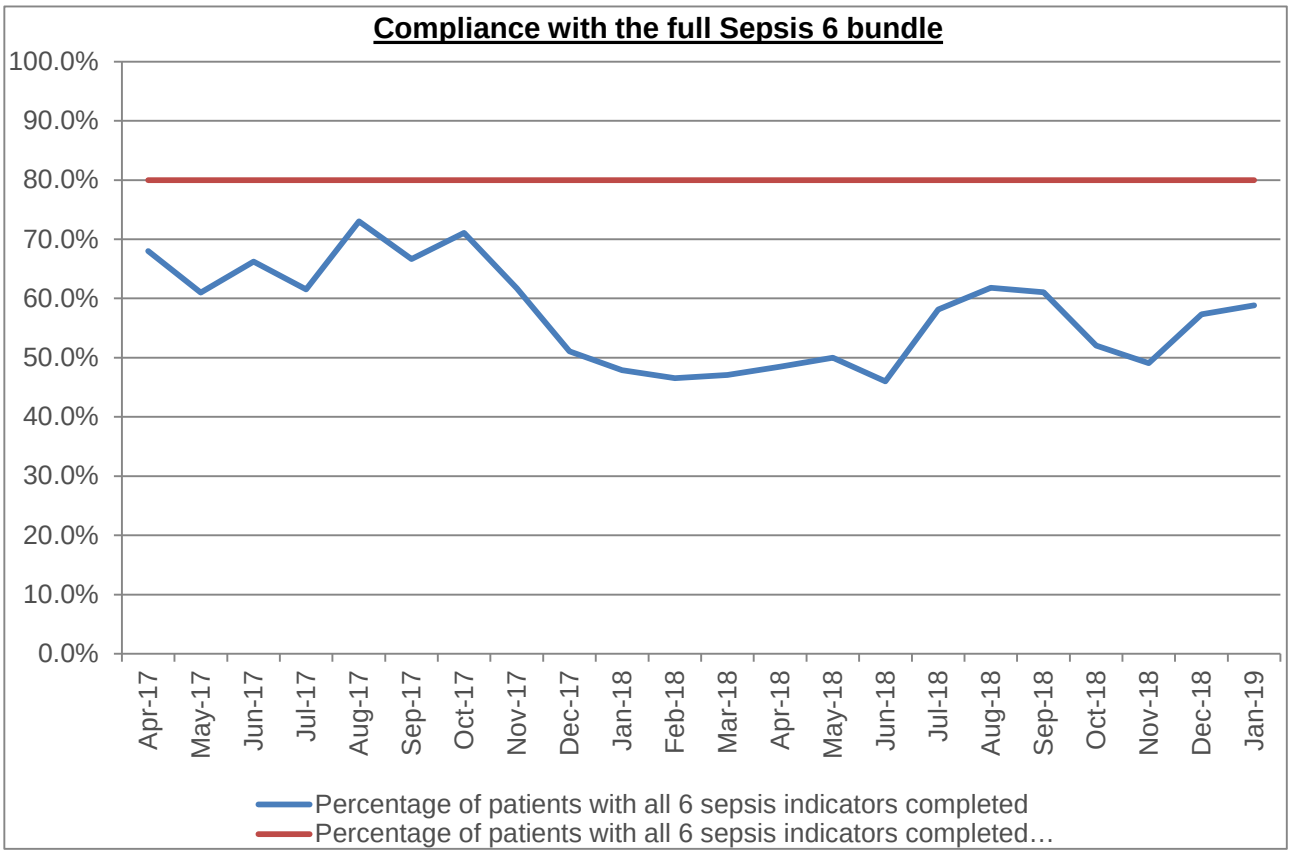
Sepsis is a rare but serious complication of an infection; delays in the recognition and treatment of sepsis can lead to multiple organ failure and death.

Our improvement programme in 2018/19 focused on improving the time to administration of antibiotics and delivery of the full sepsis care bundle to our patients. Through 2018/19, we have continued a focused approach in our Accident and Emergency Departments. We have met the CQUIN target for the early identification and timely administration of antibiotics from diagnosis in emergency departments, achieving 97.4% of patients receiving antibiotic therapy within one hour.

Disappointingly, we have not delivered the improvements we set out to with regard to administration of antibiotics from arrival at hospital or compliance with the delivery of the full care bundle. It should be noted that the low compliance with the delivery of the sepsis-6 care bundle predominantly relates to the 'hourly urine

measurement' criteria. Compliance with all five of the other criteria over the reporting period is between 70% and 90%.





Data source: WSHFT

Improvements achieved:

- Delivery of education package to A&E staff and general outreach study days, including sepsis simulation sessions, to wider clinical staff.
- Continuation of Sepsis Teams; a doctor and nurse responsible for antibiotic treatment and sepsis bundle delivery in A&E who now start treatment at the patient's bedside.
- Development of sepsis trolleys which keep all equipment, medication and paperwork for sepsis treatment in one easily accessible place.
- NEWS2 early warning score was fully implemented from 1st April 2018, utilising the Trust's Patientrack 'track and trigger' system, to strengthen escalation processes in line with national guidance.

In 2019/20 we will continue to drive forward our sepsis improvement programme to reach these targets, the timely treatment of patients with antibiotics and delivery of the full sepsis six care bundle as there continues to be robust evidence to show that focusing on these areas will provide the best outcomes for patients with sepsis.

We will continue to monitor time to identification, time to antibiotic administration and delivery of the sepsis-six care bundle from arrival through a refreshed improvement programme. This will focus on continuing the overarching project addressing education and awareness, evaluating and refreshing the sepsis team and sepsis trolley projects, improving delivery of the whole care bundle with a focus on hourly urine measurement and improving the communication pathway of sepsis patients between departments. This work will be overseen by the Medicine Division Board and reported through to the Trust Quality Board.

Further improvements identified:

- Continue delivery of an education package to A&E/Emergency Floor and ward staff through general outreach study days and sepsis simulation sessions.
- Maintenance of Sepsis Team shift system; a doctor and nurse responsible for antibiotic treatment and sepsis bundle delivery in A&E who start treatment at the patient's bedside.
- On-going development of the electronic sepsis care bundle on Patientrack.

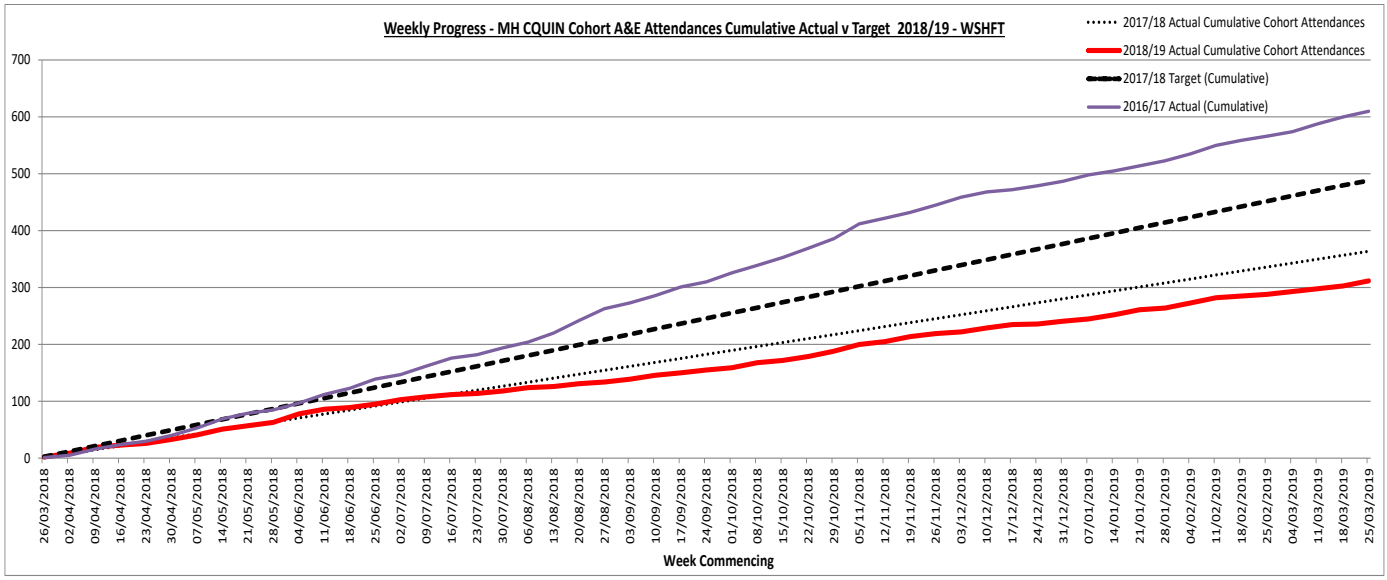
Mental Health Care Programme

CQUIN & Trust target:	**Reduce by 20% attendances to A&E for those within a selected cohort of frequent attenders, and establish improved services to ensure reduction is sustainable**
By when:	**March 2019**
Outcome:	**Sustain 20% reduction in A&E attendances within the cohort**
Progress:	**Target achieved**

Our improvement programme this year has focused on meeting the national CQUIN target to reduce A&E attendances in a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions. We want to ensure that patients presenting at A&E with primary or secondary mental health and/or underlying psychosocial needs have these needs met more effectively through an improved integrated services offer, with the result that attendances at A&E are reduced. Our improvement programme recognises the need to draw upon the expertise of Mental Health Liaison teams to enable people to attend the most appropriate service for their needs.

The heavy black dashed line on the graph below shows the cumulative target we should not have breached in 2017/18 in order to have reduced A&E attendances in the cohort of frequent attenders by 20%. The target was achieved in 2017/18 and therefore in 2018/19 we have been required to maintain this reduction. The red solid line shows the actual (cumulative) attendance by the cohort group in 2018/19, and demonstrates that we have maintained the required 20% reduction from the 2016/17 baseline and also further reduced attendance from 2017/18 rates.

Our improvement project has achieved a 49% reduction in attendances from the baseline attendance rate in 2016/17.



Data source: WSHFT

Improvements achieved:

- We have met the requirements of year two of the Mental Health CQUIN.
- The Trust has continued to work with partners on progressing our Mental Health Improvement programme. The work undertaken covers all groups of patients from Children and Young People, Perinatal, Adults and Older people.
- Some good progress has been made in working with partners on specific pathways of care such as eating disorders in younger people, perinatal Mental Health illness and early support, and in our CQUIN there has been good progress on reducing the frequency of regular attenders to A&E.
- This year's focus has included a number of younger people in transition to adult services with the aim of ensuring they are supported through this often-challenging phase.

New procedures and policies have been developed to support patients whilst being cared for in A&E, including staff training and support that is essential as demands continue to grow.

Further improvements identified:

- The next phase of work is to review current service levels in order to plan and develop new service provision to meet the needs of our patients and working with partners and commissioners to seek new pathways to support the growing patient cohort.
- Older people's services are working with partners to review the services for this group and seek new service pathways.
- A review of the governance structure, which includes shared learning and reviews of adverse outcomes or issues across the partner organisations, is also included in the work programme.
- A new information dashboard is being developed so the services can be monitored in more detail.
- The Trust will continue with work to ensure we meet the requirements of NCEPOD 'Treat as One'.

Orthopaedic Improvement Programme

Trust target:	**improved performance for surgical site infections (SSIs) for patients who have received total hip or total knee replacements from 2015/16 baseline.**
By when:	**March 2019**
Outcome:	**THR 2.43% from 2.7% baseline** **TKR 1.02% from 4.2% baseline**
Progress:	**Achieved target**

The national review of adult elective orthopaedic services in England (Getting it Right First Time) published by the British Orthopaedic Association in March 2015 highlighted areas of unjustifiable variation in practice; it also provided examples of

best practice for how to improve and enhance the quality of care that can be delivered.

This year we have focused on improving our orthopaedic service provision across a variety of areas in the light of GIRFT recommendations.

Surgical site infection (SSI) rates

We have improved our SSI rates for total hip and knee replacement (THR, TKR). SSI rates are currently monitored through operational and oversight infection control groups which report to the Trust Quality Board.

In December our improvement project to reduce surgical site infections (SSI) for orthopaedic patients at St Richard's has won an award at a national patient safety event.

The One Together Awards, supported by the Infection Prevention Society and Royal College of Nursing, celebrate and share best practice that reduces SSI.

Surgical site infection data – total rate including superficial infections

Surgical site	**2018/19** Latest available data April to September 2018	WSHFT target	National benchmark Latest available data Oct to December 2017	2017/18 (Figures updated from last year's quality report due to more recent data being available)	2016/17
Total hip replacement	**2.43%**	<1.1%	1.0%	1.50%	3.0%
Total knee replacement	**1.02%**	<1.5%	1.3%	2.16%	3.2%

Data source: Public Health England

We have embraced GIRFT recommendations

We have defined nominated surgeons for specific procedures.

We have standardised the use of the cemented total hip replacement (THR) procedure in patients over 70yrs (unless clinical exception for uncemented THR approved by Medical Director).

Progress against GIRFT Programme action plans are monitored by the Surgical Division Board and The Trust GIRFT Board.

Virtual fracture clinic

We have implemented a virtual fracture clinic at St Richard's Hospital and Worthing Hospital to reduce waiting times and improve patient care and experience.

Theatre efficiency

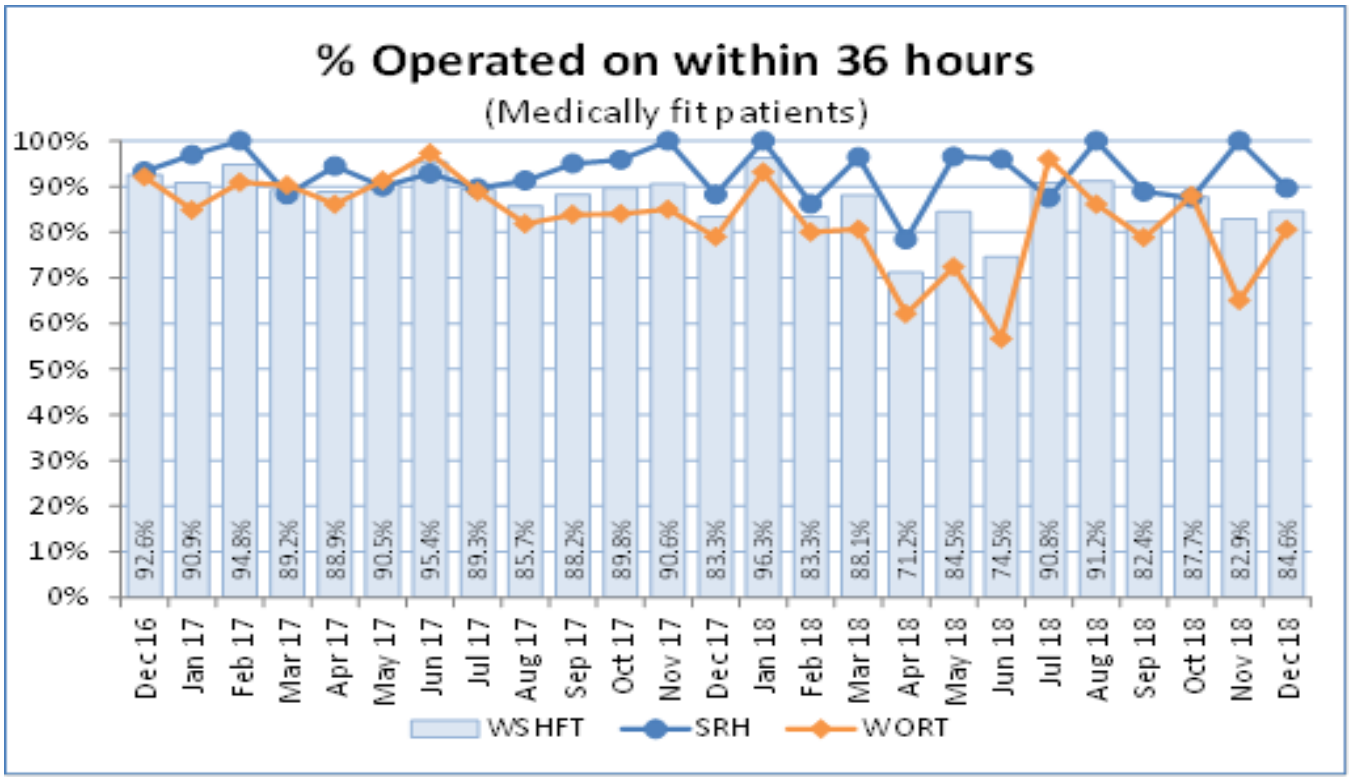
We have made improvements to theatre efficiency with Trauma and Orthopaedic theatre efficiency routinely performing above the Trust average; efficiency = 80.5%.

Time to theatre - Fractured Neck of Femur (#NOF)

We are delivering over 90% of fractured neck of femur (hip) patients to theatre within 36 hours of arrival. We will continue to focus on improving this rate.

Hip fractures are associated with a high rate of mortality and evidence shows that prompt surgery promotes better functional outcome and lower rates of perioperative complications and mortality in the patient population.

Time to theatre is monitored through monthly reporting to the Trauma & Orthopaedic Directorate operational meeting and onward to the Surgical Division Board.



Data source: WSHFT

Further improvements identified:

We will continue to monitor performance against GIRFT and British Orthopaedic Association benchmarking data and implement best practice recommendations to ensure our services benchmark above average for orthopaedic outcomes.

