Western Sussex Hospitals NHS
NHS Foundation Trust

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Annual Report and Accounts 2017 / 18

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

Western Sussex Hospitals NHS Foundation Trust

Annual Report 2017-18

1. Performance Report

1.1 Welcome from the Chairman and Chief Executive

At Western Sussex Hospitals we are committed to continually improving the quality of care our patients receive and despite many challenges 2017/18 has been another successful year for the Trust.

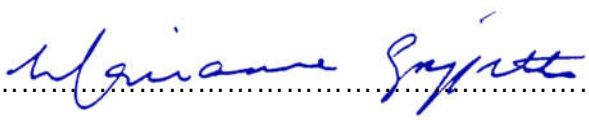
Once again, our hospitals were busier than ever, with bed occupancy rates reaching new highs during a winter period in which we cared for unprecedented numbers of more elderly patients with more complex health needs. Yet in the face of these pressures – not to mention those on staffing too – the dedication and hard work of our outstanding people enabled us not just to maintain our high standards of care but improve them also on important measures such as mortality rates, where we are now among the best 15% of hospitals in the country. These continued improvements in the standards of care have been achieved while also retaining a financial surplus.

These results are further endorsements of Patient First, the ambitious Trust-wide transformation programme launched nearly four years ago to empower and support our staff in driving change for the benefit of the people we serve. In 2016/17 we saw the first real fruits of Patient First as we became one of only five Trusts in the country to be rated Outstanding by the CQC, and this year its focus on continuous improvement helped us win the much-coveted Best Organisation prize at the national Patient Safety Awards.

That was one great moment of recognition among many throughout the year. Secretary of State for Health Jeremy Hunt MP championed Western Sussex as one of the leading contributors to the Department of Health's ambition to make the NHS the safest health service in the world, while Sir Bruce Keogh, then National Medical Director of NHS England, praised our Trust for its commitment to problem solving and initiating improvement ideas through the team huddles and lean projects of Patient First.

The most important thing that all our visitors have felt, though, is the unique ambience that surrounds the Trust, created by the support and compassion our staff and volunteers show for each other as well as for their patients. That was highlighted in this year's NHS staff survey, which ranked Western Sussex among the top five Trusts in the country for recommendation as a place to be treated and saw us move into the 20% of NHS organisations with the highest levels of staff engagement.

Evidence shows that more engaged staff provide higher-quality care and it is this commitment to patients and colleagues alike that gives us confidence in the Trust's ability to face the challenges that lie ahead. 2018/19 is likely to be every bit as testing as the year now behind us, but we believe our common values, shared purpose and Patient First approach to ongoing improvement will enable us to continue providing outstanding care.



…… 25 May 2018

Marianne Griffiths, Chief Executive

Western Sussex Hospitals NHS Foundation Trust

Western Sussex Hospitals NHS
NHS Foundation Trust

…… 25 May 2018

Mike Viggers, Chairman

Western Sussex Hospitals NHS Foundation Trust

1.2 About the Trust

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

The Trust runs three hospitals:

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

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

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

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

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

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

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

In 2017/18, we held 585,037 outpatient appointments (2016/17: 594,337), treated 132,992 inpatient and day cases (2016/17: 141,824) and saw 139,430 patients in A&E (2016/17: 138,123)

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

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

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

Our income for 2017/18 was £437 million, and our principal service commissioner was Coastal West Sussex Clinical Commissioning Group. We work closely with commissioners

and other healthcare providers to use our budget to provide high-quality, integrated care for local people.

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

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

The headquarters of the Foundation Trust are:

Chief Executive's Office

Worthing Hospital

Lyndhurst Road

Worthing

West Sussex

BN11 2DH

1.3 Performance Analysis

1.3.1 Key Performance Indicators

Regulatory standards

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

These are:

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

Internal priorities

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

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

Strategic objective	**True North goal**
Reducing preventable mortality and improving outcomes	To be in the top 20% of NHS organisations for the Hospital Standardised Mortality Ratio (HSMR)
Avoiding harm	99% of patients receiving safe, harm-free care as measured by the NHS Patient Safety Thermometer
Improving patient experience	97% recommendation for Friends and Family Test feedback
Improving staff engagement	To be in the top 20% of acute Trusts on NHS Staff Survey engagement score

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

1.3.2 Monitoring Performance

Regulatory standards

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

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

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

Internal priorities

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

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

Reducing preventable mortality and improving outcomes

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

Avoiding harm

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

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

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

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

Improving patient experience

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

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

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

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

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

Improving staff engagement

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

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

1.3.3 Clinical Performance

Regulatory standards

The following table identifies in-year delivery and trending of the specific objectives of the NHS Improvement Single Oversight Framework in 2017/18. Detailed narrative of each element follows the table.

NHS Improvement Single Oversight Framework		Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date	Trend
																MARCH 2018
Operational Performance Metrics																
OP1	A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	94.9%	95.2%	94.1%	94.2%	95.1%	95.4%	94.1%	92.7%	85.4%	89.5%	92.8%	90.0%	92.9%	
OP2	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	90.7%	91.3%	90.6%	89.4%	89.0%	88.7%	88.4%	89.0%	87.1%	86.6%	86.4%	85.0%	88.5%	
OP3A	All cancers: 62-day wait for first treatment following urgent GP Referral	85%	94.1%	90.3%	89.3%	86.2%	86.6%	87.7%	88.9%	91.9%	86.3%	88.1%	86.0%	90.9%	88.7%	
OP3B	All cancers: 62-day wait for first treatment following consultant screening service referral	90%	100.0%	93.5%	90.9%	98.1%	94.2%	98.2%	94.2%	94.2%	96.0%	85.2%	96.6%	100.0%	94.9%	
OP4	Maximum 6-week wait for diagnostic procedures	1%	0.9%	1.0%	0.9%	1.0%	1.3%	1.0%	0.6%	0.7%	1.3%	0.8%	0.7%	1.0%	0.9%	

A&E waiting times

The Trust achieved an average 92.9% compliance rate against A&E four-hour wait targets. This has been set against a backdrop of an increase in demand of 1.3% year on year, particularly exacerbated in January to March (with a 7.1% increase relative to the same period 2016/17). Western Sussex Hospitals was the 14th highest performing Trust in the country for Type 1 A&E delivery as reported by NHS England.

Referral to Treatment (RTT)

The Trust has experienced a decline in performance within RTT targets in 2017/18, linked to the challenging non-elective environment and clinical prioritisation of these urgent and cancer patients within at times severe bed constraints, particularly during the winter period.

Cancer

The Trust completed the year fully compliant with the target waiting times to see, diagnose and treat patients with suspected cancer. This was set against a context of a 4.4% increase in cancer referral demand in 2017/18, which follows a 10.6% increase in cancer referrals in 2016/17. Despite these unprecedented increases in demand, patients are benefitting from the best and most consistent cancer work in the history of the Trust.

Diagnostics

The Trust delivered diagnostic investigations within the 6 week target for patients in 2017/18, representing one of the best years for delivery of the target in the Trust's history.

Internal priorities

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

Reducing preventable mortality and improving outcomes

- 2017/18 achievement: Top 17% of NHS organisations for HSMR

  Our HSMR score improved from 107.48 in 2011/12 (ranked 112 of 141 acute Trusts; 79th centile) to 90.42 in 2016/17 (the last full financial years' worth of data). Due to the delay in Dr Foster data (to allow for coding and processing) the most recent data point available is December 2017, which puts our performance at 88.07 (ranked 22nd of 134 Trusts; 16th centile).

Avoiding harm

- 2017/18 achievement: 98.3% of patients suffered no harm during their inpatient stay

  The actual number of patients who suffered no new harm during their inpatient stay at WSHFT in 2017/18 was 98.3% against a national average of 97.8% and close to achieving the challenging internal target of 99% set by the Trust. This positive position sets us up well in aiming to achieve our 99% target next year.

Improving patient experience

- 2017/18 achievement: 95% of patients would recommend the Trust through the Friends and Family Test

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

Improving staff engagement

- 2017/18 achievement: 3.88 NHS Staff Survey engagement score – this places us in the top 20% of acute NHS Trusts

  During 2017/18, the Trust's engagement score remained stable at 3.88, above the national average for acute Trusts of 3.79. This is a composite score that includes how motivated staff feel, how confident they are in services we provide, how they feel about working for Western Sussex and the extent to which they can affect and implement improvements.

  For the seventh year, the Trust rolled out the NHS staff survey to all permanent staff and achieved its highest response rate of 66%, an increase of 7% on last year. This compares to a national response rate of 45%.

1.3.4 Financial Performance

The key highlights for the Trust's financial performance during the period from 1st April 2017 – 31st March 2018 were:

- Against a challenging financial environment the Trust incurred a retained surplus of £7.67m. The Trust delivered a financial risk rating of 2 at year end, against a possible top rating of 1.
- Cost improvement programme savings of £20.0m (4.7% of turnover)
- Expenditure on capital schemes of £20m, including medical equipment, increasing ward capacity, continuation of investment in Southlands, estates backlog maintenance, endoscopy equipment and medical imaging equipment replacement. The capital programme was supported by the Trust's dedicated hospital Charity Love Your Hospital and League of Friends, who combined donated over £300,000.

As the year progressed the Trust experienced:

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

The Trust saved £20.0m by streamlining processes, improving productivity, smarter procurement and reducing waste.

Over the next financial year we aim to deliver a further £18.2m of savings. Like all NHS organisations, the income we earn for the procedures we carry out, known as the tariff, has risen more slowly than the inflationary costs of running our services, including pension changes. So, over time, we are paid less than the increase in the costs of the services we deliver while, at the same time, also serving a growing demand.

As at the end of March 2018, the Trust is reporting a surplus of £7.67m after adjustment for impairments and donated assets as summarised in the table below.

Financial Performance for 2016/17	**£m**
Net Surplus	£ 6.03
Add back:	
Impairment of Fixed Assets	£ 1.65
Retained Surplus	£ 7.67

The Trust undertakes an annual revaluation of its estate on a Modern Equivalent Asset basis for land and buildings. Any movements in the value of the estate are reflected in either the revaluation reserve or the income and expenditure account, depending on the nature of the change and any previous changes in respect of that asset. The impairments of £1.65m relate to net changes in asset value following the annual revaluation.

Long-term liabilities

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

Financial outlook

The Trust has published its operational plan for 2018/19, including its financial plans. The Trust forecasts reaching a Use of Resource Rating of 1 and delivering a control total surplus, as defined by NHS Improvement, of £18.6m, which includes funding from the Sustainability and Transformation Fund. The Cost Improvement Programme for the next financial year amounts to £18.2m.

Going concern

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

Governance ratings

The Trust is assessed under the Use of Resource Rating, which is driven by assessments on liquidity, capital service cover, income and expenditure margin, variance to plan and agency expenditure. The highest rating that can be achieved is a score of 1. A score of 2 indicates no significant financial concerns and a score of 3 requires an increased level of monitoring. The Trust scored a 1 in quarter three and a 2 in quarter 4.

There were no formal interventions by the regulator during the year 2017/18.

Other financial information

Accounting policies for pensions and other retirement benefits are set out in Note 1.5 to the accounts.

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

There are no post balance sheet events.

The Trust spent £8k on external consultancy services in 2017/18.

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

Income disclosure

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

In the period there were four individuals who retired early on ill-health grounds.

Director's statement

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

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

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

- So far as they are aware, there is no relevant audit information of which the Trust's auditor is unaware; and
- The director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

1.3.5 Environmental Impacts

The Estates & Facilities team has been developing the Trust's approach to environmental sustainability and provides leadership to enable the Trust to operate in a way that ensures a high regard for energy efficiency, carbon reduction, waste management, the most appropriate use of materials and other resources. Sustainable travel has also been high on the agenda in 2017/18.

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

Our commitments:

- Decarbonise our facilities in line with NHS national targets. We will identify an energy partner to support us in reducing energy emissions and costs.
- CO2 reduction in our buildings' energy consumption to meet NHS national targets under the Climate Change Act 2008 (we will have a 34% reduction against our baseline).
- Decarbonise our travel and transport operations to minimise the environmental and health impacts associated with the movement of staff, patients and goods.
- Support staff and patients in switching to more active and sustainable ways of travelling, shifting away from car dependency and solo car occupancy to support health and wellbeing, cut costs and reduce carbon emissions.
- Green Travel Plan, with a focus on engaging and supporting staff, patients and visitors to change their mode of travel in a practical way, reducing single car occupancy and engaging in active travel.
- Demonstrate commitment to sustainable procurement in line with the Social Value Act, integrating environmental and social principles into our core procurement practices alongside economic considerations.
- Inform, empower and support our workforce to take action to deliver high-quality care today in a way that does not compromise our ability to deliver care in the future.
- Embed sustainability into HR policies and practices and ensure that staff development processes support a shift to more sustainable and resilient healthcare delivery with clear senior leadership.
- Engage with other local Trusts within the STP footprint to share and discuss local sustainability issues.
- Create infrastructure, supply chain and logistics operations that are resilient to changes in climate and extreme weather events through our resilience and business continuity programmes.
- Work with clinical services to ensure we are prepared for the projected impacts of climate change on the Trust, including changing health needs of our patients and disruption to delivery of our services.

