NHS
Sussex Partnership
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS 2019-2020

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Sussex Partnership NHS Foundation Trust
Annual Report and Accounts 2019-2020

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1. Performance Report

1.1 Overview

This section of the Annual Report provides an overview of key achievements and challenges during 2019/20.

Introduction

I want to start by saying thank you to everyone at Sussex Partnership for your commitment, compassion and care for the patients, carers, families and local communities. Everywhere I go across our services in Hampshire and Sussex, I see clinical and non-clinical staff consistently going the extra mile to provide high quality services.

I'm so proud that over this time our entire team has continued to focus on our key organisational values. By putting people first, being future focused, embracing change, working together and making sure everyone counts, we are able to make a difference to the lives of the vulnerable people under our care. Without these values that our staff thrive upon, we would not be able to provide a joined up approach which ultimately benefits the patient and provide them with the support they need.

There have been so many examples of our staff carrying out innovative and positive practises, some of which you will be able to read about in this document. At the same time, we must acknowledge that Sussex Partnership has experience some unprecedented and challenging times.

Covid-19

As I write this piece for the Annual Report, the UK is in the midst of the Covid-19 pandemic. Covid-19 has threatened our personal safety, disrupted our daily routines, uprooted our lives and shaken our world.

There is much from which we can draw strength about how we have responded. Acts of kindness abound, all around, in a way that is moving, inspiring and a source of hope for how we live our lives. This crisis has brought neighbours and communities together. It has created a sense of authentic connection that has seemed sadly lacking in our society

People have mobilised to meet the needs of people with courage, compassion and commitment. Across the NHS we have pulled together, adapted and made rapid changes to services to meet the needs of our local communities in these most testing times. The NHS could not do this without the support of the voluntary sector, social care and all public services. It is a privilege to work for the NHS and I hope more people choose a career with us and across the caring sector on the back of this. It has also taught us that we need to pay as much attention to social care as we do the NHS – our care homes are as important as our hospitals.

For those of us working within specialist mental health services, our focus has remained throughout on making sure that people who need our help in a crisis continue to receive it. Our clinical teams have cared for patients who are in hospital with a learning disability and/or mental illness who have contracted the virus. Supporting our clinicians to provide care under these challenging circumstances to keep patients and themselves safe has been our priority.

Our response to Covid-19 has involved:

- Providing safe hospital care in line with Public Health England guidance, including use of the Personal Protective Equipment advised for mental health and learning disability settings.

- Keeping connected with people under the care of our community teams by telephone or using digital technology where possible (clinical staff have undertaken 10,000 virtual consultations in the last nine weeks), and face-to-face where necessary.

- Providing easy access to 24/7 urgent care and support through our mental health rapid assessment hubs and our Mental Healthline (which has been expanded to respond to members of the public, including NHS and social care staff, experiencing Covid-19 related mental health difficulties).

- Working safely, slow the spread and reduce risk of transmission of Covid-19 through effective infection and prevention control across all our services and workplaces, and by making sure we make appropriate changes to our buildings and working practices.

- Caring for our local communities across Hampshire and Sussex by responding to emerging evidence about those who may be particularly at risk from Covid-19, such as people from Black and Minority Ethnic (BAME) backgrounds, and by preparing for a possible future increase in need for specialist mental health support.

- Continuing to support remote working where possible to maintain social distancing, using feedback from staff about how this has worked in recent weeks to inform future working practices - over 1,000 staff responded to our survey about this and other aspects of our response to Covid-19.

- Working with our partners across health, social care, police, third sector and voluntary organisations to promote health and wellbeing within our communities.

In doing all of this, our focus is on continuing to provide safe, high quality care to people - and their family and carers - as well as self-care support, advice and information.

We have made it our mission to keep staff well informed about the latest developments and Government advice. Putting people first is one of our key organisational values, and that is what we have tried to do during the challenging and uncertain times regarding Covid-19. Our executive team have been holding regular webinars to update staff with information such as when to work from home, when to use PPE, as well as answering live questions from staff within the Trust.

I want to put on record how proud I am of each and every one of our staff. You have done an incredible job in helping us continue caring for patients, families and carers.

It is really important we stay focused on managing the immediate challenges of Covid-19. At the same time, we need to plan for the future. This means being ready to respond to the longer-term social and economic impact of the pandemic and how this will affect mental health and wellbeing across our local communities.

Care Quality Commission

On 7 June 2019, the Care Quality Commission (CQC) rated Sussex Partnership 'good' overall, with a rating of 'outstanding' for patient care. We were last rated ‘good’ in January 2018, having previously been assessed as ‘requires improvement’ in September 2016.

As Chief Executive, this makes me delighted for the team I lead, who I know work tirelessly each and every day to look after vulnerable people and their families. I am proud to be part of an organisation providing outstanding care. I am also proud to work alongside colleagues who come to work committed to helping people with their mental health and wellbeing who are committed to the values of the NHS.

I am proud the CQC has noted the compassion and kindness of our staff and the efforts they make to involve patients and families in decisions about their care. The fact the CQC heard from patients and families about feeling respected and valued is both heartening and testament to the commitment of our staff. At a time when health and care services are facing significant and sustained pressure, it is so important to recognise people for the important, valuable work they do every day on behalf of the patients, families and local communities we serve.

We value the CQC’s role in helping us improve care and treatment for the patients, families and local communities we serve. We know we have more to do, in partnership with others, to continue improving services for patients and families.

In their assessment of the Trust’s services, the CQC said:

- The senior leaders worked well together and had a clear understanding of issues inside and outside of their line of responsibility and how these impacted on each other.

- The lead governor was outstanding and an excellent role model to the governors. She clearly understood her role and the impact of this on the trust, as well as developing local networks to promote more integrated systems working.

- Medicines safety was effectively integrated into the governance structure of the trust. The chief pharmacist led the development of the medicines optimisation strategy, providing annual updates to the board on achievements and challenges.

- Staff assessed and managed risk. They minimised the use of restrictive practices and followed good practice with respect to safeguarding. Staff discussed risks and safeguarding concerns during regular handovers. Ward managers were able to adjust the staffing levels based upon the acuity on the wards.

- Since April 2018 the trust had been successful in adding 100 people to its experts by experience database and offered supervision and training to support them in their role.

- There was good evidence that the trust was implementing the triangle of care across its services which meant closer working with carers and a more holistic view of the needs of people using the service.

- Patients and carers gave positive feedback about the care received. Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients, families and carers in care decisions.

- People using services were supported through good multidisciplinary team working. They provided a range of treatments suitable to the needs of the patients and in line with national best practice guidance. There was effective multi-agency working with external partners to support the needs of people in the community.

Our staff achievements

There are too many achievements to describe in full within this report. I have focused on some examples which demonstrate the creativity, commitment and compassion of our staff and teams across Hampshire and Sussex.

Sussex mental health nurse shortlisted for award in recognition of his work with the armed forces community

Martin Diver, a nurse and the Managerial Lead for armed forces and Senior Nurse Practitioner from Crawley, was shortlisted for a Soldiering On Award, recognising his fantastic contribution to supporting members of the armed forces community with their mental health.

The Soldiering On Awards celebrate the outstanding achievements of those who have served their country, and those who work together in support of the Armed Forces Community.

Martin was instrumental in setting up the Sussex Partnership NHS Armed Forces Community which provides peer led support through drop-ins, events and social activities to serving or former military personnel across Sussex.

Award winning mental health nurse retires after 66 years

Worthing mental health nurse Aileen Coomber formally retired in December 2019 after 66 years of service to the NHS.

Aileen spent more than 10 years at Shepherd House Recovery Unit in Worthing. She joined the NHS aged 15. Starting her career as a nursing cadet, Aileen went on to become a Registered Mental Health Nurse in 1976 at St James' University Hospital in Leeds before moving to Worthing in 1981 where she worked at the Acre Day Hospital.

Aileen's commitment and dedication to her work has been recognised in recent years with a Pride of Britain Award, a The One Show Lifetime Achievement Award and a Lifetime Achievement award at Sussex Partnership's Positive Practice Awards. Aileen also featured in ITV's NHS Heroes series to mark 70 years of the NHS last year.

"You'll feel fab when you get your flu jab"

A local student mental health nurse with Sussex Partnership went on a mission to encourage others to get their seasonal flu jab with his 'flu jab rap' and music video.

Kuda Chifamba, currently studying in his second year at University of Surrey, is training to become a mental health nurse, and as part of his course is completing work placements with the Trust's services at Langley Green Hospital and 78 Crawley Road.

Kuda began writing melodies and songs at a young age while growing up in Zimbabwe, and after moving to the UK at the age of 15, Kuda recorded his first music track in a recording studio at school. Since then he has been trying to find new ways to incorporate music with his passion for helping people who are experiencing mental health difficulties:

As well as being the writer, co-producer and vocalist for the flu jab rap itself, Kuda also stars in the full length music video which was filmed on location in Hove.
This was just one element of the flu vaccination programme led by our fantastic Infection Prevention and Control team, which resulted in over 80% of staff receiving a flu jab.

Worthing based Consultant Psychiatrist nominated for national award

A consultant physiatrist who works with children and young people in Worthing was nominated for a top honour in the Royal College of Psychiatrists 2019 Awards.

Dr Ramya Mohan is based in the Worthing Child and Adolescent Mental Health Service (CAMHS) was shortlisted for the Psychiatric Communicator of the Year award at the 2019 Royal College of Psychiatrists Awards (RCPsych Award), an annual award ceremony which recognises the highest level of achievements in the psychiatry sector.

As an accomplished composer, musician, performer, artist, speaker and writer, Ramya uses her academic, clinical and creative skills to create projects, events and techniques to support people with their mental health and emotional wellbeing.

NHS Marathon Man takes runners from Couch to 5k

An NHS Manager, who raised thousands of pounds for charity by running five marathons in five days, took more than 20 people through the Couch to 5k programme after setting up dedicated running clubs.

Ian Puttock, from Angmering, completed his amazing marathon challenge last summer raising more than £3,000 for Heads On, the official charity of Sussex Partnership NHS Foundation Trust where Ian works as Head of Project Management.

He has since launched two free running clubs on Friday afternoons at Worthing Leisure Centre with Sussex Recovery College, for staff and people under the care of the Trust's specialist mental health services.

A father of four, Ian started running 10 years ago when his wife suddenly died and is a great advocate of the positive impact running can have when it comes to mental health.

Hampshire mental health service nominated for award at national ceremony

A specialist eating disorder service for children and young people in Hampshire was shortlisted for an award that recognises excellent practice in mental health services.

Hampshire Child and Adolescent Mental Health Services (CAMHS), which is provided by Sussex Partnership, was recognised in the Community Mental Health Eating Disorders category at the 2019 National Positive Practice in Mental Health Awards. The National Positive Practice Awards celebrate excellent practice in mental health care across the NHS, and champion the work that is being done to improve services for patients, carers and families.

The Hampshire CAMHS Specialist Eating Disorder Service provides treatment and support to children and young people who are experiencing an eating disorder, and their families.

Local learning disability nurse receives prestigious Queen's Nurse title

A learning disability nurse from West Sussex was given the prestigious title of Queen's Nurse, which recognises her contribution to nursing over the past 29 years and welcomes her into an elite group of nurses across the country.

The Queen's Nurses programme recognises nurses who have demonstrated a high level of commitment to patient care and nursing practice throughout their career. Nurses apply on their own behalf to be a Queen's Nurse and are required to have at least five years' experience of working in community services.

Gill Hurren currently works in Bognor Regis as a Lead Community Learning Disability Nurse for Sussex Partnership NHS Foundation Trust, which provides specialist mental health and learning disabilities services for all ages in Sussex, and for children and young people in Hampshire. In her role she works closely with colleagues from the local authority and other professionals.

Gill first qualified as a nurse in 1990 and since then has never regretted her career choice. The Queen's Nurses are the national network for the Queen's Nursing Institute, which supports nurses in their careers in various ways, including by offering nurses educational grants, support to help them develop their own leadership skills and by connecting them with a supportive network of other nurses across the country. The institute also works to influence government policies and raise awareness of the importance of financial investment in community nursing. Queen's Nurses serve as leaders and role models in community nursing, delivering high quality health care across the country.

Local nurse's marathon effort to raise money for cancer support

One of our learning disabilities nurses from Horsham took on a marathon challenge to raise money for Macmillan Cancer Support this June.

Jo Light, who is a Community Learning Disabilities Nurse with Sussex Partnership's northern Learning Disability Service in Horsham, took on the Jurassic Coast Mighty Hike last June.

She walked a near marathon distance - 26 miles - from Weymouth to Wareham along the magnificent, and challenging, world heritage coast.

Jo trained six days a week, doing a mix of high intensity interval training (HIIT) and boxing classes, alongside weight sessions and lots of walking along the South Downs with her two Border Collies.

Positive Practice Awards

Every year we celebrate the hard work and dedication shown by our staff through our Positive Practice Awards. This was launched in 2015 and has gone from strength to strength, with the number of awards and nominations increasing year on year.

It is one night of the year where we can celebrate the nurses, doctors, occupational therapists, allied health professionals, support staff, service users, their family and carers, volunteers and partner organisations. The black-tie event recognises the amazing staff who, every day, go above and beyond in their roles working with patients, families and local communities to provide a first-class service.

We celebrated with two new categories last year: The Care Without Carbon award and the 2019 Special Award for pet therapy animals. We also added a third Shining Star award, to celebrate volunteers, carers, experts by experience and everyone else who supports our work without being an employee. More than 800 people gathered at the Brighton Metropole Hotel in November to congratulate our amazing winners of 14 categories.

Inspired to improve (Value: Embracing Change) - Awarded to an individual or team that celebrates creativity, innovation and the chance to do things differently, who makes bold decisions in the interests of patients and listens to and comes up with ideas for improvement.

- Bronze: East Sussex Rehabilitation Pathway
- Silver: Helen Dove and Emily David, Hampshire CAMHS
- Gold: Pavilion Ward, Mill View Hospital

Innovation, learning and improvement - Awarded to an individual or team that demonstrates a dedication to continuous improvement through training and developing others, quality improvement, research or innovation.

- Bronze: North West Sussex Crisis Team
- Silver: Pan Sussex Learning Disability CDS Learning Disability Therapists
- Gold: Lindsay Towle and the team at The Haven @ Mill View

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

- Bronze: Single Point of Access Service, Hampshire CAMHS
- Silver: HMP Ford Primary Care, Mental Health & Substance Misuse Services
- Gold: Martin Diver

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

- Gold: Brian Solts

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

- Bronze: Pavilion Ward, Mill View Hospital
- Silver: Willow Ward
- Gold: Abbie Harmes and her family

Apprentice of the year - Awarded to an individual currently undertaking/or who has recently completed an apprenticeship opportunity.

- Bronze: Gary O'Shea
- Silver: Ella Fox Stillwell
- Gold: Darren Salt

Care without Carbon - Awarded to an individual or team who has embraced the principles of the Care Without Carbon programme and taken extraordinary steps to make their service or department more sustainable for a better working life and a greener NHS.

- Bronze: Abbie Hoskin
- Silver: Shepherd House
- Gold: Sabrina Carter

The 2019 special award - best pet therapy animal - Therapy animals can make an enormous difference to people in our care. This year, we've created a special award to recognise the pet therapy animal who has had the biggest impact on our patients. In future years, the special award will have different themes.

- Bronze: Sooty, the therapy pony
- Silver: Dr Mutley Moss, the therapy dog
- Gold: Cassy, the therapy dog

Team Award (non-clinical) - For non-clinical teams which have made an outstanding contribution going 'the extra mile'.

- Bronze: Amberstone Facilities Team
- Silver: Finance Team
- Gold: Physical Healthcare Team

Team Award (clinical) - For clinical teams which have made an outstanding contribution going 'the extra mile'.

- Bronze: Winchester and Test Valley CAMHS
- Silver: Mill View Hospital
- Gold: Selden Centre

Shining Star (non-staff) - Awarded to an individual who doesn't work for Sussex Partnership, but who has a huge impact on the life of a patient or patients. Nominees will be carers, peer workers, volunteers, family members or experts by experience.

- Bronze: Dan Elton
- Silver: Belinder Channer and Jeremy Sandford
- Gold: Angie Culham

Shining Star (non-clinical) - Awarded to an individual working for Sussex Partnership who makes a difference every day.

- Bronze: Stacey Witterick
- Silver: Justin Hawkins
- Gold: Helen Dove

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

- Bronze: Karen Hoskin
- Silver: Caroline Flisher
- Gold: Sharmella Rumble

Outstanding Student Mentor - Awarded in recognition of the significant contribution that mentors make to the education and training of students to a mentor who is clear about our priorities, is flexible to help others, is positive and optimistic, constructive when criticising and who puts learning into action.

- Bronze: Claire Smith
- Silver: Rick Clark
- Gold: Shamiso Sakupwanya

These are challenging times for the NHS, with demand for services increasing all the time. These award-winning members of staff are just a small selection of those who are going above and beyond to provide outstanding care. These awards are so important to commending those who work for us. Everyone has busy jobs and leads hectic lives, so this gives us the chance, one night a year, to bring everyone together to celebrate all the day-to-day success in mental health services across Sussex and Hampshire.

There may be key names mentioned above, but I don't want to forget everyone else that was nominated for our Positive Practice award, and certainly not forget the thousands of dedicated staff that come into work every day, who have made their key roles more than just a job

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

Celebrating developments across Sussex Partnership

As a Trust we continue to evolve, and continue to evolve effectively and efficiently. Putting people first, and at the heart of what we do, means we are able to work together to deliver the best possible care and treatment in the community and our clinical sites.

Over the last 12 months we have seen a lot of developments in our services, and credit must go to our amazing team of staff for making some of these achievements happen.

Helping people take care of their mental health during the coronavirus outbreak

Senior psychologists from Sussex Partnership offered advice and guidance to help people take care of their mental health during the coronavirus crisis - and beyond.

The Trust has published information and support to make sure people can help manage the way they are feeling in what are difficult and challenging times for everyone.

Director of Psychology and Psychological Therapy, Dr Nick Lake, appeared on regional TV news programmes, local radio and in the press to talk about the Trust's key messages.

Children's Mental Health Week 2020

Young people and families across Sussex and Hampshire were reminded of the importance of looking after their mental health and wellbeing as part of Children's Mental Health Week.

Child and Adolescent Mental Health Services (CAMHS) in Sussex and Hampshire marked the awareness week (3-9 February) by encouraging all children and young people to think about how they are feeling, what they would do if they thought they were struggling, and who they would talk to.

This year's theme is 'find your brave' which encourages children and young people to think about the things that they can do to show bravery, such as sharing worries or asking someone for help.

Sussex schools start vital conversations about mental health with their students

More than 50 schools across Sussex took part in a campaign in collaboration with local NHS mental health services to start a conversation with their students and staff about the things we can all do to look after our mental health and emotional wellbeing.

The 'my mental health promise' campaign was created by our Sussex Child and Adolescent Mental Health Services (CAMHS), working in partnership with our communications team. In September all the primary schools across Sussex were contacted and invited to take part in the campaign, of which 56 signed up.

A mental health promise is a statement or pledge of something you will do to look after your own mental health or to support the mental health of a friend or loved one. The idea was really simple which meant that it was easy for schools to take part and deliver the campaign in a way that worked for their students, such as by holding assemblies or delivering workshops which focused on mental health.

Trust launches 'refer a friend' scheme to recruit more nurses

Staff at Sussex Partnership were encouraged to refer a nursing friend as part of the Trust's national recruitment drive.

Existing members of staff will be paid up to £1000 if they are able to call on their friends to help fill nursing roles which are traditionally difficult to recruit to.

Under the terms of the scheme, the referring member of staff receives £500 if the friend or relative they have recommended is successfully recruited and a further £500 if that person stays in post for more than a year.

The scheme is part of the Trust's successful national nurse recruitment campaign – called #NotJustAJob – which features its own nurses.

Record number of staff vaccinated against flu

A record number of staff at Sussex Partnership had their flu jab over the winter, helping to protect themselves, their families and their patients from the flu virus.

The record of 81% beat the previous year's campaign when 78% of staff were vaccinated by the end of the flu vaccination campaign. The success is down to a dedicated flu campaign at the Trust to ensure all members of staff are aware of the importance of the flu vaccination in order to protect their patients by protecting themselves from the flu.

The flu fighter team made it easy for staff to have their flu jab by training peer vaccinators to deliver the flu vaccine in the workplace for all staff. A series of flu clinics, pop up clinics, sunrise and sunset clinics for staff working unsocial hours are just some of the ways the Trust made sure everyone could access a flu vaccination.

Trust awarded next level of accreditation for work with family and friend carers

Sussex Partnership was recognised by the Carers Trust 'Triangle of Care' programme for ongoing efforts and commitment to improving the way they work with family and friend carers, and was awarded the next level of accreditation status.

We were awarded Stage One status for the Triangle of Care programme, which is delivered by the Carers Trust and asks NHS mental health trusts and the people who work there to make a commitment to change the way they communicate with and include carers in decisions about the person they are supporting.

Separated in to three stages, which each take two years to complete, the Triangle of Care programme focuses on three specific areas of mental health services. Stage one focuses on inpatient services and crisis services, stage two focuses on specialist community services, and stage three looks at community physical health services.

Sussex Partnership rated highly for research

Sussex Partnership was rated one of the most research active NHS mental health trusts in the annual league table produced by the National Institute for Health Research (NIHR) last summer.

Sussex Partnership is ranked 2nd out of the 54 specialist NHS mental health trusts for the number of people involved in research. The Trust has achieved a 62% increase in the number of people involved in research studies within the last year, having recruited 3932 research participants in 2018/19 compared to 2427 in 2017/18.

Clinical research studies enable patients and volunteers to contribute to learning that has a direct impact on the way mental health care is provided both now and in the future.

Celebrating 100 years of Learning Disability Nursing

As a mental health trust that provides specialist learning disability services, we marked an important milestone for learning disability nursing in 2019.

First introduced in 1919, there are now 3,500 learning disability nurses working across the country in their local communities, hospitals and in supported living accommodation, delivering care to people of all ages who have a learning disability and in some cases other mental health or physical health conditions too.

Learning disability nurses work closely with service users and the people in their life, such as partners, family members and carers, to create a care plan of support which recognises their health needs and enables them to live well with their disability.

Recognising the family and friend carers that provide care and support to their loved ones

We celebrated Carers Week in 2019, and the extraordinary job that family and friend carers do in supporting their loved ones through mental health difficulties and long term illness.

Last year's theme 'getting carers connected' raises awareness of the importance of keeping carers connected with their community, their support networks and prioritising their own health needs too.

Services across Sussex Partnership held a number of free events to mark Carers Week, including carer's events at the Woodlands Centre in Hastings and Meadowfield Hospital in Worthing. We were also part of the Carers Festival, which was hosted by the Carers Centre in Brighton.

Hampshire mental health service for children and young people recognised at prestigious national award ceremony

A specialist mental health service in Hampshire won awards in two categories at the national Children and Young People's Mental Health Awards 2019.

Hampshire Child and Adolescent Mental Health Service (CAMHS), which is provided by Sussex Partnership NHS Foundation Trust, was shortlisted in two categories at the 2019 awards and received a Highly Commended award for both.

The Hampshire CAMHS Coping and Resilience Education (C.A.R.E) Programme gives young people and families useful tips on mindfulness and relaxation, to help support good mental health. The programme was shortlisted in the Learning and Education category, which recognises a project which works to build resilience in schools with young people, and promotes positive mental health in children and young people in education.

The second award came for the service's new website for children and young people - www.hampshirecamhs.nhs.uk. The innovative site was shortlisted in the Digital Innovation category, which recognises a piece of work or digital project to be used by children, young people and organisations to help promote positive mental health.

Multimillion pound digital investment will benefit NHS patients in Sussex and Hampshire

Sussex Partnership was awarded £3m from NHS Digital as part of a national programme to help improve patient care using digital technology.

The funding, awarded as part of Global Digital Exemplar programme, will be paid over three years and has been matched with equal funding from Sussex Partnership. Sussex Partnership will be working closely with Oxford Health NHS Foundation Trust to learn and to share experiences with the wider NHS.

The funds will be used to: use technology to improve patient experience, such as self-management apps and video consultation; develop ways to securely share information with partner organisations to improve the way care is provided; further improve Sussex Partnership's electronic patient information system (Carenotes); and improve the way clinical information is used and made available to staff to help plan, manage and improve clinical services.

Hastings drop-in centre for young people receives funding to increase opening hours

A vital health and wellbeing drop-in centre for young people in Hastings is now be open five days a week thanks to £200,000 of government funding.

i-Rock on Cambridge Road is a drop-in centre for young people aged 14-25 to get help with mental health, wellbeing, housing, education or employment from over 70 different services.

The service has extended its opening hours from three days to five thanks to a £200,000 investment over two years from Hastings Opportunity Area, a Department for Education programme to support mental health, wellbeing and improve social mobility for children and young people in the town.

The money also means that the service can introduce brief interventions in-house, preventing the need for further referrals to other services and also addressing gaps in local services.

i-Rock is delivered in partnership by Sussex Partnership NHS Foundation Trust, East Sussex County Council and Hastings and Rother Clinical Commissioning Group. The project also works closely with a wide range of third sector providers including Oasis, Sussex Community Development Association, Youth Employability Service and Counselling Plus.

Improving mental health services in West Sussex

In January 2018, ourselves and the local West Sussex Clinical Commissioning Groups (CCGs) began developing proposals to improve mental health services in West Sussex for adults and older people, including those with dementia.

Our original proposals focused on moving old and poor-quality wards in Chichester and Horsham to more modern, safer wards in Worthing and Crawley. They also gave us the opportunity to create single-sex wards across West Sussex to meet national guidelines and develop a Centre of Excellence for dementia care.

The proposals also supported our plans to strengthen our community services so we care for people in their own homes where possible by providing greater access to crisis and urgent care and home treatment services.

We formally consulted on these proposals for 12 weeks between July and October 2019, engaging with more than 500 people during this period through such things as public meetings, smaller meetings for individual organisations, a range of online activity and other more traditional communications such as newspaper advertising.

A particular focus was on engaging with service users, carers and their families, charities and interested parties such as MPs and individual members of the public. Also, we made a concerted effort to talk and listen to groups representing minorities and the hard-to-reach, including those from the LGBT, Black and Minority Ethnic and rural communities.

Following best-practice guidance, we commissioned a consultancy specialising in research and community engagement to carry out an independent analysis of the feedback from the consultation. The feedback raised a number of concerns around the introduction of single-sex wards, the travel impact of our proposals, the creation of extra beds on wards and the need to strengthen community services.