Avoiding harm

True North goal: 99% of patients receiving safe, harm free care as measured by the NHS Patient Safety Thermometer

2018/19 achievement: 98.55% of patients suffered no harm during their inpatient stay

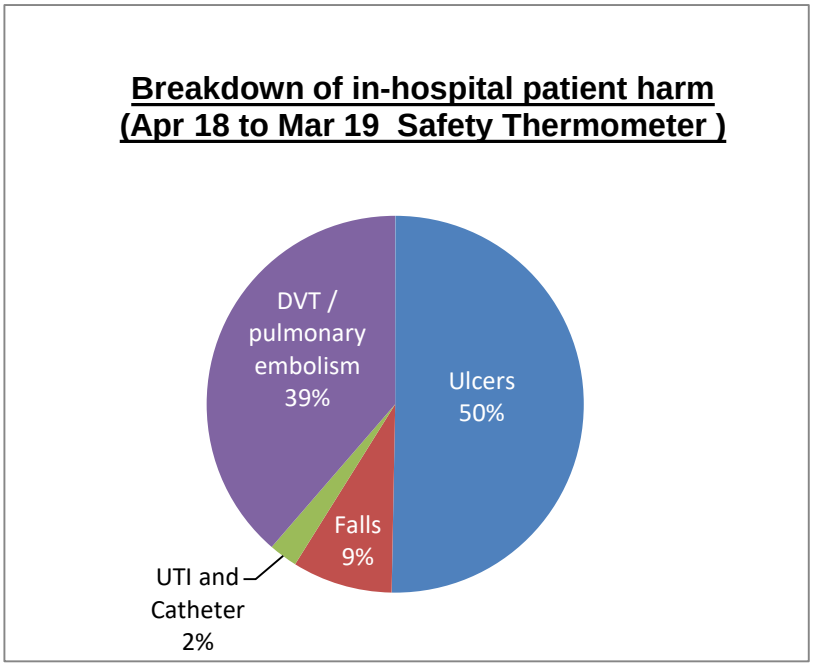
Western Sussex is committed to providing safe, high quality services. We aim to provide safe, harm-free care for all patients. Whilst we recognise that this is a challenging goal, we are committed to reviewing all harms to ensure that we learn and continuously improve care.

Hospital acquired infections; pressure ulcers and other complications are examples of harm which are sadly commonplace across hospitals in the UK. Despite the extraordinary hard work of healthcare professionals patients are harmed in hospitals every day. Most harm experienced by patients is minor or very minor, but in some cases it can be life-changing for the patient and their family, or can even tragically result in death.

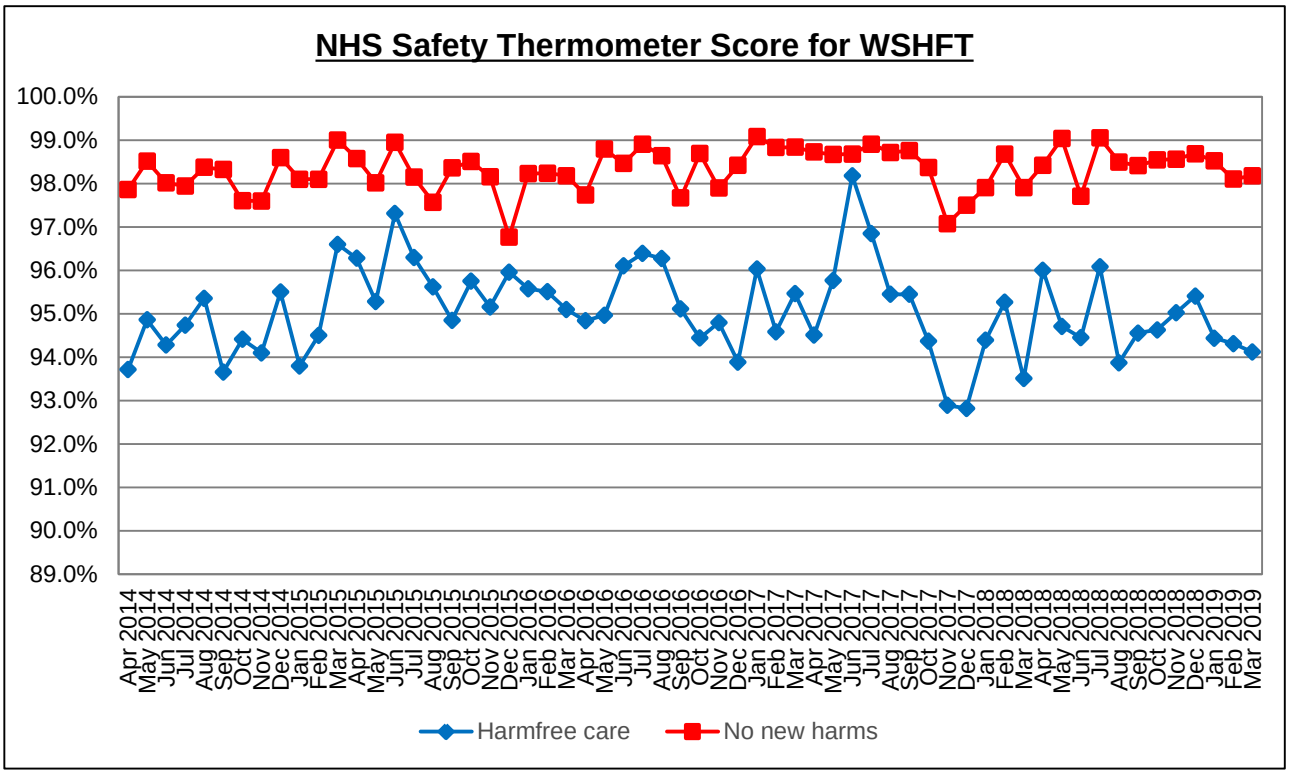
The Trust uses the national NHS Patient Safety Thermometer to monitor overall harm free care. This tool looks at point prevalence of four key harms in all patients on a specific day in the month: falls, pressure ulcers, urinary tract infections plus the venous thromboembolisms (VTE) deep vein thrombosis and pulmonary embolism. It distinguishes between harms that have occurred prior to admission, such as falls in care homes, and those that have occurred since admission, known as ‘new harms’.

The Safety Thermometer includes harms suffered by the patient in healthcare settings prior to admission. The percentage of patients who suffered no new harm during their inpatient stay at WSHFT in 2018/19 was 98.48%* (*date to end March 19) and close to achieving the challenging internal target of 99% set by the Trust. This positive position sets us up well in aiming to achieve our 99% target next year.

Of the four types of harm currently measured by the patient safety thermometer, all four occurred at WSHFT during 2018/19. Future work streams will continue to focus on all four of these areas as well as other aspects of ward safety.



Data source: NHS Improvement



Data source: NHS Improvement

Falls reduction programme

Trust target: Sustained 30% reduction in in-hospital falls (from baseline of 2015/16)

By when: March 2019

Outcome: 32% (predicted based on YTD data forecast)

Progress: Achieved target

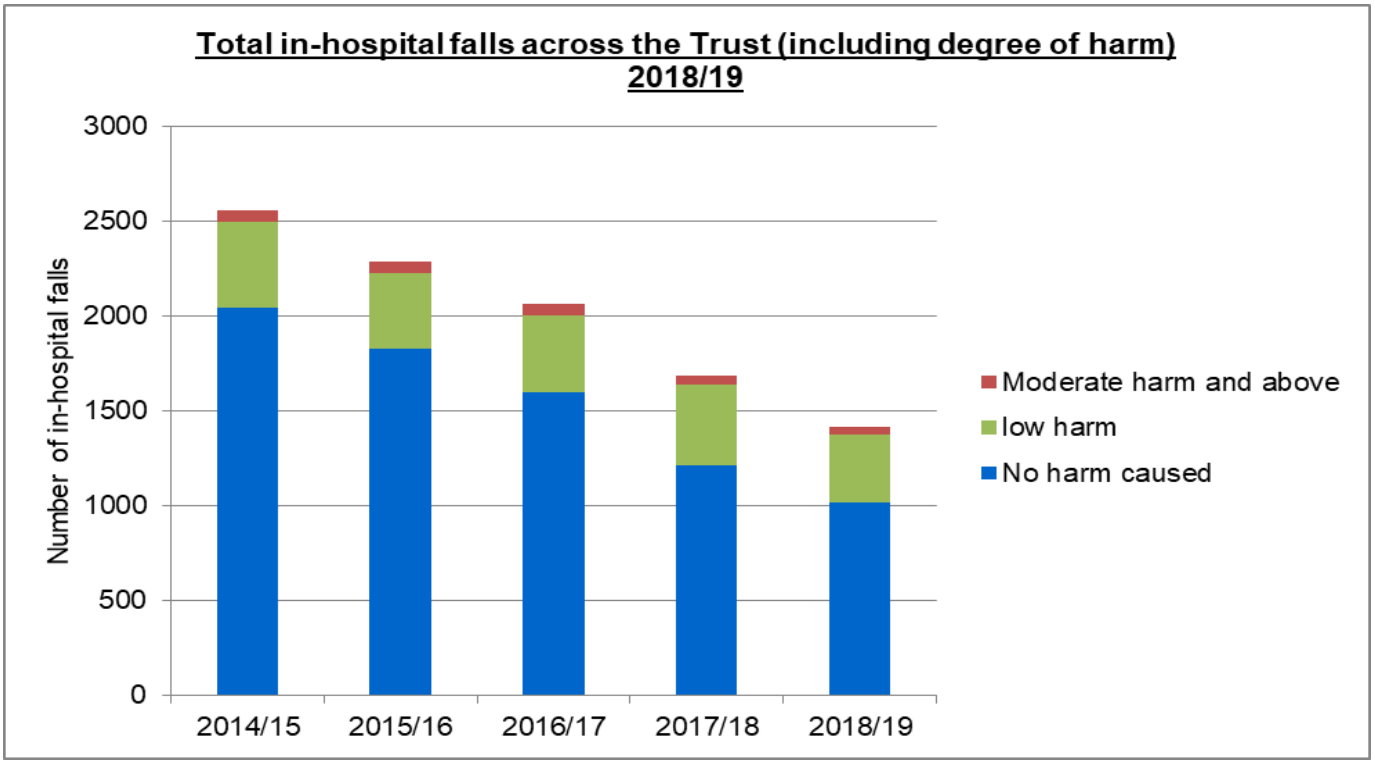
Falls are one of the most challenging harms to address with a complexity of factors contributing to an individual patient's risk of falling. The reduction in in-hospital falls programme therefore continued to be a major improvement area and breakthrough objective for the Trust in 2018/19 with the work supported by the Patient First Improvement System and led by divisional teams.

During the year the Trust continued to work to ensure that learning and improvement from the last 2 years is embedded and to drive further incremental change using the Patient First Improvement System (PFIS) methodology. Our falls metrics are monitored operationally by the Trust falls leads weekly and through divisional governance meetings monthly with reporting through to the Trust Quality Board.

Wards have worked through improvement cycles to try to address the underlying reasons for patient falls. This methodology ensures a bespoke approach to the challenge as solutions will vary depending on the particular patient group and ward environment. Alongside this focused approach to problem solving the Trust has continued to embed the two core interventions that have been shown to have a positive impact: SWARM, an immediate multidisciplinary review of the patient post-fall and 'Baywatch', a requirement to keep bays where patients are known to be at risk of falling manned at all times.

During 2018/19 there has been a focused programme around the awareness of deconditioning amongst staff, patients and relatives; which aims to ensure that all patients receive the best possible outcome.

We have conducted training with our ward volunteers to raise awareness about the importance of activity and have developed a Clinical Activities Volunteer role to provide a range of wellbeing activities, and support to our patients.



Data source: WSHFT

Improvements achieved:

- We have achieved a sustained reduction in falls over recent years, with a predicted 32% full year reduction in falls in 2018/19 compared to 2015/16.
- This improvement includes a predicted full year reduction of 22% in falls causing significant injury (moderate harm and above) compared to 2015/16.

Further improvements identified:

- Ensure that learning and incremental change in falls management across divisions is ongoing.
- Ensure that current position is maintained with no increase in harmful falls.
- Continue to support divisional strategy deployment with support for wards with falls as driver metric.
- Continence improvement A3.
- Continue with deconditioning awareness campaign.
- MDT working to ensure that patients' self-care and mobility potential is not reduced as an unintended consequence.

Skin damage reduction programme

Trust target:	**To have zero category 3 and above pressure ulcers.**
By when:	**March 2019**
Outcome:	**28% reduction in category 3 and above pressure ulcers**
Progress:	**Positive improvement, not yet met target**

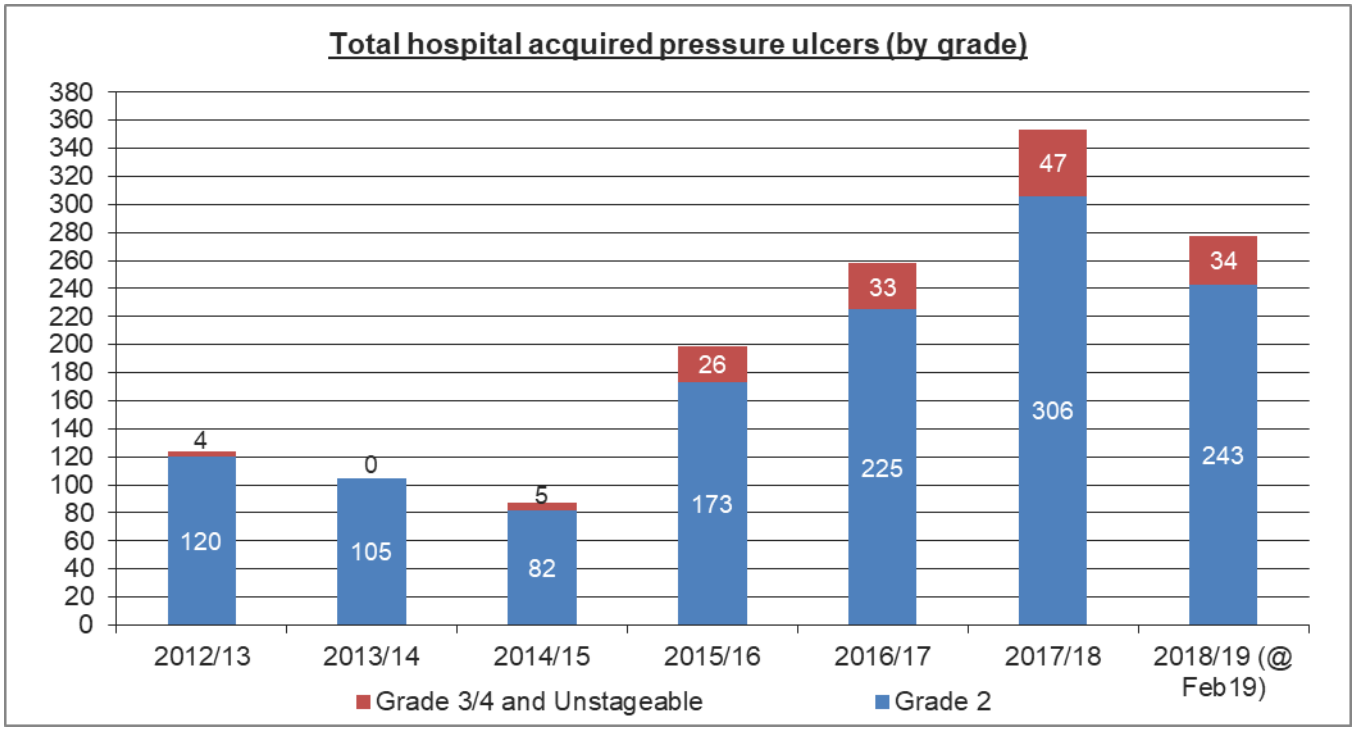
Pressure damage is one of the highest causes of patient harm across the Trust. It can cause physical harm, pain and can lead to poor patient outcomes; in severe cases, pressure damage can cause long-term debilitation resulting in a life changing impact on the patient.

Whilst a high proportion of our patients with pressure ulcers are admitted to hospital with existing skin damage, we have seen a significant rise in hospital acquired pressure damage since 2015/16. During 2018/19 our improvement programme aimed to fully understand opportunities for improvement and address the deteriorating picture. Our Trust vision is to eliminate category three and above pressure ulcers.

Over the year we worked with wards that have high numbers of patients developing pressure ulcers to ensure they have the support required to implement remedial actions using the Patient First Improvement System. It was also expected that the Deconditioning work commenced within the falls improvement programme would contribute to improved patient mobility and a resulting reduction in pressure ulcers.

Our pressure ulcer metrics are monitored operationally by the Tissue Viability leads weekly and through divisional governance meetings monthly with reporting through the Trust Quality Board.

In June 2018, NHS Improvement produced revised guidance for monitoring and reporting pressure ulcers. This detailed guidance includes the requirement for Trusts to stop using the terms avoidable and unavoidable and to report all pressure ulcers including device related and ulcers in patients at end of life. The changes in reporting data over recent years makes retrospective comparison difficult, however the Trust can be confident that the NHS Improvement guidance is being followed in full and that current reporting is robust. These changes potentially lead to increased reporting.



Data source: WSHFT

Improvements achieved:

- We have achieved a 20% reduction in numbers of pressure ulcers overall.
- We have achieved a 28% reduction in category 3 and above pressure ulcers contributing to our Trust ambition to eliminate category three and above pressure ulcers.

Further improvements identified:

- Weekly stand up with Trust and divisional leads to review programme progress.
- Senior nurse panel scrutiny for category 3+ hospital acquired pressure ulcers.
- Safer Care team to support 'driver' wards with improvement work, attending improvement huddles.
- Work to improve activity / reducing the risk of deconditioning.
- Continence improvement focus.
- We will also work with our partner colleagues at Sussex Community NHS Foundation Trust to improve the transitions of care for our patients

Improving patient experience

True North goal: 97% recommendation for Friends and Family Test feedback

2018/19 achievement: 95% of patients would recommend the Trust through the Friends and Family Test

Western Sussex Hospitals NHS Foundation Trust is committed to the delivery of patient centred care for all patients. Patients can expect to experience exceptional care which meets both their physical and emotional needs. Improving patient experience is at the heart of the Trust's vision and values, and is a central aspect of our Patient First Programme.

The experience that a person has of their care, treatment and support is one of the three parts of high-quality care, alongside clinical effectiveness and safety. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care.

Our Friends and Family Test (FFT) patient feedback consistently ranks higher than the national average. We now seek to build on our past achievements and enter the top 20% of NHS Trusts for FFT recommendation score. To do this we have a 'True North' long term goal to achieve 97% recommendation for FFT feedback, and reduce 'not recommend' rates.

The opportunity to hear the voice of the patient through the FFT gives staff the opportunity to listen to patients' experiences and to make improvements. Feedback is responded to on a regular basis and immediate and longer term actions taken to improve the experience for patients. Wards use the information to feedback within their area using the 'you said…we did' principle.