- Embed sustainability into our governance structures, ensuring effective, targeted action is possible at all levels of the Trust and in both clinical and non-clinical areas.
- Monitor and measure our progress against the Sustainable Development Management Plan and adopt transparent public reporting as a fundamental principle for improvement and good governance.
- We are currently completing the Institute of Environment Management and Assessment to measure our sustainability improvements. This will support environmental compliance, ensuring we have the correct licences and consents in place.
- Report energy, water and waste performance to Trust staff, developing a sustainability page on the intranet to achieve this.
- Maintain a clean, healthy and safe environment. We will minimise waste, increase recycling and reduce the environmental impact of landfill.

Key operational indicators during 2017/18 demonstrate and reflect that the Trust deployed significant and additional winter escalation capacity. Average inpatient bed occupancy increased to 95.5% in December. This additional activity showed an increased patient and visitor footfall to our hospitals. We have performed well with waste management alongside increased activity across our sites. We have reduced infectious waste through a drive to improve waste segregation, which has meant the amount sent for incineration remains stable and is not increasing.

1.3.6 Influences on Performance 2017-18

Staff commitment

The continuing commitment of our people remains the single most important positive influence on the performance of the Trust, never more so than during a year in which pressure on services, staffing and budgets has been greater and more sustained than ever before. During winter particularly, when the effects of the worst flu season in years compounded what was already a very difficult period for our hospitals, the dedication of our staff in going the extra mile for our patients and each other was absolutely crucial to maintaining safe standards of care.

The level of respect people have for their colleagues' skills, compassion and professionalism was highlighted by our 2017 NHS staff survey results, which ranked Western Sussex among the country's five best hospitals in terms of the willingness of their staff to recommend them as a place to work or be treated. It is an established fact that better engaged staff provide better patient care, so these results are particularly important to our ability to continue improving services.

The other key indicators of staff commitment and engagement we can track annually are our Patient First STAR Awards and our annual conference. In 2017-18 we once again received a record number of award nominations – more than 400 in total – while the staff conference was packed out on each of its two days and featured story after story of improvement and excellence from teams and services across the trust.

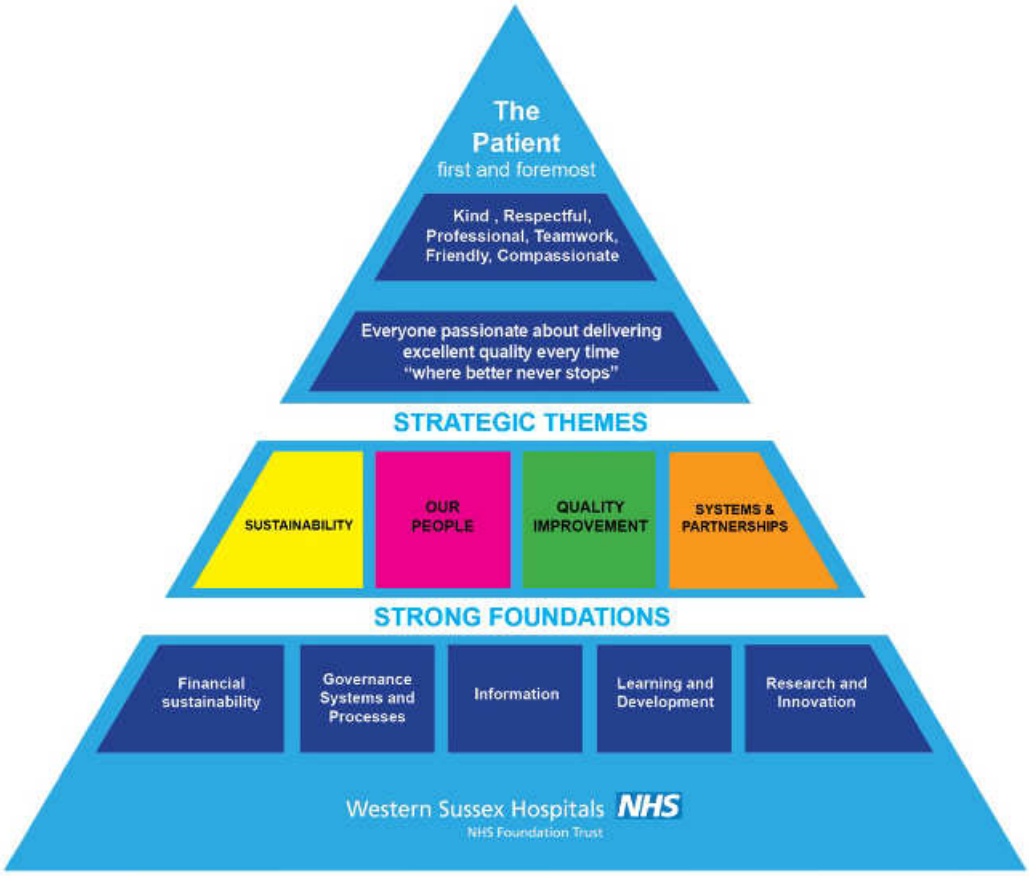
Patient First

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

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

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

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



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

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

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

- Sustainability
- People

- Quality improvement
- Systems and partnerships

How it is delivered

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

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

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

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

- Theme: Sustainability

  Metric: Budget management

  Objective: Break even

- Theme: People

  Metric: Staff engagement score

  Objective: Top 20% in the country

- Theme: Quality improvement

  Metrics: Preventable mortality

  Avoiding harm

  Objectives: HSMR among best 20% in the country

  99% harm-free care on Patient Safety Thermometer

- Theme: Systems and partnerships

  Metric: Patient flow

  Objectives: Referral-to-treatment time less than 18 weeks for 92% of patients

  A&E waits of under four hours for 95% of attenders

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

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

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

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

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

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

- **Patient First in 2017/18**

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

  During 2017/18 we continued to roll out our Patient First Improvement System (PFIS) across the hospitals, so that by the year's end its transformational effects were being felt on more than half our wards.

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

  We also expanded the educational programmes that equip our staff with the skills they need to embed continuous improvement of systems and services into all aspects of their work, with more than 400 people now having undergone Lean training delivered by our Kaizen Office.

  The Kaizen Office also provides support to improvement projects across the trust that have enabled us to make major advances in the quality and safety of patient care, such as reducing the number of falls experienced by patients in our hospitals by 30%.

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

Demand

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

Since the Trust was formed in 2009, the number of outpatient appointments we hold every year has increased by 34% to more than 585,000 and A&E attendances are up 15% to more than 139,000.

Care Quality Commission standards

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

Although we did not receive a full inspection during 2017/18, we continue to monitor our performance internally against the highest standards of the CQC. Our clinical governance team and nurse director meet regularly with our CQC relationship manager to share data and updates to demonstrate ongoing compliance, a monthly report is provided to the Trust Executive Committee and we have also introduced a new electronic CQC data set taken from national performance and quality metrics that allows our operational divisions to benchmark their own results month by month.

Discharge from hospital

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

This is a problem that affects Western Sussex Hospitals too, as there were typically 142 people on our wards who did not need to be there at any point during 2017-18.

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

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

Key elements of the initiative include:

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

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

The new initiative is already having a significant positive effect in reducing delays in discharges and freeing up beds for those who need them. For example, the average time patients who were medically fit for discharge waited to leave hospital fell by 27% between November 2017 – before Let's Get You Home and a number of other internal improvement projects began – and March 2018, giving the hospitals the equivalent of an extra 20 beds in total.

Recruitment

During 2017/18, recruiting and retaining staff has continued to be a key priority. Our overall vacancy rate fell from 10% to 8.6%, with our turnover rate (the proportion of staff leaving) improving from 7.9% to 7.5%. Our ability to have sufficient workforce capacity to respond to a growing demand on our clinical services remains challenging.

Like many NHS trusts, we have a number of medical specialties that are hard to fill. Whilst our vacancies are largely in the junior doctor tier, reliance on agency staff in the long term is not sustainable or affordable. We have therefore introduced a number of different roles during 2017/18 that have been successful and attractive to doctors. These include:

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

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

The recruitment of registered nurses remains a national problem, combined with the loss of the NHS bursary. The challenges faced by the Trust include the cost of living, no London or fringe weighting and local universities all seeing applications to nursing down. To help address this, in the last 12 months more than 60 registered nurses joined the Trust from the Philippines, with a further 30 expected to start this year. We continue to hold regular recruitment fairs for students and nurses and have been successful in attracting and retaining Healthcare Assistants (HCAs) to the point that we are in the enviable position of currently having no vacancies. During 2018/19, we will be developing our HCAs and using the apprenticeship levy to support a number of individuals to become an Associate Nurse.

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

- An opportunity to step on to a one, two or three-year development programme for registered nurses
- Multiple rotation programmes showcasing the skills that can be gained working in the Trust

- Extended portfolio of in-house education and training modules
- Relocation expenses for hard-to-fill medical specialties
- Introduction of new roles including optometrists and opticians
- Extended roles for allied health professionals, professional and technical staff, and HCAs

Our strategies to reduce reliance on agency staff are yielding results, particularly in nursing. In 2017/18, we reduced our total agency spend by £6.04m to £12.86m.

Key achievements 2017/18

- Filled more posts and reduced our vacancy rate from 10% to 8.6%
- Introduced new and alternative roles across a number of staffing groups
- Welcomed more than 60 new registered nurses from the Philippines to supplement our domestic recruitment
- Reduced our rolling 12-month staff turnover rate from 7.9% to 7.5%
- Reduced the average number of agency staff used from 3.3% to 2.1%
- Reduced pay spend on agency staff by £6.04m (32% improvement from 2016/17)

Working with Brighton and Sussex University Hospitals

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

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

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

..... 25 May 2018

Marianne Griffiths, Chief Executive

Western Sussex Hospitals NHS Foundation Trust

2. Accountability Report

2.1 Directors' Report

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

This section of the Annual Report provides an overview of 2017/18 from an operational and strategic standpoint, outlines the in-year development of the Trust's relationships and partnerships with stakeholders, and details its governance and management arrangements from a Board perspective.

2.1.1 Patient Care

Care Quality Commission standards

The trust was not inspected by the Care Quality Commission (CQC) during 2017-18. Our last CQC inspection took place in December 2015 and led to Western Sussex Hospitals becoming only one of five organisations to receive the highest-possible 'Outstanding' rating.

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

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

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

The Trust Triangulation Committee identifies any new and or emerging patient safety or staff concerns within the organisation. The aim of the group focuses on the triangulation of complaints, incidents, safeguarding reviews, inquests and litigation and the themes correlated from the Trust's Freedom to Speak Up Guardians, with the primary objective of the group being to evidence shared learning within the organisation. At each committee a number of 'deep dive' presentations are discussed, focusing on case reviews where significant learning has been identified for the organisation. The ensuing action log details how the learning will be cascaded and shared within the divisions and to further close the learning loop, at the end of each quarter, the divisions demonstrate how this shared learning had been achieved.

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

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

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

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

Awards

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

- Western Sussex was named Best Organisation at the prestigious national Patient Safety Awards in July 2017, being commended for the quality of its leadership at every level and commitment to continuous safety improvement.
- Our information technology team won an award from the international Service Desk Institute for Best Implementation of an IT Service Management Solution, in recognition of the success of the trust's new IT Helpdesk. The new helpdesk improved staff satisfaction rates from 60% to 94% in just one week, and over its first six months of operation it resolved 91% of issues on the first contact and saw complaints fall to an average of just two per month.
- Marianne Griffiths followed up her 2016 Health Service Journal (HSJ) Chief Executive of Year Award by becoming the first woman to top the HSJ's annual ranking of NHS chief executives.
- Malcolm Robinson was named both Biomedical Scientist of the Year and Overall Winner in the Advancing Healthcare Awards 2018 for his work in developing the Harvey's Gang initiative at Worthing Hospital, which helps sick children understand their treatment better and has now been adopted by more than 30 other NHS trusts and other healthcare organisations around the world.
- The endoscopy department at Worthing Hospital earned the highest praise from the Royal College of Physicians' joint advisory group following its accreditation inspection in November 2017. Assessors commended the "exemplary environment" of the £8 million facility and described its staff as "an outstanding team".

Innovations

The Patient First philosophy that underpins our approach to continuous improvement at Western Sussex means staff at all levels are encouraged constantly to review our systems and see where they can make changes that will improve quality of care and patient experience. Some of the innovations that have made a difference in 2017-18 include:

- An improvement project focusing on reducing delayed discharges from our Intensive Care Units created a new system for identifying ward-fit patients and preparing for their transfer that helped Western Sussex become the only Trust in the country to meet the NHS England target of cutting lost bed days by 30%.
- A pilot wayfinding scheme is making it easier for patients and visitors to get around our hospitals. The new approach applies the concept of 'progressive disclosure', which tries to avoid overwhelming people with too much detail too early in their journey and is used in places such as Gatwick Airport and the Natural History Museum, and has also incorporated simplified language and new colours and icons to help navigation.
- Feedback from a trial of 24/7 open visiting on six wards has led to a change in our visiting hours on adult inpatient wards, moving from 3.00-5.00pm and 6.30-8.00pm slots to a new all-day window running from 10.00am to 10.00pm. Benefits of the new system include enabling patients to spend more time with family and friends, more opportunities for consultants and therapist to speak with relatives and reduced pressure on car parking for visitors.