We used the feedback and analysis to develop refined proposals which are now subject to approval from NHS England and Improvement, West Sussex HASC, CCG Governing Bodies and Sussex Partnership's Board of Directors.

Art helps to transform the Hellingly Centre

During a six month period at the back end of 2019, staff and residents at the Hellingly Centre, our medium secure unit for people who have mental health problems and who have become involved with the criminal justice system, worked with Hospital Rooms, a charity that brings world-class art to mental health units, and the results were amazing and inspiring.

We were lucky enough to be one of just six mental health trusts chosen by Hospital Rooms to benefit from the work of artists in 2019.

The charity ran workshops with patients and staff, giving them the opportunity to try different artistic techniques, from animation to painting. They were invited to contribute ideas which would influence what the artists would finally create.

The result was unique, imaginative artwork that is specific to the hospital and the people it supports.

One thing I particularly wanted to highlight about this project is how much patient involvement there was, and often from people who didn't engage well before, particularly in art-based projects. The feedback was overwhelmingly positive from patients, staff, the team at Hospital Rooms and the artists and we hope to continue working with them on more projects, not just at Hellingly but across our services.

If you'd like to see some of the artwork, and hear reflections from the staff and patients involved, visit www.sussexpartnership.nhs.uk/hospital-rooms.

Heads On

Now would also be a good time to celebrate the vital work of Trust's very own charity, Heads On.

Living with mental health problems can be life changing, but we believe that with the right support extraordinary things can happen. Anyone can experience a mental health problem. In fact, it's one in four of us every year.

At Heads On we do everything we can to make things better for the people who come to Sussex Partnership for help, by providing funding for special projects, patient and family support, pioneering research and the transformation of your local mental health hospitals into more comfortable and welcoming environments.

Thanks to the generosity of our fundraisers, Heads On can help to provide the best possible support to people with mental health problems across Sussex and beyond.

Over the last 12 months, volunteers and fundraisers have held a variety of parkruns, Christmas jumper days, quizzes and boxing matches to bring in vital money for the charity. I want to give a special mention to Becca O'Connell, who climbed Mount Kilimanjaro in November. It was by way of thanks to the Trust, who looked after her son struggling with mental illness for a number of years. He received the most wonderful care along his journey, particularly while in Langley Green Hospital and then in Shepherd House Recovery Unit, and Becca wanted to celebrate that.

In recent times, Heads On has put together a Covid-19 Relief Fund. Every single day our frontline NHS staff do their very best to support people with mental health problems to stay well in the face of an international pandemic. They have never been under more pressure and they carry on. They are amazing, inspiring and courageous. Help us to help them be all these things and more.

Heads On has been putting together care packages for patients and staff isolating from our loved ones and facing financial insecurity. Disruption to our routines, limited time outside, complete change to everything we knew - all of these things are hard, all of these things are huge. Now think about coping with all this and a mental health problem.

For someone with dementia, or suffering with psychosis, for young people with anxiety and depression, for people with a learning disability or autism, imagine the challenge. A hospital admission means no visits from friends and family. It could mean struggling to understand why no-one comes to see you, why you can't socialise with fellow patients, why you are being told to stay in isolation. Imagine how confusing and frightening this could be. Imagine how your mental health could deteriorate further as a result.

Living at home in isolation can be frightening for all of us. For people with severe mental health problems, it can mean the disruption of your entire support network, a time of change to everything that keeps you well.

Covid-19 has the potential to create a mental health crisis for everybody. Our work has never been more important than now. Our staff are putting their own health and wellbeing aside to continue to provide care and treatment for patients who need us. They are truly amazing and should be commended at every opportunity.

New way of working for health and care to benefit our populations

Over the last few years, health and care organisations across Sussex have increasingly worked together as the Sussex Health and Care Partnership to make sure the experience of local people using services is more joined-up and better suits their individual needs.

The collaborative way of working has been beneficial in the way health and care organisations across Sussex have responded to the Covid-19 pandemic, with partners working together as part of the ongoing emergency to ensure our populations get the care they need.

In May 2020, NHS England and Improvement have announced that the Sussex Health and Care Partnership, which is made up of all health and care organisations across the county, has successfully met the criteria to become an Integrated Care System (ICS). An ICS is a way of working across health and care organisations that allows them to work closer together to take collective responsibility of the health and wellbeing of populations across large areas.

This new way of working will be based on the priorities and outcomes that matter to local communities and will allow all organisations to work together towards the same plan to improve health and wellbeing. This will help local people to stay healthy for longer, to receive more support and treatment at home and, if they do get ill, to ensure they get the right care in the right place at the right time. Health and care organisations working as an ICS will not affect or replace their existing statutory responsibility and accountability.

Conclusion

I speak for the whole Trust board and the executive team, when I say we could not be prouder of the work our staff are doing on behalf of the patients, families and local communities we serve. This is reflected in our 'good' rating from the Care Quality Commission and our response to Covid-19.

The kindness, commitment and hard work of our staff across Sussex and Hampshire leave me in awe every single day. As I have mentioned, we also have support from our charity, Heads On, our communities and also volunteers who are actively supporting us across the organisation. The way they support us and keep each other safe is something we must all truly be proud of. It's what the NHS stands for, the care available for everybody, no matter what their circumstances are, no matter what their background is, we are here to support them in their greatest hour of need.

What's really important, as an organisation, is that we keep learning and developing in order to continue improving care for patients, carers and families.

Sam Allen
Chief Executive **Date:** 23 June 2020

Purpose and activities of the Trust

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

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

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

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

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

Refocusing by refreshing our organisational strategy

We have a lot of staff and many priorities. This is why we decided to take stock of our existing organisational strategy (Our 2020-2025 Vision). This involved reviewing, discussing and refocusing on the key things we believe we can achieve by working together. This will help us deliver our clinical strategy and improve patient, family and staff experience.

'Our 2020-2025 Vision' sets out five key goals:

- **People** will feel valued, supported and cared for.
- **Prevention** of ill health will promote community wellbeing.
- **Partnerships** will provide people with services to help them thrive.
- **Our culture, values and behaviour** - people will want to work here, and work with us, because we live our values.
- **Effective, efficient use of resources** - this enables us to live within our means.

These are support by our values which are designed to guide the way we behave and how we want people to experience Sussex Partnership, whether as someone who uses our services, works with us or works here.

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

A brief history of Sussex Partnership

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

We work closely with Brighton and Sussex Medical School, a partnership between the Universities of Brighton and Sussex. In 2015, we became a member of the Association of UK University Hospitals, the representative body for university hospitals with major teaching and research interests across the UK and internationally.

Leadership of our clinical services is provided through Care Delivery Services (CDS). This model of providing services has helped us:

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

Going concern

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

Key issues and risks

The key issues identified in our Operating Plan for 2019/20 were:

- Occupancy levels within our adult acute wards.
- Recruitment and retention, particularly qualified nurses and doctors.
- Addressing delayed discharges from inpatient services.
- The potential impact of Brexit.

Objectives 2019/20

Objective	Deliverables and Measures
1. Ensure participation and engagement is central to everything we do	Employ an additional 30 peer workers Recruit and train an extra 150 Expert by Experience volunteers Establish a 'Working Together Group' for each hospital and community area

2. Improve access to care	Mental health support available through 111 and 999 by 31 December 2019 Triage hubs operational in all adult services and all community referrals electronic by 31 March 2020 Achieve our four week wait targets
3. Deliver 24/7 Crisis and Urgent Care	Clinical standards agreed by 30 June 2019 Clinical standards implemented by 31 December 2019 Increase in people supported by crisis teams £1.4m investment delivered in crisis services
4. Improve patient flow and community services	New model signed off by 31 December 2019 Introduce a community caseload maximum of 35 Reduce inpatient lengths of stay and reduce delayed transfers of care
5. Improve later life and dementia services	Deliver the trust strategy for later life and dementia services
6. Achieve high standards of care planning and risk assessment	95% of service users to have up to date risk assessments and care plans Deliver a Quality Improvement project to ensure care plans are of a high standard
7. Improve recruitment and retention	Reduce staff turnover to 14.5% by 31 March 2020 Agree targeted plans to reduce staff who leave within their first two years and review retirement and return arrangements by 30 June 2019
8. Improve staff wellbeing	Agree new support for staff with stress and musculoskeletal issues by 30 June 2019 Identify the five teams with the highest level of absence and create tailored support plans Reduce sickness to 4% by 31 March 2020
9. Deliver efficient financial and resource management	Achieve breakeven control total Deliver £11.9m of capital improvements to the Trust's estate
10. Develop our digital resources to enable focused, outcome based care	Introduce role based digital resources - Procure Electronic Prescribing & Medicines Administration System (EPMA) Implement e-referral & e-discharge

1.2 Performance Analysis

How we measure performance

The Board of Directors receives an Integrated Performance Report at each of its public meetings. This provides a summary of the Trust's performance against agreed quality standards and priorities, workforce, finance and patient indicators. The framework includes key information used by NHS Improvement to assess the Trust against operational quality standards and quality of care (safe, effective, responsive, caring and well-led).
This report provides an integrated (finance, serious incidents, safer staff, HR, quality and performance) report set to reduce duplication and triangulate and link various elements together, and includes statistical process control charts to enable better use of data and decision making.

From the start of the 2019/20 financial year, a standard "remedial action plan" format for all services was introduced to enable a standardised approach to improvement within CDSs.

CDS assurance process:

- Each month the CDSs prepare a quality assurance report. These reports are informed by the charts and dashboard prepared by the clinical care intelligence team.

- The CDS quality assurance reports are reviewed by a panel which include the Chief Operating Officer, the Director of Performance, a senior finance manager, and the Head of Workplace and Organisational Development/ Employee Relations. This review panel checks that the appropriate level of assurance is provided, reviews areas of positive performance and areas for improvement/investigation. It also acts as a means of communicating issues to other support services where required. The Chief Operating Officer formally writes to the CDSs after the review meeting to provide feedback (positive feedback, to ask for further assurance or to acknowledge where further support is requested by the CDS).

- Each quarter, every CDS attends a review meeting. This is an opportunity to review their quality and performance, their financial position (including service improvement plan schemes) and progress in meeting the annual objectives of the CDS in detail. The meeting is attended by the Chief Operating Officer, the Performance Director and/or the Chief Medical Officer and Chief Nursing Officer as well as various support services representatives including Finance and HR.

- Information from the above is used to the produce the assurance report for Executive Management Committee and the Trust Board.

Key performance issues for 2019/20

Key areas of improved performance and CDS Service Achievement

7 Day Follow up Performance. The Trust has continued to improve performance around 7 day follow-ups in 2019/20. In Q4 the Trust achieved 96% against the 95% target. It is very important that patients are followed up following their discharge from an acute bed setting as this is a time of increased risk of suicide. A new target for 80% of patients to be followed up in 72hrs was introduced in 2019/20 as part of the national CQUIN scheme. 90% of patients were followed up in this timeframe in March 2020.

Essential training. Essential training steadily improved during 2019/20 in terms of compliance, reaching 86% by year end. Essential training compliance is reviewed with CDSs each month through the CDS Quarterly assurance meetings.

Waiting times for Early Intervention Services and IAPT. Waiting times performance for Early Intervention services and IAPT services have remained on target over the year exhibiting common cause variation.

Staff Turnover- Staff turnover has improved in the Trust over the year. Since August 2017, it has reduced from 16% to 14.5%.

Key areas of concern and risk to quality

Demand and capacity. The CDSs report that demand and capacity issues are impacting on the delivery of key indicators including waiting times, care planning and risk assessments. A community workstream is in place as part of the Trust's Clinical Strategy. This will continue to review capacity issues and look to provide improvements in efficiency and consistency of processes. A team dashboard has been created for community teams to support services in reviewing caseloads across the teams. Reviewing activity across these services will be a focus of the NHS Long term plan and will be measured and reporting accordingly. The Trust is carrying out analysis of activity information in light of the COVID-19 incident, to understand the impact of changes in activity on our services and to predict and plan for future increases in demand.

Waiting time performance in Adult Services. The areas most impacted in the last quarter of 2019/20 were East Sussex (76%) and North West Sussex (61%) although Brighton performance has varied at (89%). The services have experienced reduction in referral by up to 48% in the Adult community mental health teams at the end of March as a result of COVID-19. The projected increases in activity resulting from potential future surges are being modelled so that plans can be put in place to respond to future demand and the impacts on waiting times. Each area has a comprehensive action plan in place to make improvements to waiting times; working alongside systems partners including primary care networks and third sector providers.

Sussex CAMHS waiting times. Waiting times in Sussex CAMHS have deteriorated since January 2018. This is due to the demands on the services exceeding the capacity available. The key risk is availability of funding and resources. A position paper has been developed which is being reviewed by Commissioners within local transformation plans. In addition, the Trust is reviewing the national benchmarking information to compare the service performance with others nationally. East Sussex has approved a first expansion of the ADHD service to meet some of the additional demand required since the initial investment over 10 years ago. The CAMHS service has seen a 49% reduction in referrals in March 2020. The projected increases in activity resulting from potential future surges are being modelled so that plans can be put in place to respond to future demand and the impacts on waiting times.

Inpatient flow. There has been continued use of external placements where there is a shortage of bed availability in adult acute services. The Trust is significantly ahead of the planned trajectory to reduce out of area placements to zero by March 2021. A number of short and longer term actions are in place to reduce length of stay and improve patient flow. There remains a focus on patients with a Length of Stay greater than 60 days. The Trust has carried out a number of improvement actions in the year, including significant work on Community and Crisis Transformation including the development of 24/7 crisis teams and Core 24 Liaison services and crisis cafes. A centralised operational hub, focusing on improvement initiatives and weekly assurance meetings chaired by the Chief Operating Officer. The Trust is currently carrying out a review of the data to understand the overall impact of COVID19 on the bed position and to try to anticipate what the pressure on Trust occupancy will be in the future. The existing plans in relation to patient flow are being reviewed to ensure they remain optimal in the context of the COVID-19 incident and sustained bed occupancy going forward. There remains a significant focus on maintaining patient flow and reducing delayed transfers of care.

Care Planning and Risk Assessments. As at the end of March 2020, 71% of patients have a valid care plan and 86% have a valid risk assessment. Each CDS has an action plan in place for risk assessments and care planning, along with detailed trajectories for improvement by team. Performance is being managed at a granular level, including identifying individual practitioners that require additional support. A Fortnightly review meeting is now in place, chaired by the Chief Operating Officer and Service Directors, to monitor the actions being taken to ensure that performance increases against the planned trajectory to achieve the target by the end of Q1 2020/21. These meetings also facilitate the sharing of best practice and learning across the CDSs.

Annual appraisals (79%) and **regular supervision** (67%). Clear reporting is available across the Trust to enable individuals and managers to review performance. Each CDS has plans in place to improve performance. Additional functionality has been added to enable managers to capture the supervision of their teams to improve recording.

Complaints

During the reporting year the Trust has received 913 complaints which is 100 (10%) less than 2018/19. There has been a real focus on increasing the profile and the use of the Patient Advice and Liaison Service (PALS) through a communications plan to enable our patients, their families and carers to raise concerns and get swift resolution without having to go through the formal process.

As a consequence, we have seen a significant rise in the use of PALS during the last six months of the year. The key themes from complaints are communication and appointments.

Learning from complaints is incorporated into our new monthly bulletin 'Patient Experience Matters', which is shared via the Acute Care Forum, and included in the quarterly Quality and Safety report. We have started a Complaints Scrutiny Panel which includes Experts by Experience, Healthwatch and staff representatives.

New complaints training was launched in January 2020, again with a real drive towards local resolution, clear communication and high quality responses. This was co-produced and run with an Expert By Experience. This was, unfortunately, put on hold due to Covid-19 but we hope to resume it again in the near future.

Organisational strategy

During the year, we set up a guiding group, led by the Chief Executive, to co-ordinate a refresh of our Organisational Strategy. This development process included Board of Director and Council of Governor workshop discussions, staff engagement events and online publications.

Our intention from the outset was to revisit, review and strengthen our existing Organisational Strategy (Our 2020 Vision) rather than develop something completely new, with a particular focus on producing a clear and concise final product.

Having an Organisational Strategy is about describing where we are heading, what we want to achieve in future and why. With everyone at Sussex Partnership contributing to this shared purpose, we can make best use of our collective energy, expertise and resources. This will help us make a positive difference to the communities we serve and improve health outcomes for local people.

The Strategy builds on the work of the last two years in relation to our Clinical Strategy, which outlines the type and range of services we believe, are needed to support the patients, families, carers and local communities we serve.

It has been developed in the context of - and takes account of - the NHS Long Term Plan, reflects and supports the collective work we are doing as a local health and care system, through the Sussex Health and Care Partnership, to improve the way physical and mental health services are integrated, planned, commissioned and provided.

Therefore, our refreshed Organisational Strategy focuses on **people**, **prevention** and **partnerships.** The following priorities are at the forefront of our Strategy:

- joining up services in partnership across health, social care, housing, employment and education
- creating and sustaining a collaborative, compassionate and caring organisational culture which promotes inclusion
- using our resources wisely, which includes using research, innovation and learning to develop new treatments and develop our workforce, and
- promoting health, wellbeing and resilience within the communities we serve.

We will also champion the needs of people who use mental health and learning disability services. This includes doing all we can to eliminate discrimination and address the social factors that affect people's health.

Our Strategy in summary

Our mission is to champion the rights of people with mental health problems and learning disabilities. We will work with our partners to bring health and care services together for their benefit.

- ***People will feel valued, supported and cared for.***

This applies to people who use our services, their families and our staff. It's an approach based on working with people as equal partners.

- ***Prevention of ill health will promote community wellbeing.***

We will use population data to understand and anticipate the needs of our local communities and improve population health. We will challenge stigma, encourage people to seek help early and provide help to people earlier if they are at risk of ill health.

- ***Partnerships will provide people with services to help them thrive.***

We will take a leading role in bringing partners together across health, housing, education, employment and social care to address the social factors which affect people's health. We will play a leadership role in shaping how the whole health and social care system works with other sectors.

- ***Our culture, values and behaviours.***

People will want to work here, and work with us, because we live our values. Our staff will recommend us as an employer, feel well treated, engaged and enabled to do their jobs well. They will also be clear about their responsibilities to each other and to the people we serve.

- ***Effective and efficient use of resources.***

This enables us to live within our means, make best us of public money, reduce unwanted variation and invest in innovation to improve individual health and care outcomes. In our role as a University Teaching Trust we will help train the future workforce and advance patient treatment through ground-breaking research. This will help develop the resources to continue improving NHS services.

What's behind this Strategy

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

Too often, however, people find it difficult to know how to get the help they need. The health and care system can feel difficult to understand, confusing to navigate and slow to respond.

At the same time, health and care services are facing sustained pressure and money is tight. It isn't realistic or reasonable to expect staff to keep absorbing extra demand indefinitely. This means we can't keep working the way we do now.

There are outstanding examples of care and treatment across our services. Our staff are compassionate and committed to helping patients and families. We want to create the conditions where they are encouraged, supported and able to be innovative in finding ways to continue improving care and treatment for the communities we serve. Wherever possible, we want to prevent ill health.

Our Strategy is about defining how we can make the very best of our resources and work with others to improve the mental health and wellbeing of our local communities and their experience of mental health and learning disability services.

Developing the Strategy through effective engagement

The Organisational Strategy draws on a thematic analysis of feedback which emerged during engagement activity during the year, and earlier. Engagement and promotional activity included:

- formal meetings, e.g. Council of Governors and Executive Management Committee
- CEO webinars for staff
- encouraging local conversations (Care Delivery Services and Support Services), and
- online publication and social media promotion.

Specific action in relation to the feedback received included:

- refining our mission statement
- providing specific examples of what we have done, and are planning to do, to put the Strategy into practice in a way that improves patient experience
- seeking to strike a note of grounded optimism, by developing a hopeful, inspiring narrative that nonetheless recognises the challenges faced by staff, services, patients, carers and families, and
- making sure we reference specific service areas, and
- trying to make the language within the Strategy clear, accessible and jargon free.

Ongoing staff engagement is critical, both in terms shaping the kind of organisational culture and climate that will support delivery of the Strategy and in relation to the comprehensive programme of work required to co-ordinate and monitor its implementation.

Integrated care system

Sussex Health and Care Integrated Care System (ICS)

On 1 April 2020, the Sussex Health and Care Partnership - formerly the Sussex and East Surrey Sustainability and Transformation Partnership (STP) - became the ***Sussex Health and Care Integrated Care System (ICS)*** and East Surrey moved to become part of the Surrey Heartlands ICS.

An ICS is a way of working across health and care organisations that allows them to work closer together to take collective responsibility of the health and wellbeing of populations across large areas.

This new way of working will be based on the priorities and outcomes that matter to local communities and will allow all organisations to work together towards the same plan to improve health and wellbeing. This will help local people to stay healthy for longer, to receive more support and treatment at home and, if they do get ill, to ensure they get the right care in the right place at the right time.

Within the Sussex Health and Care ICS there will be three Integrated Care Partnerships (ICPs) which will share boundaries with each of the Local Authorities (East Sussex, West Sussex and Brighton and Hove). We are working with our NHS and social care partners on the development of the ICS and three ICPs.

During the year, the Sussex Health and Social Care Partnership was selected to join the ***'Aspirant Integrated Care System (ICS) Programme'***. This involved 15 weeks of support from NHS England for the partnership which resulted in it undertaking a self-assessment which highlighted the areas the partnership will focus on through the programme. All partners are committed to using this as an opportunity to accelerate our development.

And, as part of the Sussex Health and Care Aspirant ICS **Mental Health** Programme, Sussex Partnership NHS Foundation Trust secured significant, additional investment of £9.4 million over two years from NHS England and NHS Improvement to support our work in partnership to improve mental health services for the local communities we serve.

This Transformation Funding, which was awarded following a bidding process, will enable us to build on the work we are already doing to improve patient and family experience (a recent example being the opening of the Haven at Mill View Hospital, our new 24/7 crisis assessment service).

Specific areas of development include:

Children and young people
We will introduce six Mental Health Support Teams (MHSTs) in schools across Sussex to provide specialist support to children and young people. These teams will provide one-to-one and group psychological support, working with families. This will build on existing support including school nurses.

Crisis resolution / home treatment

We already have plans to ensure our crisis resolution/home treatment teams are available 24/7 and with enhanced ability to provide intensive home support. We know that people will psychosis are less likely to engage with these services than other people. We are going to introduce more specialist roles to these teams to provide psychological interventions to prevent people from relapsing and having to be admitted to hospital.

Expansion of psychiatric liaison teams

Psychiatric liaison teams provide specialist mental health support for people who present in crisis at A&E. The funding we have secured will enable us to ensure 24/7 provision of psychiatric liaison at East Surrey Hospital in Redhill and Worthing Hospital in 2019/20 and in St. Richards Hospital in 2020/21.

Crisis cafés

The idea of crisis cafés is to offer an alternative to A&E for people who need specialist mental health support. These services draw on the expertise of our third sector partners such as Southdown, who run an established crisis café in Hastings.

They are staffed by peer-support workers and experts-by-experience working alongside clinicians trained in specific evidence based interventions. Four new crisis cafés will be set up across Sussex and will be open for 46 hours per week, including evenings and at weekends.

Ambulance Triage

Ambulance triage involves qualified psychiatric nurses being called to and attending incidents at which crews have found a person who has no further need of medical or paramedical attention, but appears to be experiencing some form of mental health crisis and might otherwise be conveyed to A&E.

The pilot we are running of this service in North West Sussex continued until the end of 2019/20, and we now aim to extend the service across Sussex.

Street Triage

Sussex was one of the first areas in the country to develop and roll-out street triage which is a joint scheme between the police and mental health services - and involves an officer and qualified psychiatric nurse attending incidents at which appears a person is experiencing some form of mental health crisis.

The incidence of s136 detentions and conveyances to Places of Safety has reduced significantly since the introduction of street triage, but its hours of operation remains variable across Sussex. To address this, we will extend street triage to operate for 84 hours a week everywhere across Sussex.

It is also worth noting that we anticipate further (much-needed) opportunities to bid to secure new investment for our community teams supporting those with severe mental illness.

Finance report

After a challenging financial year the Trust reported an operating surplus of £1.7m. This included £1.3m national cash support for Mental Health providers. In delivering an operating surplus the Trust was eligible for Provider Sustainability Funding (PSF) of £2.2m, taking the year end position to a total comprehensive income position (surplus) of £3.9m. In the Annual Accounts the Trust is reporting a total comprehensive expense (deficit) of £6.9m, due to valuation impairment losses.

The headline results for 2019/20 are set out in the table below, with comparatives for the previous financial year.

	2019/20 £m	**2018/19 £m**
Income	302.4	271.7
Operating Expenses	(292.3)	(259.8)
Operating Surplus	**10.1**	**11.9**
Net Finance Costs	(6.3)	(6.6)
Profit on disposal of assets	0.1	0.5
Revaluation Impairment Loss*	(8.3)	-

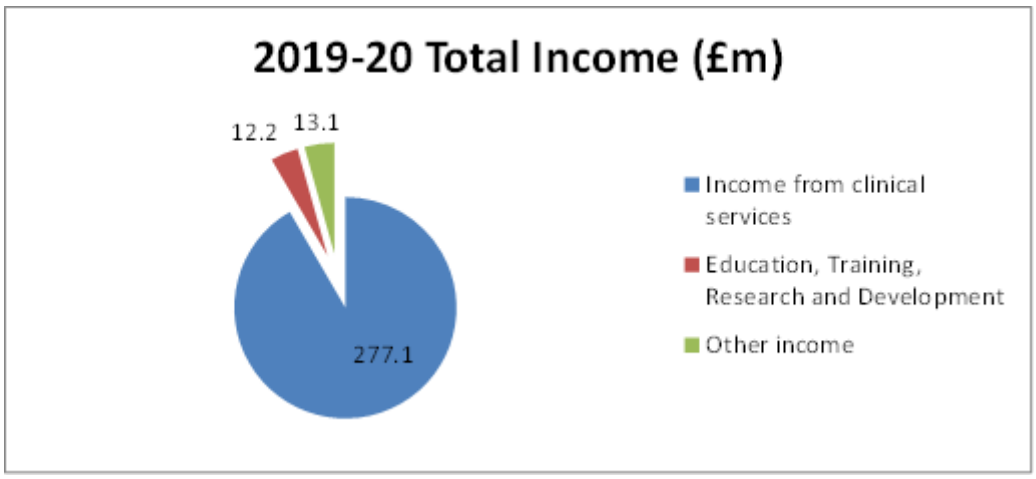
Share of (loss)/ profit of Joint Venture	-	-
(Deficit)/ Surplus for the year	**(4.5)**	**5.8**
Net (loss)/ gain on revaluation*	(2.4)	0.1
Total Comprehensive (Expense)/ Income	**(6.9)**	**5.9**
*Less Impairment Losses	(10.8)	0.1
Total Comprehensive (Expense)/ Income (excluding impairment losses)	**3.9**	**5.8**

Income

Total income for the year totaled £302.4m, which was a £30.7m (11.3%) increase compared to 2018/19. This increase was primarily due to growth and tariff funding and income for new services.