Friends and Family Test recommend rates

	2018/19 *Latest available data to January 2019*	**National average** *Latest available data to January 2019*	**Best performing Trust** *Latest available data to January 2019*	**Worst performing** *Trust Latest available data to January 2019*	**2017/18** *(Figure updated from last year's quality report due to more recent data being available)*	**2016/17**	**2015/16**	**2014/15**
A&E	**95.2%**	86.82%	98.77%	52.03%	85.8%	89.01%	91.39%	90.60%
Maternity delivery	**97.3%**	96.85%	99.70%	9.50%	97.8%	97.64%	96.20%	97.00%
Inpatients	**97.3%**	95.54%	100%	42.30%	96.8%	96.06%	95.20%	92.40%
Outpatients	**96.8%**	93.50%	100%	33.30%	97.0%	95.43%	92.4%	*launched 2015/16*
Overall rate	**96.65%**	92.81%	99.30%	68.20%	95.06%	94.20%	93.03%	*Not available*

Data source: NHS England

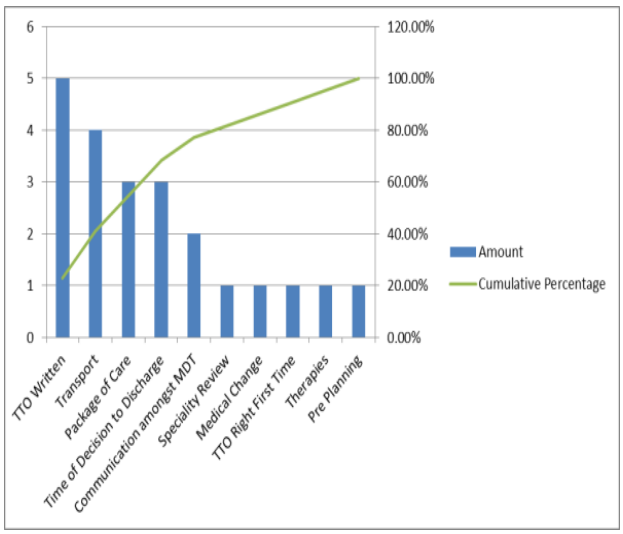
Discharge Improvement Programme

Trust target: The aim of the early supported discharge project is for project pilot wards to achieve 45% of their discharges by midday.
By when: April 2019
Outcome: Partial 50% achieved in Castle pilot ward
Progress: Positive improvement, not yet met target - project continuation into 2019/20

Early Supported Discharge Project

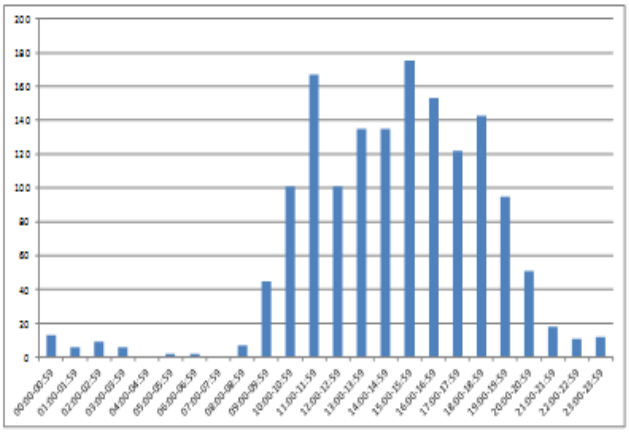
Discharge early in the day supports improved patient experience. Benefits to earlier discharge include: sending patients home in daylight, having full use of community services once discharged, better utilisation of discharge lounge, ability to receive patients via the Accident and Emergency Department and the Emergency Floors earlier in the day, more staff during the day shift to enable transfers, full multidisciplinary team (MDT) available when patients get to base wards, reduction in number of inpatients transferred after 10pm improving patient experience and reducing noise at night.

The aim of the early supported discharge project is for project pilot wards to achieve 45% of their discharges by midday. Within the 14 pilot wards, analysis has been carried out to determine their top three contributors to delayed discharges. The chart below shows the top contributors and scope of issues found.



Contributing factors to delayed discharge
Data source: WSHFT

Time of patient discharges during February 2019 is shown below for the project wards.



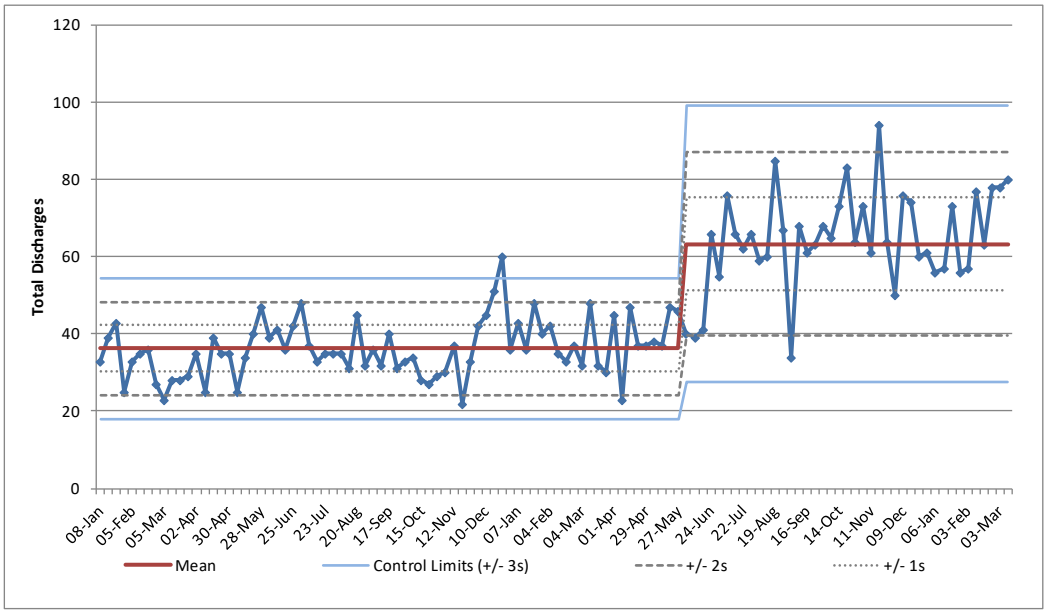
Last 4 weeks discharges distribution by time of the day
Data Source: WSHFT

Individual wards have worked on further root cause analysis, commonly using Fishbone diagram to break down these contributors into smaller areas – Individual ward A3's have now been developed and shared. Castle Ward (Endocrine, neurology and general medical ward) and the Emergency Floor at Worthing Hospital have commenced work on early discharges as part of PFIS and yellow belt training. Castle Ward have created standard work, which enabled them to consistently achieve over 50% discharges before midday.

The three key elements of the standard work were used to perform a gap analysis on the 10 pilot wards. It was found that each of the wards has a different process to that on Castle Ward, there were some similarities such as: limited time for afternoon pre -work, late timing of ward and board rounds, no real time activities during ward round, discharge medications not right first time.

From the variation found in the wards way of working along with different patient specialties, it was agreed that the pilot wards would need to undertake their own A3 process to ensure the problem was understood in the wards context and the countermeasure were effective for that area. The work from Castle Ward and Emergency Floor provides a basis for how they may go about this and some quick wins were identified.

Since the project commenced in May 2018, pilot wards have achieved earlier discharges - the medium time of discharge moving from 16:15 to 14:15 (the diagram below shows total 7:00 – 12:00 discharges). This is in the context of 890 additional discharges in the same period.



Data source: WSHFT

This project will continue over 2019 as a Breakthrough objective and be expanded to include all surgical wards, as well as the remainder of medical wards that did not participate in the initial pilot. Bringing discharges forward during the day has multiple benefits, both for the patients leaving and those waiting to be admitted, as well as for staff and flow.

‘Let’s Get You Home’ Campaign

The Trust is taking part in a system-wide initiative to ensure that patients spend no longer than they need to in hospital. This includes a campaign to support timely discharge and improve patient flow, and use of the Let’s Get You Home Policy, which applies to all our adult patients.

Let’s Get You Home is also being implemented by 24 other NHS organisations and councils across Sussex and East Surrey, including adult services teams at West Sussex County Council, East Sussex County Council, Surrey County Council and Brighton and Hove City Council.

The campaign materials aim to raise awareness of the importance of discharge planning for all staff and patients, by:

- Providing information to patients/families that will support them to make difficult decisions and/or make practical arrangements relating to discharge.
- Highlighting the risks associated with staying in hospital longer than is clinically necessary.

The project supports individuals to return to their home environment at the earliest opportunity, preventing the potential harm associated with staying in hospital longer than medically required and ensuring safe and timely transfers of care.

This is a joint venture with local health and social care organisations and has been co-designed to ensure a joined up ‘system’ approach.
Timely discharge will result in improved flow and efficiency of the existing bed base.

The policy is largely based on the NHS England standard discharge policy.

The key features of the policy include:

- All patients will are given the Let’s Get You Home information leaflet.
- It provides a clear process for managing discharge when patients remain in hospital longer than is clinically required, specifically where delays are due to patient/family choice regarding onward care.
- It is in line with good practice such as the SAFER bundle; stipulating that planning for discharge should be commenced before or on admission and with an expected date of discharge (EDD) set within 24 hours.
- It ensures timely and clear communication with patients and families throughout their stay in hospital regarding any decisions that may need to be taken to enable discharge.

Improvements achieved:

- Feedback from our patients is that they find the booklet very helpful and respond well to formal communication regarding discharge plans.
- Voluntary sector services report patients/families contacting for support with placements.
- Discharge is enabled by close working between ward staff and the discharge team, communicating jointly with families.

Further improvements identified:

We will be running a second series of workshops with Let’s get you Home Champions.

Improving staff engagement

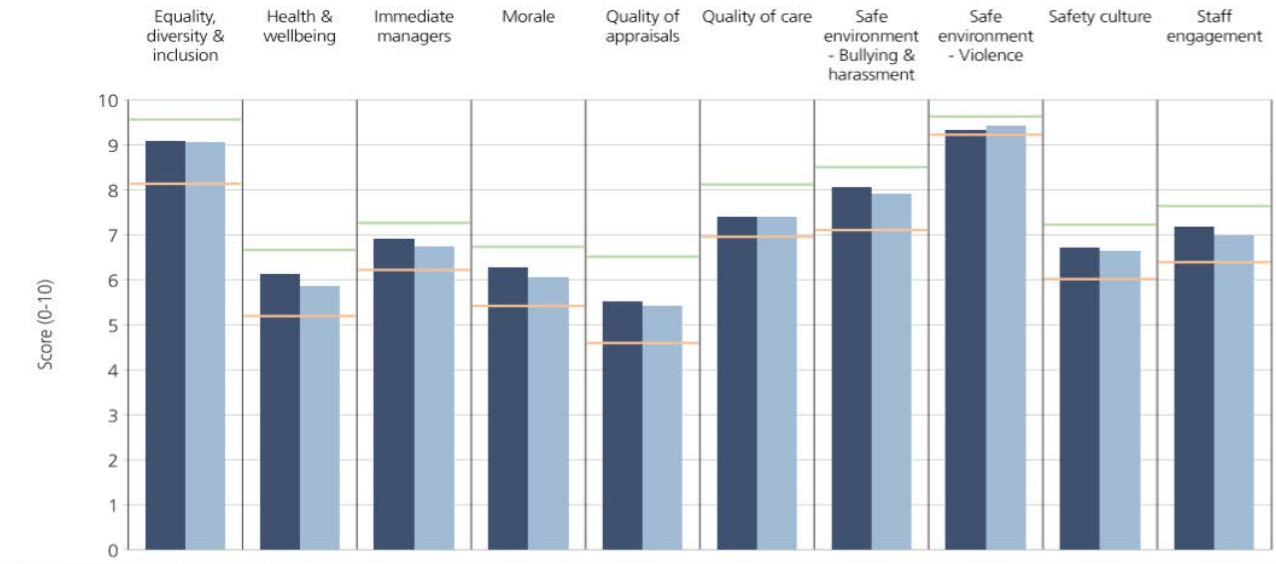
True North goal: To be in the top 20% performing acute NHS trusts in the country – NHS Staff Survey engagement score

2018/19 achievement: 7.2 NHS Staff Survey engagement score – this places us in the top 20% of acute NHS trusts

'Our People' determine the experience of their workplace and when individuals are highly engaged in their work they think and behave positively, are emotionally resourceful and have better health. This ultimately leads to delivering better outcomes for patients, increases staff productivity and satisfaction and compliments the Trust's Patient First strategy.

The national NHS Staff Survey is a way of assessing the quality of staff experience through a number of questions linked to the NHS Constitution. For the 2018 national staff survey, NHS England has revised and restructured the scoring system to measure trusts on a scale of 0-10, rather than 0-5 used previously and made improvements to the survey analysis outcomes based on ten key themes.

Staff Survey Theme Results Overview:

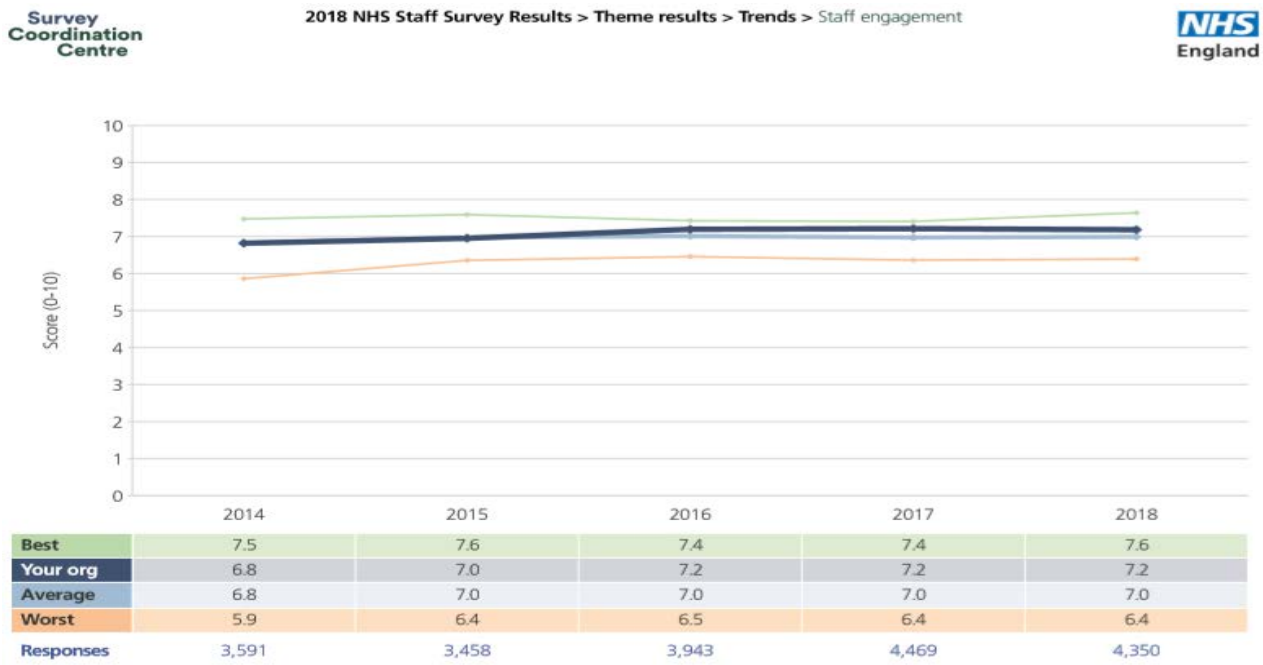


	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.6	6.7	7.3	6.7	6.5	8.1	8.5	9.6	7.2	7.6
Your org	9.1	6.1	6.9	6.3	5.5	7.4	8.1	9.3	6.7	7.2
Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0
Worst	8.1	5.2	6.2	5.4	4.6	7.0	7.1	9.2	6.0	6.4
Responses	4,305	4,335	4,332	4,286	3,852	3,835	4,301	4,299	4,306	4,350

Data source: 2018 NHS Staff Survey results

On the new scale, Western Sussex Hospitals NHS Foundation Trust scored 7.2 for overall staff engagement which is unchanged from 2016 and 2017 when results from those years are recalculated on the same basis; ranking the Trust in the top 20 Acute Trusts in England and Wales.

Staff Engagement Theme:



	2014	2015	2016	2017	2018
Best	7.5	7.6	7.4	7.4	7.6
Your org	6.8	7.0	7.2	7.2	7.2
Average	6.8	7.0	7.0	7.0	7.0
Worst	5.9	6.4	6.5	6.4	6.4
Responses	3,591	3,458	3,943	4,469	4,350

Data source: 2018 NHS Staff Survey results

Compared to the average theme scores for Acute Trusts, Western Sussex are better in seven themes (health & wellbeing, immediate managers, morale, quality of appraisals, safe environment – bullying & harassment, safety culture and staff engagement). Two themes remained the same (Equality & Diversity & Inclusion, quality of care) and marginally under one theme (safe environment – violence).