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

These actions can be as simple as creating a chart showing the date, ward and weather to help patients stay orientated in hospital, or reducing infection control risks by applying stickers to soap dispensers so they are used by one named patient only, but they are all quick to implement, their effects can be easily measured and those that are most successful can be easily shared across the Trust. For example, in the first three months of its participation in PFIS, our Emergency Floor at Worthing completed 71 of these improvement tickets.

Efficiency

At the beginning of the year, the Trust set both clinical and corporate teams a target to achieve £19.949 million of efficiency savings during 2017/18. Building on steady performance of the 2015/16 Efficiency Programme (which achieved savings of £16.3m and 85% delivery to plan) and the 2016/17 Programme (savings of £18.2m and 95% delivery to plan), this saw a step-up in the value of savings required against a back-drop of efficiencies becoming harder to identify.

At the end of M11, we are forecasting delivery in 2017/18 of £19,906k – 99.8% (rounded to 100%!) of the original plan. This has been achieved through the introduction of 88 new schemes, as well as 19 schemes with roll-over benefit from the previous year.

Delivery of this year's programme has been achieved through continued solid performance on tactical schemes, using divisional knowledge to identify and reduce non-essential spend without negative impact on patient experience. Significant improvements were achieved in nursing workforce spend, where actions to reduce our reliance on expensive agency alongside market management has resulted in millions of pounds being saved on agency premium spend.

Cautious risk adjustments were made to workforce schemes at the beginning of the year, which following strong performance have enabled stretch opportunities to be achieved and supported slippage of higher-risk, more complex schemes that have taken longer to deliver than originally anticipated.

Strategic developments

The Trust continues to invest in capital projects to provide new facilities for patients and improve existing services.

The biggest of these completed in 2017-18 was our new, purpose-built eye care centre at Southlands Hospital, which opened in June. The £7.5 million ophthalmology department was completed on time and budget and provides some of the best assessment, treatment and surgical facilities in the whole country for up to 3,000 patients a month.

Other projects completed or under way during the year include extensions to the Diabetes Centre and Endoscopy Unit at Worthing and reconfiguration of pathology services at St Richard's.

Throughout 2018, the Trust is also making a significant investment to replace our entire bed stock with new models. In total, more than 1,000 electric profiling beds will be introduced to our wards, making hospital stays more comfortable for patients, reducing risks of injury to staff through manual handling and freeing up more time to devote to nursing care by reducing the number of people required to move a patient.

Complaints

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

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

- The Customer Relations team dealt with 15,527 patients, relatives, visitors, carers and other service users during the year (up from 14,461 in 2016/17).
- In 39% of cases, we helped put things right via our PALS service within one working day (up from 35% the previous year).

- 59% of enquiries were on-the-spot general advice and information requests (2016/17: 61%).
- 3% of all enquiries required a formal investigation under the NHS Complaints Procedure (against 4% in the previous year).

There was a significant reduction in the number of formal complaints referred to the Parliamentary Health Service Ombudsman (PHSO) for independent review by the complainant *(these may relate to complaints made to the Trust in earlier years even though received in the reporting financial year).* Nine requests were received compared to 14 the previous year and 28 in 2015/16. Of these nine, 33% have not been upheld, 56% are still under review and 11% were upheld.

Quality improvement

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

Continuous improvement is a key strand of the philosophy behind our Patient First programme and is guided by the Quality Strategy we published in 2015 to cover the period to 2018.

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

These are:

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

Within the period covered by the Quality Strategy, the Trust sets out annual priorities under each of the four key areas of focus. Progress against the 2017/18 objectives is described in the Performance Analysis section of this report and in more detail in the Quality Report.

We would like to highlight the following priority quality improvement programmes for 2018/19:

Reducing preventable mortality and improving outcomes: Sepsis improvement programme

Our improvement programme in 2017/18 focused on improving the time to administration of antibiotics and delivery of the full sepsis care bundle to our patients. While our focused approach enabled A&E teams to deliver dramatic improvements in the early identification and treatment of patients arriving with sepsis, we did not deliver the level of improvements we set out to.

In 2018/19 we will drive forward our sepsis improvement programme to further improve the early identification of sepsis, timely treatment of patients with antibiotics and delivery of the full 'sepsis six' care bundle, which has robust evidence to demonstrate best outcomes for patients with sepsis.

Reducing preventable mortality and improving outcomes: Mental health improvement programme

In 2018/19 we aim to bridge the gap between mental and physical health in our hospitals in response to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) 'Treat as One' study. We will take action in line with NCEPOD recommendations, working with local health partners to better support people with primary mental health needs. More specifically, we will:

- Aim to reduce A&E attendance in a further cohort of frequent attenders presenting with primary mental health issues as part of the second year of a two-year Commissioning for Quality and Innovation (CQUIN) target.
- Identify improvements required to better support patients with condition-specific pathways, including those with dementia, perinatal mental health issues, children and young people, substance misuse and social needs.

Reducing preventable mortality and improving outcomes: Orthopaedic improvement programme

Over the next year we will work to improve our orthopaedic service provision across a variety of areas.

We plan to consistently deliver improved performance for surgical site infections (SSIs) for patients who have received total hip or total knee replacements. SSI rates are currently monitored through operational and oversight infection control groups which report to the Trust Quality Board.

Another way we plan to improve care is by sustainably delivering fractured neck of femur (hip) patients to theatre within 36 hours of arrival. Hip fractures are associated with a high rate of mortality and evidence shows that prompt surgery promotes better functional outcome and lower rates of perioperative complications and mortality in the patient population. We will monitor time to theatre through monthly reporting to the Trauma & Orthopaedic Directorate operational meeting and onward to the Surgical Division Board.

We will also look to rationalise procedure type by surgeon based on benchmarked numbers across the Sustainability and Transformation Partnership and use model hospital data to establish efficiency opportunities in elective care.

Avoiding harm: Falls improvement programme

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

Avoiding harm: Pressure damage improvement programme

Our aim for 2018/19 is to have zero pressure ulcers in category three or above. To achieve this, we will implement a rapid improvement approach previously used for falls learning to reduce hospital-acquired pressure ulcers.

We will specifically work with wards that have high numbers of patients developing pressure damage to ensure they have the support required to implement remedial actions using the Patient First Improvement System.

Patient experience improvement programme

Our national inpatient survey and real-time patient feedback indicate that there are improvements we must make for our patients and their families to ensure safe and positive discharge experiences.

We will work with our local partner Sussex Community Trust on a number of local discharge improvement work-streams over the next year to ensure that the patient experience of discharge is firmly embedded in our daily work.

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

2.1.2 Stakeholder Relations

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

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

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

One important new piece of partnership working established during 2017/18 was the region-wide 'Let's Get You Home' initiative under which 24 NHS organisations and councils in Sussex and East Surrey are working together to support people who are well enough to leave hospital in returning home safely, or in moving to a care home or supported housing if this is not possible.

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

In March 2018, for example, the Trust hosted members of the international Lean Healthcare Transformation CEO Forum to share our experience of implementing the Patient First programme and demonstrate the new strategy deployment system of performance management which is replacing more traditional techniques more common across the NHS.

The Trust is also a member of NHS Quest, a network of foundation trusts with a relentless focus on improving quality and safety of care, and hosted a 'sharing outstanding practice' event for the group in June 2017. Feedback from attendees included comments that "your organisation is all on the same page" and "inspiring to visit a ward and have the opportunity to listen to a huddle and the staff nurse leading it – there was clarity of expectation and what everything linked to".

We also operate an 'Outstanding Visits Programme' to share learning from our Patient First improvement work and "Outstanding" CQC rating with other interested NHS organisations around the country.

Stakeholder events

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

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

In 2017/18, these included guided tours of the clinical skills and simulation suites at both hospitals, a talk on the role of the cardiologist by consultant Dr Mark Signy and a dementia event featuring a short play by the Drip Action Theatre Company, a presentation from the hospitals' clinical dementia team and a 'market place' of stalls offering information on a range of subjects relating to the condition and providing access to local support groups and services.

These two events attracted more than 100 people between them and received uniformly positive feedback from those who came along. Comments included:

> *"Informative, interesting and good-humoured lecturer too"*
>
> *"Whole event very helpful – informative and reassuring as a result"*
>
> *"Very comprehensive presentation"*
>
> *"Excellent"*
>
> *"Outstanding!"*

The other major stakeholder event of the year is the Trust's Annual General Meeting, which was held at St Richard's Hospital on 18 July 2017 and attended by more than 60 people.

As well as a review of the work of the Trust during the previous 12 months, the meeting included a presentation from members of the critical care, site and infection control teams revealing how our Patient First approach to problem solving helped Western Sussex became the only organisation in the country to meet a new NHS England quality target by reducing delayed discharges from critical care by 90%.

Membership engagement

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

Our e-newsletter, @WesternSussex, remains a popular channel for communicating with members. It contains news, event information, feedback methods and articles such as "You said, we did" explaining how the Trust responds to suggestions from patients, carers and members. One new feature added in 2017/18 in response to member feedback is a section containing links to formal operational information published on the Trust website, including Trust Board and Council of Governors meeting papers.

We also used @westernsussex to ask our members for their views on how well we communicate with them as part of our 'Are We Reaching You?' survey in July 2017, which also included questions on satisfaction with membership benefits and overall experience.

Some 126 members completed the survey, with 85% saying that the quantity of information they received from the Trust was "about right". The survey also found that 57% of respondents knew how to provide feedback on services and no-one felt that their comments would not be listened to and acted upon.

The survey also generated 68 suggestions for topics for future members events, which we will be using to inform our programme for 2018/19.

2.1.3 Managing the Trust

How the Trust is run

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

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

In the event of dispute between the Council and the Board then the dispute resolution procedure set out in the Constitution shall be followed in order to resolve the matters concerned. This has not been required during the period 1 April 2017 to 31 March 2018.

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

Our Board of Directors 01 April 2017 to 31 March 2018

NON-EXECUTIVE DIRECTORS

Mike Viggers, Chairman (Term of Office to 10-01-2019)

Chair of the Finance and Investment Committee

Patrick Boyle, Deputy Chair (Term of Office to 19-01-2021)

Chair of the Patient Experience and Feedback Committee

Joanna Crane, Senior Independent Director (Term of Office to 01-04-2020)

Chair of the Quality and Risk Committee

Jon Furmston (Term of Office to 01-04-2020)

Chair of the Audit Committee

Lizzie Peers (Term of Office to 14-04-2020)

Chair of Charitable Funds Committee

Mike Rymer (Term of Office to 22-01-2021)

Non-Executive Director

EXECUTIVE DIRECTORS

Marianne Griffiths, Chief Executive

Pete Landstrom, Chief Delivery and Strategy Officer

Denise Farmer, Chief Workforce and Organisational Development Director

Dr George Findlay, Chief Medical Officer and Deputy Chief Executive

Karen Geoghegan, Chief Financial Officer

Nicola Ranger, Chief Nurse, from May 1, 2017*

Jane Farrell, Interim Chief Operating Officer from 2nd January 2018.

* *Maggie Davies as Interim Director of Nursing and Patient Safety until 31st April 2017*

Board of Directors

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

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

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

Deputy Chair

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

Patrick Boyle, Non-Executive Director, is the Deputy Chair.

Senior Independent Director

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

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

Operation of the Board

The Board has agreed a scheme of reservation and delegation which sets out those decisions which must be taken by the Board and those which may be delegated to the Executive or to Board sub-committees.

The Board sets the Trust's strategic aims and provides active leadership of the Trust. It is collectively responsible for the exercise of its powers and the performance of the Trust, for ensuring compliance with the Trust's Provider Licence, relevant statutory requirements and contractual obligations, and for ensuring the quality and safety of services. It does this through the approval of key policies and procedures, the annual plan and budget for the year, and schemes for investment or disinvestment above the level of delegation.

The Non-Executive Directors play a key role in taking a broad, strategic view, ensuring constructive challenge is made and supporting and scrutinising the performance of the Executive Directors, whilst helping to develop proposals on strategy.

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

During the year the Trust held four Public Board Meetings, and 11 Private Board Meetings. There were also four Public Council of Governors Meetings and the Annual General Meeting and, in addition, there was a joint review day between the Board and Council of Governors.

The Board held two Strategic Review Days reflecting on areas such as the Sustainability and Transformation Programme (STP) and the Trust's vision and values, as well as the new management arrangements with Brighton and Sussex University Hospitals NHS Trust.

In addition, four subject specific seminars were held, covering topics such as risk management, the Outpatient Improvement Programme and cyber security.

Attendance at Board meetings 1 April 2017 to 31 March 2018

Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Jan	Feb	Mar
Mike Viggers	√	√	√	√	√	√	√	√	√	√	√
Patrick Boyle	√	√	√	√	√	√	√	√	√	√	√
Joanna Crane	√	X	√	√	X	X	√	√	√	X	√
Jon Furmston	√	√	√	X	√	√	√	√	√	√	√
Lizzie Peers	√	√	√	√	√	√	X	√	√	√	√
Mike Rymer	√	√	√	√	√	√	√	√	√	√	√
Marianne Griffiths	√	√	√	√	√	√	√	√	√	√	X
Pete Landstrom *	√	√	√	√	√	√	X	√	X	X	X
George Findlay	√	√	√	X	√	√	√	√	√	√	√
Karen Geoghegan	√	√	√	√	X	√	√	√	√	√	√
Nicola Ranger	-	√	√	X	√	√	X	√	X	√	√
Denise Farmer	√	√	√	√	√	√	X	√	√	√	√
Jane Farrell (from 2nd January 2018)									X	√	√

*Attendance for Mr Pete Landstrom impacted from December 2017 as he took responsibility as Chief Operating Officer for Brighton and Sussex University Hospitals NHS Trust.