An analysis of income is set out below.

Income	**2019-20 £m**	**2018-19 £m**
Income from clinical services	277.1	247.0
Education, Training, Research and Development	12.2	11.3
Other income	13.1	13.4
Total Income	**302.4**	**271.7**



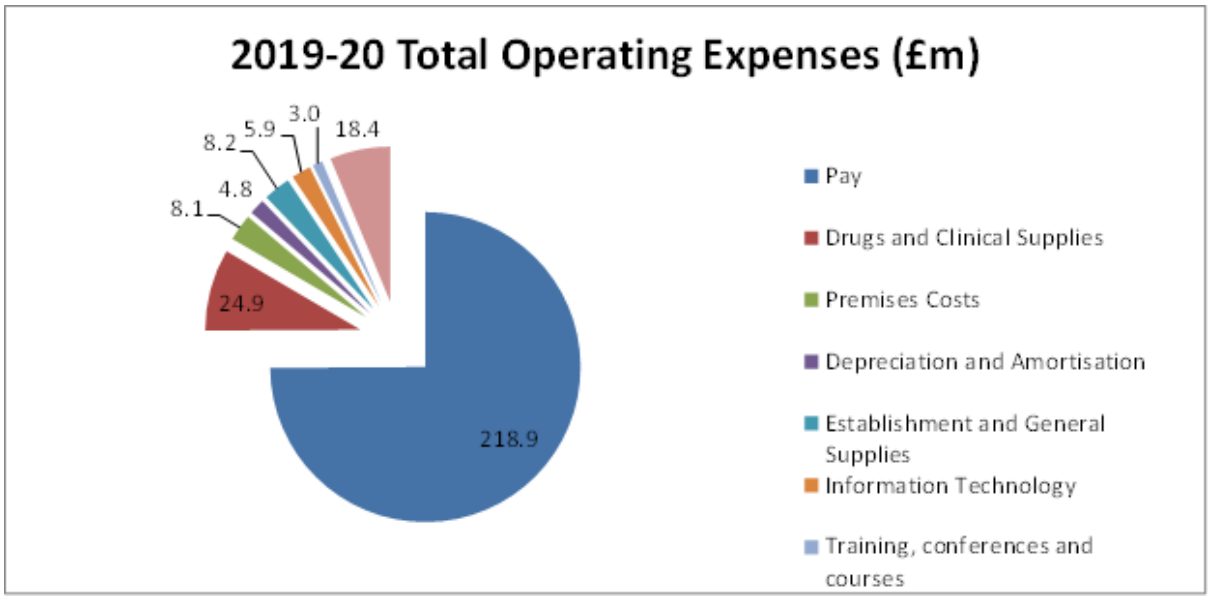
Operating Expenses

Total operating expenses totaled £292.2m (excluding Impairment Losses), which was a £32.5m (12.5%), increase compared to 2018/19.

Pay costs increased by £24.5m, but included £9m of centrally funded NHS Pension Employer costs. However, after excluding the centrally funded pension costs the increase mainly related to pay inflation, incremental increases in pay scales, increases in National Insurance and pension rates and increase in bank and agency costs.

Non-pay expenditure increased in year by £15.3m which was mainly as a result of higher clinical supplies and services that related to an increase in the use of out of area placement costs; there was also an increase in IT costs, which were offset in part by a reduction in premise costs. An analysis of operating expenses is set out below.

Operating Expenses	**2019/20 £m**	**2018/19 £m**
Pay	218.9	203.5
Drugs and Clinical Supplies	24.9	13.1
Premises Costs	8.1	10.2
Depreciation and Amortisation	4.8	4.7
Establishment and General Supplies	8.2	6.9
Information Technology	5.9	4.0
Training, conferences and courses	3.0	2.8
Other Costs	18.4	14.7
Total Operating Expenses	**292.3**	**259.8**



Cost Improvement Programme

During the year the Trust delivered savings of £3.7m, which was £1.4m under plan. The savings were made through a number of initiatives but mainly due to work to help wards remain within their budgets.

The shortfall in the cost improvement programme was addressed by non-recurrent savings, reflecting the Trust's operating surplus.

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

Capital Investment

In 2019/20, Sussex Partnership invested £11.1m in a number of capital projects. These included -

The re-development of the Burrowes Unit on the Swandean site in Worthing, Community Services upgrades and Inpatient Ward works across the Trust and further Investment in Information Technology including the new Global Digital Exemplar project.

The Trust also continued to invest in planned maintenance, which includes reducing ligature risks and health and safety works.

Statement of Financial Position and Cash flow

Over the financial year the Trust's capital employed decreased by £9m, which was primarily due to impairment losses following a full valuation of the Trust's estate countered partly by the year-end surplus position.

The Trust's level of cash increased from £39.3m at the start of 2019/20, to £49.3m at the year end. This was as a result of additional contract income and Mental Health funding. In addition the timings around receivables and payables balances, the receipt of cash in advance of spent due to incurred in 2020/21 and underspend on the capital programme all added to the increase in the cash balance at the end of the year.

Future Financial Performance

Looking forward to 2020/21, the Trust is in the process of developing the principles for delivering its financial plan for the year to meet its breakeven control total. However, this is in the context of the Covid-19 Financial Regime in order to remaining reactive and managing the impact of the Covid-19 pandemic. There are also a number of underlying cost pressures to be resolved in 2020/21, including reducing the use of agency usage and recruiting to vacant posts.

The Trust is also working to deliver against the priorities of the Mental Health Investment Standard via new investment for mental health services across the system. Delivery of the financial plan for 2020/21 will therefore be a challenge between balancing the delivery of the transformation schemes supported by the new investment and delivery of service improvement plans.

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

Cost allocation and charging requirements
The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Better payments practice code
The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The target is to pay 90% of invoices, in terms of value and volume, within 30 days. The table below sets out the performance during the year**:**

Better Payments Practice Code	**By Volume**	**By Value**
Non-NHS Payables	94%	95%
NHS Payables	80%	74%
Total	**93%**	**92%**

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

Measure of compliance	**2019/20**	
	Number	**£'000**
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	31,676	110,490
Total Non-NHS Trade Invoices paid within target	29,680	104,915
Percentage of Non-NHS Trade invoices paid within target	**93.70%**	**94.95%**
NHS Payables		
Total NHS Trade Invoices Paid in the Year	1,812	20,918
Total NHS Trade Invoices Paid within target	1,448	15,478
Percentage of NHS Trade Invoices paid within target	**79.91%**	**73.99%**
Combined Trade Invoices paid within target	**92.96%**	**91.62%**

Sustainability

Delivering sustainable healthcare - Care Without Carbon at Sussex Partnership

In 2017, the Trust reinforced its commitment to sustainability by developing a new Sustainable Development Management Plan (SDMP), Care Without Carbon (CWC). This plan establishes a set of principles and targeted interventions aimed at addressing one of the Trust's five strategic goals as defined by our 2020 Vision, which is to **live within our means**. As such, we are working with three key aims in mind:

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

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

Figure 1. Care Without Carbon: our seven elements of sustainable healthcare at SPFT

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

Our environmental impact

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

Our carbon footprint is summarised in figures 2 and 3 below.

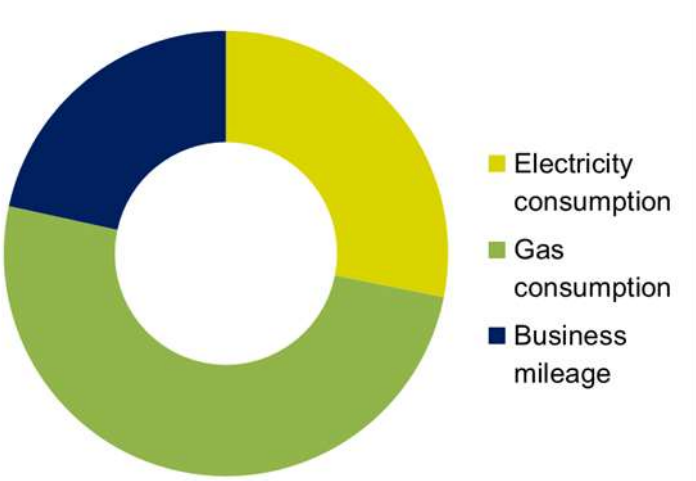


Figure 2: Sussex Partnership carbon emissions 2019/20

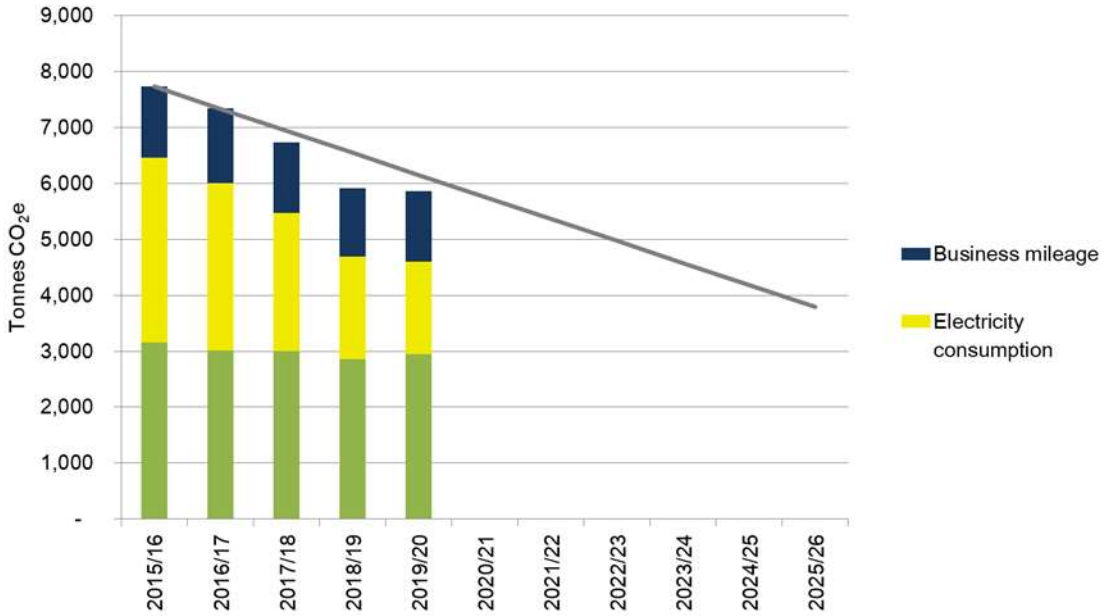


Figure 3: SPFT carbon footprint – trajectory to 2025

Other key impacts:

- We recycled around 17% of our non-healthcare waste.
- Our staff travelled over 3 million business miles in 2019/20.

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

Highlights from 2019/20

- The Trust's Sustainability Programme Board continues to meet regularly to report on the progress being made across each of the seven elements of CWC. The group is chaired by our Board lead for sustainability, as well as representatives from across the Trust and the CWC team.
- Continuing to engage staff through our Dare to Care programme. This aims to raise awareness, communicate core messaging and drive positive action for sustainability at every level of the Trust. During 2019/20, we completed the first year of our Care Without Carbon Envoy programme.
- Working with other local Trusts on the development of an Energy Performance Contract (EPC) across our SHCP region. This should enable us to focus new investment in our estate, making energy efficiency improvements and cost savings while improving the patient environment at the same time
- Upgrading to LED light fittings across key sites to reduce energy consumption and improve light quality. This has been funded through a £300K grant from NHS Improvement and this Trust has ring-fenced additional capital funding to carry out additional lighting upgrades over the next two years.
- Replaced single use plastics across our catering facilities with compostable products and increased recycling in some wards by collecting plastic bottles.
- Improving our ability to deliver a comfortable working environment for staff and patients while also delivering carbon savings using our web-based Building Management System.
- Developing and strengthening our data management processes around energy and water consumption using new Automatic Meter Reading (AMR) systems and new energy management software to enable improved reporting and energy and water management
- Completed a review our clinical waste management practices this year and developed a plan to decrease the environmental impact of our clinical waste in 20/21 by rolling out the offensive waste stream for non-infectious waste.

Equality, diversity and human rights

Sussex Partnership NHS Foundation Trust is major employer and service provider in the Southeast for Health Mental services. We have continued to keep Equality, Diversity and Inclusion at the forefront of everything we do in terms of service delivery, development and improvement.

At the forefront of all of our business and decision making, our scrutiny process on all policies and new business, demonstrates 'Due Regard' that goes beyond statutory legislation to ensure that the Equality Act 2010 and Human Rights Act are embedded within the organisation at the outset.

As a Trust, we recognise the needs of service users and our workforce may vary according to different circumstances. Therefore, we believe there is a vital need to meet social, mental and environmental needs of individuals, families and communities and shape our services accordingly.

For improved service user access to information we have invested in digital solutions to ensure that all our information can be provided in an assessable format. Through our new software and procured service providers, individuals with a communication need are able to access information in new various ways that's best for them.

Our comprehensive yearly Equality Performance Hub data tool continues to be used to tackle any health inequalities for marginalised individuals in the community and understand the experiences of our workforce. The Equality Reference Groups at Sussex Partnership play an evaluable role in using the data to improve better health outcomes for all and aim to become the employer of choice in the Southeast region.

Staff Networks play a crucial role in celebrating difference, inspiring staff and transforming the Trust. We remain fully committed to funding our six staff networks and the valuable contribution that they make to the workplace and those accessing our services. The Trust continues to aim to becoming an inclusive represented and supported workforce which correlates to one our Trust Core Values that 'Everyone Counts'.

Through the national mandatory Workforce Disability Equality Standard and Workforce Race Equality Standard we will continue to ensure that any improvement required on the metrics are implemented for this cohort of the workforce.
In 2020 our priorities will be:

- Ensuring we continue to strengthen the role of the equality networks and Reference Groups
- Responding to feedback from our WRES & WDES data and developing/implementing action plans in response to these.
- To develop and implement further actions to protect staff with protected characteristics from being bullied and harassed.

2. Accountability Report

2.1 Directors' report

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

How the Trust is run

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

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

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

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

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

Board of Directors

In 2019/20 (from 1st April 2019 to 31st March 2020), the Board of Directors was chaired by Peter Molyneux. Martin Richards was Deputy Chair and Senior Independent Director.

The Chair and Non-Executive Directors are appointed by the Council of Governors. The appointment of the Chair or Non-Executive Directors may be terminated by the Council of Governors at a General Meeting, if it is supported by three quarters of the governors. All non-executive directors are deemed to be independent.

All our Board meetings have been held in public throughout 2019/20, except where provided for by 'special reasons' as defined in the Health and Social Care Act (2012). However, the Board meeting on 25 March 2020 was held as a virtual meeting due to the Covid-19 pandemic.

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

Peter Molyneux, Chair
Peter joined us as Chair on 1 April 1 2018. He is a Visiting Fellow at the John Madejski Centre for Reputation Management at Henley Business School, a Board Member of Recovery Focus and a Stonewall Ambassador. Peter retained his role as Chair at South West London and St George's Mental Health NHS Trust for a short period after 1 April 2018.
Term of office: 1 April 2018 to 31 March 2021.

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

He joined the Trust in January 2016 and is independent chair of the Safeguarding of Children and Vulnerable Adults in the Diocese of Chichester. He also serves as a governor at St Christopher's School, Hove.
Term of office: 1 January 2016 to 31 December 2022.

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

Anne supported the formal setting up of the service user-led West Sussex charity, the Capital Project Trust, and remained director as it grew until 2004. In 2007, Anne received an MBE for services to health care. During this time she moved to the national charity Together, working to set up, develop and lead the new Service User Involvement Directorate where she worked until her retirement in 2016.

She was a founding member, and continues to be a supporter, of the National Survivor User Network, and from 2008 to 2014, she was a service user consultant to the NHS Confederation Mental Health Network. She also served as part of the government Social Work Task Force, set up to examine the quality, recruitment and retention of the profession.

Anne was trustee at Disability Rights U.K. and was chair for two years until she stood down in 2017. She is currently Chair of the trust's Charity Committee 'Heads On' and sits on the Audit Committee.
Term of office: 11 January 2016 to 10 January 2022.

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

Professor Ferns was Clinical Director of the KSS Clinical Research network until 2017 being associated with the NIHR Comprehensive Research Network for more than 7 years. He was appointed Associate Dean and Academic Training Programme Director of Health Education England-Kent Surrey & Sussex in 2017

He is a distinguished clinical scientist and has an MD and DSc from the University of London, and Fellowships of the Royal Colleges of Pathologists and Physicians of London.
Term of office: 7 January 2014 to 06 January 2021.

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

Lewis is currently a board adviser to a SME (small and medium sized enterprise), a pension trustee, a member of the disciplinary panels for two of the UK Accountancy bodies and an independent member at a National Park.
Term of office: 1 April 2016 to 31 March 2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Beth was a board apprentice at Nottinghamshire Healthcare NHS Foundation Trust, and was previously a Trustee of Together, a mental health charity.

Acosia Nyanin, Chief Nursing Officer
Acosia joined the Trust as Chief Nursing Officer in December 2018. Prior to this Acosia worked as Director of Quality and Professional Lead for Acute Mental Health and Addictions with the Priory Group. Previous roles have included Head of Inspection for Adult Social Care at the Care Quality Commission and Associate Director of Governance and Quality Assurance at Camden and Islington NHS Foundation Trust.

Acosia is a Registered Mental Health Nurse and is passionate about mental health and service delivery that is truly person centred.

Other non-voting Board members:

Nick Juba, Associate Non-Executive Director
Nick is the Chief Executive Officer of the Greater Brighton Metropolitan College and was previously Chief Executive of City College Brighton and Hove. Nick is currently a Trustee of the Brighton Fringe Festival and also a Board Member of the Coast2Capital Local Enterprise Partnership, the Brighton Economic Partnership and the Greater Brighton Economic Board.
Term of office: 1 November 2018 to 31 October 2020

Dominic Ford, Director of Corporate Affairs
Dominic joined Sussex Partnership in September 2017. He has responsibility for both board administration and the Council of Governors and attends the board meetings in the role of company secretary, having been in a similar role at Brighton and Sussex University Hospitals NHS Trust for almost five years.

Dominic has worked in the NHS since 1989, in the acute and mental health sectors and spent five years in the predecessor organisations to the Care Quality Commission, leading mental health programmes, and is Harkness Fellow in Health Care Policy.

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

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

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

As a practicing clinician, his main clinical and research interests lie in the fields of trauma work, veterans' mental health, couples therapy and psychological consultation. In his time outside work, he enjoys mountain biking, golf and exploring new places.

Dan Charlton, Director of Communications
Dan has over 20 years' experience in healthcare communications. Having begun his career at South Thames Regional Health Authority, he was head of communications and media at South London and Maudsley NHS Foundation Trust (SLaM) for nearly 15 years from when the Trust was created. In this role he was involved in developing the communications and engagement programme for King's Health Partners Academic Health Sciences Centre (AHSC) a collaboration between King's College London and three NHS Foundation Trusts: Guy's and St Thomas', King's College Hospital and SLaM. He also coordinated a Bafta winning four part Channel 4 documentary series called 'Bedlam', broadcast in Autumn 2013, which gave unprecedented access to NHS mental health services.

In December 2019, Dan became a Visiting Research Fellow at the Centre for Health Communications Research at New Bucks University.

How to obtain register of interests

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

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

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

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

NHS Improvement's Well-Led Framework

The Trust has a well-established board governance structure and through its three main committees (finance and investment, quality, and audit) ensures robust oversight of service quality. During 2018, the Trust commissioned a Developmental Well-Led Review which reported in January 2019.

The review found that the Trust was performing well against the Well-Led framework, as a self-aware learning organisation. The report also found positive and significant cultural change in recent years, and strengthened relationships with system partners. Good progress with the Well-Led review action plan was reported to the Audit Committee in September 2019.

The Annual Governance Statement (review of effectiveness) describes how the effectiveness of the system of internal control is overseen. There are no material inconsistencies between:

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

The Trust Board considers NHS Improvement's Well-Led Framework in reviewing its quality governance arrangements. The Trust has strengthened the role of the Quality Committee in order to ensure that there is robust oversight and scrutiny of quality issues within the organisation.

Board of Directors – governance

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

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

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

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

Name	Meetings attended
Peter Molyneux Chair	6/6
Martin Richards Deputy Chair, Senior Independent Director and Non-Executive Director	6/6

Anne Beales Non-Executive Director	6/6
Lewis Doyle Non-Executive Director	6/6
Gordon Ferns Non-Executive Director	5/6
Jo Larbie Non-Executive Director	6/6
Anna van der Gaag Non-Executive Director	5/6
Samantha Allen Chief Executive	6/6
Sally Flint Chief Finance Officer	6/6
Simone Button Chief Operating Officer	6/6
Rick Fraser Chief Medical Officer	5/6
Beth Lawton Chief Digital and Information Officer	6/6
Acosia Nyanin Chief Nurse	6/6

Leadership and Governance arrangements

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

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

Board, Committee and Directors' performance appraisal

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

The Board and, in particular, the non-executive directors work closely with the Council of Governors to understand the views of governors and the members they represent.

The Council of Governors meets with the Board of Directors every year to help shape the Annual Plan and the Board worked closely with the Council in the development of the new Organisational Strategy.

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

Five committees support the board, each chaired by a non-executive director. These are:

- Appointment and Remuneration Committee
- Audit Committee
- Charitable Funds Committee
- Finance and Investment Committee
- Quality Committee.

Appointment and Remuneration Committee

The Chair of Sussex Partnership and the non-executive directors make up the Appointment and Remuneration Committee. This met on two occasions during the year 2019/20.

Members and attendance

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

Audit Committee

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

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

- Financial Statements and the Annual Report
- Internal Control and Risk Management
- Whistleblowing
- Corporate Governance
- Internal Audit
- External Audit
- Standing Orders, Standing Financial Instructions and Standards of Business Conduct
- Other Assurance Functions.

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

At the end of the financial year, the Committee is asked to provide a report that will be included in a separate section of the Annual Report, which describes the work of the Committee throughout the year in discharging these responsibilities.

The Audit Committee membership in respect of the financial year 2019/20 was:

- Lewis Doyle, Non-Executive Director and Chair of Audit Committee
- Anne Beales, Non-Executive Director
- Jo Larbie, Non-Executive Director

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

The Chief Finance Officer, Director of Corporate Affairs, Head of Financial Accounting, Local Counter Fraud Manager, Internal and External Auditors also attend the meetings of the Audit Committee.

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

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

The quorum for the committee is two members.

External Audit

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

- consideration of the scope and planning of the external audit through review of the external audit plan
- consideration of the agreed fees and resources required
- review of the findings of external audit
- assessing the independence of the external auditor via review of any proposed additional work and reports provided by external audit
- regular meetings between the Chief Finance Officer, Head of Financial Accounting and wider finance team and the audit engagement lead and wider team.

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

Company Secretary

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

Council of Governors

The Council of Governors is made up of 34 Governors: 26 elected and 8 appointed. Elected governors are members who are voted in by the Foundation Trust members in the appropriate constituency. The Council of Governors meets quarterly in public. Their general duty is to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors and to represent the interests of our members and the public.

The governors' statutory duties are to:

- Appoint or remove the Chair and non-executive directors.
- Approve the appointment of the Chief Executive.
- Decide the remuneration and terms and conditions of non-executives.
- Appoint our financial auditor.
- Receive the annual accounts.
- Provide a view on forward planning.
- Approve significant transactions.
- Approve mergers and acquisitions.
- Approve separations or dissolutions.

- Approve an increase or more than 5% of non-NHS activities.
- Approve changes to our Constitution (unless it is around the powers and duties of the Council of Governors).

Our governors also have the right to:

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

None of these rights has been used in 2019/20.

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

Service User/Carer Constituency

Name	Constituency	Term of office end	Attendance
Jo Tompkins	Brighton & Hove	31 July 2022	1/4
Di Hickman	Brighton & Hove	07 July 2021	5/5
James Domanic	East Sussex	10 September 2020	1/5
Alan Wells	East Sussex	31 July 2022	4/4
Gabrielle Gardner	West Sussex	07 July 2021	3/5
Angie Culham	West Sussex	10 September 2020	2/5
Mel Smith	West Sussex	10 September 2020	5/5
Judy Abbot	West Sussex	12 June 2019	1/1
Amy Herring *Lead Governor*	Outside of Sussex	07 July 2021	5/5
Mark Hughes	Carer	31 July 2019	5/5
Brian Goodenough	Carer	31 July 2019	0/1
Allison Fackrell	Carer	07 July 2021	0/5
Carl Domanic	Carer	31 July 2022	1/4

Public Constituency

Name	Constituency	Term of office end	Attendance
Duncan Shrewsbury	Brighton and Hove	31 July 2022	1/4
Phyllida de Salis	East Sussex	31 July 2019	1/1
Peter Haydn-Smith	East Sussex	31 July 2022	2/4
Caitlin Hall	East Sussex	31 July 2022	1/4

Elizabeth Hall	West Sussex	10 September 2020	5/5
Gillian Bowden	West Sussex	31 July 2022	1/4
Sarah Payne	West Sussex	31 July 2022	4/4
Stephanie Foster	Outside of Sussex	31 July 2022	2/4

Staff Constituency

Name	Term of office end	Attendance
Jayne Bruce, Associate Director of Nursing	31 July 2019	0/1
Louise Patmore, Senior Peer Trainer	07 July 2021	4/5
Shannon Guglietti	30 June 2019	0/1
Alex Garner	10 September 2020	3/5
Glen Woolgar	10 September 2020	4/5
Gary Beecheno	10 September 2020	2/4
Alice Parr	31 July 2022	1/4

Appointed Governors

Name	Organisation	Term of office end	Attendance
Giles Adams	NHS South East Coast Ambulance Service	31 July 2020	4/5
Brian Doughty	Brighton & Hove City Council	31 August 2019	0/5
David Simmons	West Sussex County Council	31 July 2020	4/5
Sarah Gates	Sussex Police	31 April 2021	3/5
Natasha Sigala	University	31 July 2020	3/5
Rachel Brett	Sussex YMCA Downs Link	31 August 2019	0/5
John Holmstrom	Worthing Churches Homeless Project	31 October 2019	3/5
Katie Glover	Coastal West Sussex MIND	30 September 2022	1/2

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

Governor Election

During 2019/20, one general election was held for places on the Council of Governors created as a result of Governors coming to the end of their terms of office or leaving the Council. The results of these elections were:

Constituency	Number of Candidates	Turnout	Outcome of voting	Term commenced
Service User, Brighton and Hove 1 vacancy	1	n/a	1 elected	August 2019
Service User, East Sussex 2 vacancies	4	8.9%	2 elected	August 2019
Public, Brighton and Hove 1 vacancy	1	n/a	1 elected	August 2019
Public, East Sussex 2 vacancies	3	7.8%	2 elected	August 2019
Public, West Sussex 2 vacancies	11	5.9%	2 elected	August 2019
Public, Outside of Sussex 1 vacancy	1	n/a	1 elected	August 2019
Carer 3 vacancies	2	n/a	2 elected	August 2019
Staff 1 vacancy	2	7.7%	1 elected	August 2019

Committees of the Council of Governors

Nomination and Remuneration Committee

The Governors are responsible for setting the pay and terms and conditions of Non-Executive Directors and the Chair of Sussex Partnership. The Council of Governors appoints the Chair and Non-Executive Directors and can terminate their appointment. They also approve the appointment of the Chief Executive. The Nominations and Remuneration Committee advises the Council of Governors on these matters and meets as and when required. The Committee met three times during 2019/20 and focused on re-appointments, associate non-executive director recruitment, reviewing the Board's performance, receiving the Chair and Non-Executive Directors' appraisals and objectives and reviewing the terms and conditions and remuneration for non-executive directors.