Significance testing 2017 v 2018 Theme Results

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.2**	4438	**9.1**	4305	↓
Health & wellbeing	**6.3**	4472	**6.1**	4335	↓
Immediate managers	**6.9**	4467	**6.9**	4332	Not significant
Morale		0	**6.3**	4286	N/A
Quality of appraisals	**5.4**	3822	**5.5**	3852	↑
Quality of care	**7.4**	3977	**7.4**	3835	Not significant
Safe environment - Bullying & harassment	**8.0**	4454	**8.1**	4301	Not significant
Safe environment - Violence	**9.2**	4424	**9.3**	4299	↑
Safety culture	**6.7**	4446	**6.7**	4306	Not significant
Staff engagement	**7.2**	4469	**7.2**	4350	Not significant

Data source: 2018 NHS Staff Survey results

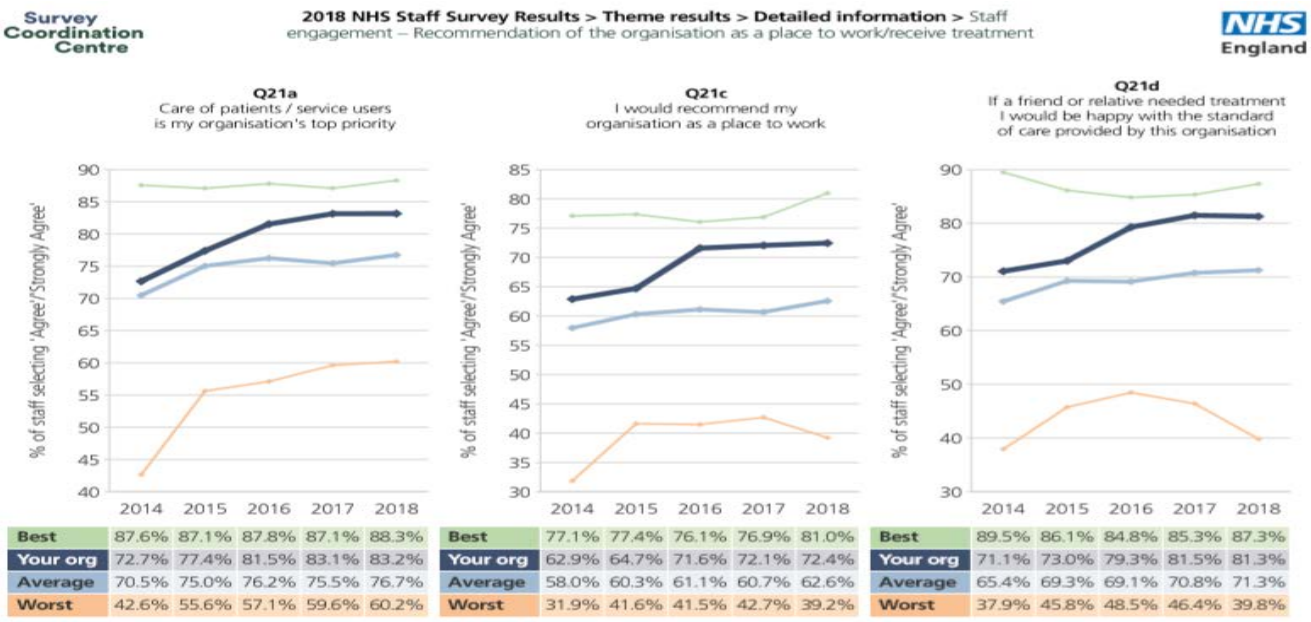
Supporting the Trust's journey to become a NHS model employer, 'Our People' aim is to become the top performing Acute Trust in the country by 2020. Based on the new methodology scoring system, a Trust wide target has been set to achieve a staff engagement score of 7.6.

The Trust has identified nine key staff survey indicators of engagement that are the most important in creating the working environment needed for positive, patient-centre change to take place. The key elements that make up the staff engagement theme score are linked to three sub-scales:

- Staff recommendation of the Trust as a place to work or receive treatment
- Staff motivation at work
- Staff ability to contribute towards improvements at work

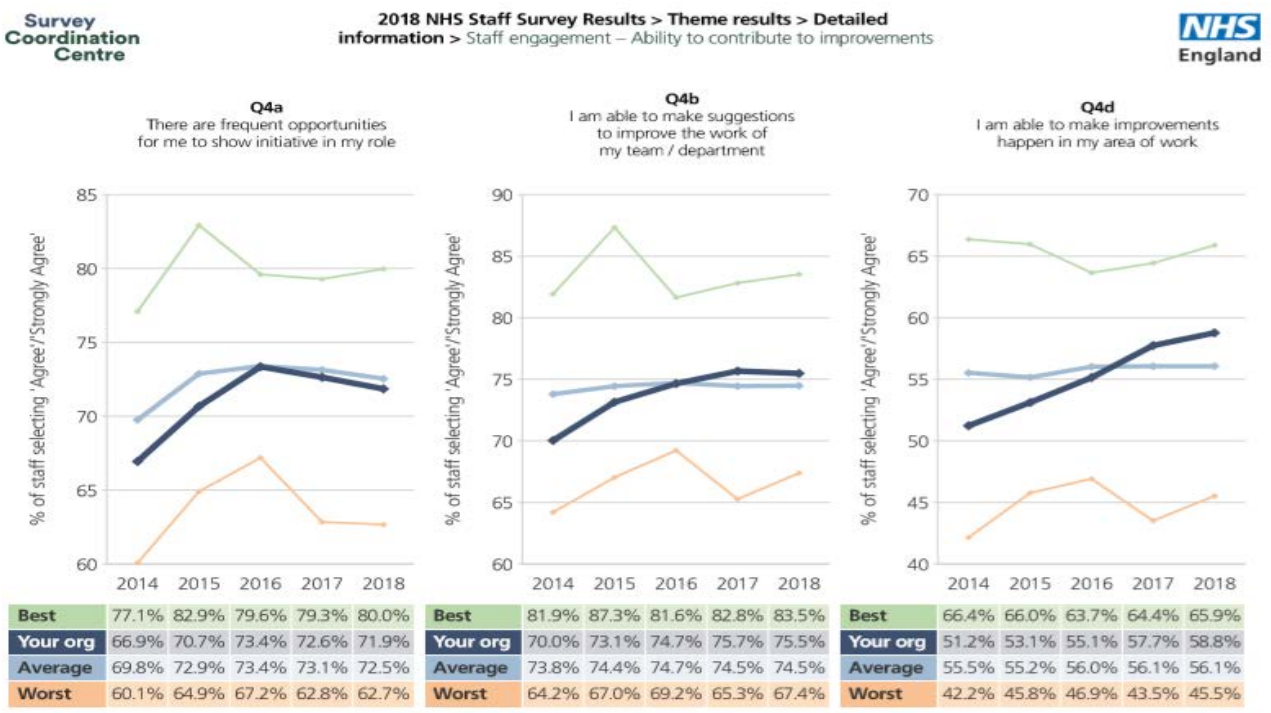
These sub-scales include agreement with statements around opportunities to show initiative, ability to make improvement suggestions and, most important of all, ability 'to make improvements happen in the work area'. These indicators support the Patient First Programme, along with the Trust's current breakthrough objective 'I am able to make improvements happen'.

In the 2018 Staff Survey the Trust excelled in the sub-scale linked to staff recommendation of the Trust as a place to work or receive treatment, being ranked in the top ten Acute Trusts in England and Wales. This is true testament and accolade to the care and passion our workforce share when caring for their patients in what can be a busy and pressurised environment; alongside the message shared with future employees that working for Western Sussex Hospitals truly is an outstanding place.



Data source: 2018 NHS Staff Survey results

Throughout 2018/19 the Trust's 'Our People' True North breakthrough objective evidenced an increase of 2% to 59% of staff who feel able to make improvements. The number of staff reporting positive improvements has increased year on year since 2014 and our target of 63% of staff being able to make improvements will continue in 2019/20 as we focus and drive 'Our People' objective with those department where the percentage of staff who feel unable to make improvements happen in their workplace is lowest. This will be monitored and reviewed monthly as part of the Strategic Deployment Programme.



Data source: 2018 NHS Staff Survey results

During 2018/19 engaging with the workforce continued to be a priority. This was achieved through a number of engagement events including:

- The Trust's annual celebration evening 'STARS' that recognises individuals and teams for going the extra mile, being innovative, delivering something exceptional and celebrating the best of the NHS.
- Two annual staff conferences on the theme of 'patient experience' with attendance from over 600 staff.
- Our monthly health and well-being programme 'Wellbeing Wednesday' encouraging staff and volunteers to take break from work and enjoy an activity.
- Thanking over 5,000 staff for their commitment and dedication by inviting them to a tasty Philippine 'Thank You' lunch.

To realise 'Our People' objective and become the top performing Acute Trust for staff engagement by 2020 this will require the Trust to demonstrate to staff that Western Sussex Hospitals NHS Foundation Trust is the best place to work. Whilst

our performance is continuing to improve and our organisational culture reflects our values, the Trust is taking part in an innovative culture transformational project named, 'Best Place to Work' to support our journey.

Additional to the work with 'Best Place to Work' there are areas of improvement being made to reduce the poor behaviours staff experienced reported in the staff survey. During 2019/20 a trust wide approach to reduce the abusive behaviours staff have experienced and how incidents are dealt with has been adopted as a corporate project. The project will also support the Trust's Workforce Race Equality Standard (WRES) action plan in improving the experience of our Black Minority Ethnic (BME) workforce and links to the Trust Equality agenda. Progressing our work on equality, diversity and inclusion is important and will be the focus of this year's staff conference. This follows on from the last four years staff conference themes when we first launched our Patient First Programme. The objective of this year's conference will be to further integrate and increase awareness of diversity throughout the workforce. By working in collaboration and understanding the different needs of patients and staff, Western Sussex will improve patient services and establish stronger links in the local community.

Further improvements identified:

It is anticipated that staff engagement will improve as we continue to roll out our Patient First Improvement System. In addition, we will also focus on:

- Implementing the Reducing Abusive Behaviour corporate project to obtain a statistically significant change in the 2019 staff survey results.
- Promoting equality, diversity and inclusion throughout the Trust through the annual 2019 staff conference and our diversity groups (Celebrating Cultures, LGBT network and Disabilities forum) to reduce discrimination of staff.
- Continuing to deliver the Trust's well-being Wednesday programme, increase health & wellbeing champion membership and promote staff health & wellbeing programme to new starters.
- Identifying key initiatives that will improve the mental health and wellbeing of staff
- Using an online platform as part of the Best Place to Work initiative to engage staff and co-design strategies to improve engagement
- Supporting staff in feeling confident to raise concerns about unsafe clinical practice by learning from incidents through the 'Speaking Out' Guardians and associated networks.
- Continuing to grow the Staff Survey Champion membership within all Divisions.
- Developing a corporate 2019 engagement strategy for the national staff survey.

Part 3.2: Other information

Community Support — members of Felpham Evening Women's Institute visited the breast cancer and dementia team in November 2018 with hand-made gifts including colourful cloth bags specifically designed to carry post-surgical drains, heart shaped pillows for patients post-mastectomy and ‘twiddle mats’ for patients with dementia.

Local quality indicators

Patient safety indicators						
	2018/19 (as at March 2019)	2018/19 target	2017/18	2016/17	2015/16	2014/15
Safer Staffing: Average fill rate - registered nurses/ midwives (day shifts)	**90.0%**	95%	94.80%	96.20%	95.93%	96.50%
Safer Staffing: Average fill rate - registered nurses/ midwives (night shifts)	**89.3%**	95%	94.80%	97.10%	97.46%	97.30%
Safer Staffing: Average fill rate - care staff (day shifts)	**93.9%**	95%	93.10%	91.30%	89.82%	93.70%
Safer Staffing: Average fill rate - care staff (night shifts)	**106.6%**	95%	94.10%	92.30%	92.26%	95.30%
Care Hours Per Patient Day (CHPPD)	**7.1**	Tbc	6.6	6.5	n/a	n/a
Safety Thermometer: % of patients harm-free	**94.89%**	95.7%	94.93%	95.30%	95.70%	94.60%
Safety Thermometer: % of patients with no new harms	**98.5%**	99%	98.42%	98.50%	98.30%	98.20%
Total incidents (Trust data)	**10111**	8388	9150	9,938	9,841	9,508
Total moderate, severe or death incidents (Trust data)	**174**	140	176	162	156	147
Total serious incidents (SIRIs) (Trust data)	**45**	49	53	74	79	61
Number of outstanding CAS alerts	**0**	0	0	0	0	0
Total incidents involving drug/prescribing errors	**1049**	1100	1016	1,088	1,100	1,242
Moderate/severe incidents involving drug/prescribing errors	**8**	5	9	8	6	5
Number of hospital attributable MRSA cases	**0**	0	3	1	0	1
Number of hospital C.diff cases	**31**	35	35	45	36	38
Number of C. diff cases where a lapse in the quality of care was noted	**15**	15	20	24	20	21
Number of hospital attributable MSSA bacteraemia cases **New**	**25**	20				
Number of reportable MSSA bacteraemia cases	**100**	86	94	113	85	75
Number of reportable E.coli cases	**341**	688	400	417	312	313
Number of hospital attributable E.coli cases **New**	**61**	55				
Full compliance with WHO Surgical Safety Checklist	**100%**	100%	100%	100%	100%	100%
NEVER events	**3**	0	2	3	2	0
~SSIs: Total hip replacement - All SSI = Inpatient & readmission, post-discharge confirmed and patient reported	**1.7%**	1.1%	1.50%	3.00%		1.10%
~SSIs: Total knee replacement) - All SSI = Inpatient & readmission, post-discharge confirmed and patient reported	**1.3**	1.5%	2.8%	3.20%		0.80%
~SSIs: Large bowel surgery - All SSI = Inpatient & readmission, post-discharge confirmed and patient reported	**12.6%**	12%	11.50%	11.60%		14.90%

Patient safety indicators						
	2018/19 (as at March 2019)	2018/19 target	2017/18	2016/17	2015/16	2014/15
~SSIs: Breast surgery - All SSI = Inpatient & readmission, post-discharge confirmed and patient reported	**3.3%**	3.8%	5.70%	5.40%		4.20%
All falls **New**	**1546**	1331				
Falls resulting in harm (Trust data)	**440**	421	473	451	456	510
Falls resulting in severe harm or death (Trust data)	**4**	1	3	2	2	1
Grade 2+ pressure ulcers	**317**	220	356	258	199	87
VTE Assessment Compliance	**96.6%**	100%	94.10%	95.30%	94.90%	95.90%
Antimicrobial stewardship and consumption: reduction in overall antibiotic consumption **New**	**15.0%**	0%				
Antimicrobial stewardship and consumption: reduction in the use of carbapenems **New**	**-32.0%**	0%				
Focus on anticoagulants: Patients on Direct Oral Anticoagulants (NOACs) receiving counselling **New**	**69.9%**	50.0%				
Focus on anticoagulants: Average no. patients per day on VTE prophylaxis missing report **New**	**54.5**	50				

Clinical effectiveness indicators						
	2018/19 (as at March 2019)	2018/19 target	2017/18	2016/17	2015/16	2014/15
Trust crude mortality rate (non-elective)	**2.68%**	3.10%	3.10%	3.21%	3.13%	3.27%
Crude mortality rate (non-elective): 12 month rolling	**2.96%**	3.11%	3.11%	3.21%	3.13%	3.27%
Trust Hospital Standardised Mortality Ratio (HSMR) (Reported in arrears: 12 months to November 2018 is the latest available data.)	**92**	100	88.10	91.1	89.6	95.4
Summary Hospital-level Mortality Indicator (SHMI) (rolling 12M) (Reported in arrears: 2018/19 Q2 is the latest available data.)	**0.98**	1	0.95	0.97	1	1.03
% of Part 2 inpatient deaths reviewed **New**	**74.63%**	100%				
SMR for hip fracture (all diagnoses/ procedures) (Reported in arrears: 12 months to November 2018 is the latest available data.)	**105**	100	88.54	93.6	70.1	80.6
Worthing SMR for hip fracture (all diagnoses/ procedures) (Reported in arrears: 12 months to November 2018 is the latest available data.)	**114**	100	96.13	100.1	78.1	112.3
St Richard's SMR for hip fracture (all diagnoses/ procedures) (Reported in arrears: 12 months to November 2018 is the latest available data.)	**93.34**	100	80.40	84.4	58.8	42.7
30 day mortality rate following hip fracture (Reported in arrears: 12 months to December 2017 is the latest available data.)	**6.7%**	5.70%	6.80%	6.40%	5.20%	8.70%

Clinical effectiveness indicators						
	2018/19 (as at March 2019)	2018/19 target	2017/18	2016/17	2015/16	2014/15
% patients with sepsis receiving antibiotic therapy within one hour **New**	**79.0%**	90%				
Emergency readmissions within 30 days %	**14.54%**	45%	14.31%	14.20%	13.70%	13.20%
C-Section Rate	**29.14%**	27.80%	28.50%	28.60%	27.30%	26.90%
% Deliveries complicated by post-partum haemorrhage	**0.41%**	1%	0.40%	0.50%	0.50%	0.60%
Maternal deaths	**0**	0	0	0	0	0
% Admission of term babies to neonatal care	**3.15%**	10%	3.20%	3.30%	3.00%	2.40%
% Emergency admissions staying over 72h screened for dementia	**88.32%**	90%	91.18%	93.20%	93.70%	92.40%
Induction of labour **New**	**34.35%**	29.40%				
Normal delivery rate **New**	**32.67%**	n/a				
Ward moves for patients flagged with dementia	**2506**	2069	2257	2,638	1,744	1,102
Night-time ward moves for patients flagged with dementia	**495**	458	505	555	470	492
% CT scans undertaken within 12 hours (reported one month in arrears)	**95.7%**	95%	95.28%	95.50%	92.40%	82.20%
% Stroke thrombolysis within 60 minutes of hospital arrival (reported one month in arrears)	**60.7%**	95%	71.88%	76.20%	65.40%	60.40%
% Swallow screen for stroke patients within 4 hours of admission (reported one month in arrears)	**88.6%**	95%	85.70%	85.80%	78.90%	77.00%
% of stroke patients admitted to stroke unit within 4 hours of admission (reported one month in arrears)	**73.2%**	90%	70.75%	73.50%	76.40%	69.80%
% high risk TIA patients seen within 24 hours (reported one month in arrears)	**15.0%**	60%	15.13%	44.10%	64.80%	77.30%
Patients recruited with CRN portfolio	**2183**	2567				
% inpatients with electronic discharge summaries produced	**91.4%**	94.20%	93.00%	94.20%	84.20%	84.20%
Reduced A&E visits for a cohort of frequent attenders who would benefit from MH interventions **New**	**312**	447				

Patient experience indicators						
	2018/19 (as at March 2019)	2018/19 target	2017/18	2016/17	2015/16	2014/15
Trust Friends and Family Recommend %: Inpatient	**97.3%**	97%	96.75%	96.00%	95.20%	92.70%
Trust Friends and Family Recommend %: A&E	**95.2%**	93%	85.78%	89.00%	91.40%	90.90%

Patient experience indicators						
	2018/19 (as at March 2019)	2018/19 target	2017/18	2016/17	2015/16	2014/15
Maternity Friends and Family Recommend %: Antenatal care (36 weeks)	**97.1%**	97%	97.59%	96.70%	96.20%	96.10%
Maternity Friends and Family Recommend %: Delivery care	**97.3%**	97%	97.89%	97.60%	96.2%	97.10%
Maternity Friends and Family Recommend %: Postnatal ward	**97.3%**	97%	97.89%	97.60%	95.70%	94.50%
Maternity Friends and Family Recommend %: Postnatal community care	**98.8%**	97%	98.66%	98.80%	98.10%	89.50%
Trust Friends and Family Recommend %: Outpatient	**96.8%**	97%	96.96%	95.40%	92.4%	Not launched until 2015/16
Trust Friends and Family Response Rate: Inpatient	**40.9%**	40%	37.05%	34.30%	25.8%	34.50%
Trust Friends and Family Response Rate: A&E	**24.8%**	23%	9.96%	12.50%	17.8%	27.00%
Maternity Friends and Family Response Rate: Delivery care	**52.7%**	40%	52.00%	29.10%	11.7%	29.10%
Percentage of re-booked outpatient appointments	**11.5%**	7.8%	12.50%	8.90%	7.80%	8.70%
Clinics cancelled with less than 6 weeks' notice for annual/study leave	**330**	261	397	278	281	340
PALS contacts relating to appointment problems (% of total appts)	**0.17%**	0.08%	0.10%	0.08%	0.08%	0.09%
Reduce patients cancelled on the day of surgery for non-clinical reasons	**265**	308	354	361	337	399
Breaches of mixed sex accommodation arrangements	**212**	0	0	6	1	0
Compliance with MUST tool after 24 hours	**87.0%**	80%	85.21%	76.00%	60.90%	81.80%
Compliance with MUST tool after 7 days	**98.6%**	95%	98.87%	97.80%	91.20%	94.90%
Internal PLACE compliance : St Richard's Hospital	**96%**	95%	95%	94%	93.30%	97.80%
Internal PLACE compliance : Worthing Hospital	**97%**	95%	96%	95%	95.80%	95.10%
Number of complaints	**416**	418	438	585	587	574
Complaints where staff attitude or behaviour is an issue	**42**	40	42	59	54	67
Complaints where staff communication is an issue	**19**	36	25	54	66	49
Complaints about nursing	**46**	36	46	59	39	46
Local staff engagement score: I am able to make improvements happen in my area of work **New**	**65.1%**	68.0%				

Note 1: Complaints section relates to formal complaints only, does not include complaints received through PALS.