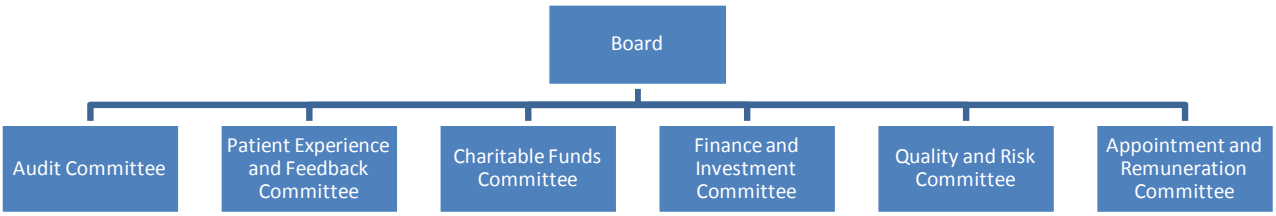
Board advisors

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

Board committees

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

These committees do not operate independently of each but where appropriate operate together (and indeed report to one another) to ensure full coverage and clarity on all areas of Trust activity.



Audit Committee

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

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

The Audit Committee receives and considers reports from Internal Audit, External Audit and Local Counter Fraud Services.

The Audit Committee membership and attendance in respect of the period 01 April 2017 to 31 March 2018 is set out in the table below:

Register of Members attendance at Audit Committee meeting for the period 01 April 2017 to 31 March 2018						
	April	May	July	October	January	Total
Jon Furmston	☐	☐	☐	☐	☐	5/5
Lizzie Peers	☐	☐	☐	X	☐	4/5
Joanna Crane				☐	☐	2/2

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

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

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

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

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

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

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

Quality and Risk Committee

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

Quality and Risk Committee Membership
Joanna Crane (Non-Executive Director and Chair)
Lizzie Peers (Non-Executive Director) (Member of Committee to 30 June 2017)
Mike Rymer (Non-Executive Director)
Patrick Boyle (Non-Executive Director) (Member of Committee from 1 July 2017)
George Findlay (Chief Medical Officer and Deputy Chief Executive)
Nicola Ranger (Chief Nurse) - (Member of Committee from 1 May 2017) *Maggie Davies as Interim Director of Nursing and Patient Safety until 31st April 2017*

Finance and Investment Committee

The Finance and Investment Committee supports the Board to ensure that all appropriate action is taken to achieve the financial objectives of the Trust through

regular review of financial strategies and performance, investments, and capital and estates plans and performance.

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

Patient Experience and Feedback Committee

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

Patient Experience and Feedback Committee Membership
Patrick Boyle (Non-Executive Director and Chair)
Joanna Crane (Non-Executive Director) (Member of Committee to 30 June 2017)
Mike Rymer (Non-Executive Director)
George Findlay (Chief Medical Officer and Deputy Chief Executive)
Nicola Ranger (Chief Nurse) *Maggie Davies as Interim Director of Nursing and Patient Safety until 31st April 2017*

Charitable Funds Committee

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

Charitable Funds Committee Membership
Lizzie Peers (Non-Executive Director and Chair)
Joanna Crane (Non-Executive Director)
Denise Farmer (Chief Workforce and Organisational Development Director)
Karen Geoghegan (Chief Financial Officer)

Appointment and Remuneration Committee

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

Appointment and Remuneration Committee Membership
Mike Viggers (Chair of Trust)
Patrick Boyle (Non-Executive Director)
Joanna Crane (Non-Executive Director)
Jon Furmston (Non-Executive Director)
Lizzie Peers (Non-Executive Director)
Mike Rymer (Non-Executive Director)

In attendance at meetings are the Chief Executive, Chief Workforce and Organisational Development Director and the Corporate Governance Director.

During the period the Committee did not procure any external advice relating to pay and the Trust does not operate performance related pay.

Appointments and appraisal

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

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

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

The Chair and Non-Executive Directors appraisals were formally reported to the Council of Governors in private on 14 September 2017.

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

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

During the year the Council of Governors approved the new terms of office for the following Non-Executive Directors

- Joanna Crane – Two Year Extension to 1st April 2020
- Jon Furmston – Two Year Extension to 1st April 2020
- Mike Rymer – Three Year Extension to 22nd January 2021

Statement of compliance with the NHS Foundation Trust Code of Governance 2017-18

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

Statement of compliance with the NHS Constitution

The Board of Directors takes account of the NHS Constitution in its decisions and actions, as they relate to patients, the public and staff. The Board of Directors is compliant with the principles, rights and pledges set out in the Constitution.

Statement on directors' disclosures

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

- So far as each director is aware, there is no relevant audit information of the which the (external) auditor is unaware; and
- the director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

All directors have confirmed the above statement.

Declarations of interest

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

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

The Trust holds a register of company directorships and other significant interests, held by both directors and governors, which may conflict with their management responsibilities. The Trust Board receives an Annual Report on Board Declarations in

the public part of its meeting. The Council of Governors receives an Annual report on Governors Declarations in the public part of its meeting.

Details of declarations are held on a Trust Register and are available from the Director of Corporate Governance upon request.

Single Oversight Framework

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

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

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The trusts segmentation position for 2017/18 is shown in the table below:

Quarter 1	Segment 2
Quarter 2	Segment 2
Quarter 3	Segment 2
Quarter 4	Segment 2

Finance and use of resources

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

		2017/18 Scores				**2016/17 Scores**	
Area	**Metric**	**Q4**	**Q3**	**Q2**	**Q1**	**Q4**	**Q3**
Financial sustainability	Capital service capacity	2	1	1	1	1	1

	Liquidity	3	2	2	2	3	2
Financial Efficiency	I& E margin	2	1	1	1	1	1
Financial Controls	Distance from financial plan	4	1	1	2	3	2
	Agency spend	1	1	1	1	2	1
Overall scoring		**3**	**1**	**1**	**1**	**2**	**1**

Emergency planning and business continuity

Western Sussex Hospitals is confirmed as fully compliant (2017/18) against the emergency planning standards set by NHS England.

The Emergency Preparedness Resilience and Response (EPRR) assurance ensures the Trust has plans in place to continue the delivery of critical services during periods of disruption, such as a major incident or business continuity period.

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

NHS England (South | South East) and Coastal West Sussex Clinical Commissioning Group have confirmed the Trust's assessment as fully compliant (Green) 2017/18, an improvement on the substantially compliant rating for 2016/17.

This assurance confirms that the Trust is fully compliant with:

- EPRR Assurance Framework
- Civil Contingencies Act
- Health & Social Care Act 2012

The EPRR assurance process highlighted some additional opportunities for further improvement and these have been included in a detailed Emergency Planning and Business Continuity work programme which is reviewed every three months and reported to the Trust Executive Committee.

2.1.4 Disclosures to Auditors

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

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

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

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

The director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

2.1.5 Income Disclosures

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

2.1.6 Political Donations

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

2.1.7 Better Payments Practice Code

The Trust's measure of performance in paying suppliers is the Better Payment Practice Code (BPPC). The Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. In 2017/18 possible interest liabilities on invoices was £1,487,000.

Measure of Compliance	2017/18		2017/18
	Number		£000
Non-NHS Payables			
Total Non-NHS Trade Invoices Paid in the Year	107,711		193,612
Total Non-NHS Trade Invoices Paid Within Target	13,952		89,075
Percentage of Non NHS Trade Invoices Paid Within Target	12.95%		46.01%
NHS Payables			
Total NHS Trade Invoices Paid in the Year	2,341		22,694
Total NHS Trade Invoices Paid Within Target	215		10,074
Percentage of NHS Trade Invoices Paid Within Target	9.18%		44.39%

2.2 Governors' Report

2.2.1 Council of Governors

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

Role of Governors

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

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

Composition of the COG

The COG comprises the following Constituencies;

Elected public and patient governors

The COG has sixteen Governors elected from its membership that represent the public and patients (thirteen) and three Governors who represent patients who live out of the catchment area of the Trust. Public Governors are elected from within Local Authority areas. The number of elected Governors for each constituency is in proportion to the population within the area using WSHFT services.

Area	Number
Adur	2
Arun	4
Chichester	3
Horsham	1
Worthing	3
Patient	3
Total Elected Public and Patient Governors	**16**

Staff Governors

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

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

Stakeholder Governors

The Trust has a further six Governors who are appointed by partnership or stakeholder organisations.

Partner/Stakeholder Organisation	Number

West Sussex County Council	1
Brighton and Sussex Medical School	1
Friends of WSHT Hospitals	1
University of Brighton School of Nursing and Midwifery	1
Worthing Borough Council	1
Chichester District Council	1
Total Partner/Stakeholder Governors	**6**

Governor Elections were held during the year to fill existing vacancies.

During the year 1 April 2017 to 31 March 2018 attendance at Council of Governor meetings was as follows;

Constituency	Full Name	End of Term of Office	Number of COG meetings attended[1]
Elected Governors			
Public - Adur	Barbara Porter	30 June 2019	1 of 4
Public - Adur	John Todd	30 September 2018	2 of 4
Public - Arun	Neil Chisman	Resigned wef 14.06.2017	1 of 1
Public - Arun	Jill Long	30 September 2018	4 of 4
Public - Arun	Anita Mackenzie	30 June 2019	4 of 4
Public - Arun	John Thompson	30 September 2018	4 of 4
Public – Chichester	Jim Jennings	30 June 2019	2 of 4
Public – Chichester	Linda Tomsett	30 June 2020	1 of 3
Public - Horsham	Penny Richardson	30 June 2019	2 of 4
Public - Worthing	Roger Hammond	30 June 2019	3 of 4

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

Public - Worthing	John Bull	30 September 2018	4 of 4
Public – Worthing	Patricia Peal	30 June 2020	3 of 3
Patient	Richard Farmer	Resigned wef 27.01.2018	3 of 3
Patient	Stuart Fleming	30 June 2019	3 of 4
Staff Governors			
Additional Clinical Services	Natasha Guy	30 June 2020	0 of 3
Estates & Ancillary	Natalie Matthews	30 June 2019	4 of 4
Nursing & Midwifery	David Walsh	30 September 2018	3 of 4
Scientific, Technical & Professional	Helen Dobbin	30 September 2018	3 of 4
Administrative & Clerical	Andrew Harvey	Resigned wef 31.12.2017	3 of 3
Medical & Dental	Richard Venn	30 June 2019	3 of 4
Appointed Governors			
West Sussex County Council	Councillor Ashvin Patel	30 September 2019	2 of 4
Brighton & Sussex Medical School	Professor Sommath Mukhopadhyay	31 July 2020	2 of 3
Worthing Borough Council	Councillor Val Turner	30 June 2020	4 of 4
Chichester District Council	Councillor Eileen Lintill	30 June 2020	3 of 3
University of Brighton School of Nursing & Midwifery	Kate Galvin	1 April 2020	2 of 3

Governor expenses

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

	1 April 2017 to 31 March 2018	1 April 2016 to 31 March 2017
Total number of governors in office (as at 31st March)	22	23
Number of governors receiving expenses	11	11

Aggregate sum of expenses paid to governors	£6,281.21	£7,319.34

Lead Governor

NHS Improvement (NHSI) requires that a COG elects a Lead Governor to be the primary link with the Foundation Trust. A Lead Governor is elected by the full Council and would also be the formal link to NHSI if circumstance required direct communication between the COG and the Regulator. On the 1st November 2017, John Thompson, Public Governor for the Arun Constituency, was re-elected by the full Council to the role of Lead Governor. Jill Long, Public Governor for Arun, was also re-elected to act as Deputy Lead Governor.

Governor engagement

There are four Council of Governors meetings held in public each year. The CoG meetings are attended by members of the Trust Board, are open to Trust members and the public and promoted in advance through the @westernsussex email newsletter, the Trust website and local media. The agenda at each meeting includes reports from Governors, progress on the Trust's Patient First Metrics, and one of the Non-Executive Directors provides a presentation on their work and that of any Committees on which they serve.

In addition, the Board and Council meet together once a year to discuss key issues and developments. This meeting is augmented by two assurance meetings per year held in private between the Governors and Non-Executive Directors only. In addition the Chair and Chief Executive have held six briefing sessions for Governors during this financial year.

To support Governors in their role the Trust runs information seminars on areas of interest. This year these included Outpatient Transformation, Patient First and Kaizen, Freedom to Speak Up, Trust Mortality Review, the Love Your Hospital Charity, and the Acute Surgery Review.

The CoG has an active and vibrant Membership Committee, a Patient Experience and Engagement Committee, and a Nomination and Remuneration Committee.

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

Governors are involved in many aspects of the Trust including improvement programme workgroups, Trust conferences, Stakeholder meetings, and undertaking PLACE visits. They have also contributed to several project groups including Medical Revalidation, Way Finding and the development of the new Ophthalmology Centre at Southlands which successfully opened in June 2017.