During 2019/20, the Committee recommended the re-appointment of one Non-Executive Director from 7 January 2020 and one Associate Non-Executive Director from 1 November 2019.

Name	Designation	Meetings attended
Peter Molyneux	Trust Chair and Chair of the Committee	3/3
Amy Herring	Service User Governor	2/3
Di Hickman	Service User Governor	1/2
Elizabeth Hall	Service User Governor	1/1
Glen Woolgar	Staff Governor	3/3
Sarah Gates	Appointed Governor	3/3

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

Membership Committee

The Membership Committee is responsible for membership recruitment, retention, engagement and development. The Committee also reviews and monitors the Membership Development Strategy and the progress against its three objectives.

It meets four times a year and reports to the Council of Governors.

Council of Governors Development

The Council of Governors holds a number of development sessions each year. The topics for these are decided by the Governors' Training and Development Committee and during 2019/20 they concentrated on Integrated Care Systems, Safeguarding, Heads On - the Trust Charity, Freedom to Speak Up and Membership Engagement. In addition, governors were welcomed to participate in external bespoke governor development courses, in particular as part of their initial induction into the role.

The Board of Directors and Council of Governors have also established a well-regarded programme of joint development which creates more opportunities for joint working and for governors to contribute fully to strategic planning. This has included in 2019/20, the development of the Annual Plan and the new Organisational Strategy.

The Board of Directors values the views of the Council of Governors and is always keen to seek input from the Governors. In 2019/20, this also included:

- Directors regularly attending Council of Governor meetings to present reports and seek feedback relating to proposed actions
- Governors help to make senior executive appointments and sit on the committees involved in the development of services, and
- each Board Committee has at least one Governor Representative present to observe.

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

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

Contacting the Governors

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

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

Membership

The Trust covers a broad geographical catchment area. However, our dispersed patient and carer population must be reflected in our membership base and we must draw on the experience of people who access the full range of services we provide.

Our members join the Trust to have their voices heard and to help us better understand the views of those who access our services so that we can improve the quality, responsiveness and development of services. Members may only join the Trust in one category of membership, service user, public, carer or staff.

All Sussex Partnership staff are automatically members, unless they chose to opt out. Our membership is as follows:

	April 2019	**April 2020**
Public	2,669	2,729
Patients	2,024	2,022
Carers	413	422
Staff	3,894	4,124
Total	**9,000**	**9,297**

At the end of the 2019/20 year, we had 9,297 members in total.

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

Membership Constituencies and Eligibility Requirements

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

- Service user category: for people who have used any of Sussex Partnership's services in the past five years may become or continue as a member.
- Carer category: for carers of people who have used any of Sussex Partnership's services in the past five years.

- General public category: for anyone interested in Sussex Partnership's services and who live in an area Sussex Partnership provides services. This includes Brighton and Hove, East Sussex and West Sussex, and South East England and Greater London.
- Staff category: for staff employed by Sussex Partnership on a permanent contract or on a fixed term contract of at least 12 months and for social care staff who work in Sussex Partnership.

Membership Strategy

During 2019, the Committee monitored progress against the Membership Strategy's three objectives:

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

As has been the case in previous year's stakeholder management and engagement allows us to be as accountable as possible to the communities we support.

Members have been positive about the introduction of involvement levels for membership (Be Informed, Be Involved and Take A Lead); this allows their membership to be interchangeable depending on the current circumstances. The Trust continues to tailor our communications with members by factors such as their personal interests and location while encouraging members to move up through the levels of involvement to become as active as possible

During 2019-2020 the Membership Department have participated in many meetings, focus groups, drop-in sessions and workshops across both internal and external services, presenting a united front when it comes to tackling mental health stigma. This outreach work has been designed to engage with patients, members of the public, carers and staff alike.

There is a Membership Strategy refresh coming up in 2020 that the Trust has encouraged members to engage in; the consultation has been designed to reach its conclusion and future goals based on the input of members themselves linking with the Trust Organisational Strategy and the NHS Long Term Plan.

The Trust held its Annual General Meeting and Annual Members Meeting in September 2019, welcoming over 100. The theme for the event was Mind & Movement; members heard from service users and partnerships in line with the three P's (People, Prevention and Partnership) of our Organisational Strategy and were then given the opportunity to take part in an interactive workshop; choosing between movement to music or poetry and creative writing.

- **Objective 2: Identifying and Addressing Under Representation**

During the latter part of 2019, the Trust has worked closely with governors and staff to focus more on addressing the lower numbers of young people we have as members. This work continues throughout the refresh of the Membership Strategy, harnessing the knowledge and networks of our colleagues and governors to reach a wider geographical area and younger demographic.

It is important to build on the strong connection we have with members and as such are making great use of the knowledge and experience of this that work with children and teenagers to ask for their feedback in how to progress. This has led to us gaining useful insight on the design of our young people's membership forms and how we can make them more practical to a younger audience.

Having also identified a lower number of carer members the Trust has been working directly with internal staff and external organisations such as the Carer's Centre and East Sussex County Council to raise further awareness of membership to people in a caring role.

- **Objective 3: Developing Communications**

The Trust recognises members are the vital link between to communities. To have an active and engaged membership community is paramount to the overall success of the Trust therefore we strive to keep evolving ideas and opportunities for people to involve themselves in events and the future of the Trust. Online communication continues to grow exponentially and there has been an increased engagement and conversation in response to membership mailings such as the Partnership Matters. The Trust has introduced an E-Bulletin that is issued in the alternative months to the quarterly magazine to keep members informed of activities.

How to obtain register of interests

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

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

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

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

Patient Care

Our 2020-2025 Vision

During the year, we built on Our 2020 Vision to describe what we want to do between 2020 and 2025 to improve patient care. There are five goals described in our Vision for 2020-2025:

- **People** will feel valued, supported and cared for.
- **Prevention** of ill health will promote community wellbeing.
- **Partnerships** will provide people with services to help them thrive.
- **Our culture, values and behaviour** - people will want to work here, and work with us, because we live our values.
- **Effective, efficient use of resources** - this enables us to live within our means.

Participation

Introduction

People Participation has now become a key part of the culture of how we do things at Sussex Partnership NHS Foundation Trust. Listening to and valuing people's experience and involving people in how we do things are at the heart of everything we do. We have several teams which come under "People Participation" and below is a summary of the key achievements for each service.

We are currently developing our People Participation Strategy for 2020/23 which will cover the key overarching themes for participation overall, and will also cover the key areas of focus and priority for each team.

Each team will also have their own strategy or workplace which will help clarify how they are supporting the achievements of the overall strategy. A strategy has been developed already for chaplaincy and spirituality and the other areas are working on developing their visions.

The current situation with Covid-19 has led us to think differently about some of the ways in which we deliver our services, with an increased focus in online ways of supporting people and digital involvement opportunities.

A key piece of work we need to undertake in line with the development of our new strategy will be around what learning we can take from the changes we have made and the new ways of working that we have adopted, and how we can continue to shape and develop things in different and creative ways.

We continue to subscribe to, and promote, the 4PIs model of participation and involvement, and this model provides the overarching standards to which we aim to ensure all activity is aligned.

Participation, Experience and Involvement

Our participation team continue to grow our experts by experience programme. We now have over 300 experts by experience working with us. We have noted that we need to continue to diversify the people who choose to work with us as experts by experience, including bringing in more people from learning disability, dementia and carer perspectives. This will be an area of focus for 2020/21, alongside thinking about ways we make participation more accessible to more people.

We have focused on strengthening the governance that underlies participation in 2019/20. We now have a lived experience at work policy, a new service user and carer payment policy and have enhanced our expert by experience training programme. We will continue to further develop this.

Working Together Groups are now in place across the organisation, and are taking an increased role in developing and delivering service user and carer led improvement projects. We now have a central Working Together Group in place to ensure all these groups have an escalation route to ensure things being discussed are being heard and shared across the Trust.

In terms of developing our experts by experience work this year, we would like to increase the development, progression and training opportunities our experts by experience can access. We would also like to help them develop portfolios and evidence folders of the work they do with us, to help people use their work as a way to grow and develop in to other opportunity and career pathways, if this is something people would like to do.

Alongside supporting our experts by experience, we have now started thinking through how we further support our staff who also have lived experience, and have set up a staff network to start this support and thinking.

We continue to develop our volunteering programmes in the Trust, and are working on enhancing our database and systems so that we are able to co-ordinate larger numbers of volunteers. We are developing key role areas for volunteers and working with clinical services to further expand the different things volunteers can support with. There is some particular work underway around how we can utilise volunteers to specifically relieve service and bed pressures at times of significant strain on capacity. We are increasing our partnership working around volunteering.

In relation to the experience of people who use services and their families, the nationally mandated mechanisms for these remain the community mental health experience survey, and the Friends and Family test, which are in place.

We have recently made some changes to the FFT in line with NHS England recommendations. We have reworded the key question and supplementary questions, and are continuing to work so that services will be able to tailor the supplementary questions to make sure that they are unique to their service.

We are also working on other areas of improvement around how we use the FFT, including making data from FFT more accessible for managers and developing a user guide to help navigate the data, developing a clear reporting pathway for FFT data and free text comments to ensure the feedback that people give us is being heard and acted on, thinking of creative and innovative ways to increase the number of people who choose to give us feedback through the FFT (without increasing pressures on clinical staff), and thinking about different methods we can utilise to get data in different ways from a wider group of people.

It is also important that we recognise that the FFT is not the only tool for collecting information around the experience of people who use our services. In 2020 we will continue to think about how we can listen to, value and respond to people's experience in different ways, and we also need to strengthen how more people with lived experience can become involved with quality improvement work within our organisation We would like to get to a place where people who use our services and who give us feedback and new ideas can then have the opportunity to come in and lead improvement initiatives based on the ideas they have developed.

Recovery College

A key focus for this year has been around developing a clear operational model for our Recovery College, and around supporting and developing the staff team who deliver the Recovery College. We would like to further grow the Recovery College model and offer, but we need to be in a place where we have an infrastructure able to manage further development.

Student feedback this year has been very positive, and we continue to see an increase in people signing up to our Recovery College. We have noted that there are particular demographic groups, such as young adults and older adults who are less likely to join the Recovery College, and so this year we aim to provide specific planning around learning from our demographics data to expand the number and population of people that we are able to reach.

A positive of the Covid-19 response has been the development of a digital Recovery College, and we will need to think how we can continue to grow this learning to offer learning in different ways, utilising different mediums, to help us reach different groups of people.

The Recovery College is strengthening its working relationship with Discovery College to ensure that the two services are developed in conjunction with one another, with learning, governance and expertise being shared. We need to ensure that there are pathways for Discovery College students and Discovery College peers to be supported to transition to Recovery College (if this is what they would like) as they move in to becoming young adults. We have continued to develop the partnership working being undertaken through the Recovery College. One exciting new partnership this year has been with GamCare and BreakEven to develop a co-designed and delivered course around awareness of gambling related harm.

Feedback from our students is that (once things return to normal) they would like to see more activity and arts based courses, (alongside our most popular courses which are understanding key diagnostic terms, for example "understanding depression"), and so we are working to develop relationships between Mark Your Mark and Recovery College further, to increase the number of local artists who work with us. We are also continuing to strengthen the "student voice" and our use of communications in different mediums with our students, such as newsletters and social media.

Peer Support

The number of people working with us in peer support worker specific roles across our organisation is continuing to grow, and we now have 37 people employed with us as peer support workers.

Alongside continuing to grow the number of people working in these roles, we are taking a more strategic approach to this growth. We have worked with pathway and CDS leads to develop a vision for peer support work that is mapped along the patient journey. This is to ensure that people using our services receive peer support at the times that is most helpful to them. In 2020, we are also thinking more around carer peer roles, and peer support worker roles in learning disability, specialist older adult and children and young people's services.

In 2019/2020, we started work to increase the standardisation and regulation of our peer support worker roles. This is in line with the national direction of development for peer support work. Health Education England has now adopted peer support work as one of the key new NHS workforce roles, and a competency framework around peer support is currently in development.

In 2020/21, we will need to develop the infrastructure around the professional leadership and support for people who are peer support workers (recognising that peer support should be peer led at all levels). As peer support becomes an integral and recognised part of our workforce, we need to ensure that we have appropriate support and supervision for this growing workforce, and also that we have role-specific training, development and progression pathways.

This year we have developed our own in-house training programme for peer support work, and we have signed up to be part of the Peer Support Apprenticeship Trail Blazer scheme, which is currently being developed.

We will continue to develop our training offers around peer support, with an additional focus being on the concept of "team readiness". We have worked throughout 2019/2020 to develop the guidance and governance around roles in our workforce where lived experience is an essential attribute, and developing a team readiness programme is the next stage of developing this work.

Team readiness is around how we support our existing staff teams (who are made up of people from a variety of perspectives and disciplines) to feel comfortable and confident

working alongside people with lived experience of using our services as equal and valued colleagues, and to think through what the role means, the expertise and skills the person in the role will hold and how the role can best be utilised within the team.

Partnership working remains an essential part of our approach to peer support. In 2018/2019, Sussex Partnership worked with local third sector organisations which offer peer support to develop a peer support charter. This charter provides us with standards to peer support which we all advocate and share.

We recognise that as different organisations we have different approaches to peer support (shaped by the environments we work in) but the charter helps us ensure that what we are offering remains authentic and true to the origins of the peer support model. We are committed to valuing and respecting the origins of peer support, and hope to grow our partnership working, with an overall vision that access to peer support should be about choice. Peer support should be about what model is right for the person and access being available at the time and in the setting that is right for the person and their recovery journey.

Chaplaincy and Spirituality

We have now developed a strategy which covers our approach for the next three years around chaplaincy and spirituality. Some of the key aspects of this strategy are:

- **Utilising a multi-faith chaplaincy approach**. The hospital employ chaplains who can support people from all religious backgrounds, and we also have faith specific religious leaders available as needed.
- Our chaplaincy team focus on supporting people to access and build relationships with faith communities in their local area, so as these relationships can continue as the person progresses in their recovery.
- Developing an increased awareness of spiritual needs (which may or may not be part of a person's religious needs and beliefs). The approach to this has included appointed a spiritual advisor in to the chaplaincy team.
- **Increasing awareness of all staff around spiritual assessment frameworks.** The HOPE questionnaire has been piloted with success and the current focus is now around the development of training to help all staff feel confident in including spiritual assessment as part of routine care assessments and care planning.
- **Increasing access to our chaplaincy services.** We are working to ensure that chaplaincy can be accessed by people who use our services, their families, friends and carers and our staff. We are currently looking at the role spiritual and faith support can play in supporting people following exposure to a serious incident.
- **Maintaining an agreed standard for the Trust's spiritual rooms in terms of environment and use.** There are known links between spirituality and wellbeing, and spiritual rooms provide an important space for people when they are receiving inpatient care.
- The spiritual rooms on ward should be places where silence, calm and stillness can be appreciated, and there remains considerable variation around both what these rooms look like and how they are accessed and utilised across services.

Our chaplaincy team have also been working to deliver mental health awareness by delivering training, talks, resources and blogs (among other things!) to people and religious networks in local communities. This is having a significant impact on the reduction of stigma in faith communities and helping people receive timely mental health first aid, signposting and support as needed.

Families, Friends and Carers

A fantastic achievement of our Families, Friends and Carers work in 2019/2020 was the organisational achievement of Stage 1 of Triangle of Care for inpatient services. We are now working on our response to Stage 2 of Triangle of Care for community services while supporting our inpatient services to maintain their achievements. We also achieved some positive feedback around the progression of our work with families, friends and carers through a 2019/2020 thematic homicide review.

In February 2020, our Families, Friends and Carers team held a celebration event to showcase and share the fantastic work being done around the Triangle of Care, with a key theme being around partnership working. We continue to hold good working relationships with our local carer organisations.

As part of the event, people who attended were asked to think about what was working well, and what challenges remained regarding how we work with families, friends and carers. The feedback from this part of the conference will be used to shape the vision and priorities for our approach to families, friends and carers work for the year ahead.

Some of the key areas of focus that were identified were:

- Continuing to provide clear guidance, information and support around confidentiality and information sharing.
- Continue to develop the involvement opportunities for those who hold the family, friend and carer perspective, including those who care for someone with a learning disability.
- Further developing and defining carer-specific employment opportunities for people, including undertaking work to scope and standardise the work that is currently happening.
- Ensuring staff feel confident in speaking with and supporting families, including when there may be a need for difficult conversations.
- Continuing the cultural aspects of the Triangle of Care programme to ensure all staff see supporting families, friends and carers as a key and essential part of their role.

The co-produced training programme around working with families, friends and carers which is led by our Carer leader and someone with lived experience of caring for someone with mental health needs has been noted as something working well.

Arts and Health (Make Your Mark)

We appointed a new Make Your Mark lead in December 2019. A mapping exercise of art-based activities has been undertaken across the organisation, and there has also been scoping and relationship development activity with local organisations, partners and artists. Make Your Mark are working to bring together arts based activity across the organisation. This means that we can celebrate and share the fantastic work that is being done, but also means that we can govern and regulate the use of arts to ensure that work is being done in safe, therapeutic and participatory ways.

The Make Your Mark lead is currently developing governance structures to support the programme development, and refining the function of the steering group.

By the end of 2021, we are aiming to have developed four Trust-wide networks based on key themes of art (music and sound, visual arts, movement based art and word based art), and we are starting with the theme of music. We are also planning a celebratory launch event to help bring people together and enable people from different roles and perspectives to help shape thinking and strategy around arts and health.

A key success of Make Your Mark in 2020 has come through our response to Covid-19. Following on from some amazing work undertaken at the Hellingly Centre with Hospital Rooms, they have partnered with Make Your Mark (supported by Heads On) to develop a virtual art school. This art school will bring together some of the most established artists in the country with our very own peer artists at Sussex Partnership, and will enable people in hospitals and in their own homes to be able to participate in creative art workshops across a variety of mediums.

Service changes and developments

Performance against key health care targets

Information about our performance against national and local health targets is reported to our monthly Board of Directors meetings which are open to the public and papers and decisions are published on our website: www.sussexpartnership.nhs.uk/board-meetings

Service quality: stakeholder relations

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

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

Statement as to disclosure to auditors

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

2.2 Remuneration Report

Annual statement on remuneration

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

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

The Trust can confirm that no senior managers serve as Non-Executive Directors for other organisations, and that no payments were made to previous senior managers during the year

Senior managers' remuneration policy

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

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

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

- Ensuring the use of sound information and analysis of up-to-date data.

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

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

Future policy table

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

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

Arrangements for redundancy pay

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

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

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

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

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

Policy on payment for loss of office

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

- Notice of termination by the Trust six months.
- Notice of termination by the post holder six months.
- Notwithstanding the above the Trust reserves the right in its sole discretion to terminate employment with immediate effect by making a payment (or part payment) in lieu of notice equal to basic salary only subject to prior deductions for tax and national insurance contributions. For the avoidance of doubt the sum paid in lieu of notice shall not include any element in respect of holiday entitlement that would have accrued during the period for which the payment is made.

- The Trust may pay any sum in lieu of notice in equal monthly instalments until the date on which the notice period would have expired if notice had been given and worked. The employee shall be obliged to seek alternative income and mitigate their losses howsoever the termination of the employment occurs during this period and to notify the Trust if he/she shall receive such income. The instalments shall then be reduced by the amount of income.
- Nothing in the agreement prevents either party terminating the employment without notice by reason of the conduct of the other party.
- Notice by either party will not be required where there is mutual agreement to terminate. The Trust may terminate the contract with immediate effect and without compensation (notwithstanding that the Trust may have allowed any time to elapse or on a former occasion may have waived its right under this clause) if the employee:

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

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

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

Service contracts

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

Code of Governance disclosures

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

Disclosures required by Health and Social Care Act 2012

Expenses for Directors and Governors

2019/20 Board of Directors

Total number of Directors	14
Total number of Directors who claimed expenses	12
Total aggregated expenses	£13,639.53

2019/20 Governors

Total number of Governors	34
Total number of Governors who claimed expenses	13
Total aggregated expenses	£4,868.45

2018/19 Board of Directors

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

2018/19 Governors

Total number of Governors	32
Total number of Governors who claimed expenses	11
Total aggregated expenses	£2,505.50

Median Pay Summary

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

The remuneration of the highest paid director in the year ended 31 March 2020 was £164k (2018/19: £157k).

This was 8.3 times (2018-19: 9.0) the median remuneration of the workforce, which was £20k (2018/19: £17k).

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

The median pay calculation is based on the payments made to staff in post on 31 March 2020.

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

The reported annual salary for each whole time equivalent has been estimated by multiplying the March 2020 payment by 12 months.

Payments made in March 2020 to staff who were part-time were pro-rated to a whole time equivalent salary.

The estimated annual salary is based on the payments made in March 2020. Therefore, it was necessary to remove 'non-recurrent' items paid within the March payroll. This was undertaken as a manual exercise on an individual staff member basis. There were no adjustments made for holiday pay or national holidays.

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

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

The highest paid director's remuneration is based on their total remuneration which includes salary, any additional performance related pay as well as severance payments. In 2019-20, the median total remuneration increased mainly due to the effect of the National Agenda for Change Pay Award.

	2019-20	**2018-19**
Band of highest paid Director's total remuneration	£160k - £165k	£155k - £160k
Median Total Remuneration	£19,811	£17,460
Ratio	8.3	9

Salary and Pension Entitlements of Senior Managers

Remuneration

2019/20								
Name	**Title**	**Term of Office**	**Salary and fees (in bands of £5,000)**	**All taxable benefits (total to the nearest £100)**	**Annual performance-related bonuses (in bands of £5,000)**	**Long-term performance-related bonuses (in bands of £5,000)**	**all pension related benefits (in bands of £2,500)**	**Total (in bands of £5,000)**
			£000	**£**	**£000**	**£000**	**£000**	**£000**
Sam Allen	Chief Executive		155-160	1000			50-52.5	205-210
Sally Flint	Chief Finance Officer		140-145				35-37.5	175-180
Simone Button	Chief Operating Officer		130-135				32.5-35	165-170
Rick Fraser	Chief Medical Director		160-165				30-32.5	195-200
Beth Lawton	Chief Digital and Information Officer		125-130				30-32.5	155-160
Acosia Nyanin*	Chief Nurse		120-125				145-147.5	265-270
Peter Molyneux	Chairman		45-50					45-50
Gordon Ferns	Non-Executive Director		10-15					10-15
Martin Richards	Non-Executive Director		10-15					10-15
Anne Beales	Non-		10-15					10-15

	Executive Director		
Lewis Doyle	Non-Executive Director	10-15	10-15
Anna Van Der Gaag	Non-Executive Director	10-15	10-15
Jo Larbie	Non-Executive Director	10-15	10-15
Nick Juba	Associate Non-Executive Director	10-15	10-15

***The "all pension related benefits" relating to Acosia Nyanin included amounts transferred in during the year**

			2018/19					
Name	**Title**	**Term of Office**	**Salary and fees (in bands of £5,000) £000**	**All taxable benefits (total to the nearest £100) £**	**Annual performance-related bonuses (in bands of £5,000) £000**	**Long-term performance-related bonuses (in bands of £5,000) £000**	**all pension related benefits (in bands of £2,500) £000**	**Total (in bands of £5,000) £000**
Sam Allen	Chief Executive		150-155	1100			45-47.5	195-200
Sally Flint	Chief Finance Officer		135-140				75-77.5	210-215
Simone Button	Chief Operating Officer		125-130				105-107.5	230-235
Diane Hull	Chief Nurse	to 30/11/2018	90-95				50-52.5	140-145
Rick Fraser	Chief Medical Director		155-160				47.5-50	205-210
Beth Lawton	Chief Digital and Information Officer		120-125				102.5-105	225-230
Acosia Nyanin	Chief Nurse	from 03/12/2018	35-40				17.5-20	55-60
Peter Molyneux	Chairman		45-50					45-50
Diana Marsland	Non-Executive Director	to 15/05/2018	0-5					0-5
Richard Bayley	Non-Executive Director	to 22/04/2018	0-5					0-5
Gordon Ferns	Non-Executive Director		20-25					20-25
Martin Richards	Non-Executive Director		10-15					10-15
Anne Beales	Non-Executive Director		10-15					10-15
Lewis Doyle	Non-Executive Director		10-15					10-15
Anna Van Der Gaag	Non-Executive Director	from 01/11/2018	5-10					5-10
Jo Larbie	Non-Executive Director	from 01/11/2018	5-10					5-10
Nick Juba	Associate Non-Executive Director	from 01/11/2018	5-10					5-10

Salary and Pension Entitlements of Senior Managers
(continued)

										Pensions - 31 March 2020
Name	**Title**	**Term of Office**	**Real increase in pension at age 60 (bands of £2,500)**		**Lump sum at age 60 related to increase in accrued pension at 31 March 2020 (bands of £2,500)**	**Accrued pension at age 60 at 31 March 2020 (bands of £5,000)**	**Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000)**	**CETV at 1 April 2019 (to the nearest £1,000)**	**CETV at 31 March 2020 (to the nearest £1,000)**	**Real increase in CETV (to the nearest £1,000)**
			£000		**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Sam Allen	Chief Executive		2.5-5		0-2.5	45-50	100-105	673	744	60
Sally Flint	Chief Finance Officer		0-2.5		5-7.5	50-55	160-165	1,173	1,277	87
Simone Button	Chief Operating Officer		0-2.5		5-7.5	40-45	130-135	1,009	-	-
Rick Fraser	Chief Medical Director		2.5-5		-2.5-0	30-35	85-90	677	740	53
Beth Lawton	Chief Digital and Information Officer		0-2.5	-		5-10	-	89	125	36
Acosia Nyanin	Chief Nurse		5-7.5		15-17.5	20-25	50-55	224	330	103

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from other pensions).