Note 2: Friends and Family Indicators - We report year end unvalidated figures in the Quality Scorecard. The FFT results published in the main body of this report are the validated figures published a month in arrears by NHS England.

Single Oversight Framework indicators

Western Sussex Hospitals aims to meet all national targets and priorities. All Foundation Trusts report performance to NHS Improvement (NHSI) against a limited set of national measures of access and outcome to facilitate assessment of their governance. As part of this Quality Report, we are required to report on the following national indictors:

Performance against the NHS Improvement Single Oversight Framework						
	2018/19 (as at March 2019)	NHS Improvement threshold 2017/18	2017/18	2016/17	2015/16	2014/15
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	**82.3%**	92%	88.48%	89.90%	86.88%	90.46%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	**93.72%**	95%	92.39%	94.37%	96.13%	95.02%
All cancers: 62-day wait for first treatment from: Urgent GP referral for suspected cancer	**80.1%**	85%	88.69%	87.47%	86.59%	86.96%
All cancers: 62-day wait for first treatment from: NHS cancer screening service referral	**90.8%**	90%	94.90%	96.47%	96.2%	92.3%
C.difficile: variance from plan		*Already reported under section 2.3: Reporting against core indicators*				
Summary Hospital-level Mortality Indicator		*Already reported under section 2.3: Reporting against core indicators*				
Maximum 6-week wait for diagnostic procedures	**0.66%**	1%	0.93%	1.21%	2.79%	1.90%
VTE risk assessment		*Already reported under section 2.3: Reporting against core indicators*				

Annex 1 – Statements from our stakeholders

Coastal West Sussex Clinical Commissioning Group Statement

Dated: 02/05/2019

NHS
Coastal West Sussex
Clinical Commissioning Group

Coastal West Sussex Clinical Commissioning Group
1 The Causeway
Goring-By-Sea
Worthing
West Sussex
BN12 6BT

E: mail: allison.cannon@nhs.net
Website: www.coastalwestsussexccg.nhs.uk

Dame Marianne Griffiths
Chief Executive
Western Sussex Hospitals NHS Foundation Trust

BY EMAIL ONLY
marianne.griffiths@wsht.nhs.uk

02 May 2019

Dear Marianne,

Western Sussex Hospitals NHS Foundation Trust Quality Report: 2018/19

Thank you for sending the Western Sussex Hospitals NHS Foundation Trust (WSHFT) Quality Report for 2018/19 - Coastal West Sussex CCG welcomes this opportunity to respond.

The Quality Report has been reviewed and the CCG confirms that the account clearly describes progress against the priorities identified for 2018/19. It provides detailed information across the three areas of quality: patient safety; patient experience, and clinical effectiveness and demonstrates an on-going commitment to improving quality of care.

The Trust has achieved many successes in 2018/19, most notably:

- The excellent feedback to the St Richards Hospital endoscopy unit and accreditation now awarded to both hospital sites from the Royal College of Physician's joint advisory group on gastro intestinal endoscopy.
- National recognition for the St Richards Hospital stroke team with an award commending them as quality improvement champions for providing improved elements within stroke services.
- Once again impressive staff survey results which are better than average across most of the result themes and which places WSHFT among the top ten trusts in England with employees who recommend the Trust as a place to work or to receive treatment.

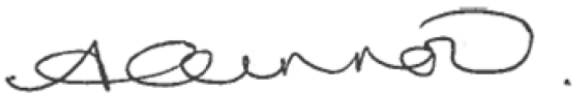
These achievements are clear recognition of the hard work and determination of all those working in the organisation to deliver high quality care.

The CCG would like to formally acknowledge the continued achievement and success of the Patient First programme with its focus on patients and the continued improvement of quality and safety. It is important to note the significant reduction and sustained improvements made within the falls prevention programme, and also how the continuous improvement approach is being applied to other preventable harms associated with pressure ulcers and venous thromboembolism.

The Quality Report outlines the priorities for improvement in 2019/20 as well as how success will be measured. The CCG supports these priorities and the detailed work that underpins them and will continue to seek assurance regarding progress of implementation throughout the year via our established assurance processes.

Coastal West Sussex CCG also looks forward to continuing to work with WSHFT through the sustainability and transformational partnership (STP) and towards the shared visions shaped within the NHS long term plan for sustainable models of care and the health of our local population.

Yours sincerely



Allison Cannon
Chief Nursing Officer

West Sussex Health and Adult Social Care Select Committee Statement

Dated: 30/04/2019

Dear Vivienne,

Bryan Turner has passed your email to me.

The Committee has agreed that HASC will only respond to those Trusts where the HASC had undertaken significant scrutiny over the year. Therefore, the Committee will not be submitting a statement for the Trust's Quality Account this year.

Any queries please do let me know.

Kind regards,
Helena

Helena Cox | Senior Advisor | Democratic Services **West Sussex County Council** | Location: Room 102, County Hall, Chichester, West Sussex. PO19 1RQ |Internal: 22533 | External: 0330 22 22533 | E-mail: **helena.cox@westsussex.gov.uk**

www.westsussex.gov.uk

CALL IM EMAIL

Healthwatch West Sussex statement

Dated: 13/05/2019

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

Registered office: Healthwatch West Sussex C.I.C. 896 Christchurch Road, Pokesdown, BH7 6DL
Healthwatch West Sussex is a Community Interest Company limited by guarantee (No. 08557470)

Annex 2 – Statement of Directors' responsibilities for the quality report

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

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2018 to the date of this statement
    - papers relating to quality reported to the board over the period April 2018 to the date of this statement
    - feedback from commissioners dated 02/05/2019.
    - feedback from governors dated 25/02/2019.
    - feedback from local Healthwatch organisations dated 13/05/2019.
    - feedback from Overview and Scrutiny Committee dated 30/04/2019.
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 29/04/2019.
    - the [latest] national patient survey [delayed nationally]
    - the 2018 national staff survey 01/02/2019
    - the Head of Internal Audit's annual opinion of the trust's control environment dated 23/05/2019
    - CQC inspection report dated 20/04/2016
- 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.

Date: *28th May 2019*

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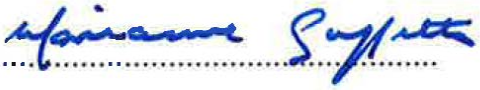
Chairman

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

Date: *28th May 2019*



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Chief Executive

Annex 3 – Limited Assurance Report on Quality

Independent auditor's report to the Council of Governors of Western Sussex Hospitals NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Western Sussex Hospitals NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of Western Sussex Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

This report is made solely to the Trust's Council of Governors, as a body, in accordance with our engagement letter dated 16 January 2017. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019 to enable the Council of Governors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our examination, for this report, or for the conclusions we have formed.

Our work has been undertaken so that we might report to the Council of Governors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge (page 85)
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers (page 85)

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and Ernst & Young LLP

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2018/19' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2018/19' (published on 6 November 2018), which is supported by NHS Improvement's Detailed requirements for quality reports 2018/19' (published on 17 December 2018) issued by NHS Improvement;

- The Quality Report is not consistent in all material respects with the sources specified in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2018/19' and
- The indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2018/19' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2018/19' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the other information sources detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2018/19'. These are:

- Board minutes for the period April 2018 to 29 May 2019;
- Papers relating to quality reported to the Board over the period April 2018 to 29
- May 2019;
- feedback from commissioners, dated 2 May 2019;
- feedback from governors, dated 25 February 2019;
- feedback from local Healthwatch organisations, dated 13 May 2019;
- feedback from Overview and Scrutiny Committee dated 30 April 2019;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 29 April 2019;
- the latest national staff survey, dated 1 February 2019;
- the Head of Internal Audit's annual opinion over the trust's control environment for 2018/19; and
- Care Quality Commission inspection report, dated 20 April 2019.

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 Western Sussex Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Western Sussex Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Western Sussex Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included, but were not limited to:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2018/19' to the categories reported in the Quality Report.
- reading the documents.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Report**.** The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Inherent limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Western Sussex Hospitals NHS Foundation Trust. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Western Sussex Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 2018) issued by NHS Improvement
- the Quality Report is not consistent in all material respects with the sources specified in the detailed requirements for assurance for quality reports; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with NHS Foundation Trust Annual Reporting Manual 2018/19 (published on 6 November 2018) and the Detailed requirements for quality reports 2018/19 (published on 17 December 2018) issued by NHS Improvement .

Ernst & Young LLP
Apex Plaza,
Forbury Road,
Reading,
RG1 1YE
28 May 2019

Notes:
1. The maintenance and integrity of the Western Sussex Hospitals NHS Foundation Trust web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.
2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Glossary of terms and acronyms

A3

A3 is a structured problem solving and continuous improvement approach, first employed at Toyota and typically used by lean manufacturing practitioners**.** It provides a simple and strict approach systematically leading towards problem solving over structured approaches.

Aligned Incentive Contract (AIC)

A new type of commissioning contract replacing previous activity based contracts such as Payment by Results. AICs offer a minimum income guarantee rather than payment per patient helping providers and commissioners to focus on system-wide improvement.

Audit Commission

Please note the Audit Commission closed 31st March 2015, however reference is made to it in a mandated statement. From 2014 responsibility for coding and costing assurance transferred to Monitor and then NHS Improvement. From 2016/17 this programme applied new methodology and there is no longer a standalone 'costing audit' with errors rates.

Care Quality Commission (CQC)

The independent regulator of all health and social care services in England.

CQC Fundamental Standards

The CQC set out Fundamental Standards, these are the standards below which your care must never fall, and form the CQC inspection framework for NHS services. CQC Fundamental Standards include:

- care and treatment must be appropriate and reflect service users' needs and preferences.
- service users must be treated with dignity and respect.
- care and treatment must only be provided with consent.
- care and treatment must be provided in a safe way.
- service users must be protected from abuse and improper treatment.
- service users' nutritional and hydration needs must be met.
- all premises and equipment used must be clean, secure, suitable and used properly.
- complaints must be appropriately investigated and appropriate action taken in response.
- systems and processes must be established to ensure compliance with the fundamental standards.
- sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.
- persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed (fit and proper persons requirement).
- registered persons must be open and transparent with service users about their care and treatment (the duty of candour).

CQC Insight Report

CQC Insight is a tool that brings together and analyses the information CQC hold about an NHS service.

It uses indicators that monitor potential changes to the quality of care that NHS services provide. CQC Insight helps the CQC to decide what, where and when to inspect a service, and provides analysis to support the evidence in CQC inspection reports.

CQC Key Lines of Enquiry (KLOEs)

The CQC has five key questions they ask of all care services. The questions are at the heart of the way CQC regulate and they help CQC to make sure they focus on the things that matter to people. Key questions include: Is the service safe? Is the service effective? Is the service caring? Is the service responsive to people's needs? Is the service well- led?

Each of the five key questions is broken down into a further set of questions called key lines of enquiry (KLOEs). When the CQC carry out inspections they use these to help decide what they need to focus on.

Care bundle

Care bundles are small sets of evidence-based interventions which, when used together consistently by a single healthcare team, have been shown to significantly improve patient outcomes.

Clinical audit

The process by which clinical staff measure how well we perform certain tests and treatments against agreed standards. Plans for improvement are developed if required by the findings of an audit.

Commissioning for Quality and Innovation (CQUIN)

The CQUIN framework supports improvements in the quality of services and the creation of new, improved patterns of care by linking a proportion of providers' income to the achievement of agreed quality improvement goals.

Crude mortality rate

The number of deaths in hospital as a percentage of the total number of patients discharged. We use the crude non-elective mortality rate as an immediate indicator of progress or to identify areas of concern and to sense check that improvements are real and not the result of changes in coding or recording.

Darzi Fellow

Darzi Fellowships are leadership and service improvement training opportunities funded by Health Education England. Darzi Fellowships competitions are run regionally each year. Darzi Fellowships are aimed at those at the start of their leadership journey (e.g. ST4-6 or Band 7/8a). Darzi Fellows come from multi-professional clinical backgrounds, including doctors, nurses and midwives, allied health professionals, paramedics, dentists, healthcare scientists and pharmacists.

The Darzi programme is full-time for one year, with Fellows undertaking one main project for their sponsor. They also complete a leadership development programme (PG Cert) at London South Bank University, which informs their ability to lead on their project.

Over the past ten years Darzi Fellows have led major service improvements, implemented numerous safety and quality initiatives, and achieved substantial financial savings for trusts. Alongside patient benefits, the prestigious Darzi Fellowship programme has been shown to have a huge impact on Fellows and their sponsoring organisation

Datix incident reporting system

An electronic, web based reporting incident reporting system used by many NHS organisations including Western Sussex.

Defined Daily Doses per 1000 bed days

A statistical measure used to compare drug usage between different drugs or healthcare settings.

Deconditioning

Frail older people in hospital are more at risk of losing muscle strength and mobility from prolonged hospital stays and therefore are at an increased risk of falls, confusion and demotivation.

DNACPR

Cardiopulmonary resuscitation (CPR) was introduced in the 1960s as a treatment to try to re-start the heart when people suffer a sudden cardiac arrest from a heart attack from which they would otherwise make a good recovery. Since then, attempts at CPR have become more widespread in other clinical situations.

CPR involves chest compressions, delivery of high-voltage electric shocks across the chest, attempts to ventilate the lungs and injection of drugs. The likelihood of recovery varies greatly according to individual circumstances; the average proportion of people who survive following CPR is relatively low. Unfortunately, expectation of the likely success of CPR is often unrealistic. Attempting CPR carries a risk of unwanted adverse effects, which some people do not wish to take, especially if their individual likelihood of benefit from CPR is very low and likelihood of harm substantial. When the heart stops because a person is dying from an irreversible condition, attempting CPR will not prevent death; for some it may prolong or increase suffering. Healthcare professionals are aware that conversations about dying, and about whether or not CPR will be attempted are very sensitive and potentially distressing. As a consequence there has been stand-alone professional guidance on CPR decision-making since the 1990s. DNACPR is short for Do Not Attempt Resuscitation.

Duty of Candour

Overview of CQC Regulation 20: Duty of candour

The aim of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong

with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. Providers must promote a culture that encourages candour, openness and honesty at all levels. This should be an integral part of a culture of safety that supports organisational and personal learning. There should also be a commitment to being open and transparent at board level, or its equivalent such as a governing body.

Electronic whiteboard

A web based application designed by our IT developers to manage non-elective admissions to the Trust.

Emergency Care Data Set

A new national data set which all emergency departments must contribute to. The data set will allow national data comparison and provide a better picture of all emergency attendances across the country.

Evolve

The new electronic medical records system used in the Trust which provides staff with instantaneous access to patient health care records via secure log in.

Fishbone

The Fishbone Diagram, also known as an Ishikawa diagram, identifies possible causes for an effect or problem.

Friends and Family Test (FFT)

A feedback tool which offers patients of NHS-funded services the opportunity to provide feedback about the care and treatment they have received. Patients are asked how likely they are to recommend the service they have used and provide further detail about their experience. NHS organisations monitor the number of patients who complete a survey by looking at FFT response rates.

GIRFT

The Getting It Right First Time (GIRFT) programme is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement.

Getting It Right First Time is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations.

By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings. GIRFT is led by frontline clinicians who are expert in the areas they are reviewing. This means the data that underpins the GIRFT methodology is being reviewed by people who understand those disciplines and manage those services on a daily basis. The GIRFT team visit every trust carrying out the specialties they are reviewing, investigating the data with their peers and discussing the individual challenges they face.

Healthcare associated infections

Healthcare associated infections (HCAI) are infections resulting from clinical care or treatment in hospital, as an inpatient or outpatient.

Healthcare Safety Investigation Branch (HSIB)

HSIB offers an independent service for England, guiding and supporting NHS organisations on investigations, and also conducting safety investigations.

Hospital Standardised Mortality Ratio (HSMR)

A risk adjusted mortality tool produced by Dr Foster Intelligence reviewing in-hospital deaths from 56 diagnosis groups (medical conditions) with the highest mortality. A rate greater than 100 suggests a higher than average standardised mortality rate and a rate less than 100 a better than average mortality rate.

Human Factors

An established scientific discipline used by many safety critical industries especially the aviation industry. It aims to optimise human performance through better understanding of individual behaviour and staff interactions with each other and their environments; improving patient safety and clinical excellence.

Integrated services

A person-centred, co-ordinated approach to meet the needs of patients in a more holistic way as opposed to single episodes of care.

Integrated Care System (ICS)

NHSI describe that from Sustainability and Transformation Partnerships (STPs) a partnership will evolve to form an **integrated care system**, a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Kaizen

Kaizen is a Japanese concept that, loosely translated, means "continuous improvement". It comes from two words, Kai = change and Zen = ideal state; to break down or change the current situation and then build it into the ideal state.