Governors Annual Programme

This is reviewed at each CoG and the objectives of this programme are;

- To fully implement the Council of Governors Annual Programme for 2017-18 which contains the forward schedule of Council business;
- To hold to account Non-Executive Directors – through ongoing challenge and the seeking of assurances;
- To review the outcomes of the Chair's and Non-Executive Directors' appraisals and discuss with Chair and Senior Non-Executive Director and report to Governors;
- To review remuneration levels of the WSHFT Chair and the Non-Executive Directors (Section D.2.3 of NHS Improvement Code of Governance) – through the Governors' Nomination and Remuneration Committee;
- To monitor WSHFT Membership: and revise strategies where appropriate and in accordance with the Membership Targets – by maintaining and exceeding Trust Membership target numbers by area;
- To represent to the Trust the interests of the Members of the WSHFT and the public – by attending public meetings and networking with the membership and the public
- To continue to contribute to the development of the WSHFT Corporate Strategies – contributing to joint Board and Council of Governors meetings;
- To contribute to work of the Trust through membership of working groups and committees.

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

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

Principles

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

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

- To work effectively together and make the best use of the time NEDs and Governors have together.

Appraisal and appointments

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

The Governors Nomination and Remuneration Committee (GNARC) oversee these processes on behalf of the Council. The Chair and other Non-Executive appraisals for 2017 have been undertaken and reported to the full COG sitting in private.

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

It is the responsibility of the Governor Nomination and Remuneration Committee, with the Chair of Western Sussex Hospitals NHS Foundation Trust, to consider appropriate Non-Executive Director (NED) succession planning. Detailed discussions were held regarding this by the Committee at its meetings held in June and August and it was felt that due to the forthcoming expected period of change, including the development of local Sustainability and Transformation Plans it was important to maintain a stable Trust Board. Therefore the Committee agreed to recommend to the full Council of Governors that three of the current Non-Executive Directors be re-appointed. These recommendations were approved by the Council of Governors, meeting in private, at the meetings which took place on the 13 June and 14 September 2017.

The Committee also considered the recommendation to appoint a new Deputy Chair for the Trust. As a result the Committee made a unanimous recommendation to the Council of Governors regarding the appointment of a new Deputy Chair. The recommendation was approved by the Council of Governors at its meeting held on the 13th June 2017.

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

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

2.2.2 Membership

Membership Strategy

The Trust currently has a Membership Strategy for the period 2015-2018, which is updated annually with the help of the Governor's Membership Committee. This

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

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

The Trust Board received the Annual Equality & Diversity Performance Report 2017, which includes information on the Trusts Membership and in particular the age profiles and ethnicity. The 2017 report recognised that the current membership is not entirely representative of the community it serves and this is an area of focus for the Membership Committee.

Keeping in touch with members

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

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

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

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

Currently the Trust has 7,732 public members. All staff are automatically enrolled as members on starting employment with the Trust.

The Membership Strategy for the Trust gives an aim of increasing the number of public members by 1% year each year whilst maintaining staff and patient member numbers.

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

Members of the Council of Governors: as at 31 March 2018

Constituency name	Full Name	End of current term of office
Elected Governors		
Public - Adur	Barbara Porter	30 June 2019
Public - Adur	John Todd	30 September 2018
Public - Arun	Anita Mackenzie	30 June 2019
Public - Arun	Jill Long	30 September 2018
Public - Arun	John Thompson	30 September 2018
Public – Arun	VACANCY	
Public – Chichester	Jim Jennings	30 June 2019
Public - Chichester	Linda Tomsett	30 June 2020
Public – Chichester	VACANCY	
Public – Horsham	Penny Richardson	30 June 2019
Public - Worthing	John Bull	30 September 2018
Public – Worthing	Roger Hammond	30 June 2019
Public – Worthing	Patricia Peal	30 June 2020
Patient	Stuart Fleming	30 June 2019
Staff Governors		
Medical & Dental	Richard Venn	30 June 2019
Nursing & Midwifery	David Walsh	30 September 2018
Scientific, Technical & Professional	Helen Dobbin	30 September 2018

Estates & Ancillary	Natalie Matthews	30 June 2019
Additional Clinical Services	Natasha Guy	30 June 2020
Appointed Governors		
West Sussex County Council	Councillor Ashvin Patel	30 June 2019
Brighton & Sussex Medical School	Professor Sommath Mukhopadhyay	31 July 2020
University of Brighton School of Nursing & Midwifery	Professor Kate Galvin	1 April 2020
Worthing Borough Council	Councillor Val Turner	30 June 2020
Chichester District Council	Councillor Eileen Lintill	30 June 2020
Friends of WSHT Hospitals	VACANCY	

2.2.3 Disclosures and declarations of interests

The Chair of the Council of Governors has not declared any other significant commitments that require disclosure. The Chair submits an Annual Declaration of Interest Statement and Fit and Proper Person Declaration which are reported in public at Trust Board.

Governors are required to complete a Declaration of Interest which are held on a Trust Register and available from the Company Secretary upon request.

2.2.4 Resolution of disputes

The Trust Constitution sets out at Section 12 the process for dealing with any dispute between the Council of Governors and Trust Board. The Council of Governors and Trust Board have a positive working relationship and the process has not been used during the 2017/18 year.

2.3 Staff Report

At the end of March 2018, Western Sussex Hospitals NHS Foundation Trust employed 7,034 people in a range of different roles across the organisation. Each and every member of our staff works to ensure our patients receive excellent quality care.

Our staff have consistently demonstrated their willingness to go over and above to ensure high quality care is delivered to the people of West Sussex. We ensure that we take opportunities to thank our staff in a variety of ways including Employee of the Month awards, an annual staff award ceremony and long service awards. During 2017 we also held a number of Thank You lunches for our staff, during which we took the opportunity to launch our "Wellbeing Wednesday" programme of health and wellbeing events for staff.

Note 4.3 Average number of employees (WTE basis)

	Permanent	**Other**	**Total**	**Total**
	31 Mar 2018	**31 Mar 2018**	**31 Mar 2018**	**31 Mar 2017**
	2017/18	**2017/18**	**2017/18**	**2016/17**
	No.	**No.**	**No.**	**No.**
Medical and dental	728		**728**	**767**
Ambulance staff			**0**	**0**
Administration and estates	1,279		**1,279**	**1,319**
Healthcare assistants and other support staff	1,597		**1,597**	**1,909**
Nursing, midwifery and health visiting staff	1,674		**1,674**	**1,875**
Nursing, midwifery and health visiting learners			**0**	**0**
Scientific, therapeutic and technical staff	635		**635**	**679**
Healthcare science staff			**0**	**0**
Social care staff			**0**	**0**
Agency and contract staff		142	**142**	**238**
Bank staff		477	**477**	**458**

Other	6	68	**74**	**62**
Total average numbers	**5,920**	**687**	**6,607**	**6,611**
Of which:				
Number of employees (WTE) engaged on capital projects	9	0	**9**	**6**

The Trust's sickness absence rate has reduced to 3.5% for the year 2017/18.

Total staffing costs for the year were £285,641,000, comprising £248,156,000 for substantive employees and £37,485,000 for bank and agency workers.

2.3.1 Equality and diversity

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

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

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

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

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

- their age
- any disabilities they may have
- their gender

- their gender identity
- being in a marriage or civil partnership
- pregnancy or having recently had a baby
- their race
- their religion or belief system
- their sexual orientation.

Selection for employment, training and promotion will be based solely on objective and job-related criteria.

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

Our recruitment policy states:

> *The Trust is committed to the fair treatment of its staff and its potential staff regardless of race, gender or gender reassignment, religion or belief, sexual orientation, age, disability, marital status, pregnancy and maternity status, social and employment status, HIV status, political affiliation, trade union membership or responsibility for dependents and offending background.*

All posts will be advertised (including fixed-term appointments and secondments which are intended to last longer than three months).

If the recruiting manager wishes to limit application numbers we have the option not to specify a closing date on the NHS Jobs website, which also states we reserve the right to close the vacancy once we have received sufficient applications. We therefore advise submitting an application as early as possible to avoid disappointment. It is the recruiting manager's responsibility to monitor the number of applications received and inform the relevant HR recruitment administrator when sufficient numbers have been reached and the advert needs to be closed.

All external adverts, either printed or placed online must comply with the Trust's corporate image and must be processed through the Human Resources Recruitment Team.

All recruitment will be subject to equal opportunities monitoring on an annual basis.

Short-listing and selection will be based solely on the extent to which candidates fulfil the criteria for the post as stated in the person specification, which describes the

essential and desirable skill and experience levels for candidates to meet. All short-listed applicants for positions will have a panel interview as part of the selection process, and all interviews will be conducted face to face, except under exceptional circumstances.

All interview panels will consist of at least two members, one of whom should be the recruiting manager. Records of interview panels held are maintained for one year by the HR Recruitment Team. The successful candidate's interview paperwork will be kept on their personal file.

At least one of the panel members must have had appropriate training in recruitment and equality and diversity training. Equality and Diversity training must be completed every three years.

The Trust will comply with the requirements of NHS Employment Standards and ensure that all necessary checks and clearances are carried out prior to employing an individual.

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

During 2017 we have seen many great examples of celebrating diversity and we publicise these on the Trust's StaffNet, through the Trust's weekly 'Headlines' staff publication and by using notice boards and newsletters. We have continued to raise the profile of Equality and Diversity (E&D) by taking part in NHS Employers Equality, Diversity and Human Rights week during May 2017 as well as holding E&D awareness stands at two annual staff conferences, during which a group of staff delivered workshops sharing the culture of the Philippines.

Since becoming a partner on the NHS Employers Diversity and Inclusion Partners Programme we have worked internally to support system-wide improvements to the measurement of E&D across the organisation. This has involved taking learning from the programme and working with internal stakeholders to bring fresh ideas and practices into the organisation.

With learning taking from the National Staff Survey, mandatory E&D training has been refreshed and includes an awareness section on poor behaviours and unwanted conduct in the workplace. Staff are given examples of unacceptable behaviours and encouragement to challenge and report incidents. Staff are also provided with a set of positive examples detailing how we should treat each other.

We completed and published our NHS Workforce Race Equality Standard (WRES) return on the 1 July 2017. The Trust's position against last year's return is shown below, together with a comparison of our results to other Trusts in our geographical area. An action plan has been developed in response to the WRES.

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

	Female	**Male**

Non-executive directors	2 (33.3%)	4 (66.7%)
Executive directors	5 (62.5%)	3 (37.5%)
Non-executive director advisor	1 (50%)	1 (50%)
Other senior managers	13 (52%)	12 (48%)
Other staff	5407 (77.1%)	1607 (22.9%)
Total	5429 (76.9%)	1627 (23.1%)

Note:

The Trust Equality Delivery System 2 (EDS2) submission was finalised and published on the E&D pages of the Trusts website and were published in April 2017.

We also published the Annual Equality Report 2017 on 31 January 2018 which details examples of good practice throughout the year and demonstrates the Trusts commitment to driving the equality agenda forward.

Full details of our equality agenda plans can be found on our website.

2.3.2 Staff survey

Every year, we encourage all substantive staff to participate in the National NHS Staff Survey. The survey results provide the Trust with a picture of staff experience across nine themes which in informs targeted local improvement for staff experience and health and wellbeing.

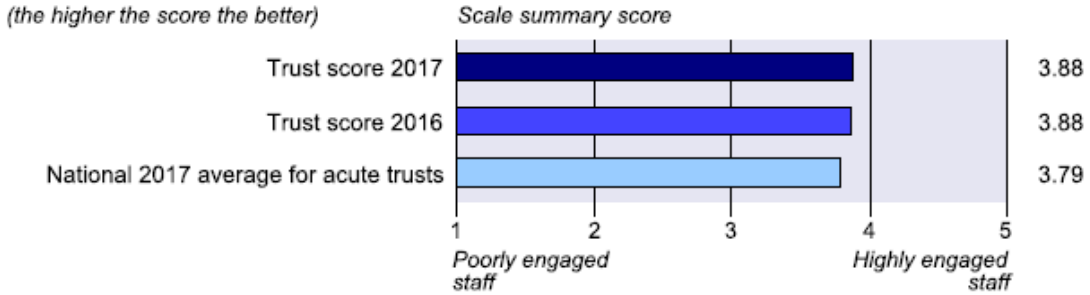
The survey was open between October and December 2017, and all staff were encouraged to participate. Free tea, coffee and a slice of cake was provided at dedicated survey events to boost participation. The survey featured in various internal communications across the Trust, including the staff newsletter, Headlines, and on posters in staff areas adopting the Patient First strategic theme of 'Our People'. In 2017, 4,494 staff (66 per cent) completed the survey, with 500 more staff taking part. The Trust's response rate increased from 59% in 2016 and continues to be significantly higher than the average response rate for acute Trusts of 44 per cent.

Our overall staff engagement score, ranked on a scale of 1 to 5 (low to high), remained the same as 2016 at 3.88, despite all the hard work undertaken in the last 12 months to develop and improve engagement within the workforce. Although the Trust did not achieve an increase in the engagement score, we are particularly proud that in the advocacy domain (known as the Staff Family and Friends Tests) our staffs' recommendation as a place to work and receive treatment placed us in the highest (best) 20% of NHS acute trusts.