Staff costs

For all off-payroll engagements as of 31 Mar 2020, for more than £245 per day and that last for longer than six months

	Number of engagements
Number of existing engagements as of 31 Mar 2020	**0**
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

For all new off-payroll engagements, or those that reached six months in duration, between 01 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months

	Number of engagements
Number of new engagements, or those that reached six months in duration between 01 April 2019 and 31 March 2020	0
Of which:	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	
No. engaged directly (via PSC contracted to the entity) and are on the entity's payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020

	Number of engagements
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	6

Staff costs

	Permanent £000	Other £000	2019/20 Total £000	2018/19 Total £000
Salaries and wages	151,457	18,273	**169,730**	160,688
Social security costs	16,511	1,524	**18,035**	15,479
Employer's contributions to NHS pensions	18,881	1,743	**20,624**	19,325
Pension cost - other	8,253	762	**9,015**	-
Other post-employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	10,158	**10,158**	7,589
Apprenticeship Levy	745	69	**814**	760
Total gross staff costs	**195,847**	**32,529**	**228,376**	**203,841**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**195,847**	**32,529**	**228,376**	**203,841**
Of which				
Costs capitalised as part of assets	**413**	**-**	**413**	356

Average number of employees (WTE basis)

	Permanent Number	Other Number	2019/20 Total Number	2018/19 Total Number
Medical and dental	272	15	**287**	287
Ambulance staff	-	-	**-**	-
Administration and estates	1,149	83	**1,232**	1,214
Healthcare assistants and other support staff	714	316	**1,030**	912
Nursing, midwifery and health visiting staff	1,217	198	**1,415**	1,375
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	776	36	**812**	711
Healthcare science staff	-	-	**-**	-
Social care staff	-	46	**46**	66
Other	6	-	**6**	6
Total average numbers	**4,134**	**694**	**4,828**	**4,571**
Of which:				
Number of employees (WTE) engaged on capital projects	6	-	**6**	6

Reporting of compensation schemes - exit packages 2019/20

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	1	3	**4**
£10,001 - £25,000	1	1	**2**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**2**	**4**	**6**
Total resource cost (£)	25,534	29,980	**£55,514**

Reporting of compensation schemes - exit packages 2018/19

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

Exit packages: other (non-compulsory) departure payments

	2019/20		2018/19	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	1	13
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	4	30	6	116
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**4**	**30**	**7**	**129**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

2.3 Staff Report

Staff survey - commentary

Staff survey – summary of performance

The Trust's response rate for 2019 was 56 per cent, this is two per cent higher than 2018 and two per cent higher than the average response rate for the mental health sector. The main findings from the 2019 survey were:

- The major improvements made in the 2016 and 2017 surveys have been maintained again, similar to 2018.
- 61 questions of the 90 questions asked showed no significant changes.
- Our scores are in line with the national average on 38 questions,
  28 questions were significantly better and one was significantly worse than 2018.
- Of the eleven 'themes' which were introduced in 2018, we scored average, or close to average, on all of them and have improved our score in five of the eleven themes.
- Staff engagement: our score for staff engagement for 2019 remains unchanged at 7.0 from 2018.

Response rate	**2019/20 (current year)**		**2018/19 (previous year)**		**Improvement or deterioration**
	Trust	**Benchmarking group (trust type) average**	**Trust**	**Benchmarking group (trust type) average**	Increase/decrease in % points
Response rate	56%	54%	54%	54%	2%

		2019/20 (current year)		**2018/19 (previous year)**		**Improvement or deterioration**
Score	**Improved scores**	**Trust**	**National average**	**Trust**	**National average**	**% Improvement**
Q4e	Able to meet conflicting demands on my time at work	41%	44%	37%	43%	4%
Q4f	Have adequate materials, supplies and equipment to do my work	55%	56%	50%	54%	5%
Q5a	Satisfied with recognition for good work	66%	63%	63%	62%	3%
Q5b	Satisfied with support from immediate manager	78%	75%	75%	74%	3%
Q5f	Satisfied with extent organisation values my work	55%	49%	52%	48%	3%

Q6a	I have realistic time pressures	23%	23%	20%	21%	3%
Q8a	My immediate manager encourages me at work	79%	77%	76%	75%	3%
Q8b	Immediate manager can be counted on to help with difficult tasks	79%	76%	76%	74%	3%
Q8c	Immediate manager gives clear feedback on my work	71%	69%	68%	67%	3%
Q8d	Immediate manager asks for my opinion before making decisions that affect my work	65%	62%	62%	62%	3%
Q8e	Immediate manager supportive in personal crisis	83%	79%	78%	78%	5%
Q8f	Immediate manager takes a positive interest in my health and wellbeing	79%	75%	75%	74%	4%
Q8g	Immediate manager values my work	82%	78%	79%	77%	3%
Q9b	Communication between senior management and staff is effective	47%	42%	44%	41%	3%
Q9c	Senior managers try to involve staff in important decisions	44%	38%	41%	37%	3%
Q9d	Senior managers act on staff feedback	40%	36%	37%	35%	3%
Q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	38%	37%	35%	34%	3%
Q11a	Organisation definitely takes positive action on health and wellbeing	34%	28%	31%	27%	3%
Q11g	Not put myself under pressure to come to work when not feeling well enough	7%	7%	5%	7%	2%
Q12b	Not experienced physical violence from managers	100%	99%	99%	99%	1%
Q12c	Not experienced physical violence from other colleagues	99%	99%	98%	98%	1%
Q13b	Not experienced harassment, bullying or abuse from managers	90%	87%	88%	86%	2%
Q14	Organisation acts fairly: career progression	88%	82%	85%	79%	3%
Q17a	Organisation treats staff involved in errors/near misses/incidents	61%	56%	58%	55%	3%

	fairly					
Q19a	Had appraisal/KSF review in last 12 months	90%	89%	88%	90%	2%
Q19d	Appraisal/performance review: definitely left feeling work is valued	40%	34%	35%	33%	5%
Q23a	I don't often think about leaving this organisation	50%	46%	47%	45%	3%
Q23c	I am not planning on leaving this organisation	66%	60%	63%	57%	3%

		2019/20 (current year)		2018/19 (previous year)		Improvement or deterioration
Score	**Deteriorated scores**	**Trust**	**National average**	**Trust**	**National average**	**% deterioration**
Q17d	Staff given feedback about changes made in response to reported errors/near misses/incidents	62%	61%	66%	61%	-4%

Staff survey results: benchmarking

	2019/20		2018/19		2017/18	
	Trust	**Benchmarking Group**	**Trust**	**Benchmarking Group**	**Trust**	**Benchmarking Group**
Equality, diversity and inclusion	9.1	9.0	9.0	8.8	9.1	9.0
Health and wellbeing	6.2	6.0	6.1	6.1	6.1	6.2
Immediate managers	7.3	7.4	7.2	7.2	7.2	7.2
Morale	6.4	6.3	6.3	6.2	-	-
Quality of appraisals	5.9	5.8	5.7	5.7	5.5	5.5
Quality of care	7.0	7.4	7.0	7.3	7.0	7.3
Safe environment – bullying & harassment	7.8	8.0	7.8	7.9	7.9	8.0
Safe environment – violence	9.3	9.3	9.3	9.3	9.3	9.2
Safety culture	6.8	6.8	6.8	6.7	6.7	6.6
Staff engagement	7.0	7.0	7.0	7.0	6.9	7.0
Team working	7.0	7.0	-	-	-	-

Staff survey: future priorities

Staff survey: future priorities

The Trust has in place a number of workstreams which will have a direct impact on staff experience. These include work being undertaken on culture and a new learning system as well as equality, diversity and inclusivity. For 2020, it is proposed that the key areas for focus are:

- Bullying and harassment.
- Reducing unrealistic time pressures/meeting conflicting demands.
- Being able to provide the level of care staff aspire to.

Average number of employees (WTE basis)

A breakdown at March 2020 of Male and Female Staff						
	Female WTE	Female Headcount	Male WTE	Male Headcount	Total WTE	Total Headcount
Director	5	5	5	5	10	10
Employee	2,975	3,493	1,160	1,254	4,135	4,747
Senior Manager	65	75	35	38	100	113

A breakdown at March 2019 of Male and Female Staff						
	Female WTE	Female Headcount	Male WTE	Male Headcount	Total WTE	Total Headcount
Director	5	5	5	5	10	10
Employee	2,852	3,357	1,112	1,196	3964	4,553
Senior Manager	62	72	34	36	96	108

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

Staff sickness absence

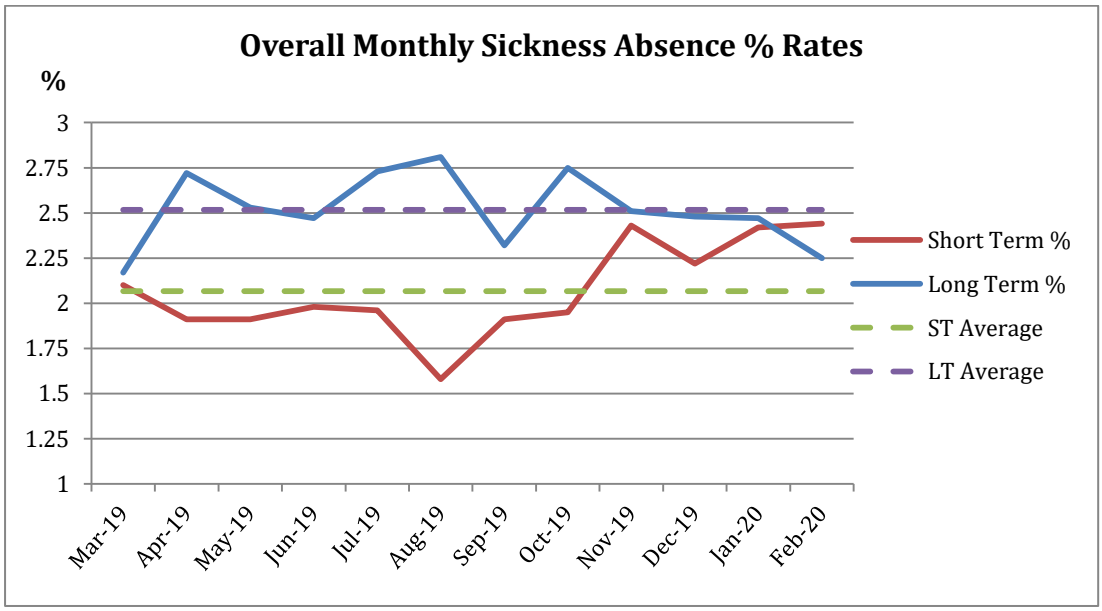
It is a Treasury Financial Reporting Manual (FReM) requirement that public bodies must report sickness absence data as part of their staff report. The data must be consistent to permit aggregation across the NHS and with similar data for the Core Department.

The data in the table below is based on 12 months ending December 2019, due to timing difficulties with availability of data. The Department of Health considers the resulting figures to be a reasonable proxy for financial year equivalents.

The figures below are estimates calculated from statistics published by NHS Digital, using data drawn for January 2019 to December 2019 from the ESR national data warehouse. Underlying figures have been converted to the Cabinet Office measurement base by applying a factor of 225/365 to convert from calendar days to working days lost.

Figures Converted by DH to Best Estimates of Required Data Items			**Statistics Published by NHS Digital from ESR Data Warehouse**	
Average Full Time Equivalent (FTE) 2019	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
3,943	41,260	10.5	1,494,266	66,933

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



	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Average
Short Term %	2.1	1.9	1.9	1.9	1.9	1.5	1.9	1.9	2.4	2.2	2.4	2.4	2.0
Long Term %	2.1	2.7	2.5	2.4	2.7	2.8	2.3	2.7	2.5	2.4	2.4	2.2	2.5
Overall %	4.2	4.6	4.4	4.4	4.6	4.3	4.2	4.7	4.9	4.7	4.8	4.6	4.5

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

Freedom to Speak Up

Annual Report on Speaking Up 2019/20
Sussex Partnership NHS Foundation Trust employs an independent Freedom to Speak Up Guardian who undertakes a shared role for both our Trust and Surrey and Borders NHS Foundation Trust.

We have a Whistleblowing Policy which was reviewed and approved in January 2020 and complies with national guidance and it advises all workers within Sussex Partnership, whether a substantive employee or not, of the support they can access from the Guardian.

Employees are encouraged to speak up confidentially in a number of ways including talking with their line manager, with a senior manager within our Trust or to the Freedom to Speak Up Guardian.

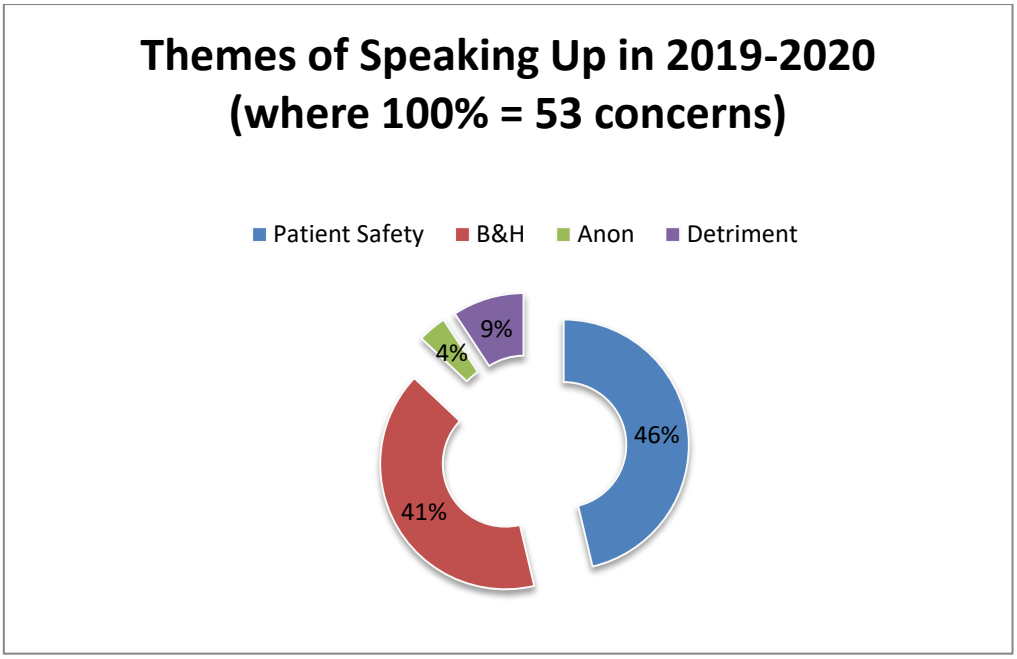
The Freedom to Speak Up Guardian is supported by six local Freedom to Speak Up Advocates spread across the Trust who assist the Guardian to raise awareness about speaking up, provide advice and guidance locally for colleagues and signpost employees to the Guardian or other individuals who might be able to assist them.

Sussex Partnership had 27 concerns raised during its first year of having a Freedom to Speak Up Guardian (2017/18). This increased in our second year, 2018/19, to 43 and further increased during 2019/20 to 53 people speaking up within our Trust.

Our Guardian reports both qualitative and quantitative data to our Trust Board twice a year and the insight provided to our senior leaders is very much welcomed.

Speaking up helps our Board of Directors to understand the experiences of our front line staff and compare speaking up data with that of the National Staff Survey. As a result, they can offer additional support or review processes with staff to improve patient or staff experience and to examine elements which may need to change.

Of the 53 concerns raised, below are the themes as required by the National Guardian's Office.



B&H - Bullying and Harassment

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

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

2.5 Single Oversight Framework

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

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

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy and not support needs being identified. The Trust is currently rated as a 1.

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

2.6 Statement of the Chief Executive's Responsibilities as the Accounting Officer of Sussex Partnership NHS Foundation Trust

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

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

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

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgments and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance, and
- prepare the financial statements on a going concern basis.

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

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

Sam Allen
Chief Executive **Date:** 23 June 2020

2.7 Annual Governance Statement

Annual Governance Statement

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

The purpose of the system of internal control
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Sussex Partnership, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Sussex Partnership for the year ended 31 March 2020 and up to the date of approval of the Annual Report and Accounts.

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

The Trust approach to the management of risk is detailed in the Risk Management Strategy and Policy. The Trust risk management framework is detailed below.

The key executive forum is the Executive Management Committee. Chaired by the Chief Executive, the Executive Management Committee (EMC) meets monthly and helps management seek assurance that the Trust maintains robust systems of governance, risk management and internal control that enables safe, high quality, patient-centered care. EMC reviews the Board Assurance Framework (BAF) prior to submission to the Board, together with the Strategic Risk Register (SRR) and ensures appropriate action is taken to manage the risks in the BAF and SRR.

The Audit Committee is a Committee of the Board of Directors providing it with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across all of the trust's activities. The Audit Committee has primary responsibility for monitoring the integrity of the financial statements, assisting the board of directors in its oversight of risk management and the effectiveness of internal

control, oversight of compliance with corporate governance standards and matters relating to the external and internal audit functions.

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

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

The Trust recognises the important role all leaders within the Trust have in developing a strong risk management approach and ensuring it forms an integral part of philosophy and practice.

CDS Accountability Framework

Care Delivery Services (CDSs) were established based on the underpinning principles of clinical leadership and local accountability. The CDS accountability framework provides the process in which clinical and managerial leaders are held to account for the quality and performance of their CDS. Service and Clinical Directors are accountable for ensuring that risk is managed in line with this Strategy within their Care Delivery Service and wider areas of responsibility.

They are required to:

- maintain a suitable local forum for the discussion of risks arising, at which the local Risk Register is reviewed at least monthly
- ensure that risks raised by staff are fully considered, captured on local Risk Registers, kept up to date, re-assessed, and re-graded as necessary

- develop and implement action plans to ensure risks identified are appropriately treated
- ensure that appropriate and effective risk management processes are in place within their designated area and scope of responsibility and that all staff are made aware of the risks within their work environment and of their personal responsibilities to minimise risk
- monitor any risk management control measures implemented within their designated area and scope of responsibility, ensuring that they are appropriate and adequate, and
- each CDS has a Quality and Governance Forum with clear duties and responsibilities around risk management.

Support Services Accountability Framework

The Trust began the implementation of a Support Service Accountability and Ownership Framework in 2019/20 complementing the CDS Accountability Framework, which provides a rating for both quality and governance and financial performance for each of the Support Services.

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

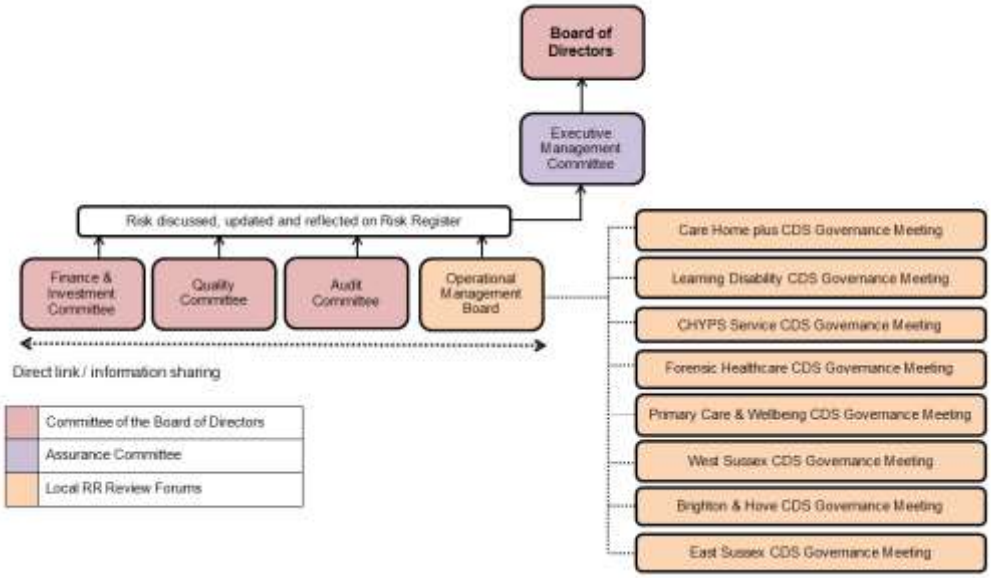
Each Support Service is also required to submit an Annual Plan, which forms an integral component of the performance measures through assessment of the agreed objectives. This requires ownership of quality, budgets and improvements across Support Services, as well as showing how each Support Service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

The risk and control framework

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

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

Risk Management Responsibilities and Structures
The Trust Risk Management structure is outlined here:



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

Board of Directors
Key Risk Management Responsibilities:

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

Audit Committee

Key Risk Management Responsibilities:

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

Finance and Investment Committee

Key Risk Management Responsibilities:

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

Quality Committee

Key Risk Management Responsibilities:

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

Executive Management Committee

Key Risk Management Responsibilities:

- Ensure the maintenance of an effective system of risk management across the whole of the organisation.
- Develop and maintain a comprehensive and current SRR and BAF.
- Review existing risks and agree new risks on the SRR.
- Propose the SRR and BAF to be presented to the Trust Board.

- Provide the Audit Committee and Trust Board with assurance on the effective implementation of the SRR and BAF, including reports to the Board highlighting any new risks identified, gaps in assurance/control, recommendations, and positive assurance.
- Ensure risks identified through the Executive Management Committee are entered onto the SRR and BAF as necessary, clearly and accurately described, graded consistently, and managed appropriately to reduce risks to the lowest possible level.
- Ensure appropriate action is taken to manage all risks within the Executive Management Committee.

Risk management system

The Trust uses a risk management database, Ulysses, which ensures that having been recorded, risks are rated, mitigated and removed efficiently. Each risk is owned by a 'risk owner' and escalated accordingly.

Board Assurance Framework

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

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

The Board reviewed the key risks to the strategic objectives of the Trust at a Board Seminar in May 2019 and the output formed the Board Assurance Framework for 2019/20. This included a Board discussion of its appetite for the different categories of risks managed by the Trust.

The BAF has also been re-aligned to the new strategic objectives below:

1. People will feel valued, supported and cared for.
2. Prevention of ill health will promote community wellbeing.
3. Partnerships will provide people with services to help them thrive.

The Board Assurance Framework risk ratings for 2019/20 are set out below.

No.	Risk	Grading
1	Patients do not move smoothly through services and may experience pathway blocks	16
2	People are not able to access the right services at the right time	16
3	Our workforce does not have the capacity and competence to deliver effective services	12
4	Leadership at all levels does not create the culture to maintain staff well-being	12
5	Appropriate crisis and home treatment support is not always available when needed	12
6	Poor quality care plans and risk assessments	12
7	Digital resources do not enable focused, outcome-based care	12
8	Alignment of priorities with STP, ICS, and PCNs	12
9	Participation strategy plan does not foster improvements in service quality	9
10	The workplace does not support staff to stay healthy, engaged or motivated	9
11	Not delivering the financial plan	9
12	The need of older people and people with dementia are not appropriately met	9

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

This Statement sets out the Board's strategic approach to risk-taking by defining its boundaries and risk tolerance thresholds and supports delivery of the Trust's Risk Management Strategy and Policy.

MATURITY	AVOID Avoidance of risk and uncertainty is a key objective	MINIMAL Board has a preference for ultra-safe delivery options with a low degree of inherent risk and limited potential for reward.	CAUTIOUS Board has a preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	OPEN Board is willing to consider all potential delivery options while also providing an acceptable level of reward	SEEK Board fosters innovation and chooses options offering potentially higher business rewards (despite greater inherent risk).	MATURE Board is confident in setting high levels of risk appetite because controls, horizon scanning and response systems are robust.
APPETITE	NONE	LOW	MODERATE	HIGH	SIGNIFICANT	

Risk Maturity Matrix

DOMAIN	MATURITY	TOLERANCE
QUALITY	**CAUTIOUS**	We will provide high quality services to our patients and will rarely accept risks that could limit our ability to fulfil this objective. We are strongly averse to risks that could result in poor quality care or unacceptable clinical risk, non-compliance with standards or poor clinical or professional practice.
SAFETY	**MINIMAL**	We will hold patient safety in the highest regard and are strongly averse to any risk that may jeopardise it. It can be in the best interests of patients to accept some risk in order to achieve the best outcomes from individual patient care, treatment and therapeutic goals. We accept this and support our staff to work in collaboration with people who use our services to develop appropriate and safe care plans based on assessment of need and clinical risk.
FINANCE	SEEK	We will strive to deliver our services within the budgets modelled in our financial plans and will only consider exceeding these constraints if a financial response is required to mitigate risks associated with patient safety or quality of care. Where we invest, it will be for the best possible return and we accept the possibility of financial loss, where there are strong controls in place (investment capital).
SERVICE DESIGN & DELIVERY	**OPEN**	We will accept risks to our portfolios of services if they are consistent with the achievement of patient safety and quality improvements, and will only accept service redesign and divestment risks in the services we are commissioned to deliver if patient safety, quality care and service improvements are maintained.

WORKFORCE	**CAUTIOUS**	We are committed to recruit and retain staff that meet the high quality standards of the organisation and will provide on-going training to ensure all staff reach their full potential. We will not accept risks associated with unprofessional conduct, bullying, or an individual's competence to perform roles or tasks safely and, nor any incidents or circumstances which may compromise the safety of any staff members.
TECHNOLOGY	**SEEK**	We are prepared to consider risks associated with new technologies if this enables us to realise innovative care solutions, safety improvements or efficiency gains.
INFORMATION	**MINIMAL**	We will not accept risks that may result in a material breach or non-compliance with the Data Protection Act 2018 and GDPR or Healthcare information governance requirements
INNOVATION	**SEEK**	We will continue to encourage a culture of innovation within the Trust. We are willing to accept risks associated with innovation, research and development to enable the integration of care, development of new models of care and improvements in clinical practice that could support the delivery of our person and patient centred values and approach.
REPUTATION	**CAUTIOUS**	Tolerance for risk taking limited to events where there is little chance of significant repercussion for the organisation should there be a failure.

Risk 'tolerance' is the minimum and maximum risk the Trust is willing to accept as reflected in the risk appetite themes above.