LeDeR Programme

The Learning Disabilities Mortality Review (LeDeR) Programme is a world-first. It is the first national programme of its kind aimed at making improvements to the lives of people with learning disabilities. Reviews are being carried out with a view to improve the standard and quality of care for people with learning disabilities. People with learning disabilities, their families and carers have been central to developing and delivering the programme.

Local quality indicators

Our local quality indicators are drawn from the Trust Quality Scorecard which is reviewed by the Trust Board each month. They relate to the three domains of quality: patient safety, clinical effectiveness, and patient experience. Quality indicators reported to the Board are selected to provide a comprehensive picture of clinical quality in areas identified through our clinical quality strategy and the priorities for quality improvement set out in our quality reports. We consult with external stakeholders and patient representatives, as well as our own staff, about quality, ensuring that a broad range of interests are reflected in the planning of quality developments and reporting of quality indicators. The Trust reviews the set of key metrics that it provides to the Trust Board each year to ensure that they remain appropriate to providing assurance about the high quality and safety of patient care.

Maternity triage and advice line

Our telephone triage and advice service for women in labour or those with a question for the midwife. It is run by a small group of experienced midwives with a wealth of knowledge in all aspects of maternity care.

Mortality review

A process in which the circumstances surrounding the care of a patient who died during hospitalisation are systematically examined to establish whether the clinical care the patient received was appropriate, provide assurance on the quality of care and identify learning, plans for improvement and pathway redesign where required.

MUST (Malnutrition Universal Screening Tool)

A screening tool to identify and treat adults at risk of malnutrition.

National Confidential Enquiries

These are similar to clinical audits but use in depth reviews of what occurred in order to develop new recommendations for better care of patients.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

NCEPOD assists in maintaining and improving standards of healthcare for adults and children by reviewing the management of patients and by undertaking confidential surveys and research.

National Inpatient Survey

A CQC commissioned annual inpatient survey which is part of a national programme aimed at improving patients' experiences while in hospital. It includes measures that relate strongly to the care and compassion shown by individual staff and the organisation as a whole.

National Early Warning Score (NEWS2)

Developed by the Royal College of Physicians for use in acute and ambulance settings to improve detection and response to clinical deterioration in adult patients. National Early Warning Score 2 (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.NEWS2 has received formal endorsement from NHS England and NHS Improvement to become the early warning system for identifying acutely ill patients – including those with sepsis – in hospitals in England.

Neonatal death

The death of a baby born after 22 weeks gestation (completed weeks of pregnancy) who died between 0 and 27 days of age.

NHS Foundation Trust

Foundation trusts are a form 'public benefit corporation' – healthcare organisations that exist solely for the benefit of their patients but which operate in a similar way to a commercial business. They are subject to less central government control and are free to set their own strategy for improving and developing services in line with local priorities and needs, as well as to borrow money and invest surplus income in new services, equipment and innovations.

NHS Improvement (NHSI)

The organisation responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They hold providers to account and help the NHS to meet its short-term challenges and secure its future.

NHS Long Term Plan

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Published in 2019, this government plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. The NHS Long term plan can be accessed at: https://www.longtermplan.nhs.uk/

NHS Outcomes Framework

A set of indicators developed by the Department of Health to monitor the health outcomes of adults and children in England. The framework provides an overview of how the NHS is performing.

NHS Safety Thermometer

A point of care measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, urinary tract infections (in patients with a catheter) and venous thromboembolisms.

Novel oral anticoagulants (NOACs)

A new class of anticoagulant drug which prevent or interrupt the formation of blood clots. NOACs are less influenced by diet and other medicines compared to the traditional anticoagulant warfarin.

Patient First Improvement System (PFIS)

PFIS is the Lean management programme designed by the Trust to develop our people's ability to solve problems and improve performance. Further information can be found here: http://www.westernsussexhospitals.nhs.uk/your-trust/performance/patient-first/

Patientrack

Our electronic advanced observation and assessment system that gives our nurses and doctors early warning if a sick patient's condition is deteriorating; this helps early and effective intervention to get things back on course.

Patient Reported Outcome Measures (PROMs) (core indicator)

PROMs provide a patient perspective (via before and after patient questionnaires) on the outcomes or quality of care following four types of surgery in the NHS (currently hip and knee replacements, groin hernia and varicose vein surgery).

Perinatal mental health issues

Mental health issues occurring during pregnancy or in the first year following the birth of a child. They affect up to 20% of women and cover a wide range of conditions.

Population Health Check

The NHS has published a 'long-term plan' (https://www.england.nhs.uk/long-term-plan/) that sets out the priorities and ambitions for the years ahead to make sure the NHS continues to provide high quality care across the country. Local organisations have been asked to work together as part of health and care systems to develop their

own plans by autumn 2019 which will set out how the national long-term plan will work across local areas.

To help develop the local plan, doctors, specialists and clinicians have come together across Sussex and East Surrey to develop **a 'Population Health Check'**. They have looked at clinical evidence, patient experience and local population information and given a diagnosis of what needs to change from their expert point of view.

The Population Health Check explains to the public many of the challenges we as healthcare professionals contend with every time we come to work. It is an honest appraisal of the increasing difficulties we are facing. It also identifies five key priorities, stemming from the fact that 75% of deaths and disabilities in our area result from five main diseases: cancer; circulation and respiratory; diabetes; bone and joint conditions; and mental health. It also attributes these to five behaviours we should target as a health and social care network. These are smoking; physical inactivity; unhealthy diet; excess alcohol and social isolation. The Population Health Check threads these behaviours to risk factors, in turn linking these to the five diseases that have the most impact on patients and services, which ultimately determine five local STP priorities:

1. Looking at new ways to treat and care for more people and using staff more effectively
2. Helping people manage, and make decisions about, their own health and care better
3. Helping people make the right lifestyle choices
4. Reducing unjustified differences in clinical treatment
5. Providing services closer to home with good communication and coordination

Readmissions (core indicator)

If a patient does not recover well, it is more likely that further hospital treatment will be required, which is the reason that hospital readmission are commonly used as an indicator of the success in helping patient recovery.

Responsiveness to the personal needs of patients (core indicator)

The indicator value is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals.

Risk adjusted mortality tool

In order to compare mortality rates between different NHS Trusts it is necessary to consider the mix of patients treated. For example, a trust with a very elderly, complex patient group might have a higher crude mortality rate than one that had younger or less acutely ill patients. To adjust for this it is necessary to standardise the mortality rate for trusts, thereby taking into account the patient mix. This is usually done by calculating an 'expected' mortality rate based on the age, diagnosis and procedures carried out on the actual patients treated by each trust.

Rockwood Score

A patient's score on the Rockwood Clinical Frailty Scale which is a routinely used frailty assessment tool.

SAFER Patient Flow Bundle

Developed by NHS Improvement, the SAFER Patient Flow Bundle blends five areas of best practice in relation to patient flow. The five elements of the SAFER patient flow bundle are:

S – Senior review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F – Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – 'stranded patients') with a clear 'home first' mindset.

Sepsis

A life threatening condition that arises when the body's response to an infection injures its own tissues and organs.

Serious incident

An incident where the consequences are so significant or the potential for learning so great, that additional resources are justified to produce a comprehensive response. They can affect patients directly but also include incidents which may indirectly impact on patient safety or an organisation's ability to deliver on-going healthcare.

Seven Day Services

The seven-day services programme is an NHS England programme designed to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital. NHS provider organisations are required to ensure that they deliver 10 clinical standards relating to seven day services. The 10 clinical standards for seven-day services in hospitals were developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. These standards define what seven-day services should achieve, no matter when or where patients are admitted.

Single Oversight Framework (SOF)

NHS Improvement's monitoring system to oversee NHS providers' performance across five themes.

Six-Facet Survey

The facets covered under this service are: FACET 1: Physical Condition Survey (Fabric & M&E) - The physical condition of the estate is assessed on three elements; the internal and external building fabric, mechanical systems and electrical systems.

Staff who would recommend the trust to their family or friends (core indicator)

A question in the national NHS Staff Survey which assesses how likely staff are to recommend the Trust as a provider of care to their friends and family.

Stillbirth

When a baby is born dead after 24 weeks gestation (weeks of completed pregnancy).

Structured judgement mortality review

A validated mortality review process in which trained clinicians review medical records in a critical manner to comment on the quality of healthcare in a way that allows any judgement to be reproducible.

Sustainability and Transformation Partnership (STP)

New partnerships between NHS and local councils across England which will develop proposals to improve health and care.

Summary Hospital-level Mortality Indicator (SHMI) (core indicator)

The SHMI is a risk adjusted mortality tool used to provide a ratio of the actual number of patients who die following hospitalisation at the Trust and the number who would be expected to die on the basis of average England figures. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.

To Come In (TCI) card

They ensure all the teams involved in a patient's journey, from recommendation for surgery through booking and pre-assessment and the operation itself, have the right information to make sure the patient receives safe, high quality care.

Value stream mapping

One of the tools used in our PFIS for assessing a current process and redesigning it to make it more efficient.

Venous thromboembolism (VTE) (core indicator)

A condition in which blood clots forms, such as deep vein thrombosis (most often in the deep veins of the leg) or pulmonary embolism (a clot in the lungs).

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Western Sussex Hospitals

Western Sussex Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2019

Foreword to the accounts

Western Sussex Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2019, have been prepared by Western Sussex Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed ……..

Name **Marianne Griffiths**
Job title **Chief Executive**
Date **28 May 2019**

Statement of Comprehensive Income

	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	3	414,283	391,944
Other operating income	4	62,675	45,352
Operating expenses	6, 8	(445,044)	(425,335)
Operating surplus/(deficit) from continuing operations		**31,914**	**11,961**
Finance income	11	83	25
Finance expenses	12	(735)	(730)
PDC dividends payable		(8,207)	(7,930)
Net finance costs		**(8,859)**	**(8,634)**
Other gains / (losses)	13	13	7
Surplus / (deficit) for the year from continuing operations		**23,068**	**3,333**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	**-**	**-**
Surplus / (deficit) for the year		**23,068**	**3,333**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(2,996)	(7,649)
Revaluations	18	15,029	10,759
Other reserve movements		-	-
Total comprehensive income / (expense) for the period		**35,101**	**6,443**

Statement of Financial Position

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	15	8,781	6,965
Property, plant and equipment	16	279,674	270,508
Total non-current assets		**288,455**	**277,473**
Current assets			
Inventories	23	7,635	6,993
Receivables	24	42,600	33,988
Cash and cash equivalents	27	13,499	6,202
Total current assets		**63,734**	**47,183**
Current liabilities			
Trade and other payables	28	(39,336)	(44,650)
Borrowings	31	(1,855)	(2,196)
Provisions	33	(377)	(424)
Other liabilities	30	(1,666)	(2,314)
Total current liabilities		**(43,234)**	**(49,585)**
Total assets less current liabilities		**308,955**	**275,071**
Non-current liabilities			
Borrowings	31	(18,740)	(20,536)
Provisions	33	(2,551)	(2,774)
Total non-current liabilities		**(21,291)**	**(23,309)**
Total assets employed		**287,665**	**251,762**
Financed by			
Public dividend capital		241,646	240,844
Revaluation reserve		62,964	50,931
Income and expenditure reserve		(16,945)	(40,013)
Total taxpayers' equity		**287,665**	**251,762**

The notes on pages 5 to 48 form part of these accounts.

Name	Marianne Griffiths
Position	Chief Executive
Date	**28 May 2019**

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Financial assets reserve*	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2018 - brought forward	**240,844**	**50,931**	**-**	**-**	**-**	**(40,013)**	**251,762**
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-	-	**-**
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	-	-	**-**
Surplus/(deficit) for the year	-	-	-	-	-	23,068	**23,068**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(2,996)	-	-	-	-	**(2,996)**
Revaluations	-	15,029	-	-	-	-	**15,029**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	**-**
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	802	-	-	-	-	-	**802**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' equity at 31 March 2019	**241,646**	**62,964**	**-**	**-**	**-**	**(16,945)**	**287,665**

* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital	Revaluation reserve	Available for sale investment reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - brought forward	**239,210**	**47,821**	**-**	**-**	**-**	**(43,346)**	**243,685**
Prior period adjustment	-	-	-	-	-	-	**-**
Taxpayers' equity at 1 April 2017 - restated	**239,210**	**47,821**	**-**	**-**	**-**	**(43,346)**	**243,685**
Surplus/(deficit) for the year	-	-	-	-	-	3,333	**3,333**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(7,649)	-	-	-	-	**(7,649)**
Revaluations	-	10,759	-	-	-	-	**10,759**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Recycling gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	1,634	-	-	-	-	-	**1,634**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' equity at 31 March 2018	**240,844**	**50,931**	**-**	**-**	**-**	**(40,013)**	**251,762**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve / Available-for-sale investment reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevivable election at recognition.

Merger reserve
This reserve reflects balances formed on merger of NHS bodies.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus / (deficit)		31,914	11,961
Non-cash income and expense:			
Depreciation and amortisation	6.1	14,400	14,072
Net impairments	7	4,879	4,338
Income recognised in respect of capital donations	4	(381)	(832)
(Increase) / decrease in receivables and other assets		(8,392)	(3,556)
(Increase) / decrease in inventories		(642)	(274)
Increase / (decrease) in payables and other liabilties		(5,486)	4,155
Increase / (decrease) in provisions		(278)	(153)
Net cash generated from / (used in) operating activities		**36,014**	**29,711**
Cash flows from investing activities			
Interest received		83	25
Purchase of intangible assets		(2,032)	(2,030)
Purchase of property, plant, equipment and investment property		(16,487)	(18,391)
Sales of property, plant, equipment and investment property		13	10
Receipt of cash donations to purchase capital assets		381	-
Net cash generated from / (used in) investing activities		**(18,042)**	**(20,386)**
Cash flows from financing activities			
Public dividend capital received		802	1,634
Movement on loans from the Department of Health and Social Care		(2,156)	(2,158)
Capital element of finance lease rental payments		(21)	(40)
Interest on loans		(542)	(601)
Other interest		(9)	-
Interest paid on finance lease liabilities		(185)	(162)
PDC dividend (paid) / refunded		(8,564)	(7,836)
Net cash generated from / (used in) financing activities		**(10,675)**	**(9,163)**
Increase / (decrease) in cash and cash equivalents		**7,297**	**162**
Cash and cash equivalents at 1 April - brought forward		**6,202**	**6,040**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**6,202**	**6,040**
Cash and cash equivalents at 31 March	27.1	**13,499**	**6,202**

Notes to the Accounts

Note 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

Going concern

The Trust's annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

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.

1.1 Consolidation

The NHS foundation trust is the corporate trustee to the NHS charitable fund Western Sussex Hospitals Charity and Related Charities, which operates as Love Your Hospital Charity (Registered charity No. 1049201).

Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities' returns, whereuy877 those funds are determined to be material. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact.

The Trust has reviewed its NHS charitable funds and concluded that they are not material and so are not consolidated within these accounts.

Subsidiaries

Subsidiary entities are those over which the 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 Trust has no subsidiaries.

Associates

Associate entities are those over which the trust has the power to exercise a significant influence. The Trust has no associates.

Joint arrangements

Joint ventures are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. The Trust has no joint ventures.

Joint operations

Joint operations are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the assets, and obligations for the liabilities relating to the arrangement. The Trust does not have joint operations.

Note 1.2 Revenue

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application.

In the adoption of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

• As per paragraph 121 of the Standard the Trust will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less;

• The Trust is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date;

• The FReM has mandated the exercise of the practical expedient offered in C7 (a) of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of revenue for the Trust is contracts with commissioners in respect of healthcare services. Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where a patient care spell is incomplete at the year end, revenue relating to the partially complete spell is accrued in the same manner as other revenue.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met and is measured as the sums due under the sale contract.

Note 1.3 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including non-consolidated performance pay earned but not yet paid. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Pension costs

NHS Pensions Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

No employees are members of the Local Government Superannuation Scheme.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of “other comprehensive income”.

1.4 Other expenses

Other operating expenses are recognised when and to the extent that the goods and services have been received. They are measured at the fair value of the consideration payable. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Corporation tax

The trust has determined that it is has no corporation tax liability as it does not operate any commercial activities that are not part of core health care delivery.

1.6 Value added tax

Most of the activities of the NHS foundation trust are outside the scope of value added tax (VAT). Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:
• it is held for use in delivering services or for administrative purposes;
• it is probable that future economic benefits will flow to, or service potential will be supplied to the trust;
• it is expected to be used for more than one financial year;
• the cost of the item can be measured reliably, and either:
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their individual useful economic lives.

Measurement

Valuation

All property, plant and equipment is measured initially at cost, representing the cost 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. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:
• Land and non-specialised buildings – market value for existing use;
• Specialised buildings – depreciated replacement cost, modern equivalent asset basis;
• Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use. Assets not of sufficiently low value and/or not having sufficiently short lives for depreciated replacement cost to be materially the same as fair value, are indexed.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset, and thereafter to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

Depreciation

Freehold land, assets under construction or development, and assets held for sale are not depreciated/amortised. Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value on a straight line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Impairments

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure.

Donated assets

Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income.

They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

Government grant and other grant funded assets

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

Private Finance Initiative (PFI) transactions

PFI transactions that meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as "on-Statement of Financial Position" by the trust.

The Trust has not entered into any PFI transactions.

1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

Software

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Internally generated intangible assets

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred.

Internally-generated assets e.g. goodwill, brands, mastheads, publishing titles, customer lists and similar items are recognised if, and only if, all of the following have been demonstrated:
• The technical feasibility of completing the intangible asset so that it will be available for use;
• The trust intends to complete the intangible asset and use it;
• The trust has the ability to sell or use the intangible asset;
• How the intangible asset will generate probable future economic benefits or service potential;
• The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and

• The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value, using the First In, First Out (FIFO) cost formula.

1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of Western Sussex Hospitals cash management. Cash, bank and overdraft balances are recorded at current values.

1.11 Financial assets

Recognition

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered.

De-recognition

Financial assets are derecognised when the contractual rights have expired or the asset has been transferred and the trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Classification and measurement

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

Financial assets at fair value through other comprehensive income

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

Financial assets at fair value through profit and loss

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.12 Financial liabilities

Financial liabilities are recognised when the NHS Foundation Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged – that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial liabilities at fair value through profit and loss

Derivatives that are liabilities are subsequently measured at fair value through profit or loss, Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Finance leases

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the Statement of Comprehensive Income

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Operating lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight line basis over the term of the lease. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.14 Provisions

Provisions are recognised when the NHS foundation trust 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 at the end of the reporting period. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS 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, the legal liability remains with the NHS foundation trust.