The advocacy domain comprises five questions, and shows a continual improvement in the last 12 months:

		Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
Q21a	"Care of patients / service users is my organisation's top priority"	83%	76%	82%
Q21b	"My organisation acts on concerns raised by patients / service users"	78%	73%	76%
Q21c	"I would recommend my organisation as a place to work"	72%	61%	72%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	81%	71%	79%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.99	3.76	3.98

OVERALL STAFF ENGAGEMENT



Source: 2017 Staff Survey

Our five highest scoring staff survey results relative to other acute trusts in England include:

Organisation and management interest in and action on health and wellbeing	Trust score 3.80 Acute average score 3.62
Staff recommendation as a place to work or receive treatment	Trust score 4.00 Acute average score 3.75
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	Trust score 89% Acute average score 85%
Percentage of staff reporting good communication between senior management and staff	Trust score 40% Acute average score 33%
Effective team working	Trust score 3.81 Acute average score 3.72

To ensure continued development of staff engagement throughout the year, staff are asked to provide feedback in a pulse survey during the monthly health and safety updates on how engaged they feel and how the organisation supports the health and well-being of its workforce. Scores are shared with each division and provide the Trust with an indicative position on a monthly basis.

Areas comparing least favourably with other acute trusts in England and where targeted improvements will be implemented in the year ahead include:

Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months	Trust score 19% Acute average score 15%
Quality of non-mandatory training, learning or development	Trust score 4.00 Acute average score 4.05
Percentage of staff experiencing physical violence from staff in the last 12 months	Trust score 3% Acute average score 2%
Percentage of staff reporting errors, near misses or incident witnessed in the last month	Trust score 89% Acute average score 90%
Percentage of staff experiencing harassment, bullying or abuse from patient's relatives or the public in the last 12 months	Trust score 29% Acute average score 28%

Despite the investment in upskilling staff in conflict resolution and safer handling, strengthening Trust policy towards inappropriate behaviour and running a series of 'pop up security roadshows' our largest concern remains violence, aggression and harassment and bullying, particularly on the grounds of ethnicity.

Following analysis of the local bespoke questions asked in the 2017 survey on violence, harassment, bullying or abuse a Trust-wide corporate multi-disciplinary campaign will be introduced to keep staff safe and devise solutions to reduce the risk of incidents occurring.

Areas where the Trust demonstrates the largest local changes and where staff experience has improved since the 2016 survey are set out below.

Percentage of staff working extra hours	2017Trust score 70% 2016 Trust score 72%
Organisation and management interest in and action on health and wellbeing	2017 Trust score 3.80 2016 Trust score 3.72

Percentage of staff reporting good communication between senior management and staff	2017 Trust score 40% 2016 Trust score 36%
Fairness and effectiveness of procedures for reporting errors, near misses and incidents	2017 Trust score 3.74 2016 Trust score 3.68
Staff satisfaction with resourcing and support	2017 Trust score 3.38 2016 Trust score 3.34

To support active involvement and improvements in overall staff engagement within the Trust, the results of the annual and monthly staff survey results are disseminated to each division. The Organisational Development function has prepared and circulated Divisional staff engagement reports, 'at a glance' divisional posters detailing scores contributing to the staff engagement score and divisional top and bottom five staff survey results. These resources will be used along with regular feedback obtained at mandatory training pulse checks and will inform discussion at monthly Strategy Deployment Reviews to improve overall engagement.

Future priorities and looking ahead to 2018/19

We want our staff experience to be strengthened further because we know by doing so our patient experience will also improve. To achieve that we will focus on:

- Following analysis of the local bespoke questions regarding violence, harassment, bullying or abuse, consideration will be given to introduce a Trust-wide multi-disciplinary campaign to support staff detailed in an A3. It is proposed this will become a corporate project.
- Refreshing the Staff Engagement breakthrough objective. Over the last 2 years there has been focused attention on staff being able to make improvements happen in their area of work, with a resulting 4% increase. The continuing roll out of the Patient First Improvement System and local improvement work in divisional areas will sustain and increase this further. On the other hand staff motivation has seen no improvement since 2015. With only 60% of staff look forward to going to work, this is now worthy of attention.
- Continuing to deliver the Trust's well-being Wednesday programme, increase health & well-being champion membership and promote staff health & well-being programme to new starters.
- Improving the on-boarding staff engagement experience of new starters joining the Trust and at the Trust welcome day.
- Further development of programmes to reduce MSK injury and work-related stress to support the delivery of the health & well-being CQUIN.

- Supporting staff in feeling confident to raise concerns about unsafe clinical practice by learning from incidents through the 'Speaking Out' Guardians and associated networks.
- Promoting equality and diversity throughout the Trust through the Celebrating Cultures and LGBT Forum to reduce discrimination of staff.
- Improving opportunities for staff to contribute ideas towards making improvements at work and lead positive change.
- Continuing to evaluate at regular intervals throughout the year how engaged staff are feeling. Pulse surveys accessed via iPads/PC's will be able to survey staff by cost centre level.
- Continuing active divisional engagement throughout 2018 through the Staff Care and Engagement Steering Group.
- Continuing to grow the Staff Survey Champion membership within all Divisions ready for the 2018 staff survey.
- Developing a corporate 2018 engagement strategy for the Medical & Dental and Healthcare Scientist staff group.
- Reviewing areas within the Trust to offer a wider on-line option in the 2018 Staff Survey.

2.3.3 Learning and development

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

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

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

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

Over the course of the last year, a total of 1,822 courses were delivered by the Trust's Learning and Development Unit. In addition, 490 staff attended external workshops and conferences.

Attendance on statutory and mandatory training was consistently high throughout 2017-18 and remains above the Trust target of 90%. The Trust continues to have one of the highest attendance rates for statutory and mandatory training across the UK.

Staff conference

Our sixth Staff Conference, "Where Better Never Stops- Our People", ran twice in 2017. Over 500 staff attended the Conference this year, 59% of whom had not attended the Staff Conference before. Divisions were allocated a pro-rata number of places and asked to nominate staff to attend. This resulted in a good spread of staff across divisions.

The Conference is an annual event at Western Sussex, which showcases achievements across the Trust. The programme is developed by the Staff Conference Planning Group. This year the theme of "Our People" meant that the programme was designed to include personal stories from staff around how they had made improvements at work, and how the Trust had developed staff and recognised achievements.

We were also able to secure two high quality Keynote speakers. In September our keynote speaker was Peter Evans, Director of Improvement, LEGO; and in October Stephen Hart, Director of Leadership, The Leadership Academy, HEE. In addition nine one hour workshops were offered to delegates. All of the workshops were very participative and fun and were all themed around developing our staff, or health and well- being. Examples included workshops on Resilience, Difficult Conversations and Celebrating Cultures. There were a total of 20 stalls in the coffee/ lunch area including freedom to Speak Up, Safer Care and external providers offering hand massages.

The overall feedback on both conferences was extremely positive. Delegates enjoyed hearing the different stories from staff and the opportunity to meet new people, and comments included "*inspiring and humble, good to know that the hard work of employees is recognised and appreciated* ", and "*very proud to work for the Trust*".

Apprenticeships

The Apprentice Levy commenced on the 6 April 2017. The Trust makes automatic payments in to a Digital Account which is used to fund apprentice qualifications within the Trust, this is based on 5% of the Trust's pay bill. The Trust will aim to fully utilise the Apprentice Levy funding to provide training opportunities and apprentice qualifications for new and existing staff. The Trust will also aim to meet the Enterprise Bill target that 2.3% (216 WTE) of the workforce will be apprentices.

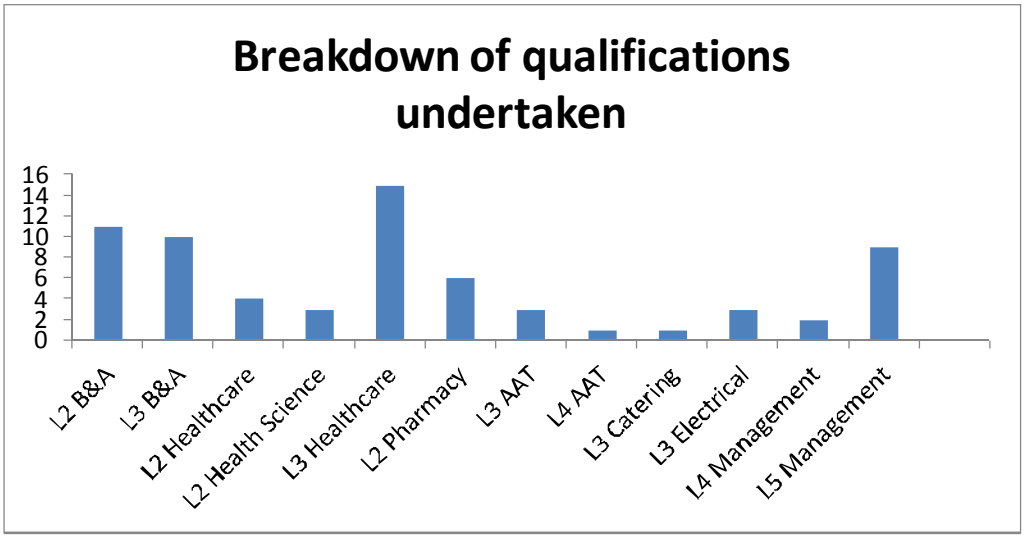
The apprentice landscape is continually changing and further trailblazers (new apprentice standards) are continuing to be approved and developed. These will allow the Trust to develop new roles and to "grow our own" staff who will be likely to remain in the Trust on completion of their apprenticeship.

We also provide support to staff to prepare themselves academically for the introduction of new standards, this includes supporting them with functional skills, English and maths, and the apprenticeships at level 3 as this is the entrance criteria for many of the higher apprenticeships. Thirteen staff have also been supported in

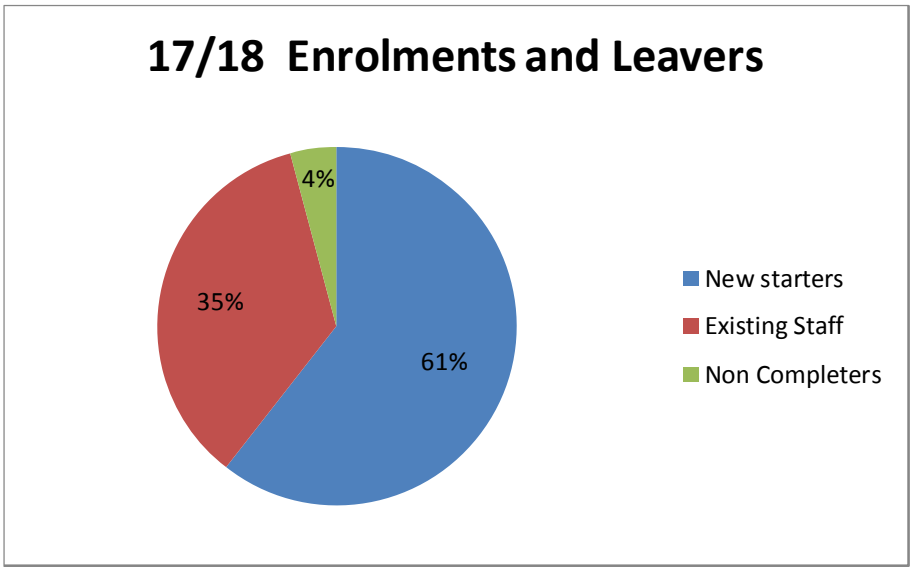
2017-18 to complete an access course which will enable them for apply for health care degrees.

During 2017-18 the Trust started 67 apprenticeships. An increasing number of existing staff are also undertaking apprentice qualifications.

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



The following chart shows how the apprentice starts are divided between new apprentices joining the Trust and existing staff who are accessing an apprenticeship.



The Trust also offers a range of Work Experience opportunities, to members of our community encouraging them to come and work in the Trust.

2.3.4 Health and safety

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

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

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

Health and safety training is mandatory for all staff on induction and then on a triennial cycle. Attendance rates for 2016/17 were 91%.

The Trust continues to invest in staff health and wellbeing, recognising that it is a key component of staff engagement. The staff survey results have demonstrated significant progress in staff's perceptions of health and wellbeing. The results support the need to continue to focus on addressing work related stress and musculoskeletal issues and these are areas for further improvement in 2018/19.

Improvements achieved:

- Improved branding and communication of wellbeing events to better promote the full range of initiatives on offer to all staff.
- The Trust launched Wellbeing Wednesdays in September 2017, which now take place on the first Wednesday of every month. They provide a regular opportunity for staff and volunteers to enjoy a variety of health and wellbeing activities across the Trust, such as lunchtime walks, physio workshops, yoga, emotional resilience, hand massages and group singing.
- In the 2016 staff survey 29% of our staff stated that they had experienced musculoskeletal related problems as a result of a work related injury. The Trust was in the process of reviewing beds and the health and wellbeing group identified that the introduction of electric beds would play a significant part in reducing the incidence of work related injury. In November 2017 the Trust ordered more than 1,000 new electric profiling beds to replace the current bedstock on the wards from January 2018.
- Specific focused events run by Staff Physiotherapy services and the Trust's Back Care team to provide a combination of focused training to particular staff

groups and education over the types of exercise that may reduce the likelihood of injury.
- Access to the Physiotherapy gym for staff at St Richard's and Worthing on a programme facilitated by the Staff Physiotherapy service.
- Launch of the Colleagues as Carers forum for our staff, in partnership with Carers Support West Sussex. The forum operates groups to share experiences with like-minded people, an opportunity to explore work-life balance and advice on caring roles and support available.
- Ongoing provision of a broad range of Health and wellbeing services for staff including Staff Counselling service, Emotional Resilience courses for staff, Schwartz rounds, Mindfulness and on-site exercise programmes.