Strategic Risk Register

The major risks in 2019/20 as identified in the Strategic Risk Register (SRR) related to:

- Managing demand and capacity.
- Mental Health Act conveyance.
- Sussex Health Care Provision.
- Pandemic outbreak.
- Adherence to smoke-free policy and related fire risk.

The Strategic Risk Register is monitored by the Executive Management Committee.

Incident reporting and learning from incidents

Incident reporting is actively encouraged and a robust system of investigation and follow up is in place, including for Serious Incidents. Relative low reporting of incidents in previous years has seen corrective action and in 2019/20, there has been a significant increase in the level of reporting, specifically low level incidents.

Serious Incidents are subject to a thorough internal review to identify root causes and learning, and feedback from clinical commissioning group scrutiny panels is carefully considered.

The Trust has undertaken a number of focused projects to provide assurance of learning from clusters or individual incidents:

- A Quality Assurance Review was commissioned from Caring Solutions to review: evidence to support the completion of the recommendations within the Homicide Review and action taken by the Trust to embed the learning arising from homicides; and also evidence to demonstrate the tracking and closure of actions arising from a cohort of 32 Serious Incidents.

- An independent panel reviewed the findings of the Higher Learning Review, Safeguarding Investigation and HR Processes initiated following a Serious Incident involving a young woman, which occurred at the Mill View Hospital Health based Place of Safety (HBPoS) on in April 2018.

- A review of unexpected deaths of service users using adult community services in the 12 months to August 2019.

The Quality Committee also routinely receives reports on learning from Serious Incidents and Inquests, and the statutory Learning from Deaths report.

Integrated Performance Report

The Board of Directors developed its business objectives for 2019/20 after engaging staff and the Council of Governors through seminars and joint Board and Governor sessions.

All objectives are quantifiable and measurable and a quarterly report on progress against the objectives is reviewed by the Executive Management Committee and Board of Directors and Council of Governors.

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

In 2019/20, the report was significantly enhanced, using statistical process control charts to enable better use of data and decision-making. This followed a Board development session with NHS Improvement. The report has been identified as a model of good practice by NHS Improvement.

Areas of improvement performance in 2019/20 are detailed below:

- 7 day follow up and 72 hour follow up.
- Essential training.
- Improving Access to Psychological Therapies (IAPT) waiting times (Health in Mind).
- Waiting times for Early Intervention Services.
- % clients in settled accommodation and in employment.

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

- Patient pathway:
  - Use of Out of Area Placements (private beds)
  - Waiting times: Adult, and Child and Adolescent services in Sussex and Hampshire and Neurodevelopmental services.
- Completion of Care Plans and Risk Assessments.
- Blossom Ward staffing and patient acuity.
- Use of agency staff.
- Completed physical health assessments.
- Clinical supervision compliance.
- Completion of appraisals.

CQC Inspection

CQC carried out a Well-Led inspection of the Trust in February 2019. The inspection report was published in June 2019.

The Trust rating was overall good with outstanding for caring.

Each of the core services was rated good, with the exception of crisis services and health-based places of safety, which were rated as, requires improvement.

Lindridge Care Home was inspected in July 2019 and also received a good rating.

HMP Lewes prosecution

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

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

with the action plan was made in 2019/20 and assurance provided through the Trust Quality and Safety Review process, NHSE Quality Assurance Reviews, CDS assurance monitoring process and to the Board via the monthly Integrated Performance Report. A detailed business continuity plan was also developed to ensure safe service delivery as the Trust prepared to exit the contract at the end of March 2020.

Conflicts of interest

The Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

NHS Pension Scheme controls

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

Workforce planning and assurance

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

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

An annual review of Safe Staffing was undertaken in 2019 which identified clear variation between acute wards and made a series of recommendations for uplifting staffing establishments or making changes to skill mix on a number of wards across Adult Services. The review was reported to the Board in July 2019, and the Board supported the recommendations made.

Equality, diversity and human rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with, including the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES).

The Board reviewed its approach to Inclusion and Diversity at its Board meetings in July and November 2019 and March 2020, renewed its strategic approach and agreed three areas of focus: developing the Trust's approach to talent management; reviewing the current infrastructure and resources to manage equality and diversity; and reviewing the current approaches to how equality and diversity is managed from a patient experience.

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

Review of economy, efficiency and effectiveness of the use of resources
The trust ensures economy, efficiency and effectiveness through a variety of means, including:

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

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

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

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

The Trust reported a year-end surplus of £1.7m. This was due to delivering an operating surplus of £0.3m and national cash support for Mental Health providers of £1.4m. In reporting an operating surplus, the Trust was eligible for Provider Sustainability Funding (PSF) of £2.2m.

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

Through the Chief Digital and Information Officer, who is the Senior Information Risk Officer (SIRO), and IGSAG, the Trust is working to embed effective information governance in the organisation.

Breaches to confidentiality or other information governance-related serious incidents are reviewed by IGSAG.

One Information Governance Serious Incident was reported to the Information Commissioner in 2019/20.

Review of effectiveness

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

I have drawn on the information provided in this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

Board of Directors

Developmental Well-Led Review

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

The review found that the Trust was performing well against the Well Led framework, as a self-aware learning organisation. The report also found positive and significant cultural change in recent years, and strengthened relationships with system partners. The review also found that there was a comprehensive BAF and corporate risk register in place that had been improved over the course of recent years

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

In September 2019, the Audit Committee reviewed progress with the recommendations arising from its Well-Led Review, published in January 2019. The review found good progress with the recommendations concerning:

- The development and approval of the refreshed Organisational Strategy.
- Implementation of the Board development programme (including the *Leading for Improvement* programme).
- Succession planning.
- Reviewing the membership and focus of the Quality Committee.

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

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

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

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

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

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

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

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

During 2019/20 the reviews undertaken by Internal Audit resulted in three partial assurance opinions, nine reasonable assurance opinions and one substantial assurance opinion, as below:

Subject	**Outcome**
Accounts Receivable	Substantial Assurance
Recruitment and Workforce Planning	Reasonable Assurance
Care Delivery Services	Reasonable Assurance
Location Visits	Reasonable Assurance
Mental Health Act Compliance	Reasonable Assurance
Business Continuity & Disaster Recovery	Reasonable Assurance
Data Quality - Mixed Sex Accommodation	Reasonable Assurance
Payroll	Reasonable Assurance
Serious Incident Management	Reasonable Assurance
Safer Staffing	Reasonable Assurance
Financial Planning & Service Improvement Programme	Partial Assurance
Consultant & Specialty and Associate Specialist Job Planning	Partial Assurance
Overtime payments	Partial Assurance

Management action plans are developed for each of the audits, and the recommendations in relation to the above partial assurance audits have either been implemented or are being implemented over the next six months.

In addition to the above risk based reviews/ opinions, the Committee received three advisory reports during the year: Follow up actions – Costing Assurance Review; Preparedness Review- Changes to Pay Progression Rules; and General Data protection Regulation (GDPR) Governance,.

Internal Audit Opinion
In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit has provided a draft head of internal audit opinion on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes during 2019/20.

It confirms that:

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

External audit
External Audit report to the Trust on the findings from the audit work, in particular their review of the accounts and the Trust's economy, efficiency and effectiveness in its use of resources. During 2019/20, no significant issues were identified.

Quality Committee
The Quality Committee is also a Committee of the Board of Directors, Chaired by a Non-Executive Director. It provides strategic direction on the implementation of the CQC Fundamental Standards and assurance to the Board in relation to quality, safety, effectiveness and patient experience.

The Committee reviewed its membership and terms of reference in 2019/20 and introduced 'Deep Dives' into areas of particular focus or concern. The Committee has also strengthened its links with the Audit Committee, referring to the Audit Committee control issues arising from its discussions.

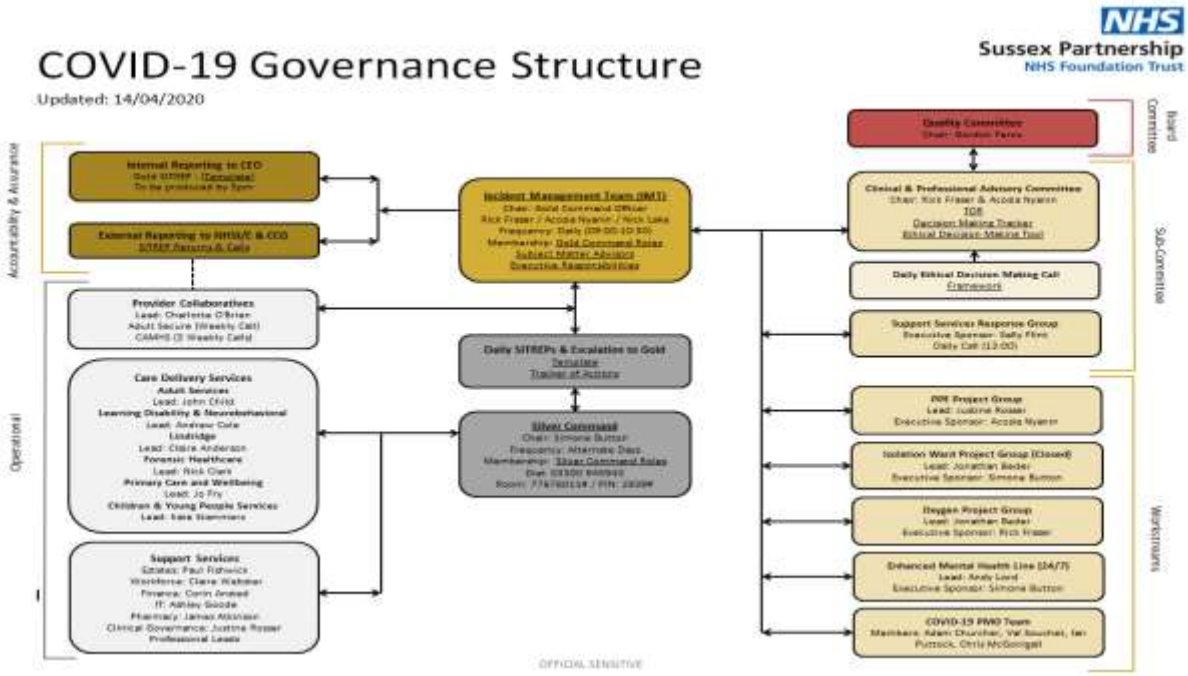
The Quality Committee also takes responsibility for overseeing the progress of the Trust in compliance with external standards. Following a review of the Quality Committee, four sub-committees report to it, by exception, at each meeting:

- Effective Care and Treatment Committee
- Safety Committee
- Positive Experience Committee
- Mental Health Act Committee

The committee has a key function in assessing the cost improvement programme (SIP) against the impact on quality, and ensuring SIP plans are approved by the Chief Nursing Officer and Chief Medical Officer.

Clinical Audit
The Board lead for Clinical Audit is the Chief Medical Officer who ensures sustained focus and attention to detail of clinical audit activity. The Quality Committee agrees the annual Clinical Audit Plan.

COVID-19 outbreak
The Trust management and governance of the COVID-19 outbreak was based on the Trust Incident Response Plan and is set out below.



The Trust response was founded on the significant improvement in its EPRR arrangements and on a systematic programme of training and exercising. In 2019/20, the Trust achieved substantial assurance with the EPRR core standards, with full compliance with 54 of the 56 standards. This enabled the Trust to implement speedily an effective framework for the management of the outbreak, which was approved by an extraordinary Board meeting in April 2020.

The Board agreed revised governance arrangements during the period of the COVID-19 outbreak consistent with the NHS Improvement guidance issued to Trusts on 28 March *Reducing the burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic.*

Conclusion

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

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

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

Sam Allen
Chief Executive **Date:** 23 June 2020

Sussex Partnership NHS Foundation Trust

Accounts

For the year

1 April 2019 to 31 March 2020

CONTENTS

FOREWORD TO THE ACCOUNTS

SUSSEX PARTNERSHIP NHS FOUNDATION TRUST

These accounts for the year ended 31 March 2020 have been prepared by the Sussex Partnership NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the NHS Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Date: 20 May 2020 Chief Executive:

Independent auditor's report

to the Council of Governors of Sussex Partnership NHS Foundation Trust

. REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Sussex Partnership NHS Foundation Trust ("the Trust") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note one.

In our opinion:

— the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and

— the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2020 and the Department of Health and Social Care Group Accounting Manual 2020.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview		
Materiality: financial statements as a whole	£5.25m (2019:£5.00m) 2% (2019: 2%) of revenue	
Risks of material misstatement		**vs 2019**
Recurring risks	Revenue recognition	◀▶
	Expenditure recognition	◀▶
New	Valuation of land and buildings	▲

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows:

	The risk	Our response
Revenue recognition Revenue from patient care activities - £277.12m (2019: £246.99m) Other operating income - 25.32m (£24.71m) *Refer to page 53 Annual report (Audit Committee Report), page 15 (accounting policy) and page 34 (financial disclosures)*	**Accounting treatment** Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk. We recognise that the incentives in the NHS differ significantly to those in the private sector which have driven the requirement to make a rebuttable presumption that this is a significant risk. These incentives in the NHS include the requirement to meet regulatory and financial covenants, rather than broader share-based management concerns. The Trust participates in the national Agreement of Balances (AoB) exercise for the purpose of ensuring that intra-NHS balances are eliminated on the consolidation of the Department of Health's resource accounts. The AoB exercise identifies mismatches between income and expenditure and receivable and payable balances recognised by the Trust and its commissioners, which will be resolved after the date of approval of these financial statements. Mis-matches can occur for a number of reasons, but the most significant arise where: — the Trust and Commissioners record different accruals for completed periods of healthcare which have not yet been invoiced; or — income relating to partially completed period of healthcare is apportioned across the financial years and the Commissioners and the Trust make different apportionment assumptions. Where there is a lack of agreement, mis-matches can also be classified as formal disputes as set out in the relevant contract.	**Our procedures included:** **Test of details:** We undertook the following tests of details — Reconciled the NHS income recorded in the financial statements to signed contracts and income received in the bank statements for the Trust's material contracts and reviewed material variations; — Agreed that the levels of over and under performance reported are consistent with contract variations and challenge the Trust's assessment of the level of income where these are not in place by considering our own expectation of the income based on our knowledge of the client and experience of the industry; — Assessed the outcome of the agreement of balances exercise with other NHS bodies. Where there are mismatches over £0.3m obtain evidence to support the Trust's reported income figure; — Tested material non-NHS income to invoices raised to determine whether income has been recognised in the appropriate period, classified correctly within the financial statements and received in the bank; and — We assessed the Trust's reporting and accounting for PSF income received from the Department of Health.

	The risk	Our response
Expenditure recognition Non-pay expenditure - £59.38m (2019: £51.51m) *Refer to page 53 Annual report (Audit Committee Report), page 17 (accounting policy) and page 36 (financial disclosures)*	**Accounting treatment** As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may be greater than the risk of fraud related to revenue recognition. There is a risk that the Group may manipulate expenditure to meet externally set targets and we had regard to this when planning and performing our audit procedures. The incentives for fraudulent expenditure recognition relate to achieving financial targets and the key risks relate to the manipulation of recognition of non-pay expenditure at the year-end. There may therefore be an incentive to defer non-pay expenditure or recognise commitments at a reduced value in order to achieve financial targets.	**Our procedures included:** — **Test of detail:** We inspected transactions incurred around the end of the financial year to critically assess whether they had been included in the correct accounting period; — **Test of detail:** We inspected a sample of accruals made at 31 March 2020 for expenditure but not yet invoiced to assess whether the valuation of the accrual was consistent with the value billed after the year end; and — **Test of detail:** We inspected manual journals posted as part of the year end accounts preparation that reduces expenditure recorded by the Trust to assess whether there is appropriate supporting evidence for the reduction in expenditure.

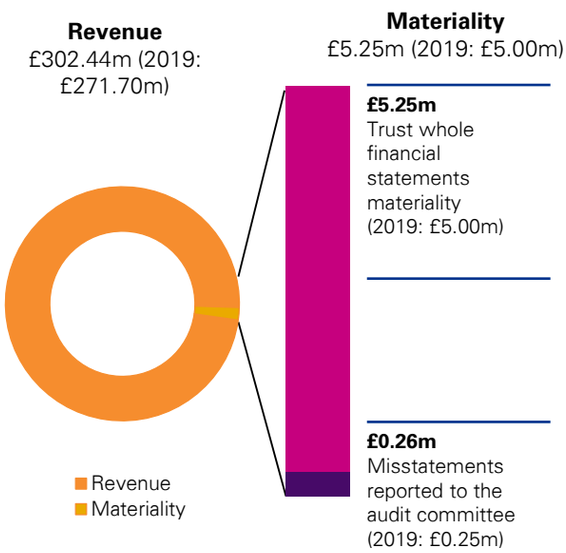
	The risk	Our response
Valuation of land and buildings £151.31m (2019: £160.89m) Refer to page 53 Annual report (Audit Committee Report), page 17 (accounting policy) and page 42 (financial disclosures)	**Subjective valuation** There is significant judgment in determining the appropriate basis (Existing Use Value or Depreciated Replacement Cost) for each asset according to the degree of specialisation, as well as over the assumptions made in arriving at the valuation. As permitted by the Group Accounting Manual 2019/20, and in accordance with its accounting policies the Trust undertakes a quinquennial valuation supplemented by annual indexation. The full quinquennial valuation was due and took place as at 1 April 2019 by a external valuer appointed by the Trust. The Trust then consulted appropriate indices recommended by the external valuer to determine whether there is an indication of a change in market value between this date and the balance sheet date of 31 March 2020. The Trust's assessment was that the indices did not provide any indication there had been a material change in carrying value from the date of quinquennial valuation to the end of the reporting period. Valuations are inherently judgmental therefore our work focused on whether the Trust's methodology and assumptions were appropriate and correctly applied.	**Our procedures included:** — **Tests of details:** Critically assessed the appropriateness of the valuation bases and assumptions applied to a sample of material assets subject to the revaluation exercise by reference to property records held on the condition of the assets, the basis of ownership and the basis of their use; — **Methodology implementation:** Considered how the Trust and the Trust's valuer assessed the need for any impairment across the asset base either due to loss of value or reduction in future benefits that would be achieved; — **Assessing transparency:** Considered the adequacy of disclosures about the key judgments and degree of estimation involved in arriving at the valuation and the related sensitivities with reference to the Group Accounting Manual 2019/20. — **Assess valuer's credentials:** Assessed the competence, capability, objectivity and independence of the Trust's external valuer and consider the terms of engagement of, and the instructions issued to, the valuer for consistency with the requirements of the Department of Health's Group Accounting Manual 2019/20; and — **Data comparisons:** Reconciled the information supplied to the external valuer to the Fixed Asset Register and considered the accuracy of the estate base data provided to the valuer to complete the valuation to ensure that it accurately reflected the Trust estate.

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £5.25 million (2019: £5.00 million), determined with reference to a benchmark of revenue of which it represents approximately 2% (2019: £2%). We consider revenue to be more stable than a surplus / deficit related benchmark.

We agreed to report to Audit Committee any corrected and uncorrected identified misstatements exceeding £0.26 million (2019:£0.25 million), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was performed remotely due to COVID-19.



4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note [X] to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20.

Corporate governance disclosures

We are required to report to you if:

— we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or

— the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or

— the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

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6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 93 the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

— any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006; or

— any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

Our risk assessment did not identify any significant risks.

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THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Sussex Partnership NHS Foundation Trust for the year ended 31 March 2020 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Neil Hewitson
for and on behalf of KPMG LLP

Chartered Accountants
15 Canada Square
London
E14 5GL
24 June 2020

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STATEMENT OF COMPREHENSIVE INCOME

For the year ended 31 March 2020

	NOTE	2019/20 £000	2018/19 £000
Revenue from patient care activities	3	**277,122**	246,994
Other operating revenue	4	**25,324**	24,709
Operating expenses	5	**(300,654)**	(259,784)
NET OPERATING SURPLUS *		**1,792**	11,919
Net Finance costs			
Finance income	7	**326**	216
Finance expense	7	**(2,364)**	(2,420)
Public Dividend Capital dividends payable		**(4,295)**	(4,366)
		(6,333)	(6,570)
Net gain on disposal of property, plant and equipment	9	**91**	520
Share of profit of joint venture accounted for using the equity method	18	**0**	69
RETAINED (DEFICIT) / SURPLUS FOR THE YEAR		**(4,450)**	5,938
OTHER COMPREHENSIVE INCOME			
Impairments	9	**(5,663)**	0
Gains on revaluations	9	**3,221**	60
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**(6,892)**	5,998

* Net Operating Surplus in 2019/20 includes an impairment to fixed assets of £8,349k

STATEMENT OF FINANCIAL POSITION

As at 31 March 2020

	NOTE	31 March 2020 £000	31 March 2019 £000
NON-CURRENT ASSETS			
Intangible assets	8	**4,489**	3,146
Property, plant and equipment	9	**160,088**	165,951
Trade and other receivables	10	**2,339**	2,288
Investment in joint venture	18	**23**	23
		166,939	171,408
CURRENT ASSETS			
Trade and other receivables	10	**17,910**	23,374
Deposits with National loans fund	13	**10,000**	20,000
Assets held for sale	9	**189**	882
Cash and cash equivalents	13	**39,293**	19,316
		67,392	63,572
CURRENT LIABILITIES			
Trade and other payables	11	**(29,894)**	(27,083)
Obligations under PFI contracts	11	**(761)**	(614)
Provisions	12	**(414)**	(559)
Deferred Income	11	**(16,887)**	(12,309)
		(47,956)	(40,565)
NET CURRENT ASSETS		**19,436**	23,007
TOTAL ASSETS LESS CURRENT LIABILITIES		**186,375**	194,415
NON-CURRENT LIABILITES			
Obligations under PFI contracts	11	**(18,466)**	(19,227)
Provisions	12	**(623)**	(681)
Deferred Income	11	**(430)**	(1,059)
		(19,519)	(20,967)
TOTAL ASSETS EMPLOYED		**166,856**	173,448
FINANCED BY:			
TAXPAYERS' EQUITY			
Public dividend capital		**159,122**	158,822
Revaluation reserve		**27,057**	29,989
Income and expenditure reserve		**(19,323)**	(15,363)
TOTAL TAXPAYERS' EQUITY		**166,856**	173,448

The accounts on pages 10 to 58 were approved by the Board of Directors and signed on its behalf by:

Signed: (Chief Executive) Date: 20 May 2020

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

For the year ended 31 March 2020

	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Total taxpayers' equity
Changes in taxpayers' equity for 2019/20	**£000**	**£000**	**£000**	**£000**
Balance brought forward as at 1 April 2019	**158,822**	**(15,363)**	**29,989**	**173,448**
Surplus for the year prior to other comprehensive income	0	(4,450)	0	**(4,450)**
Impairments	0	0	(5,663)	**(5,663)**
Revaluations - Property, Plant and equipment	0	0	3,221	**3,221**
Asset disposals	0	490	(490)	**0**
Public Dividend Capital received	300	0	0	**300**
Taxpayers' equity at 31 March 2020	**159,122**	**(19,323)**	**27,057**	**166,856**

	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Total taxpayers' equity
Changes in taxpayers' equity for 2018/19	**£000**	**£000**	**£000**	**£000**
Balance brought forward as at 1 April 2018	**157,795**	**(21,362)**	**29,990**	**166,423**
Surplus for the year prior to other comprehensive income	0	5,938	0	**5,938**
Revaluations - Property, Plant and equipment	0	0	60	**60**
Asset disposals	0	61	(61)	**0**
Public Dividend Capital received	1,027	0	0	**1,027**
Taxpayers' equity at 31 March 2019	**158,822**	**(15,363)**	**29,989**	**173,448**

STATEMENT OF CASH FLOWS

For the year ended 31 March 2020

	NOTES	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus		**1,792**	11,919
Depreciation and amortisation	8 and 9	**4,806**	4,659
Income in repsect of capital donations		**0**	(184)
Impairments and reversals	5	**8,349**	0
Other movements in operating cash flows		**42**	218
Decrease / (Increase) in trade and other receivables		**5,550**	(4,803)
Increase in trade and other payables		**2,532**	2,249
Increase in deferred income	11	**3,948**	943
(Decrease) / increase in provisions	12	**(207)**	120
Net cash inflow from operating activities		**26,812**	15,121
Cash flows from investing activities			
Interest received	7	**326**	216
Payments for intangible assets		**(2,096)**	(341)
Payments for property, plant and equipment		**(8,737)**	(7,451)
Proceeds from disposal of plant, property and equipment		**801**	750
Deposit with national loans fund movement		**10,000**	(5,000)
Receipt of cash donations to purchase capital assets		**0**	184
Prepayment of PFI capital contributions	16	**(55)**	(241)
Net cash outflow from investing activities		**239**	(11,883)
Cash flows from financing activities			
Public dividend capital received		**300**	1,027
Interest element of PFI obligations	7	**(2,361)**	(2,418)
Capital element of PFI, LIFT and other service concession payments	16	**(613)**	(483)
PDC dividends paid		**(4,400)**	(4,487)
Net cash outflow from financing		**(7,074)**	(6,361)
Net (decrease) / increase in cash and cash equivalents		**19,977**	(3,123)
Cash and cash equivalents at the beginning of the financial year	13	**19,316**	22,439
Cash and cash equivalents at the end of the financial year	13	**39,293**	19,316

NOTES TO THE ACCOUNTS

1. Accounting Policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going Concern

These accounts have been prepared on a going concern basis.

1.3 Revenue Recognition

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

1.3.1 Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously

by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

1.3.2 Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. At contract inception, the Trust assesses the outputs promised in the research contract to identify as a performance obligation each promise to transfer either a good or service that is distinct or a series of distinct goods or services that are substantially the same and that have the same pattern of transfer. The Trust recognises revenue as these performance obligations are met, which may be at a point in time or over time depending upon the terms of the contract.

1.3.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract. Income is accrued where services have been delivered during the financial year but have not yet been invoiced.

1.4 Short Term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of period is recognised in the accounts to the extent that employees are permitted to carry-forward leave into the following period.

1.5 Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The 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 operating expenses at the time the Foundation Trust commits itself to the retirement, regardless of the method of payment.

1.6 Expenditure on Other Goods and Services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.7 Property, Plant and Equipment

Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

The Foundation Trust capitalises such costs if they meet the above conditions and where they:

- individually have a cost of at least £5,000; or
- form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneously purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at fair value. IAS 16 requires that revaluations should be carried out regularly, so that the carrying amount of an asset does not differ materially from its fair value at the balance sheet date. If an item is revalued, the entire class of assets to which that asset belongs should be revalued. The Foundation Trust will decide annually the type of revaluation needed each year but a full, professional revaluation will be carried out at least every five years on the land and buildings. For the plant and equipment the Foundation Trust owns, this is held at net book value, which is considered to be fair value. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment (PPE) are depreciated over the remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. The useful economic lives are detailed in Note 9.6. Freehold land is considered to have an infinite life and is not depreciated. PPE which has been reclassified as "Held for Sale" ceases to be depreciated upon reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the Foundation Trust.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of "other comprehensive income".