Non-clinical risk pooling

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to 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 as and when they become due.

1.15 Contingencies

A contingent liability is a:

• Possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust; or
• Present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably.
A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.16 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance, which represents the Department of Health's investment in the trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, 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.

An annual charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the rate set by the Secretary of State with the consent of 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: donated assets (including lottery funded assets), 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, 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. The PDC dividend calculation is based upon the trust's group accounts (i.e. including subsidiaries), but excluding consolidated charitable funds.

1.17 Foreign currencies

The functional and presentational currencies of the trust are sterling. The trust has not entered into any material foreign exchange transactions and has no assets or liabilities held in foreign currencies.

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts.

1.19 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.

1.20 Accounting Standards that have been issued but have not been adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases: Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts: Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments: Application required for accounting periods beginning on or after 1 January 2019.

Note 2 Operating Segments

Consistent with previous years , the Trust takes the view that there is a single operating segment - the provision of healthcare.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.

Note 3.1 Income from patient care activities (by nature)	2018/19	2017/18
	£000	£000
Acute services		
Elective income	60,061	58,695
Non elective income	148,953	140,454
First outpatient income	33,140	33,097
Follow up outpatient income	29,075	27,647
A & E income	19,650	18,186
High cost drugs income from commissioners (excluding pass-through costs)	28,653	27,278
Other NHS clinical income	78,332	72,816
Community services		
Income from other sources (e.g. local authorities)	4,995	5,462
All services		
Private patient income	5,123	5,577
Agenda for Change pay award central funding	4,655	-
Other clinical income	1,646	2,732
Total income from activities	**414,283**	**391,944**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19	2017/18
	£000	£000
NHS England	50,898	48,400
Clinical commissioning groups	346,664	330,335
Department of Health and Social Care	4,655	115
Other NHS providers	258	629
NHS other	18	74
Local authorities	4,995	5,462
Non-NHS: private patients	5,123	5,577
Non-NHS: overseas patients (chargeable to patient)	465	223
Injury cost recovery scheme	1,015	1,001
Non NHS: other	192	128
Total income from activities	**414,283**	**391,944**
Of which:		
Related to continuing operations	414,283	391,944
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2018/19	2017/18
	£000	£000
Income recognised this year	465	223
Cash payments received in-year	202	165
Amounts added to provision for impairment of receivables	378	-
Amounts written off in-year	-	-

Note 4 Other operating income

	2018/19	2017/18
	£000	£000
Other operating income from contracts with customers:		
Research and development (contract)	1,172	1,511
Education and training (excluding notional apprenticeship levy income)	14,126	14,172
Non-patient care services to other bodies	14,460	14,646
Provider sustainability / sustainability and transformation fund income (PSF / STF)	27,263	9,942
Income in respect of employee benefits accounted on a gross basis	-	-
Other contract income	5,273	4,249
Other non-contract operating income		
Research and development (non-contract)	-	-
Education and training - notional income from apprenticeship fund	-	-
Receipt of capital grants and donations	381	337
Charitable and other contributions to expenditure	-	495
Support from the Department of Health and Social Care for mergers	-	-
Rental revenue from finance leases	-	-
Rental revenue from operating leases	-	-
Amortisation of PFI deferred income / credits	-	-
Other non-contract income	-	-
Total other operating income	**62,675**	**45,352**
Of which:		
Related to continuing operations	62,675	45,352
Related to discontinued operations	-	-

Included in other income is £1,316k in respect of the provision of management support to Brighton and Sussex University Hospitals (see also notes 6.1 and 40)

Note 5.1 Additional information on revenue from contracts with customers recognised in the period

	2018/19
	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	2,315
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-

Note 5.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2019 £000
within one year	373
after one year, not later than five years	302
after five years	-
Total revenue allocated to remainig performance obligations	**675**

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2018/19	2017/18
	£000	£000
Income from services designated as commissioner requested services	397,129	378,236
Income from services not designated as commissioner requested services	17,154	13,707
Total	**414,283**	**391,943**

Note 6.1 Operating expenses

	2018/19	2017/18
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,237	3,430
Purchase of healthcare from non-NHS and non-DHSC bodies	-	0
Purchase of social care	-	-
Staff and executive directors costs	291,063	282,856
Remuneration of non-executive directors	142	135
Supplies and services - clinical (excluding drugs costs)	39,027	38,053
Supplies and services - general	3,739	3,973
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	42,427	39,765
Inventories written down	-	-
Consultancy costs	377	8
Establishment	2,957	3,022
Premises	15,122	15,419
Transport (including patient travel)	1,572	1,479
Depreciation on property, plant and equipment	14,184	13,923
Amortisation on intangible assets	216	149
Net impairments	4,879	4,338
Movement in credit loss allowance: contract receivables / contract assets	378	
Movement in credit loss allowance: all other receivables and investments	-	35
Increase/(decrease) in other provisions	-	(28)
Change in provisions discount rate(s)	(40)	31
Audit fees payable to the external auditor		
audit services- statutory audit	98	79
other auditor remuneration (external auditor only)	-	-
Internal audit costs	-	-
Clinical negligence	12,933	10,166
Legal fees	784	883
Insurance	603	506
Research and development	2,842	1,341
Education and training	4,612	2,235
Rentals under operating leases	521	-
Early retirements	-	-
Redundancy	-	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	-	-
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	443	434
Hospitality	-	-
Losses, ex gratia & special payments	96	109
Grossing up consortium arrangements	-	-
Other services, eg external payroll	686	704
Other	2,146	2,290
Total	**445,044**	**425,335**
Of which:		
Related to continuing operations	445,044	425,335
Related to discontinued operations	-	-

Included in operating expenses are costs of £1,316k incurred in providing management support to Brighton and Sussex University Hospitals. These costs are recorded against staff and executive director costs and establishment expenses. These costs are reimbursed through a management fee that is charged to Brighton and Sussex University Hospitals (see also notes 4 and 40).

Note 6.2 Other auditor remuneration

There has been no other auditor remuneration paid to the external auditors in 2018/19.

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2017/18: £2m).

Note 7 Impairment of assets

	2018/19	2017/18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	4,879	4,338
Other	-	-
Total net impairments charged to operating surplus / deficit	**4,879**	**4,338**
Impairments charged to the revaluation reserve	2,996	7,649
Total net impairments	**7,875**	**11,987**

Note 8 Employee benefits

	2018/19 Total £000	2017/18 Total £000
Salaries and wages	235,344	223,886
Social security costs	23,012	21,522
Apprenticeship levy	1,186	1,121
Employer's contributions to NHS pensions	27,286	26,239
Pension cost - other	-	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	10,707	12,873
Total gross staff costs	**297,535**	**285,641**
Recoveries in respect of seconded staff	**-**	-
Total staff costs	**297,535**	**285,641**
Of which		
Costs capitalised as part of assets	535	269

Note 8.1 Retirements due to ill-health

During 2018/19 there were 2 early retirements from the trust agreed on the grounds of ill-health (4 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £104k (£398k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. 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.

Note 10 Operating leases

Note 10.1 Western Sussex Hospitals NHS Foundation Trust as a lessor

The Trust is not a lessor

Note 10.2 Western Sussex Hospitals NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Western Sussex Hospitals NHS Foundation Trust is the lessee.

In 2018/19, the Trust entered into a 7 year lease for 1015 Beds and a 3 year lease for 92 car parking spaces in Worthing. In addition, the Trust also holds a 10 year and a 18 year lease for office accommodation in central Worthing

	2018/19	2017/18
	£000	£000
Operating lease expense		
Minimum lease payments	521	-
Contingent rents	-	-
Less sublease payments received	-	-
Total	**521**	**-**

	31 March 2019	31 March 2018
	£000	£000
Future minimum lease payments due:		
- not later than one year;	605	-
- later than one year and not later than five years;	2,103	-
- later than five years.	1,722	-
Total	**4,430**	**-**
Future minimum sublease payments to be received	-	-

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2018/19	2017/18
	£000	£000
Interest on bank accounts	83	25
Total finance income	**83**	**25**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19	2017/18
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	532	554
Finance leases	185	162
Interest on late payment of commercial debt	9	10
Total interest expense	**726**	**726**
Unwinding of discount on provisions	9	3
Other finance costs	-	-
Total finance costs	**735**	**730**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2018/19	2017/18
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	1,199	1,487
Amounts included within interest payable arising from claims under this legislation	9	10
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)

	2018/19	2017/18
	£000	£000
Gains on disposal of assets	13	7
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**13**	**7**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Total other gains / (losses)	**13**	**7**

Note 14 Discontinued operations

There were no discontinued operations in 2018/19

Note: 14.1 Corporation Tax

The Trust did not pay any Corporation Tax in 2018/19.

Note 15.1 Intangible assets - 2018/19

	Software licences £000	Licences & trademarks £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	**6,139**	**-**	**4,940**	**1,112**	**12,191**
Transfers by absorption	-	-	-	-	**-**
Additions	630	-	1,402	-	**2,032**
Impairments	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	**-**
Revaluations	-	-	-	-	**-**
Reclassifications	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	**-**
Valuation / gross cost at 31 March 2019	**6,769**	**-**	**6,342**	**1,112**	**14,223**
Amortisation at 1 April 2018 - brought forward	**5,226**	**-**	**-**	**-**	**5,226**
Transfers by absorption	-	-	-	-	**-**
Provided during the year	216	-	-	-	**216**
Impairments	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	**-**
Revaluations	-	-	-	-	**-**
Reclassifications	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	**-**
Amortisation at 31 March 2019	**5,442**	**-**	**-**	**-**	**5,442**
Net book value at 31 March 2019	**1,327**	**-**	**6,342**	**1,112**	**8,781**
Net book value at 1 April 2018	**913**	**-**	**4,940**	**1,112**	**6,965**

Note 15.2 Intangible assets - 2017/18

	Software licences £000	Licences & trademarks £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	**5,764**	**-**	**3,323**	**-**	**9,087**
Prior period adjustments	(38)	-	-	-	**(38)**
Valuation / gross cost at 1 April 2017 - restated	**5,726**	**-**	**3,323**	**-**	**9,049**
Transfers by absorption	-	-	-	-	**-**
Additions	413	-	1,617	1,112	**3,142**
Impairments	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	**-**
Revaluations	-	-	-	-	**-**
Reclassifications	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	**-**
Valuation / gross cost at 31 March 2018	**6,139**	**-**	**4,940**	**1,112**	**12,191**
Amortisation at 1 April 2017 - as previously stated	**5,116**	**-**	**-**	**-**	**5,116**
Prior period adjustments	(38)	-	-	-	**(38)**
Amortisation at 1 April 2017 - restated	**5,078**	**-**	**-**	**-**	**5,078**
Transfers by absorption	-	-	-	-	**-**
Provided during the year	149	-	-	-	**149**
Impairments	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	**-**
Revaluations	-	-	-	-	**-**
Reclassifications	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	**-**
Amortisation at 31 March 2018	**5,226**	**-**	**-**	**-**	**5,226**
Net book value at 31 March 2018	**913**	**-**	**4,940**	**1,112**	**6,965**
Net book value at 1 April 2017	**649**	**-**	**3,323**	**-**	**3,972**

Note 16.1 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	**21,417**	**209,022**	**7,128**	**1,677**	**69,660**	**282**	**21,955**	**2,519**	**333,660**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	486	5,598	160	3,232	4,505	-	2,215	-	**16,196**
Impairments	(2,922)	(13,064)	(232)	-	-	-	-	-	**(16,218)**
Reversals of impairments	144	3,131	4	-	-	-	-	-	**3,279**
Revaluations	2,339	7,627	906	-	-	-	-	-	**10,872**
Reclassifications	-	-	-	(606)	220	-	386	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	**-**
Valuation/gross cost at 31 March 2019	**21,464**	**212,314**	**7,966**	**4,303**	**74,385**	**282**	**24,556**	**2,519**	**347,789**
Accumulated depreciation at 1 April 2018 - brought forward	**-**	**-**	**0**	**-**	**45,904**	**265**	**14,888**	**2,095**	**63,152**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	9,117	104	-	3,416	3	1,497	47	**14,184**
Impairments	-	(3,373)	(18)	-	-	-	-	-	**(3,391)**
Reversals of impairments	-	(1,672)	(1)	-	-	-	-	-	**(1,673)**
Revaluations	-	(4,072)	(85)	-	-	-	-	-	**(4,157)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 31 March 2019	**-**	**-**	**0**	**-**	**49,320**	**268**	**16,385**	**2,142**	**68,115**
Net book value at 31 March 2019	**21,464**	**212,314**	**7,966**	**4,303**	**25,065**	**14**	**8,171**	**377**	**279,674**
Net book value at 1 April 2018	**21,417**	**209,022**	**7,128**	**1,677**	**23,756**	**17**	**7,067**	**424**	**270,508**

Note 16.2 Property, plant and equipment - 2017/18

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 - as previously stated	**37,418**	**328,426**	**11,134**	**8,594**	**66,078**	**264**	**19,887**	**2,526**	**474,327**
Prior period adjustments	(18,902)	(122,861)	(4,269)	-	(1,024)	-	(102)	(7)	**(147,165)**
Valuation / gross cost at 1 April 2017 - restated	**18,516**	**205,565**	**6,865**	**8,594**	**65,054**	**264**	**19,785**	**2,519**	**327,162**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	750	9,045	91	1,677	4,095	18	1,663	-	**17,339**
Impairments	(1,355)	(18,125)	(408)	-	-	-	-	-	**(19,888)**
Reversals of impairments	9	1,434	26	-	-	-	-	-	**1,469**
Revaluations	3,497	3,860	554	-	-	-	-	-	**7,911**
Reclassifications	-	7,243	-	(8,340)	590	-	507	-	**-**
Disposals / derecognition	-	-	-	(254)	(79)	-	-	-	**(333)**
Valuation/gross cost at 31 March 2018	**21,417**	**209,022**	**7,128**	**1,677**	**69,660**	**282**	**21,955**	**2,519**	**333,660**
Accumulated depreciation at 1 April 2017 - as previously stated	**18,902**	**122,861**	**4,269**	**-**	**43,698**	**264**	**13,678**	**2,081**	**205,753**
Prior period adjustments	(18,902)	(122,861)	(4,269)	-	(1,024)	-	(102)	(7)	**(147,165)**
Accumulated depreciation at 1 April 2017 - restated	**-**	**-**	**-**	**-**	**42,674**	**264**	**13,576**	**2,074**	**58,588**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	9,181	99	-	3,309	1	1,312	21	**13,923**
Impairments	-	(5,356)	(36)	-	-	-	-	-	**(5,392)**
Reversals of impairments	-	(1,037)	(3)	-	-	-	-	-	**(1,040)**
Revaluations	-	(2,788)	(60)	-	-	-	-	-	**(2,848)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(79)	-	-	-	**(79)**
Accumulated depreciation at 31 March 2018	**-**	**-**	**0**	**-**	**45,904**	**265**	**14,888**	**2,095**	**63,152**
Net book value at 31 March 2018	**21,417**	**209,022**	**7,128**	**1,677**	**23,756**	**17**	**7,067**	**424**	**270,508**
Net book value at 1 April 2017	**18,516**	**205,565**	**6,865**	**8,594**	**22,380**	**-**	**6,209**	**445**	**268,574**

Note 16.3 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019									
Owned - purchased	20,993	201,818	5,376	4,303	21,499	14	8,039	189	**262,231**
Finance leased	-	-	2,590	-	199	-	-	-	**2,789**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	471	10,496	-	-	3,367	-	132	188	**14,654**
NBV total at 31 March 2019	**21,464**	**212,314**	**7,966**	**4,303**	**25,065**	**14**	**8,171**	**377**	**279,674**

Note 16.4 Property, plant and equipment financing - 2017/18

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned - purchased	20,988	198,589	5,098	1,677	19,883	17	6,979	219	**253,449**
Finance leased	-	-	2,030	-	239	-	-	-	**2,269**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	429	10,433	-	-	3,634	-	88	205	**14,790**
NBV total at 31 March 2018	**21,417**	**209,022**	**7,128**	**1,677**	**23,756**	**17**	**7,067**	**424**	**270,508**

Note 17 Donations of property, plant and equipment

There is no difference between the cash provided and the fair value of the assets acquired.

Note 18 Revaluations of property, plant and equipment

The date of the valuation was 31st March 2019 and was carried out by the District Valuer. It was a desktop exercise using the latest BCIS indices and local market conditions to value Buildings, Dwellings and Land on an alternative site basis, with site optimisation applied.

Note 19.1 Investment Property

The Trust had no investments in 2018/19

Note 19.2 Investment property income and expenses

The Trust had no investment property income and expense in 2018/19

Note 20 Investments in associates and joint ventures

The Trust has no investments in unconsolidated subsidiaries, joint ventures, associates or unconsolidated entities.

Note 21 Other investments / financial assets (non-current)

The Trust has no other investments in 2018/19

Note 22 Disclosure of interests in other entities

The Trust has no interests in unconsolidated subsidiaries, joint ventures, associates or unconsolidated entities.

Note 23 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	3,232	2,789
Work In progress	-	-
Consumables	4,286	4,018
Energy	102	152
Other	15	34
Total inventories	**7,635**	**6,993**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £59,979k (2017/18: £57,431k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

Note 24.1 Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables*	41,254	
Contract assets*	-	
Trade receivables*		25,039
Capital receivables	-	-
Accrued income*		5,415
Allowance for impaired contract receivables / assets*	(947)	
Allowance for other impaired receivables	(207)	(776)
Deposits and advances	-	-
Prepayments (non-PFI)	1,763	1,065
PDC dividend receivable	219	-
VAT receivable	518	338
Other receivables	-	2,907
Total current trade and other receivables	**42,600**	**33,988**
Non-current		
Total non-current trade and other receivables	**-**	**-**
Of which receivables from NHS and DHSC group bodies:		
Current	33,147	23,101
Non-current	-	-

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 24.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets	All other receivables
	£000	£000
Allowances as at 1 Apr 2018 - brought forward		**-**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	569	(569)
Transfers by absorption	-	-
New allowances arising	378	-
Changes in existing allowances	-	-
Reversals of allowances	-	-
Utilisation of allowances (write offs)	-	-
Changes arising following modification of cotractual cash flows	-	-
Foreign exchange and other changes	-	-
Allowances as at 31 Mar 2019	**947**	**(569)**

Note 24.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables
	£000
Allowances as at 1 Apr 2017 - as previously stated	
Prior period adjustments	
Allowances as at 1 Apr 2017 - restated	**-**
Transfers by absorption	
Increase in provision	
Amounts utilised	
Unused amounts reversed	
Allowances as at 31 Mar 2018	**-**

Note 24.4 Exposure to credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31st March 2019 are in receivables from customers, as disclosed in the trade and other receivables note to the accounts.