Further improvements identified:

- Review and further development of education sessions conducted by Staff Physiotherapy and Back Care team.
- Further work on reducing stress will begin in pilot areas to focus on initiatives to address stress triggers. This work will be supported by the Kaizen improvement team utilising improvement methodology. Learning from these pilots will support the development of ongoing plans for the wider organisation.
- Ongoing development of the Wellbeing Wednesday programme

2.3.5 Fraud, bribery and corruption statement

Western Sussex Hospitals NHS Foundation Trust is committed to eliminating fraud and corruption within the NHS, freeing up public resources for better patient care. To this end, the Trust employs a specialist counter-fraud service to provide a comprehensive programme against fraud and corruption which is overseen by the Trust's Audit Committee.

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

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

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

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

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

2.3.6 Exit packages

This disclosure reports the number and value of exit packages agreed during the year.

Reporting of compensation schemes - exit packages 2017/18	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	**-**
£10,001 - £25,000	-	-	**-**
£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	**-**	**-**	**-**
Total resource cost (£)	£0	£0	**£0**

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	**-**
£10,001 - £25,000	-	-	**-**
£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	**-**	**-**	**-**
Total resource cost (£)	£0	£0	**£0**

Exit packages: other (non-compulsory) departure payments						
	2017/18			2016/17		
	Payments agreed	Total value of agreements		Payments agreed		Total value of agreements
	Number		£000	Number		£000
Voluntary redundancies including early retirement contractual costs	-		-	4		119
Mutually agreed resignations (MARS) contractual costs	-		-	-		-
Early retirements in the efficiency of the service contractual costs	-		-	-		-
Contractual payments in lieu of notice	-		-	-		-
Exit payments following Employment Tribunals or court orders	-		-	-		-
Non-contractual payments requiring HMT approval	-		-	-		-
Total	**-**		**-**	**4**		**119**
Of which:						
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-		-	-		-

2.3.7 Off-payroll engagements

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

…… 25 May 2018

Marianne Griffiths, Chief Executive

Western Sussex Hospitals NHS Foundation Trust

2.4 Remuneration Report

2.4.1 Annual statement on remuneration

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

2.4.2 Senior Managers Remuneration Policy

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

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

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

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

In considering Senior Managers Pay the Committee took note of national benchmark data provided by NHS Providers and the requirement to consider any pay above a threshold of £147,500.

2.4.3 Future policy table

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

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

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

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

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

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

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

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

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

Name	Title	Date of Contract	Notice period from the Trust	Notice period to the Trust
Mrs Marianne Griffiths	Chief Executive	01/04/2009	6 months	3 months
Mr Peter Landstrom	Chief Operating Officer	18/04/2016	6 months	3 months
Mrs Karen Geoghegan	Director of Finance and Estates	01/02/2014	6 months	3 months
Mrs Nicola Ranger	Director of Nursing and Patient Safety	02/05/2017	6 months	3 months
Mrs Denise Farmer	Director of Organisational Development and Leadership	01/04/2009	6 months	3 months
Dr George Findlay	Medical Director and Deputy Chief Executive	27/01/2014	6 months	3 months

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

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

2.4.6 Salary and pension entitlements of senior managers

The following information is subject to audit.

Remuneration 2017/18

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

Notes:

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

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

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

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

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

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

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

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

	Salary Bands of £5,000	**Total expenses Nearest £100**	**Bonus Bands of £5,000**	**L/term bonus Bands of £5,000**	**Total Bands of £5,000**
Marianne Griffiths Chief Executive	130-135	40	20 - 25	0	**160 - 165**
Peter Landstrom Chief Delivery and Strategy Officer	75-80	29	5 - 10	0	**85 - 90**
Karen Geoghegan Chief Financial Officer	95-100	2	5 - 10	0	**100 -105**
George Findlay Chief Medical Officer	90-95	158	0	20 - 25	**130 - 135**
Nicola Ranger Chief Nursing Officer	80-85	20	0	0	**80 -85**
Denise Farmer Chief Workforce Officer	80-85	28	5 - 10	0	**90 - 95**
Jane Farrell Chief Operating Officer	40 - 45	-	0	0	**40 - 45**

Pension Entitlements as at 31st March 2018

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

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

Cash Equivalent Transfer Values

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

Real Increase in CETV

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

Total Pension Entitlement

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

Remuneration 2016/17

	Salary Bands of £5,000 a	**Total expenses Nearest £100** b	**Bonus Bands of £5,000** c	**L/term bonus Bands of £5,000** d, 1	**Pension Benefit* Bands of £2,500** e	**Total Bands of £5,000** **f**
Marianne Griffiths Chief Executive	240 - 245	23	20 - 25	0	75 - 77.5	**340 - 345**
Peter Landstrom Chief Operating Officer	125 - 130	28			67.5 - 70	**195 - 200**
Karen Geoghegan Director of Finance	145 – 150	17	5 - 10	0	0	**150 - 155**
George Findlay Medical Director	150 – 155	34	0	60 - 65	0	**210 - 215**
Amanda Parker Director of Nursing and Patient Safety	125 – 130	15	5 - 10	0	0	**130 - 135**
Denise Farmer Director of Organisational Development	120 - 125	24	5 - 10	0	0	**130 - 135**
Michael Viggers Chairman	40 - 45	62	0	0		**50 - 55**
Joanna Crane Non-Executive Director	10 - 15	10	0	0		**10 - 15**
Jon Furmston Non-Executive Director	10 - 15	3	0	0		**10 - 15**
William Brown Non-Executive Director	10 - 15	10	0	0		**10 - 15**
Michael Rymer Non-Executive Director	10 - 15	7	0	0		**10 - 15**
Elizabeth Peers Non-Executive Director	10 - 15	10	0	0		**10 - 15**

Pension Entitlements as at 31st March 2017

	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2017 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2017 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2017 (nearest £1,000)	Cash Equivalent Transfer Value at 31 March 2016 (nearest £1,000)	Real increase in Cash Equivalent Transfer Value (nearest £1,000)	Employer's contribution to Stakeholder Pension
Marianne Griffiths Chief Executive	2.5 – 5.0	10 - 12.5	35 – 40	105 – 110	775	625	134	Nil
Peter Landstrom Chief Operating Officer	2.5 - 5.0	10 - 12.5	15 - 20	50 - 55	226	177	80	Nil
Karen Geoghegan Director of Finance	0	0	35 -40	115 - 120	653	633	57	Nil
George Findlay Medical Director	0	0	40 - 45	120 - 125	719	675	111	Nil
Amanda Parker Director of Nursing and Patient Safety	0 - 2.5	0 - 2.5	40 - 45	125 – 130	860	807	33	Nil
Denise Farmer Director of Organisational Development	0	0	50 - 55	150 - 155	0	1,145	0	Nil

Median Pay

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

The banded remuneration of the highest paid director in the financial year 2017/18 was £290k - £295k (2016/17, £260k - £265k). This was 11 times (2016/17, 10) the median remuneration of the workforce, which was £28k (2016/17, £27k).

In 2017/18, no employees (2016/17, nil) received remuneration in excess of the highest-paid director. Remuneration ranged from £8k to £248k (excluding the highest paid director (2016/17 £8k-£217k excluding highest paid director).

The banded salary referenced above includes the total remuneration paid for roles undertaken at Western Sussex Hospitals and Brighton and Sussex University Hospitals. Taking into account only that part of director remuneration that relates to Western Sussex Hospitals the banded remuneration of the highest paid director is £155k - £160k. This was 6 times the median remuneration of the workforce and in 2017/18, 32 employees received remuneration in excess of this.

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

Western Sussex Hospitals NHS
NHS Foundation Trust

25 May 2018

Marianne Griffiths, Chief Executive

Western Sussex Hospitals NHS Foundation Trust

2.5 Regulatory ratings

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

NHS Improvement Use of Resource Risk Ratings				
Rating	Q1	Q2	Q3	Q4
Financial Sustainability Risk Rating	1	1	1	2

2.6 Statement of Accounting Officer's Responsibilities

STATEMENT OF CHIEF EXECUTIVES RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST FOR THE PERIOD 1 APRIL 2017 TO 31 MARCH 2018

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

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

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

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health 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*.

Signed…… 

Chief Executive Date: 25 May 2018

2.7 Annual Governance Statement for the period 1 April 2017 to 31 March 2018

1. Scope of responsibility

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

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

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

2. The purpose of the system of internal control

2.1 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable, and not absolute, assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Western Sussex Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Western Sussex Hospitals NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

3.1 Trust Board

3.2 The Trust has a Risk Management Strategy and Policy, endorsed by the Board of Directors and reviewed and monitored through the Trust Quality and Risk Committee to the Board. The Quality and Risk Committee works alongside the Audit Committee which has overall responsibility for ensuring effective risk management across the Trust. The Board of Directors recognise that risk management is an integral part of good management practice and to be most effective should be embedded in the Trust's culture. The Board is therefore committed to ensuring that risk management is embedded as part of

the Trust's philosophy, practice and planning and is not viewed or practiced as a separate programme and that responsibility for implementation is accepted at all levels of the organisation.

3.3 Non-executive Directors

3.4 The Audit Committee is chaired by a nominated Non-Executive Director. All Non-Executive Directors have a responsibility to challenge robustly the effective management of risk and to seek reasonable assurance of adequate control.

3.5 Chief Nurse

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

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

3.8 Chief Finance Officer

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

3.10 The Chief Finance Officer attends the Trust's Audit Committee but is not a member, and liaises with internal audit, external audit and counter fraud services, who undertake programmes of audit with a risk based approach.

3.11 Our Approach to Risk

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

3.13 The Trust seeks to learn from incidents and complaints as well as good practice through a range of mechanisms including benchmarking, clinical supervision and reflective practice. Other important aspects are individual and peer reviews, performance management, continuing professional development programmes, clinical audit, the application of evidence-based practice and reviewing compliance with risk management standards. There are formal mechanisms in place to ensure that external changes to best practice, such as those issued by the National Institute for Health and Clinical Excellence, are incorporated into Trust policies and procedures. The Trust also proactively seeks to reduce risk to patients and staff and participates in initiatives such as NHS QUEST (the first member convened network for

Foundation Trusts who wish to focus on improving quality and safety) and collaboratives developed through the Academic Health Science Network (eg such as the Falls collaborative).

4. The risk and control framework

4.1 The Trust's Risk Management Strategy and Policy provide a framework for achieving the integration of risk management in the Trust's strategic aims and objectives. The strategy and policy encompass the Trust's risk management process and set out how staff are supported and trained to enable them to identify, evaluate and manage risk. The Trust has an approved Risk Appetite statement which forms the basis on which it views risk.

4.2 The Trust has incorporated its organisational risk reporting into the Patient First report which is presented monthly at Trust Board and each month the risk rating is reviewed, against a 'target' risk score, by the responsible Executive. The report integrates the strategic deployment and reporting of True North and associated metrics along with the previous Board Assurance Framework.

4.3 The report presents True North Metrics alongside Breakthrough Objectives, Strategic Initiatives and Corporate Projects and provides an integrated approach to reviewing risk against these areas.

4.4 The reporting style is designed to be easily accessible and has been welcomed by members of the public who attend the Trust Board meetings.

4.5 Principle risks, during the period, to compliance with the governance conditions of the Foundation Trust Licence centred on; (a) achieving the forecast financial outturn and (b) non-achievement of Referral to Treatment (RTT) National Constitutional Target. Robust forecasting and roadmaps were developed to help support the financial delivery and trajectories developed to support RTT compliance. These areas are subject to both internal and external oversight.

4.6 Additionally, a major risk during this period was the on-going implications of significant external change in the local and national health economy together with the significance of the cost improvement programme for the year; this will remain a significant risk for 2018/19.

4.7 As reported last year the NHS Improvement Risk Assessment Framework has been replaced with the single oversight framework aimed at providing an integrated approach for both NHS Foundation Trusts and Trusts, across regulation and performance management.

4.8 All Trusts are placed in one of four segments depending on their performance. Since its introduction the Trust has been in either Segment 1 or 2, the highest two segments

4.9 Divisional risk registers are regularly reviewed by all Divisions and new operational risks identified and assessed. They also carry out detailed reviews, action planning and assurance checks. Specific Committees that consider potential risks faced by the Trust and /or reviewing the action and implementation of actions to mitigate them are; the Board, Quality and Risk Committee, Audit Committee, the Trust Executive Committee, Quality Board, Information Governance Steering Group and the Health and Safety Committee.

4.10 Risks are identified in many different ways within the organisation, including regular reviews of the risk registers (for example; by the Quality and Risk Committee as well as the executive led Trust Executive Committee) are undertaken to ensure that the register accurately and clearly reflects the known risks within the organisation enabling focus at both operational and strategic levels to resolve them.

4.11 Opportunities to identify risks and concerns are also available through independent visits, to Trust inpatient, community and corporate facilities, these are regularly undertaken by Executive and Non-Executive Directors and others, including the Trust Clinical Governance Team and Governors.