Impairments
Impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposals are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
- management are committed to a plan to sell the asset;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as "Held for Sale"; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as "Held for Sale" and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.8 Intangible Assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust and where the cost of the asset can be measured reliably.
Internally generated intangible assets
Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Foundation Trust intends to complete the asset and sell or use it
- the Foundation Trust has the ability to sell or use the asset

- how the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost less accumulated amortisation and accumulated impairments, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.
Subsequently intangible assets are measured at fair value. Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating income. Decreases in asset values and impairments are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.9 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 Service Concession Arrangements definition of a service concession, as interpreted in HM Treasury's Financial Reporting Manual, are accounted for as 'on-Statement of Financial Position' by the Foundation Trust.

The underlying assets are recognised as Property, Plant and Equipment at their fair value. An equivalent financial liability is recognised in accordance with IAS 17 Leases. The annual contract payments are apportioned between the repayment of the liability, a finance cost, charges for services and charges for lifecycle costs.
The finance cost is calculated using the implicit interest rate for the scheme. The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

1.10 Provisions

The Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

1.10.1 Injury Benefit provision

This provision comprises injury benefit awards against the Foundation Trust. For injury benefit awards the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 2.9% in real terms, except for early retirements' provisions which use the HM Treasury's pension discount rate of 0.29% in real terms.

1.10.2 Legal Claims provision

This provision includes employer liability claims and public liability claims.

1.10.3 Redundancy provision

This provision comprises pay claims for clinical and non-clinical staff, and redundancy benefits.

1.10.4 Other Provision

This provision comprises clinical excellence awards payable.

1.11 Clinical Negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, legal liability remains with the Foundation Trust, but is not recognised because there is no reasonable likelihood of an outflow of economic benefits from the Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Foundation Trust is disclosed at Note 12, but is not recognised in the Foundation Trust's accounts.

1.12 Non Clinical Risk Pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.13 Value Added Tax (VAT)

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase costs of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.14 Corporation Tax

The Foundation Trust has no corporation tax liability as it does not carry out any commercial activity that would be liable to corporation tax.

1.15 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Foundation Trust has no beneficial interest in them. However, they are disclosed in Note 19 in accordance with the requirements of the HM Treasury's FReM.

1.16 Leases

Operating Leases
Leases in which a significant portion of the risks and rewards of ownership are retained by the lessor are classified as operating leases. Operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the reclassification for each is assessed separately.

1.17 Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid

down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.18 Financial assets and financial liabilities

1.18.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust’s normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

1.18.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost, through income and expenditure.

Financial liabilities classified as subsequently measured at amortised cost through income and expenditure.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.
Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Financial assets measured at fair value through other comprehensive income
A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value through income and expenditure
Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset’s gross carrying amount and the present value of estimated future cash flows discounted at the financial asset’s original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.18.3 De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.19 Revenue government and other grants

Government grants are grants from government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses and are reported to the Audit Committee, a sub-committee of the Foundation Trust Board.

1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

1.22 Standards, amendments and interpretations in issue but not effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2020. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for all leases. The standard also requires the remeasurement of lease liabilities after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2020, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted at the trust's incremental borrowing rate (1.27%). The related right of use asset will be measured equal to liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition.

For leases commencing in 2020/21, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Standards issued or amended but not yet adopted in FReM	
IFRS 14 Regulatory Deferral Accounts	Not yet EU-endorsed.* Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.
IFRS 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.

* The European Financial Reporting Advisory Group recommended in October 2015 that the standard should not be endorsed as it is unlikely to be adopted by many EU countries.

1.23 Significant Judgements and Estimates

The accounts include a number of significant judgements. These are periodically evaluated and are based on historical experience and other factors, including, expectations of future events that are believed to be reasonable under the circumstances.

1.23.1 Significant Judgements

The Foundation Trust's assets are held at fair value, and this year the Foundation Trust has carried out a full top valuation review using external valuers.

In making these judgements, the Trust is aware that the Royal Institute of Chartered Surveyors (RICS) has issued a valuation practice notice which gives guidance to valuers where a valuer declares a materiality uncertainty attached to a valuation in light of the impact of COVID-19 on markets. The Trust obtained a valuation report as at 1 April 2019 but it should be noted that there may now be greater uncertainty in markets subsequent to this date and the year-end position at the 31 March 2020.

Given the judgements explained above in preparing these 2019/20 financial statements, the Trust has considered publicly available indices but determined that these do not indicate a material change in valuations between the date of the full valuation and the year end.

Apart from the six PFI schemes which are accounted for 'on statement of financial position' in accordance with the Department of Health guidance, the Foundation Trust does not believe any of the Foundation Trust's other lease arrangements meet the test for finance leases.

1.23.2 Significant Estimates

The Trust has estimated that there will be a shortfall in the Commissioning for Quality and Innovation (CQUIN) income achieved. The basis of the estimate was through discussions with Clinical Commissioning Groups and NHS England.

In the view of the Foundation Trust there are no further estimates or judgements which if wrong could significantly affect financial performance.

1.24 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Cash, bank and overdraft balances are recorded at the fair value of these balances in the Foundation Trust's cash book. These balances exclude monies held in the Foundation Trust's bank account belonging to patients (see Note 19 - Third party assets).

1.25 Segmental Reporting

IFRS 8 defines the term Chief Operating Decision Maker (CODM) as a group or individual whose 'function is to allocate resources to and assess the performance of the operating elements of the entity'. For the Foundation Trust the most appropriate interpretation is that the Board of Directors represents the CODM. Operational performance is monitored at the monthly board meetings and key resource allocation decisions are agreed there.

Information is presented to the Board as a single operating segment and is under full IFRS. This has been determined to be sufficient as the Board allocates resources and assesses performance on this basis. This mirrors the information that is submitted to Monitor and enables the Board to make strategic decisions on the Annual Plan.

1.26 Joint Venture

Joint ventures are separate entities over which the Foundation Trust has joint control with one or more other parties. The meaning of control is to exercise control or power to influence so as to gain economic or other benefits.

The Joint Ventures are accounted for using the equity method, with the valuation of the investment in the Joint Ventures being recognised at cost and the carrying amount increased or decreased to recognise the Foundation Trust's share of its profit or loss after tax.

The details of the investments are included in Note 18.

1.27 Consolidation of Charitable Funds

The Foundation Trust is the corporate trustee to Heads On. The Foundation Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Foundation Trust has the power to govern the financial and operating policies of the charitable fund so as to obtain benefits from its activities for itself, its patients or its staff.

However, the charitable fund does not represent a material subsidiary and has not been consolidated within these accounts under IAS 27.

The principal place of business of the Charitable Fund and Sussex Partnership NHS Foundation Trust is Trust Headquarters, Swandean, Arundel Road, Worthing, West Sussex, BN13 3EP.

Details of the related party transactions are included in Note 15.

2. Information presented to the Chief Operating Decision Maker for the year ended 31 March 2020 (as presented to CODM in April 2020)

Below includes a reconciliation between the published accounts and the information presented to the CODM, for the financial year to 31 March 2020. The Foundation Trust generates the majority of its income from healthcare and related services. The information displayed in the accounts reflects that which is submitted to the Board.

Financial Sustainability Risk Ratings

	2019/20 Actual	2019/20 Plan
Revenue Available for Capital Service	15.2	14.1
Capital Service	-7.3	-7.6
Capital Service Cover Metric	2.1	1.9
Capital Service Cover Rating	**2**	**2**
Cash for CoS Liquidity Purposes	19.3	11.6
Operating Expenses within EBITDA, Total	-278.5	-253.7
Liquidity Metric	25.2	16.7
Liquidity Rating	**1**	**1**
I&E Margin	1.3%	0.5%
I&E Margin Ratio	**1**	**1**
I&E Margin Variance to Plan	0.8%	0.0%
I&E Margin Variance to Plan Ratio	**1**	**1**
Agency spend % Over cap	55.0%	-2.0%
Agency Spend Rating	**4**	**1**
Overall Financial Sustainability Risk Rating	**3**	**1**

Finance and Use of Resource Ratings
The year-end has resulted in a finance and use of resources metric rating of 3 down against the planned rating of 1 due to the high agency usage which has triggered an overall rating of 3.

Service Improvements
Cumulative savings amounted to £3,708k against a target of £5,127k, with the variances across most work streams. There was also a further £1,727k of year to date non-recurrently savings achieved, taking the total year to date savings to £5,435k.

Income and Expenditure Account
March has resulted in a year
end operating surplus of £1,698k compared to a planned break even position (before PSF), mainly due to additional Mental Health support funding being issued in March of £1,387k. There continues to be some underlying shortfalls relating to service improvement projects within pay and non-pay, overspending inpatient wards, and high use of agency staffing.

2.1 Segmental Reporting – Information presented to the Chief Operating Decision Maker for the year ended 31 March 2020

Income and Expenditure Account

	ANNUAL BUDGET £000's	ACTUAL £000's	VARIANCE £000's	ADJUSTMENT AS PER PUBLISHED ACCOUNTS £000's	ACTUAL AS PER ACCOUNTS £000's
Revenue from Activities					
Total Operating Revenue	**(287,186)**	**(291,321)**	**(4,135)**	**(11,125)**	**(302,446)**
Operating Expenses					
Total Pay Costs	220,034	219,100	(934)	8,863	227,963
Total Non Pay Costs	55,423	59,387	3,965	13,303	72,690
Total Operating Costs	**275,457**	**278,488**	**3,031**	**22,166**	**300,654**
Reserves	0	0	0	0	0
Earnings Before Interest, Taxes, Depreciation and Amortisation / Operating Surplus	**(11,729)**	**(12,833)**	**(1,104)**	**11,041**	**(1,792)**
Total other Income & Expenditure Items	11,729	11,135	(594)	(4,802)	6,333
Retained Surplus For the Year	**0**	**(1,698)**	**(1,698)**	**6,239**	**4,541**
PSF income & other misc income	(3,471)	(2,201)	1,270	2,110	(91)
Impairment	0	8,349	8,349	(8,349)	0
Retained Surplus For the Year	**(3,471)**	**4,450**	**7,921**	**(6,239)**	**4,450**

Figures reported to the CODM are subject to rounding differences.

The 'Adjustment as per accounts' column shows both the movement between the accounts presented to the Chief Operating Decision Maker and the published accounts relating to presentational classification of items and the result of any audit findings, and are set out in the table below.

Adjustment as per Published Accounts	Total Operating Revenue £000's	Total Pay Costs £000's	Total Non Pay Costs £000's	Total Other Income & Expenditure Items £000's
Employer Pension contribition paid centrally by NHS England	(9,015)	9,015		
Provider Sustainability Funding (PSF)	(2,110)			
Non Executive Directors		(152)	152	
Impairment of Fixed Assets			8,349	
Depreciation			4,806	(4,806)
Unwinding of discount on provisions			(3)	3
	(11,125)	**8,863**	**13,303**	**(4,802)**

Statement of Financial Position

	As at 31st-March-20			
	31st-Mar-19 £000	31st-Mar-20 £000	ADJUSTMENT AS PER ACCOUNTS £000	ACTUAL AS PER ACCOUNTS £000
Non Current Assets	**171,348**	**166,939**		166,939
Trade and other receivables	20,921	17,910		17,910
Assets held for sale	882	189		189
Cash and cash equivalents	39,316	49,293		49,293
Total Current Assets	**61,119**	**67,392**	**0**	**67,392**
Current Liabilities	**(40,565)**	**(47,956)**		(47,956)
Non-Current Liabilities	**(20,967)**	**(19,519)**		(19,519)
TOTAL ASSETS EMPLOYED	**170,935**	**166,856**	**0**	**166,856**
TAXPAYERS' EQUITY				
Public dividend capital	158,822	159,122		159,122
Revaluation reserve	29,929	27,057		27,057
Retained earnings	(17,816)	(19,323)		(19,323)
TOTAL TAXPAYERS EQUITY	**170,935**	**166,856**	**0**	**166,856**

Figures reported to the CODM are subject to rounding differences.

2.2 Segmental Reporting – Information presented to the Chief Operating Decision Maker for the year ended 31 March 2019

Income and Expenditure Account

	ANNUAL BUDGET £000's	ACTUAL £000's	VARIANCE £000's	ADJUSTMENT AS PER PUBLISHED ACCOUNTS £000's	ACTUAL AS PER ACCOUNTS £000's
Revenue from Activities					
Total Operating Revenue	**(266,534)**	**(266,964)**	**(429)**	**(4,739)**	**(271,703)**
Operating Expenses					
Total Pay Costs	206,126	203,618	(2,508)	0	203,618
Total Non Pay Costs	48,200	51,509	3,309	4,657	56,166
Total Operating Costs	**254,326**	**255,127**	**801**	**4,657**	**259,784**
Reserves	0	0	0	0	0
Earnings Before Interest, Taxes, Depreciation and Amortisation / Operating Surplus	**(12,208)**	**(11,837)**	**372**	**(82)**	**(11,919)**
Total other Items	11,087	10,620	(467)	(4,639)	5,981
Retained Surplus For the Year	**(1,122)**	**(1,217)**	**(95)**	**(4,721)**	**(5,938)**
Non Trading (Gains) / Losses	(2,084)	(2,268)	(184)	2,268	0
Retained Surplus For the Year	**(3,206)**	**(3,485)**	**(279)**	**(2,453)**	**(5,938)**

Figures reported to the CODM are subject to rounding differences.

The 'Adjustment as per accounts' column shows both the movement between the accounts presented to the Chief Operating Decision Maker and the published accounts relating to presentational classification of items and the result of any audit findings.

The overall difference relates to the 2018/19 Provide Sustainability Fund (PSF) Incentive, Bonus and General Distribution Scheme, an amendment to PDC payable for the year and the revaluation of a non-current asset.

Statement of Financial Position

	As at 31st-March-19			
	31st-Mar-18 £000	31st-Mar-19 £000	ADJUSTMENT AS PER ACCOUNTS £000	ACTUAL AS PER ACCOUNTS £000
Non Current Assets	**167,661**	**171,348**	60	171,408
Trade and other receivables	18,610	20,921	2,453	23,374
Assets held for sale	1,049	882		882
Cash and cash equivalents	37,439	39,316		39,316
Total Current Assets	**57,098**	**61,119**	**2,453**	**63,572**
Current Liabilities	**(35,845)**	**(40,565)**		(40,565)
Non-Current Liabilities	**(22,491)**	**(20,967)**		(20,967)
TOTAL ASSETS EMPLOYED	**166,423**	**170,935**	**2,513**	**173,448**
TAXPAYERS' EQUITY				
Public dividend capital	157,795	158,822		158,822
Revaluation reserve	29,990	29,929	60	29,989
Retained earnings	(21,362)	(17,816)	2,453	(15,363)
TOTAL TAXPAYERS EQUITY	**166,423**	**170,935**	**2,513**	**173,448**

Figures reported to the CODM are subject to rounding differences.

3. Revenue from patient care activities

3.1 Revenue by type

	2019/20	2018/19
	£000	£000
NHS Trusts	**587**	600
CCGs and NHS England	**258,212**	226,123
Foundation Trusts	**2,802**	2,780
Local Authorities	**9,898**	9,388
Department of Health and Social Care	**0**	2,713
Other	**5,623**	5,390
	277,122	246,994

3.2 Revenue by classification

	2019/20	2018/19
	£000	£000
Block Contract Revenue	**256,933**	234,227
Cost and Volume contract income	**5,551**	4,663
Other clinical income	**4,420**	3,967
Private patients income	**1,203**	1,424
Additional Pension contribution central funding	**9,015**	0
Agenda for change pay award central income	**0**	2,713
	277,122	246,994

For 2019/20 the amount of income relating to Commissioner Requested Services was £271,499k, with £5,623k relating to non-Commissioner Requested services.

For 2018/19 the amount of income relating to Commissioner Requested Services was £241,604k, with £5,390k relating to non-Commissioner Requested services.

The Foundation Trust did not receive any income direct from overseas visitors in 2019/20 or 2018/19.

4. Other operating revenue

	2019/20	2018/19
	£000	£000
Education and training	**8,759**	8,236
Charitable and other contributions to capital assets	**0**	184
Charitable and other contributions to expenditure	**0**	15
Research and development	**3,411**	3,089
Non-patient care services	**3,839**	1,504
Provider Sustainability fund (PSF)	**2,110**	4,555
Staff Recharges	**3,666**	2,964
Catering	**502**	433
Property Recharges	**2,755**	3,610
Other	**282**	119
	25,324	24,709

4.1 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2019/20	2018/19
	£000	£000
Income	**0**	0
Full Cost	**0**	0
Surplus / (deficit)	**0**	0

5. Operating Expenses

5.1 Operating expenses by type

		2019/20	2018/19
		£000	£000
Executive Directors' costs	Note 6.1 and 6.3	**1,072**	1,049
Staff costs	Note 6.1	**226,891**	202,436
Non-executive Directors' costs	Note 6.3	**152**	133
Redundancy costs & related provisions		**1**	10
Drug costs		**5,704**	5,389
Supplies and services - clinical (excluding drug costs)		**19,235**	13,123
Supplies and services - general		**3,705**	3,980
Establishment		**4,519**	2,866
Transport		**3,311**	2,671
Patient travel		**1,250**	964
Premises		**6,891**	9,044
Rentals under operating leases		**3,373**	1,838
Charges to operating expenditure relating to the PFI scheme		**1,218**	1,115
Information technology		**5,895**	3,975
(Decrease) / increase in provision for impaired receivables		**(879)**	713
Depreciation and amortisation		**4,806**	4,659
Auditor's remuneration - statutory audit		**85**	91
Auditor's remuneration - other services: audit related assurance services		**0**	11
Auditor's remuneration - other non audit services		**0**	0
Internal audit and counter fraud fees		**109**	115
Clinical negligence		**1,207**	1,583
Net Impairments	Note 5.2	**8,349**	0
Legal fees		**446**	397
Consultancy services		**218**	699
Training, conferences and courses		**2,986**	2,847
Hospitality		**23**	20
Insurance		**87**	56
Total		**300,654**	259,784

5.1.1 Auditor Remuneration

The external auditors for 2019/20 and 2018/19 are KPMG LLP (all figures stated in the table below are exclusive of VAT).

	2019/20	2018/19
	£000	£000
Auditor's remuneration - statutory audit	**71**	76
Auditor's remuneration - other services: audit related assurance services	**0**	9
Auditor's remuneration - other non-audit services	**0**	0
	71	85

The contract signed on 19 January 2016, states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1,000k, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

Internal audit fees relate to internal audit and counter fraud services carried out on behalf of the Foundation Trust Board by RSM Risk Assurance Services LLP.

5.2 Impairment of Assets

	2019/20	2018/19
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	**8,349**	0
Total net impairments charged to operating surplus / deficit	**8,349**	0
Impairments charged to the revaluation reserve	**2,442**	0
Total net impairments	**10,791**	0

5.3 Operating Leases

5.3.1 Payments recognised as an expense

	2019/20	2018/19
	£000	£000
Minimum lease payments	**3,373**	1,838
	3,373	1,838

5.3.2 Total future minimum lease payments

	2019/20	2018/19
	£000	£000
Payable:		
Within 1 year	**3,268**	1,632
Between 1 and 5 years	**11,830**	4,117
After 5 years	**17,657**	7,045
	32,755	12,794

6. Staff costs

6.1 Staff costs

	2019/20	2018/19
	£000	£000
Salaries and wages	**169,730**	160,688
Social Security Costs	**18,035**	15,479
Employer contributions to NHS Pension Scheme	**20,624**	19,325
Agency staff	**10,158**	7,589
Apprenticeship Levy	**814**	760
Additional Pension cost paid by NHSE	**9,015**	0
	228,376	203,841
Of which		
Costs capitalised as part of assets	**413**	356

Staff costs are compliant with NHS Agenda for Change and other review bodies national guidance. During the year staff costs have increased across the Trust due to the national agenda for change and medical pay awards, increases to employers pension and National Insurance contributions, increase of agency staff usage and recruitment to vacant and new posts.

6.2 Retirements due to ill health

During the year there was 1 (2018/19: 2) early retirement from the Foundation Trust on the grounds of ill health, at a value of £13,763 (2018/19: £67,082). These costs are met by the NHS Business Services Authority - Pensions Division.

6.3 Remuneration of Directors

	Total	**Benefits in Kind**	**Employer's Pension Contributions**	**Employer's NI**	**Remuneration**
	£000	£000	£000	£000	£000
2019/20					
Executive Directors	1,072	1	120	109	842
Non Executive Directors	152	0	2	11	139

	Total	**Benefits in Kind**	**Employer's Pension Contributions**	**Employer's NI**	**Remuneration**
	£000	£000	£000	£000	£000
2018/19					
Executive Directors	1,049	1	117	107	824
Non Executive Directors	133	0	2	10	121

The highest paid director during the year ended 31 March 2020 was the Chief Medical Officer (£164k) with employer pension contributions of £23k; for the year ended 31 March 2019 it was the Chief Medical Officer (£157k), with employer pension contributions of £22k.

6.4 Pensions costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care 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 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 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 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

7. Finance Costs

7.1 Finance Income

	2019/20	2018/19
	£000	£000
Interest from bank accounts	**119**	141
Interest from investments with NLF	**207**	75
	326	216

The Trust receives interest from cash held within the current account used on a day to day basis, but also from utilising the National Loans Fund deposit scheme.

Over the course of the year there was £25m held in the deposit scheme on average per month, however the National Loan Fund facility has been closed to new deposits following the Bank of England base rate cut in March 2020. The interest received from these investments was £206,811 for the year, with the average interest rate return being 0.69%. Interest received from the current account amounted to £119,526 for the year from an average daily interest rate of 0.39%.

In 2018/19, there was £15m held in the deposit scheme on average per month. The interest received from these investments was £74,552 for the year, with the average interest rate return being 0.50%. Interest received from the current account amounted to £141,328 for the year from an average daily interest rate of 0.39%.

7.2 Finance Expense

		2019/20	2018/19
		£000	£000
Interest on obligations under PFI contracts	Note 16	**2,361**	2,418
Unwinding of discount on provisions	Note 12	**3**	2
		2,364	2,420

8. Intangible Assets

8.1 Intangible Assets at the statement of financial position date comprise the following elements:

	2019/20	2018/19
	£000	£000
Cost at 1 April	**5,348**	5,007
Additions	**2,096**	341
Disposals	**0**	0
Cost at 31 March	**7,444**	5,348
Accumulated amortisation at 1 April	**2,202**	1,429
Charged during the year	**753**	773
Disposals	**0**	0
Accumulated amortisation at 31 March	**2,955**	2,202
Net book value		
- Purchased at 31 March	**4,489**	3,146
Total at 31 March	**4,489**	3,146

8.2 Summary of intangible asset economic lives

Minimum life (years)	3
Maximum life (years)	10

9. Property, plant and equipment

9.1 Property, plant and equipment at the Statement of Financial Position date comprise the following elements:

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2019	22,760	146,514	1,269	1,524	112	3,191	3,193	**178,563**
Additions purchased	0	4,088	3,571	128	0	403	794	**8,984**
Impairments	(8,462)	(8,302)	0	0	0	0	0	**(16,764)**
Revaluation gains	383	1,527	0	0	0	0	0	**1,910**
Revaluation losses	0	0	0	0	0	0	0	**0**
Transfers to / from assets held for sale	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	(44)	(3)	(656)	**(703)**
Cost or Valuation at 31 March 2020	**14,681**	**143,827**	**4,840**	**1,652**	**68**	**3,591**	**3,331**	**171,990**
Accumulated Depreciation at 1 April 2019	0	8,387	0	661	85	1,753	1,726	**12,612**
Charged during the year	0	2,870	0	193	17	414	559	**4,053**
Impairments	0	(2,752)	0	0	0	0	0	**(2,752)**
Revaluation gains	0	(1,311)	0	0	0	0	0	**(1,311)**
Revaluation losses	0	0	0	0	0	0	0	**0**
Transfers to / from assets held for sale	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	(41)	(3)	(656)	**(700)**
Accumulated Depreciation at 31 March 2020	**0**	**7,194**	**0**	**854**	**61**	**2,164**	**1,629**	**11,902**
Net book value								
- Purchased at 31 March 2020	14,414	117,920	4,840	798	7	1,427	1,702	**141,108**
- Leased at 31 March 2020	0	17,686	0	0	0	0	0	**17,686**
- Donated at 31 March 2020	267	1,027	0	0	0	0	0	**1,294**
- Total at 31 March 2020	**14,681**	**136,633**	**4,840**	**798**	**7**	**1,427**	**1,702**	**160,088**

9.2 Property, plant and equipment at the Statement of Financial Position date comprise the following elements:

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	22,319	142,227	0	1,147	112	2,772	3,136	**171,713**
Additions purchased	525	4,182	1,269	549	0	731	528	**7,784**
Impairments	0	0	0	0	0	0	0	**0**
Revaluation gains	60	0	0	0	0	0	0	**60**
Revaluation losses	0	0	0	0	0	0	0	**0**
Transfers to / from assets held for sale	(144)	105	0	0	0	0	0	**(39)**
Disposals	0	0	0	(172)	0	(312)	(471)	**(955)**
Cost or Valuation at 31 March 2019	**22,760**	**146,514**	**1,269**	**1,524**	**112**	**3,191**	**3,193**	**178,563**
Accumulated Depreciation at 1 April 2018	0	5,532	0	677	68	1,656	1,747	**9,680**
Charged during the year	0	2,854	0	156	17	409	450	**3,886**
Impairments	0	0	0	0	0	0	0	**0**
Revaluation gains	0	0	0	0	0	0	0	**0**
Revaluation losses	0	0	0	0	0	0	0	**0**
Transfers to / from assets held for sale	0	1	0	0	0	0	0	**1**
Disposals	0	0	0	(172)	0	(312)	(471)	**(955)**
Accumulated Depreciation at 31 March 2019	**0**	**8,387**	**0**	**661**	**85**	**1,753**	**1,726**	**12,612**
Net book value								
- Purchased at 31 March 2019	22,502	120,718	1,269	863	27	1,438	1,467	**148,284**
- Leased at 31 March 2019	0	16,390	0	0	0	0	0	**16,390**
- Donated at 31 March 2019	258	1,019	0	0	0	0	0	**1,277**
- Total at 31 March 2019	**22,760**	**138,127**	**1,269**	**863**	**27**	**1,438**	**1,467**	**165,951**

9.3 Revaluations and Impairments

The Trust's assets are held at fair value, and this year a full valuation has been undertaken by Cushman and Wakefield to determine the fair value of the Trust's estate. The total decrease in value was £10,791k, of which there was an impairment of £17,140k and a gain of £6,349k. The net impairment of £8,349k recognised in operating expenditure relates to an impairment loss of £11,477k and a reversal of prior revaluation losses of £3,128k. The remaining impairment of £5,663k, made up of reversals of revaluations gains is recognised through the revaluation reserve with the reversal of prior revaluation losses of £3,221k.