Note 25 Other assets

The Trust has no other assets

Note 26 Non-current assets held for sale and assets in disposal groups

The Board has not declared any assets being surplus to requirements in 2018/19

Note 26.1 Liabilities in disposal groups

The Trust has no liabilities in disposal groups

Note 27.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018/19	2017/18
	£000	£000
At 1 April	**6,202**	**6,040**
Prior period adjustments	-	-
At 1 April (restated)	**6,202**	**6,040**
Transfers by absorption	-	-
Net change in year	7,297	162
At 31 March	**13,499**	**6,202**
Broken down into:		
Cash at commercial banks and in hand	110	129
Cash with the Government Banking Service	13,389	6,073
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**13,499**	**6,202**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**13,499**	**6,202**

Note 27.2 Third party assets held by the trust

The trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2019	31 March 2018
	£000	£000
Bank balances	-	1
Monies on deposit	-	-
Total third party assets	**-**	**1**

Note 28.1 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	12,356	16,977
Capital payables	2,189	2,480
Accruals	13,853	14,883
Receipts in advance (including payments on account)	-	-
Social security costs	3,581	3,386
VAT payables	-	-
Other taxes payable	3,221	2,907
PDC dividend payable	-	138
Accrued interest on loans*		47
Other payables	4,136	3,832
Total current trade and other payables	**39,336**	**44,650**
Non-current		
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	4,731	5,010
Non-current	-	-

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note . IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 28.2 Early retirements in NHS payables above

The Trust has no early retirements in NHS payables above

Note 29 Other financial liabilities

The Trust has no other financial liabilities

Note 30 Other liabilities

	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities	1,666	2,314
Deferred grants	-	-
PFI deferred income / credits	-	-
Lease incentives	-	-
Total other current liabilities	**1,666**	**2,314**
Non-current		
Total other non-current liabilities	**-**	**-**

Note 31 Borrowings

	31 March 2019 £000	31 March 2018 £000
Current		
Loans from the Department of Health and Scoial Care	1,812	2,156
Obligations under finance leases	43	40
Total current borrowings	**1,855**	**2,196**
Non-current		
Loans from the Department of Health and Scoial Care	16,527	18,299
Obligations under finance leases	2,213	2,237
Total non-current borrowings	**18,740**	**20,536**

Note 31.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2018	**20,455**	**-**	**2,277**	**-**	**22,732**
Cash movements:					
Financing cash flows - payments and receipts of principal	(2,156)	-	(21)	-	**(2,177)**
Financing cash flows - payments of interest	(542)	-	(185)	-	**(727)**
Non-cash movements:					
Impact of implementing IFRS 9 on 1 April 2018	47	-	-	-	**47**
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	532	-	185	-	**717**
Change in effective interest rate	-	-	-	-	**-**
Changes in fair value	-	-	-	-	**-**
Other changes	3	-	-	-	**3**
Carrying value at 31 March 2019	**18,339**	**-**	**2,256**	**-**	**20,595**

Note 32 Finance leases

Note 32.1 Western Sussex Hospitals NHS Foundation Trust as a lessor

There are no future lease receipts due under finance lease agreements where Western Sussex Hospitals NHS Foundation Trust is the lessor.

Note 32.2 Western Sussex Hospitals NHS Foundation Trust as a lessee

Obligations under finance leases where Western Sussex Hospitals NHS Foundation Trust is the lessee.

	31 March 2019 £000	31 March 2018 £000
Gross lease liabilities	**11,705**	**11,893**
of which liabilities are due:		
- not later than one year;	207	207
- later than one year and not later than five years;	781	830
- later than five years.	10,717	10,856
Finance charges allocated to future periods	(9,449)	(9,616)
Net lease liabilities	**2,256**	**2,277**
of which payable:		
- not later than one year;	43	40
- later than one year and not later than five years;	144	186
- later than five years.	2,069	2,051
Total of future minimum sublease payments to be received at the reporting date	-	-
Contingent rent recognised as an expense in the period	125	122

Note 33.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits*	Legal claims	Total
	£000	£000	£000	£000
At 1 April 2018	**1,214**	**1,789**	**194**	**3,198**
Transfers by absorption	-	-	-	**-**
Change in the discount rate	(9)	(31)	-	**(40)**
Arising during the year	5	49	-	**54**
Utilised during the year	(130)	(103)	-	**(233)**
Reclassified to liabilities held in disposal groups	-	-	-	**-**
Reversed unused	(11)	-	(49)	**(60)**
Unwinding of discount	4	5	-	**9**
At 31 March 2019	**1,073**	**1,709**	**145**	**2,928**
Expected timing of cash flows:				
- not later than one year;	130	102	145	**377**
- later than one year and not later than five years;	491	408	-	**899**
- later than five years.	452	1,199	0	**1,652**
Total	**1,073**	**1,709**	**145**	**2,928**

Pension costs are based upon known amounts that will have to be paid to the NHS Pension Agency in respect of staff who have retired early. By their very nature, provisions are estimates, though informed. For the calculation ofpension and injury benefit liabilities, government actuary figures for expected mortality have been used and for legal claims, data is provided by the NHS Litigation Authority.

Other provisions relate to injury benefits that are administered by the NHS Business Services Authority.

Any variation in outcome compared to the provisions are accounted for in the next financial year.

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within Other

Note 33.2 Clinical negligence liabilities

At 31 March 2019, £183,283k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Western Sussex Hospitals NHS Foundation Trust (31 March 2018: £165,045k).

Note 34 Contingent assets and liabilities

	31 March 2019 £000	31 March 2018 £000
Value of contingent liabilities		
NHS Resolution legal claims	(50)	(62)
Gross value of contingent liabilities	**(50)**	**(62)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(50)**	**(62)**
Net value of contingent assets	**-**	**-**

The Foundation Trust has no contingent liabilities other than those advised by the NHSLA as at 31st March 2019 shown above.

Note 35 Contractual capital commitments

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	2,065	2,086
Intangible assets	-	-
Total	**2,065**	**2,086**

Note 36 Other financial commitments

The Trust has no other financial commitments

Note 37 Financial instruments

Note 37.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Commissioners and the way those Commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has some powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
The Trust borrows from government for capital expenditure. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk
Because the majority of the Trust’s revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31st March 2019 are in receivables from customers, as disclosed in the trade and other receivables note to the accounts.

Liquidity risk
The Trust’s operating costs are incurred under contracts with Clinical Commissioning Groups (CCGs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from a combination of its own self-generated funds and capital investment loans with reference to NHS Improvement's Continuity of Services Risk Rating. The Trust is not, therefore, exposed to significant liquidity risks.

Note 37.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2019 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	40,099	-	-	**40,099**
Cash and cash equivalents at bank and in hand	13,499	-	-	**13,499**
Total at 31 March 2019	**53,598**	**-**	**-**	**53,598**

	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total book value
Carrying values of financial assets as at 31 March 2018 under IAS 39	**£000**	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	30,245	-	-	-	**30,245**
Cash and cash equivalents at bank and in hand	6,202	-	-	-	**6,202**
Total at 31 March 2018	**36,447**	**-**	**-**	**-**	**36,447**

Note 37.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Held at fair value through the I&E	Total book value
	£000	**£000**	**£000**
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	18,339	-	**18,339**
Obligations under finance leases	2,256	-	**2,256**
Trade and other payables excluding non financial liabilities	28,706	-	**28,706**
Total at 31 March 2019	**49,301**	**-**	**49,301**

	Other financial liabilities	Held at fair value through the I&E	Total book value
	£000	**£000**	**£000**
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	20,455	-	**20,455**
Obligations under finance leases	2,277	-	**2,277**
Trade and other payables excluding non financial liabilities	34,984	-	**34,984**
Total at 31 March 2018	**57,716**	**-**	**57,716**

Note 37.4 Fair values of financial assets and liabilities

There are no financial assets held at book value or fair value by the Trust

Note 37.5 Maturity of financial liabilities

	31 March 2019	31 March 2018
	£000	**£000**
In one year or less	30,561	37,180
In more than one year but not more than two years	1,816	1,772
In more than two years but not more than five years	4,818	6,124
In more than five years	12,106	12,640
Total	**49,301**	**57,716**

Note 38 Losses and special payments

	2018/19		2017/18	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	-	-	-
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	-	-	-	-
Total losses	**-**	**-**	**-**	**-**
Special payments				
Compensation under court order or legally binding arbitration award	2	2	2	7
Extra-contractual payments	-	-	-	-
Ex-gratia payments	61	52	3	6
Special severence payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**63**	**54**	**5**	**13**
Total losses and special payments	**63**	**54**	**5**	**13**
Compensation payments received		-		-

Note 39.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £47k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classifiction of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £2,341k.

Note 39.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

The application of IFRS15 (paragraph c8 of the standard) requires that, where material and for 2018/19 only, the Trust should disclose the amount by which each financial statement line item is affected in the current reporting period. In addition, reasons for significant changes should also be disclosed.

The application of IFRS15 has had no material impact for the Trust.

Note 40 Related parties

		Receivables		Payables	
		31-Mar-19	31-Mar-18	31-Mar-19	31-Mar-18
		£000	£000	£000	£000
	NHS Coastal West Sussex	5,071	6,798	1,412	1,439
	NHS England	19,317	6,663	476	12
1	NHS Brighton and Hove	510	118	34	38
1	NHS South Eastern Hampshire	222	-	145	-
1	NHS Horsham and Mid Sussex	160	284	-	29
	Sussex Community NHS Foundation Trust	1,391	1,074	193	27
	Sussex Partnership NHS Foundation Trust	967	1,237	44	428
1	Portsmouth Hospitals NHS Trust	1,319	1,820	115	197
1	Health Education England	235	172	88	755
1	Brighton and Sussex University Hospitals NHS Trust	449	1,906	2,287	2,036
	Western Sussex Hospitals Charities and Other Related Charities	470	587	-	-
	Total	**30,111**	**20,659**	**4,794**	**4,961**

	Details of related party transactions with individuals are as follows:	Income		Expenditure	
		31-Mar-19	31-Mar-18	31-Mar-19	31-Mar-18
		£000	£000	£000	£000
2	University of Sussex (related to Kirsten Baker, Non-Executive Director Adviser)	241	36	12	6
3	St Barnabas Hospice (related to Mike Rymer, Non Executive Director)	-	-	11	12
4	BT (related to Jon Furmston, Non-Executive Director)	-	-	28	107

		Income		Expenditure	
		31-Mar-19	31-Mar-18	31-Mar-19	31-Mar-18
		£000	£000	£000	£000
	NHS Coastal West Sussex	322,664	305,606	-	8
	NHS England	79,684	61,008	-	38
1	NHS Brighton and Hove	6,638	5,312	-	-
	NHS South Eastern Hampshire	6,358	5,944	-	-
1	NHS Horsham and Mid Sussex	4,041	5,103	-	-
	Sussex Community NHS Foundation Trust	3,125	3,060	313	316
	Sussex Partnership NHS Foundation Trust	2,986	3,798	193	290
1	Portsmouth Hospitals NHS Trust	3,845	3,140	381	301
	Health Education England	13,193	13,893	14	-
1	Brighton and Sussex University Hospitals NHS Trust	1,800	1,683	2,945	2,127
	Western Sussex Hospitals Charities and Other Related Charities	381	217		
	Total	**444,715**	**408,764**	**3,846**	**3,080**

On 1st April 2017, the Trust (WSH) entered into a long-term agreement with NHS Improvement and Brighton and Sussex University Hospitals NHS Trust (BSUH). This agreement provides for collaboration between the Trusts, including arrangements for board membership and governance in common, as well as the provision of management support to BSUH by WSH. The initial term of this agreement is for three years.

Western Sussex Hospitals NHS Trust is sole corporate trustee of Western Sussex Hospitals Charitable Trust, from whom the Trust has received revenue and capital payments.

Notes to the above

1) Related party identified (and prior year figures shown for comparison purposes.)
2) K Baker is Vice-chair of the University of Sussex.
3) M Rymer is a Trustee of St Barnabas Hospice.
4) J Furmston was a Director of BT plc until 30th June 2018 when he transferred to Openreach.

Note 42 Prior period adjustments

There are no prior period adjustments

Note 43 Events after the reporting date

There are no events after the reporting date

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Western Sussex Hospitals NHS Foundation Trust for the year ended 31 March 2019 which comprise Statement of Comprehensive Income, the Statement of Financial Position, Statement of Cash Flows, the Statement of changes in equity and the related notes1 to 43, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion, the financial statements:

• give a true and fair view of the state of Western Sussex Hospitals NHS Foundation Trust's affairs as at 31 March 2019 and of its income and expenditure and cash flows for the year then ended; and

• have been prepared in accordance with the Department of Health and Social Care's Group Accounting Manual 2018/19 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

• the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

• the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Overview of our audit approach

Key audit matters	Risk of fraud in revenue recognition through Management Override
Materiality	Overall materiality of £4.443m which represents 1% of operating expenditure.

Key audit matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in our opinion thereon, and we do not provide a separate opinion on these matters.

Risk	Our response to risk	Key observations communicated to the Audit Committee
Risk of fraud in revenue recognition through Management Override Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition. We believe this manipulation is possible through both income and expenditure transactions and areas of significant estimation. Management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. The NHS as a whole continues to experience significant financial pressures and there is pressure on the Trust to achieve its forecast financial position. While the Trust is performing better than most, we recognise that any targeted outturn position produces financial pressures on the Trust and therefore increase the risk of manipulation of the reported financial position in order to achieve that forecast outturn.	In response to the risk, we: ► discussed with management to understand the overall financial position to inform the appropriate audit expectations of the year-end income and expenditure position; ► reviewed and tested revenue and expenditure recognition policies. No evidence of material misstatement was identified; ►discussed with management any accounting estimates on revenue or expenditure recognition for evidence of bias. None was identified; ► developed and carried out a testing strategy to test material revenue and expenditure streams; ► tested revenue cut-off at the period end date. No material cut-off issues were identified; ► critically reviewed Department of Health agreement of balances data investigate significant differences (outside of DH tolerances). We did not identify any significant differences outside the DH tolerances; ►tested the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements. No evidence of management override or material misstatement was identified; ► reviewed accounting estimates for evidence of management bias. No evidence of bias was identified; and, ► confirmed there was no evidence of fraud arising from the business rationale for significant unusual transactions.	No evidence of fraud in revenue recognition through management override has been identified.

In the prior year, our auditor's report included a key audit matter in relation to Disputed Income. In the current year, we are satisfied that the dispute had been properly resolved and accounted for in the 2017/18 financial statements.

An overview of the scope of our audit

Tailoring the scope

Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Foundation Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Foundation Trust and effectiveness of controls, including controls and changes in the business environment when assessing the level of work to be performed. All audit work was performed directly by the audit engagement team.

Materiality

The magnitude of an omission or misstatement that, individually or in the aggregate, could reasonably be expected to influence the economic decisions of the users of the financial statements. Materiality provides a basis for determining the nature and extent of our audit procedures.

We determined materiality for the Trust to be £4.443 million (2017/18: £4.253 million), which is 1% (2018: 1%) of operating expenditure. We believe that operating expenditure provides us with an appropriate basis for determining the nature, timing and extent of risk assessment procedures to identify our assessment of the risks of material misstatement.

During the course of our audit, we reassessed initial materiality to reflect operating expenses reported in the draft 2018/19 financial statements. This did not have a significant impact of the level of materiality we applied.

Performance materiality

The application of materiality at the individual account or balance level. It is set at an amount to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality.

On the basis of our risk assessments, together with our assessment of the Trust's overall control environment, our judgement was that performance materiality was 75% (2017/18: 75%) of our planning materiality, namely £3.332 million (2017/18: £3.19 million). We have set performance materiality at this percentage to ensure that the total uncorrected and undetected audit differences do not exceed our materiality for the financial statements as a whole.

Reporting threshold

An amount below which identified misstatements are considered as being clearly trivial.

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.222m (2017/18: £0.213m), which is set at 5% of planning materiality, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations in forming our opinion.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

We read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We have nothing to report in this regard.

Opinion on other matters prescribe by the Code of Audit Practice issued by the NAO In our opinion:

• the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and

• the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Matters on which we report by exception

The Code of Audit Practice requires us to report to you if

• We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;

• We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;

• We are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule 10(1)(d) of the National Health Service Act 2006;

• we have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and is not misleading or inconsistent with other information forthcoming from the audit; or • we have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2018/19 requires us to report to you if in our opinion, information in the Annual Report is:

• materially inconsistent with the information in the audited financial statements; or

• apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit.

• otherwise misleading.

We have nothing to report in respect of these matters.

Responsibilities of Accounting Officer

As explained more fully in the Accountable Officer's responsibilities statement set out on page 98, the Accountable Officer is responsible for the preparation of the financial statements and for being

satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Auditor's responsibilities with respect to value for money arrangements

We are required to consider whether the Foundation Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is based on the overall criterion that "in all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

Proper arrangements are defined by statutory guidance issued by the National Audit Office and comprise the arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

In considering your proper arrangements, we draw on the requirements of the guidance issued by NHS Improvement to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there are any risk that we consider significant within the Code of Audit Practice which defines as: "A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects".

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk there is no requirement to carry out further work. Our risk assessment considers both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders.

Certificate

We certify that we have completed the audit of the financial statements of Western Sussex Hospitals NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG).

Use of our report

This report is made solely to the Council of Governors of Western Sussex Hospitals NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Paul King
for and on behalf of Ernst & Young LLP
Southampton
28 May 2019

The maintenance and integrity of the Western Sussex Hospitals NHS Foundation Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

NHS
Western Sussex Hospitals
NHS Foundation Trust