In 2018/19, the Trust has carried out an impairment review of the relevant indices to assess whether there was any indication of impairment. The review of the various indices did not demonstrate any significant movements and therefore the Trust was satisfied that the Trust assets were held at fair value based on prior valuations, less depreciation.

The Trust also recorded a revaluation gain of £60k during the year following the re-registration of a property back into the Trust's name.

9.4 Gross carrying amounts of assets fully written down

The gross carrying amount of assets fully written down at 31 March 2020 is £3,455k (31 March 2019: £2,150k).

9.5 Assets held for sale

There is one property in the process of being sold as at 31 March 2020 (31 March 2019: 2) with an asset value of £189k (31 March 2019: £882k). These properties form part of the Foundation Trust's site rationalisation programme.

	2019/20	2018/19
	£000	£000
Net book value of assets held for sale	**882**	1,049
Assets classified as available for sale in the year	**0**	189
Assets sold in the year	**(693)**	(208)
Less assets removed from the market	**0**	(148)
Net book value of assets held for sale at 31 March	**189**	882

9.6 Summary of property, plant and equipment economic lives

	Buildings excluding dwellings	Dwellings
Minimum life (years)	5	0
Maximum life (years)	125	0

	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
Minimum life (years)	5	5	5	5
Maximum life (years)	10	10	10	10

9.7 Profits and losses on disposal of property, plant and equipment

During the year the Foundation Trust has disposed of one property (2018/19: 1) relating to the provision of Commissioner Requested Services. The net book value of this was £693k (2018/19: £208k), and the sale proceeds were £715k (2018/19: £750k). The services that were provided from this property have been re-provided from another of the Foundation Trust's properties.

During the year, the Trust also received £80k additional overage relating to the sale of Graylingwell land in March 2014, and £6k following the write off of a vehicle.

The net profit on sale for 2019/20 amounted to £91k (2018/19: £520k).

10. Trade and other receivables

10.1 Trade and other receivables (current)

	31 March 2020	31 March 2019
	£000	£000
NHS trade receivables	**8,259**	8,677
Non NHS trade receivables	**3,651**	6,401
Provision for impaired receivables	**(278)**	(1,299)
Prepayments	**1,310**	1,179
Accrued income	**3,959**	7,154
PDC receivable	**328**	223
VAT receivable	**527**	869
Other receivables	**154**	170
Total trade and other receivables (current)	**17,910**	23,374

10.2 Trade and other receivables (non-current)

	31 March 2020	31 March 2019
	£000	£000
Prepayments	257	260
PFI prepayments	2,082	2,028
Total trade and other receivables (non-current)	2,339	2,288

10.3 Provision for impairment of NHS receivables

	31 March 2020	31 March 2019
	£000	£000
At 1 April	1,073	714
Provision for receivables impairment	0	955
Receivables written off during the year as uncollectable	(134)	(348)
Unused amounts reversed	(787)	(248)
At 31 March	152	1,073

10.4 Provision for impairment of Non-NHS receivables

	31 March 2020	31 March 2019
	£000	£000
At 1 April	226	226
Provision for receivables impairment	12	137
Receivables written off during the year as uncollectable	(8)	(6)
Unused amounts reversed	(104)	(131)
At 31 March	126	226

11. Liabilities

11.1 Current Liabilities

		31 March 2020	31 March 2019
		£000	£000
Trade and other payables			
NHS and DHSC payables		**2,391**	4,546
Amounts due to other related parties		**2,923**	2,774
Other trade payables		**4,520**	3,872
Trade payables - capital		**1,755**	1,476
Other payables*		**4,986**	4,523
Accruals		**13,319**	9,892
Total trade and other payables		**29,894**	27,083
Other			
Obligations under PFI	Note 16	**761**	614
Provisions	Note 12	**414**	559
Deferred Income		**16,887**	12,309
Total Current Liabilities		**47,956**	40,565

*Other payables include tax and social security payments £4,566k (31 March 2019: £4,234k).

11.2 Non-Current Liabilities

		31 March 2020	31 March 2019
		£000	£000
Non Current Liabilities			
Obligations under PFI	Note 16	**18,466**	19,227
Provisions	Note 12	**623**	681
Deferred Income		**430**	1,059
Total non current liabilities		**19,519**	20,967

11.3 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Obligations under PFI Scheme	**761**	614
Total current borrowings	**761**	614
Non-current		
Obligations under PFI Scheme	**18,466**	19,227
Total non-current borrowings	**18,466**	19,227

The borrowings in the above table relate to the PFI schemes the Foundation Trust has entered into (see note 16).

12. Provisions

	Injury Benefits £000	Legal Claims £000	Redundancy £000	Other £000	Total £000
At 1 April 2019	767	120	103	250	**1,240**
Change in the discount rate	29	0	0	0	**29**
Arising during the year	306	72	25	100	**503**
Utilised during the year	(355)	(5)	(50)	(250)	**(660)**
Reversed unused	0	(23)	(55)	0	**(78)**
Unwinding of discount	3	0	0	0	**3**
Total as at 31 March 2020	**750**	**164**	**23**	**100**	**1,037**
At 1 April 2018	759	212	147	0	**1,118**
Change in the discount rate	28	0	0	0	**28**
Arising during the year	85	48	103	250	**486**
Utilised during the year	(107)	(52)	(24)	0	**(183)**
Reversed unused	0	(88)	(123)	0	**(211)**
Unwinding of discount	2	0	0	0	**2**
Total as at 31 March 2019	**767**	**120**	**103**	**250**	**1,240**
Expected timing of cash flows:					
At 31 March 2020					
Within one year	127	164	23	100	**414**
Between one and five years	510	0	0	0	**510**
After five years	113	0	0	0	**113**
At 31 March 2019					
Within one year	86	120	103	250	**559**
Between one and five years	345	0	0	0	**345**
After five years	336	0	0	0	**336**

Injury Benefit - This provision comprises injury benefit awards against the Foundation Trust. The estimated benefits have similar uncertainties to those for pension provisions. The timing of cash flows is uncertain and assumptions have been made based on the basis of best estimate of the expenditure required to settle the obligation.

Legal Claims – This includes employer liability claims and public liability claims.

At 31 March 2020, £1,316k (31 March 2019: £2,045k) is included in the provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Foundation Trust.

Redundancy - The assumptions that have been made are based on the best estimate of the timing and expenditure required to settle the obligation.

Other – This comprises Clinical Excellence Awards payable for 2019/20.

13. Cash and cash equivalents and statement of cash flows

	2019/20	2018/19
	£000	£000
Balance at 1 April	**19,316**	22,439
Net change in year	**19,977**	(3,123)
Balance at 31 March	**39,293**	19,316
Made up of:		
Cash with the Government Banking Service	**39,193**	19,230
Cash equivalents	**0**	0
Commercial banks and cash in hand	**100**	86
Cash and cash equivalents as in statement of financial position and statement of cash flows	**39,293**	19,316

The Foundation Trust also held a balance of £10,000k on deposit with the National Loans Fund at the 31 March 2020 (31 March 2019: £20,000k), across 2 deposits which are due to mature between July and August 2020.

14. Capital Commitments

Contracted capital commitments at 31 March not otherwise included in these accounts:

	2019/20	2018/19
	£000	£000
Property, plant and equipment	**793**	2,301

The commitment relates to refurbishment works of our inpatient services in Worthing, Brighton and Crawley, the ongoing upgrades to S136 and Places of Safety and Fire Door and LED lighting programmes. The prior year included refurbishment works of our inpatient services in Brighton, Worthing, Crawley and Horsham.

15. Related Party Transactions

Sussex Partnership NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them have undertaken any material transactions with Sussex Partnership NHS Foundation Trust.

The Department of Health and Social Care and other government bodies are regarded as a related party. During the year Sussex Partnership NHS Foundation Trust has had a significant number of material transactions with the Department of Health, and with other entities for which the Department is regarded as the parent Department. The balances listed below represent those related parties with total transaction values above £250k with the Foundation Trust.

2019/20	Income £000s	Expenditure £000s	Receivables £000s	Payables £000s
Aneurin Bevan Local Health Board	259	0	723	0
Brighton & Hove City Council	1,581	556	395	85
Brighton and Sussex University Hospitals NHS Trust	696	890	149	118
Camden and Islington NHS Foundation Trust	609	142	158	44
Community Health Partnerships	0	377	0	46
Department for Work and Pensions	297	0	74	0
Department of Health and Social Care	1,619	0	12	0
East Sussex County Council	2,886	239	145	110
East Sussex Healthcare NHS Trust	0	1,806	0	417
Health Education England	10,726	0	868	0
HM Revenue & Customs - Employer costs	0	18,849	0	4,566
HM Revenue & Customs - VAT	0	0	527	0
Kent and Medway NHS and Social Care Partnership NHS Trust	27	1,583	0	24
National Loans Fund	0	0	10,000	0
NHS Brighton and Hove CCG	44,918	618	651	65
NHS Coastal West Sussex CCG	53,880	64	1,220	30
NHS Crawley CCG	11,651	0	0	0
NHS East Surrey CCG	336	0	92	0
NHS Eastbourne, Hailsham and Seaford CCG	23,918	0	223	0
NHS England	38,150	102	4,184	85
NHS Fareham and Gosport CCG	2,024	0	12	0
NHS Hastings and Rother CCG	27,143	0	348	0
NHS High Weald Lewes Havens CCG	24,531	143	131	143
NHS Horsham and Mid Sussex CCG	18,369	1,582	927	99
NHS North East Hampshire and Farnham CCG	2,223	0	145	0
NHS North Hampshire CCG	2,179	0	13	0
NHS Pension Scheme	0	29,639	0	2,923
NHS Property Services	991	746	211	2,316
NHS Resolution (formerly NHS Litigation Authority)	0	1,207	0	0
NHS South Eastern Hampshire CCG	2,546	0	15	0
NHS West Hampshire CCG	5,616	0	33	0
Royal Surrey County Hospital NHS Foundation Trust	896	0	0	0
Southern Health NHS Foundation Trust	15	293	15	26
Surrey and Borders Partnership NHS Foundation Trust	1,600	839	589	130
Surrey And Sussex Healthcare NHS Trust	0	247	0	14
Sussex Community NHS Foundation Trust	663	739	579	245
West Sussex County Council	4,842	2,084	110	608
Western Sussex Hospitals NHS Foundation Trust	460	3,396	330	1,005

2018/19	Income £000s	Expenditure £000s	Receivables £000s	Payables £000s
Aneurin Bevan Local Health Board	331	0	464	0
Brighton & Hove City Council	1,797	490	1,167	155
Brighton and Sussex University Hospitals NHS Trust	1,097	876	271	196
Camden and Islington NHS Foundation Trust	332	67	22	13
Community Health Partnerships	0	415	0	40
Department for Work and Pensions	0	0	0	0
Department of Health and Social Care	3,889	0	23	0
East Sussex County Council	3,421	178	537	1
East Sussex Healthcare NHS Trust	389	1,600	354	489
Health Education England	7,331	1	201	0
HM Revenue & Customs - Employer costs	0	16,240	0	4,234
HM Revenue & Customs - VAT	0	0	869	0
Kent and Medway NHS and Social Care Partnership NHS Trust	4	693	3	192
National Loans Fund	0	0	20,000	0
NHS Brighton and Hove CCG	39,467	1,240	1,067	236
NHS Coastal West Sussex CCG	45,288	29	1,931	17
NHS Crawley CCG	9,790	0	13	0
NHS East Surrey CCG	257	0	32	0
NHS Eastbourne, Hailsham and Seaford CCG	22,818	0	376	0
NHS England	36,471	59	6,336	21
NHS Fareham and Gosport CCG	1,878	0	22	0
NHS Hastings and Rother CCG	26,308	9	814	0
NHS High Weald Lewes Havens CCG	17,520	79	1,512	6
NHS Horsham and Mid Sussex CCG	18,345	1,804	1,361	1,804
NHS North East Hampshire and Farnham CCG	1,817	0	30	0
NHS North Hampshire CCG	2,027	0	27	0
NHS Pension Scheme	0	19,325	0	2,774
NHS Property Services	958	347	1,696	2,081
NHS Resolution (formerly NHS Litigation Authority)	0	1,585	0	9
NHS South Eastern Hampshire CCG	2,392	0	111	0
NHS West Hampshire CCG	5,279	0	61	0
Royal Surrey County Hospital NHS Foundation Trust	860	0	3	0
Southern Health NHS Foundation Trust	138	267	22	42
Surrey and Borders Partnership NHS Foundation Trust	1,625	838	21	156
Surrey And Sussex Healthcare NHS Trust	0	268	0	55
Sussex Community NHS Foundation Trust	918	757	146	176
West Sussex County Council	5,039	4,958	219	2,682
Western Sussex Hospitals NHS Foundation Trust	218	2,986	92	967

During 2014/15, the Foundation Trust set up two joint venture companies in which a 50% share is held, these are called SMSKP1 Limited and SMSKP2 Limited for which there was no investment made. In 2019/20, there were expenditure transactions of £85k (2018/19: £61k) and income transactions totalling £1,324k (2018/19: £1,241k) with SMSKP2, with a balance of £31k outstanding as at 31 March 2020 (31 March 2019: £nil) and there were no transactions with SMSKP1.

The remaining 50% share is owned by Horder MSK Limited. In 2019/20, there were expenditure transactions of £42k and income transactions of £nil (2018/19: expenditure transactions of £77k and income transactions of £4k) with Horder MSK Limited; with a payable balance of £16k as at 31 March 2020 (31 March 2019: £nil).

HERE and Sussex Community NHS Foundation Trust both have a risk and reward interest in SMSKP1 Limited. In 2018/19, there were expenditure transactions of £nil and income transactions of £2,821k (2018/19: expenditure transactions of £nil and income transactions of £2,934k) with HERE with a receivable balance of £582k (31 March 2019: £966k) outstanding as at 31 March 2020. For Sussex Community NHS Foundation Trust please see the tables at the top of this note.

It should also be noted that the Trustees of Heads On are also members of the NHS Foundation Trust Board. Revenue payments from the Charitable Fund Trust amounted to £200k during the year (2018/19: £80k), which related to reimbursements for costs incurred by Sussex Partnership NHS Foundation Trust that related to the charity.

16. Private Finance Transactions

16.1 PFI schemes on statement of financial position

'on-balance sheet' service concessions	**31 March 2020**	31 March 2019
	£000	£000
Gross PFI liabilities of which liabilities are due:		
Not later than 1 year	**3,048**	2,973
Later than 1 year and not after 5 years	**12,972**	12,656
Later than 5 years	**19,101**	22,466
	35,121	38,095
Finance charges allocated to future periods	**(15,894)**	(18,254)
Net PFI liabilities of which liabilities are due:	**19,227**	19,841
Not later than 1 year	**761**	614
Later than 1 year and not after 5 years	**4,940**	4,131
Later than 5 years	**13,526**	15,096

	£000	£000
Estimated capital value of the PFI scheme	**17,686**	16,390

The PFI scheme comprises of six individual projects and is a mixture of refurbishment of existing buildings and new buildings. All six projects became operational at varying times during the financial year 2000/01. Each scheme is contracted to run for 30 years from the date of opening, and includes the delivery of facilities management services including engineering, security, laundry, waste and other related services.

The assets have been capitalised and the service arrangement has been classified as a finance lease which is detailed above.

In 2011/12 the Foundation Trust revised the accounting model used for the PFI scheme to become compliant with the NHS IFRS Universal Model, issued by the Department of Health. The change to the model has no impact on the overall amount paid for the PFI, nor does it reflect any over or under payments to date on the scheme. The new model re-profiles the amounts apportioned between the repayment of the liability, a finance cost, charges for services and charges for lifecycle costs, whereas the old model only apportioned between the finance lease liability, facilities costs and finance cost.

The details of the projects are as follows:

Richard Hotham Unit

Refurbishment and extension of facilities on the Bognor Regis War Memorial Hospital site.
Commenced: 5 June 2000
End Date: 4 June 2030

Connolly House

New rehabilitation unit at 9 College Lane Chichester.
Commenced: 24 July 2000
End Date: 23 July 2030

Harold Kidd Unit

Refurbishment of an existing building at 9 College Lane Chichester to provide a comprehensive care unit for the elderly in Chichester.
Commenced: 30 August 2000
End Date: 29 August 2030

Chapel Street Clinic

New community health centre in Chichester.
Commenced: 30 October 2000
End Date: 29 October 2030

Pearson / Bailey Unit

Refurbishment and extension of existing facilities at Midhurst Community Hospital and a provision of a comprehensive care unit for the elderly.
Commenced: 4 December 2000
End Date: 3 December 2030

Centurion Mental Health Centre and Jupiter House

New acute unit and high dependency unit at 9 College Lane Chichester.
Commenced: 12 January 2001
End Date: 11 January 2031

Contract Payments

The Foundation Trust makes monthly contract payments for each of the six units in respect of the service element. This payment comprises an availability charge similar to rent and a charge for facilities management. The facilities management charge contains a performance related element that is dependent on the achievement of certain quality standards by the provider.

	31 March 2020 £000	31 March 2019 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements		
Of which liabilities are due		
- not later than one year;	**4,155**	4,063
- later than one year and not later than five years;	**17,679**	17,392
- later than five years.	**27,071**	32,412
Net present value of total future commitments	**48,905**	53,867

	31 March 2020 £000	31 March 2019 £000
Unitary payment payable to service concession operator	**4,364**	4,257
Consisting of:		
- Interest charge	**2,361**	2,418
- Repayment of finance lease liability	**613**	483
- Service element	**1,081**	1,055
- Capital lifecycle maintenance	**117**	0
- Revenue lifecyle maintenance	**137**	60
- Contingent rent	**0**	0
- Addition to lifecycle prepayment - capital	**32**	79
- Addition to lifecycle prepayment - revenue	**23**	162
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	**0**	0
Total amount paid to service concession operator	**4,364**	4,257

At the end of the PFI contract the assets will be transferred to the Foundation Trust. Renewal of the contract is not covered in this agreement, and all termination options by either the contractor or the Foundation Trust are set out in the contract terms. Throughout the term of the contract lifecycle payments are made to cover a planned maintenance programme over the life of the contract. Any financial risk associated with this plan is held with the contractor and any major overhauls will be carried out under the lifecycle programme in consultation with the Foundation Trust.

17. Financial Instruments

IFRS 7, Financial Instruments (Disclosures), requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the continuing service provider relationship that the Foundation Trust has with NHS England and Clinical Commissioning Groups (CCGs), the Foundation Trust was not exposed to the degree of financial risk faced by business entities. Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. The Foundation Trust has a limit on its powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Foundation Trust in undertaking its activities.

Liquidity Risk

The Foundation Trust's net operating costs are incurred under annual service agreements with NHS England and Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Foundation Trust is subject to limits on its borrowings imposed by way of its Prudential Borrowing Limit, which have never been utilised. The Foundation Trust currently has sufficient cash balances and is not currently exposed to any liquidity risk associated with inability to pay creditors. The Foundation Trust is not, therefore, exposed to significant liquidity risks.

Interest Rate Risk

The Foundation Trust limits the level of cash investments as well as the number of banking institutions used, and therefore no reliance is placed on interest rates for the Foundation Trust's financial planning.

Market price risk of financial assets

The Foundation Trust has no investments in overseas banks.

Foreign Currency Risk

The Foundation Trust has no foreign currency income or expenditure.

Credit Risk

The majority of the Foundation Trust's income comes from contracts with other public sector bodies therefore the Foundation Trust has low exposure to credit risk.

17.1 Financial Assets

Financial Assets	**2019/20 Total**	**Carrying value**	2018/19 Total	Carrying value
	£000	**£000**	£000	£000
Trade and other receivables excluding non financial assets	**15,745**	**15,745**	21,103	21,103
Deposit with national loans fund	**10,000**	**10,000**	20,000	20,000
Cash and cash equivalents	**39,293**	**39,293**	19,316	19,316
Gross financial assets at 31 March	**65,038**	**65,038**	60,419	60,419

17.2 Financial Liabilities

Financial Liabilities	**2019/20 Total**	**Carrying value**	2018/19 Total	Carrying value
	£000	**£000**	£000	£000
Obligations under private finance initiative contracts	**19,227**	**19,227**	19,841	19,841
Trade and other payables excluding non financial liabilities	**25,328**	**25,328**	22,849	22,849
Other financial liabilities	**0**	**0**	0	0
Provisions under contract	**914**	**914**	888	888
Gross financial liabilities at 31 March	**45,469**	**45,469**	43,578	43,578

17.3 Maturity of Financial Assets

	2019/20	2018/19
	£000	£000
Less than one year	**65,038**	60,419
In more than one year but not more than two years	**0**	0
In more than two years but not more than five years	**0**	0
In more than 5 years	**0**	0
Total	**65,038**	60,419

17.4 Maturity of Financial Liabilities

	2019/20	2018/19
	£000	£000
Less than one year	**26,380**	23,670
In more than one year but not more than two years	**1,363**	1,119
In more than two years but not more than five years	**4,087**	3,358
In more than 5 years	**13,639**	15,431
Total	**45,469**	43,578

18. Investments

18.1 Investment in Joint Venture

	Total	**SMSKP 1 Ltd**	**SMSKP 2 Ltd**
	£000	**£000**	**£000**
Carrying value at 1 April 2019	23	0	23
Acquisitions in year	0	0	0
Share of profit	0	0	0
Disposal	0	0	0
Carrying value at 31 March 2020	**23**	**0**	**23**
Carrying value at 1 April 2018	(46)	0	(46)
Acquisitions in year	0	0	0
Share of profit	69	0	69
Disposal	0	0	0
Carrying value at 31 March 2019	23	0	23

For 2019/20 a break even position is forecasted, thus there is no share of profit or loss recorded during the year.

The 2018/19 share of profit recorded during the year included £26k in respect of the trading profits for 2018/19 (see Note 18.2) as well as a further £43k of trading profits relating to 2017/18.

In 2017/18 the carrying value was negative, and thus was allocated to Other Financial Liabilities rather than investment in Joint Venture on the Statement of Financial Position.

18.1.1 Sussex MSK Partnership East (SMSKP2 Limited)

On 3 October 2014 the Foundation Trust entered into a joint venture with Horder MSK Limited to establish SMSKP2 Limited, incorporated in the United Kingdom. The purpose of the joint venture was to develop and deliver musculoskeletal services in East Sussex.

For 2019/20 and 2018/19 the Foundation Trust has recorded a share of the profits and losses which reflects the 50% proportionate share of the joint ventures profit/ loss.

The investment of this joint venture has been reclassified within the accounts and is now shown within Other Financial Liabilities within the Statement of Financial Position to reflect the negative balance due to the prior period trading losses.

18.1.2 Sussex MSK Partnership Central (SMSKP1 Limited)

On 28 August 2014 the Foundation Trust entered into a joint venture with Horder MSK Limited to establish SMSKP1 Limited, incorporated in the United Kingdom. The purpose of the joint venture was to provide treasury management services to the Central Sussex MSK service.

No financial values have been recorded in the Foundation Trust's accounts as the company did not have any financial transactions during 2019/20 or 2018/19, and the company was dissolved on 1 October 2019.

18.2 Disclosure of aggregate amounts for assets and liabilities of joint ventures

The table below relates to the Foundation Trust's 50% (2018/19: 50%) share of the assets and liabilities of the joint ventures.

	Total £000	SMSKP1 Ltd unaudited £000	SMSKP2 Ltd unaudited £000
2019/20			
Current assets	**2,070**	**0**	**2,070**
Non current assets	**5**	**0**	**5**
Total assets	**2,075**	**0**	**2,075**
Current liabilities	**(2,052)**	**0**	**(2,052)**
Non current liabilities	**0**	**0**	
Total liabilities	**(2,052)**	**0**	**(2,052)**
Operating income	**32,765**	**0**	**32,765**
Operating expenditure	**(32,765)**	**0**	**(32,765)**
Profit for the year	**0**	**0**	**0**
2018/19			
Current assets	3,507	0	3,507
Non current assets	17	0	17
Total assets	**3,524**	**0**	**3,524**
Current liabilities	(3,501)	0	(3,501)
Non current liabilities	0	0	0
Total liabilities	**(3,501)**	**0**	**(3,501)**
Operating income	17,730	0	17,730
Operating expenditure	(17,704)	0	(17,704)
Loss for the year	**26**	**0**	**26**

The 2018/19 SMSKP2 Ltd resulted in an unqualified audit, and the 2019/20 results will be subject to an audit.

18.2.1 SMSKP1 Limited

The figures above reflect that there were no financial transactions during 2019/20 and 2018/19, with the company being dissolved on 1 October 2019.

18.2.2 SMSKP2 Limited

The figures in the above note are based on the forecast out turn position of the SMSKP2 Limited for the year ending 31 March 2020.

The Foundation Trust's share of the joint venture's capital commitments as at 31 March 2020 is £nil (31 March 2019: £nil).

19. Third party assets

The Foundation Trust held £274k (31 March 2019: £244k) cash and cash equivalents at 31 March 2020 which relates to monies held by the Foundation Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

20. Losses and special payments

There were 43 cases of losses and special payments (2018/19: 41) totalling £156k (2018/19: £358k) paid during the year ending 31 March 2020. No individual case exceeded £300k (2018/19: nil). These amounts are reported on an accruals basis but exclude provisions for future losses.

Losses	**2019/20 Total number of cases**	**2019/20 Total value of cases £s**	2018/19 Total number of cases	2018/19 Total value of cases £s
Cash losses	**6**	**0**	3	3
Fruitless payments and constructive losses	**0**	**0**	0	0
Bad debts and abandoned claims	**19**	**151**	21	354
Stores losses	**0**	**0**	0	0
Total	**25**	**151**	24	357
Special Payments				
Extra-contractual payments	**0**	**0**	0	0
Extra-statutory and extra-regulatory payments	**0**	**0**	0	0
Compensation payments	**0**	**0**	0	0
Special severance payments	**0**	**0**	0	0
Ex gratia payments	**18**	**5**	17	1
Total	**18**	**5**	17	1
Grand Total	**43**	**156**	41	358

21. Events after the reporting period

There were no events after the reporting period.

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