4.12 Incident reporting is actively encouraged within the Trust, and a comprehensive programme of investigation and follow up of all incidents is in place.

4.13 During the period of this report the Trust regrettably had 2 Never Events. Serious Incidents are subject to a thorough internal review to identify Root Causes and learning. All Serious Incidents including Never Events were reported as required to the Clinical Commissioning Group, NHS Improvement and to NHS England. A full investigation is undertaken and the outcome and recommendations reported to the Trust Board.

4.14 The Trust uses software on Tablet devices as a way of capturing feedback from patients and the information from these is shared within clinical services. Patient experience is a regular item on the agenda of both the Trust Board and the Council of Governors who take a keen interest in this area and who routinely seek assurance that the Trust is acting on patient feedback.

4.15 In support of mitigating these risks the Trust has its Patient First programme, which is now well embedded and helps to ensure continued focus on improving both quality and the patient experience.

4.16 In addition the Trust has a Programme Management Office providing robust focus and governance in supporting the delivery of the Cost Improvement Scheme.

4.17 All cost improvement proposals are subject to a Quality Impact Assessment which are reviewed by the Chief Medical Officer and Chief Nurse. Schemes deemed to be of potential high impact are also reviewed by the Trust Quality and Risk Committee prior to implementation. The Quality and Risk Committee

undertake a second stage review of the Quality impact Assessments to ensure that the risk has not increased during implementation.

4.18 The issue of IT system and data security has been a focus of the Audit Committee and this is highlighted through the corporate risk register which is reviewed by the Quality and Risk Committee and Trust Executive Committee. The IT Directorate manage, progress and report on actions to mitigate the risks around data security and cyber security in monthly governance meetings. These meetings ensure that the significant number of operational and technical solutions that are now in place to mitigate risks are well progressed. This group is also supported by a quarterly strategic meeting and the Information Governance Committee that also seeks to assure itself on these issues.

4.1 Compliance with Care Quality Commission (CQC)

4.1.1 The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

4.1.2 The Trust has received a Rating of Outstanding following the CQC Hospital Inspection in December 2015.

4.2 Compliance with equality, diversity and human rights legislation

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

4.2.2 The Equality and Diversity agenda is overseen by a cross organisational steering group chaired by the Chief Executive with Non-Executive Director attendance.

4.2.3 The Trust has a clear focus on safety and quality and our patient-centred values are applied by staff while at work every day, regardless of who they are and where they come from. More than 70 nations are represented among our 6,500 staff, all of whom by working for Western Sussex Hospitals NHS Foundation Trust have chosen to dedicate their professional lives to caring for people.

4.2.4 Together we are determined to put our patients at the heart of everything we do and turn our very good organisation into a great one. Ensuring high quality, safe services are available to all sections of the community and provided by a workforce that reflects the diversity of our population is an essential part of this journey. Each year the Trust produces an annual report on our performance for equality and diversity in relation to staff and patients. This report provides us with an opportunity to celebrate the progress we have made so far, provide key information in relation to equality and diversity and express our commitment to removing inequalities and promoting equality and diversity at the Trust.

4.2.5 In addition to our annual report we have live equality and diversity objectives that are developed in consultation with our internal and external stakeholders

and regularly run equality and diversity events in the Trust and the local community. Control measures are in place to ensure that all the Trust's obligations under equality legislation are complied with and all Policies and Consultation documents are subject to an equality impact assessment to ensure no group is unintentionally disadvantaged.

4.3 Compliance with NHS Pension Scheme Regulations

4.3.1 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 in to the Scheme are in accordance with the Scheme rules and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

4.4 Compliance with climate change adaptation reporting to meet the requirements under the Climate Change Act 2008

4.4.1 The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

5.1 The Board of Directors developed its objectives for the period of this report using the principles embedded within its Patient First Programme and has identified 'True North' objectives for the Trust. All objectives are quantifiable and measurable and performance is reviewed through the Audit Committee, Quality and Risk Committee and the Board.

5.2 The Trust works closely with its Internal Audit provider 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.

5.3 Performance against objectives, key actions required to improve performance, and other key messages are communicated to staff monthly through a team briefing process which begins with a face to face briefing with senior managers.

5.4 Over the last three years the Trust has made considerable savings through its Efficiency Programme, demonstrating sustainability and improvements in economy and efficiency. The Finance and Investment Committee pays particular attention to the delivery of the Efficiency Programme.

5.5 The following policies and processes are in place to ensure that resources are used economically, efficiently and effectively;

- Scheme of Delegation and Reservation of Powers to the Board.
- A robust pay and non-pay budgetary control system
- A suite of effective and consistently applied financial controls
- Effective tendering procedures
- Robust establishment controls
- Continuous service and cost improvement and modernisation

6. Annual Quality Report

6.1 The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial period. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation Trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

6.2 To assure the Board that the Quality Report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data, the following has been implemented:

- The Chief Medical Officer, supported by the Trust Medical Director, has been appointed to lead and advise us on all matters relating to the preparation of the Trust's annual Quality Report.
- The Chief Medical Officer has established a Quality Board to provide focus on continuously improving clinical practice.
- Put in place a system to receive and act upon feedback on the accounts from the following local stakeholders; Coastal West Sussex Clinical Commissioning Group, Healthwatch West Sussex and West Sussex County Council Health and Adult Social Care Committee.
- The Council of Governors have been engaged and selected a quality standard for audit.
- Developed standards of data quality for those involved in the collection and reporting of metrics, and has developed training for staff.
- Put in place appropriate systems to collect the data, and to review and report the quality metrics to the Board of Directors through the Quality and Risk Committee and the regular performance and quality reports to the board.

6.3 All policies are ratified by the Trust's Executive Committee and include an Equality Impact Assessment which identifies any risk of individuals or groups being disadvantaged by that policy together with actions being taken to mitigate that risk.

6.4 Compliance with CQC standards is monitored by the Quality and Risk Committee and performance against CQUIN and other quality targets is monitored by the Board of Directors.

6.5 The Trust is required to state how it assures the quality and accuracy of elective waiting time data, and the risks to the quality and accuracy of this data; recording and reporting accuracy is subject to external audit as part of the Trust's audit programme, and statutory elective waiting time submissions are subject to consistency checks by NHS England and NHS Improvement. In addition, elective waiting list is a Quality Account measure and subject to further regular patient level audit.

Review of Effectiveness

7.1 As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

7.2 The Board and its sub-committees form an important aspect of control and I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality and Risk Committee.

7.3 The Finance and Investment Committee is chaired by the Chairman and plays a key role in assuring me on delivery of the Trust financial position.

7.4 The previous reviews of the Board Assurance Framework and now the new Patient First Metric Report provide me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

7.5 My review is also informed by:

- The Trust's assurance process for monitoring levels of compliance against CQC registration
- Annual Staff Survey
- Learning from Complaints, Safety Learning Events and claims.
- Programme of work undertaken by internal and external auditors and Counter Fraud

- External Assurance visits such as:
    - the Breast Screening visit in May 2017 when the Quality Assurance Team stated "*The service shows evidence of very good patient experience from the audit of experience on the screening mobiles and assessment process, and positive patient feedback.*

7.6 The effectiveness of the Board Governance processes are, in part, reviewed through a self –assessment process undertaken every two years by each Board sub-committee. This ensures the Committees remain aligned to the requirement of the Board in discharging its responsibility.

7.7 At the time of writing this report the Trust is undertaking a procurement process for an externally Governance Review against the NHSi and CQC Well-led criteria and the Trust Board has completed a self-assessment of its effectiveness.

7.7 The Annual Corporate governance statement is approved by the Board prior to its submission and performance against the nationally mandated targets is reported regularly in public thereby demonstrating the Trusts progress as the requirement of its provider licence.

7.1 Board of Directors

7.1.1 The Trust's governance structure comprises the Board, a number of Committees (Quality & Risk, Finance & Investment, Audit, Charitable Funds and Appointments & Remuneration), and an executive management structure. There is good Non-Executive and Executive attendance at Board which is detailed in the Trust's Annual Report.

7.1.2 I provide an update on any significant events or matters that affect the Trust at each meeting of the Board of Directors.

7.1.3 I am very proud of the establishment of our Patient First Programme and how it is now part of the fabric of the Trust. Patient First is our Trust-wide approach to improving the quality of the care we offer patients. It is based on looking at the pathways our patients take and thinking, how could we redesign our systems to take out any waste and reduce any possibility for errors to make that pathway even better. It is also about standardising our practices so that a Patient gets a great service each and every time we see them.

7.1.4 The philosophy behind the programme is centered on:

- The patient being at the heart of every element of change
- The need for cultural change across the organisation
- Continuous improvement of our services through small steps of change
- Constantly testing the patient pathway to see how we can develop
- Encouraging frontline staff to lead the redesign processes

- Equal voices for all

7.2 Clinical Audit

7.2.1 The Board lead for Clinical Audit is the Chief Medical Officer who, through the Clinical Audit Manager, ensures sustained focus and attention to detail of clinical audit activity. Reporting is regularly provided to the Quality and Risk Committee.

7.3 Internal Audit

7.3.1 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.

7.3.2 Management work with the Internal Auditors to develop an agreed annual work plan.

7.3.3 Based on work undertaken during the period of this report the Head of Internal Audit has stated in his Head of Internal Audit Opinion that "Overall, we are able to provide moderate assurance that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently".

7.3.4 During the period 1 April 2017 to 31 March 2018 the Audit Committee met four times and received 12 Internal Audit reports. A further three audits were presented to the April 2018 Committee meeting. Internal Audit Reports receive two Assurance ratings; one relates to the Design of the system being reviewed while the other relates to the Effectiveness of the system being reviewed. Internal Audit can provide Assurance Levels of: 'substantial', 'moderate', 'limited' or 'no' assurance. Of the audits relevant to this period all received assurance levels of either moderate or limited and action plans are in place, and monitored, to ensure recommendations are addressed. None of the audits received Limited Assurance for both 'design' and 'Effectiveness' of the system.

7.4 External Audit

7.4.1 External Audit report to the Trust on the findings from their audit work, in particular their review of the financial statements and the Trust's economy, efficiency and effectiveness in its use of resources.

7.5 Local Counter Fraud

7.5.1 Counter Fraud report to the Finance Director and Chief Financial Officer and the Audit Committee and are responsible for the prevention and detection of fraud related activities within the Trust.

7.5.2 The Trust's counter fraud provision is provided by RSM UK and there is a dedicated team responsible for the day to day awareness and activities.

7.5.3 The Local Counter Fraud Specialist reports annually on behalf of the Trust to the Counter Fraud Authority in relation to compliance against the Standard for Providers. The Trust has achieved an overall status of GREEN for the year 2017-18

7.6 Audit Committee

7.6.1 The Audit Committee is a sub-committee of the Board of Directors and reports directly to it. Its membership comprises of Non-Executive Directors.

7.6.2 The Audit Committee is responsible for overseeing the activities of Internal Audit, External Audit and Counter Fraud. For each of these it:

- approved the annual (and strategic) work plans at the beginning of the financial year and updates to these throughout the year
- has received reports on the work undertaken to date and the findings
- has reviewed the management response to reports, in particular the implementation of recommendations to date via tracker reports

7.6.3 The Audit Committee is also responsible for reviewing evidence of the overall effectiveness of the system of internal control, governance and risk management.

7.6.4 The Internal Audit programme is risk based and focussed on high risk areas identified on the Trust's Assurance Framework. The programme includes matters of interest or concern identified by management and Non-Executive members of the Audit Committee during the planning phase, however, the plan is left flexible to allow the Committee to respond effectively if urgent issues arise.

7.6.5 If appropriate an audit will have a Non-Executive sponsor to help strengthen the accountability of agreed audits.

7.6.6 Many of the key internal control processes were tested through the year by Internal Audit. No significant gaps in control or assurance were identified. The Audit Committee reviews all action plans arising from Internal Audits to ensure compliance.

7.6.7 The Audit Committee operates alongside the Quality and Risk Committee to maintain oversight of material risks affecting the Trust and the means by which risk is monitored and controlled. In support of this one Non-Executive Director member sits on both the Audit committee and Quality and Risk Committee.

7.6.8 The Audit Committee reviews the Annual Accounts before approval and provides a report to the Trust Board on its activities following each Committee meeting.

7.6.9 The Non-Executives of the Audit Committee meet prior to each Committee in private with Internal Audit, External Audit and Local Counter Fraud Services to assure themselves of the Trusts approach to audit and risk issues.

7.7 Quality and Risk Committee

7.7.1 The Quality and Risk Committee also takes responsibility for overseeing the progress of the Trust in compliance with external standards by regularly reviewing and monitoring the following:

- Risk Register
- Clinical Audit Plan
- Health and Safety Executive inspections and any associated action plans
- Learning from Root Cause Analysis and Serious Incidents
- The ongoing development of the Quality Report
- CQC registration issues
- Information Governance

7.7.2 In addition the Committee reviews the quality impact of all efficiency and transformation programmes.

7.7.3 The Clinical Governance frameworks have been in place since merger and the establishment of the Clinical Divisional structures in October 2009. This process included the development of a programme of quarterly Divisional Governance Reviews of the clinical divisions together with Facilities and Estates, each of these is attended by a Non-Executive Director and is chaired by either the Chief Nurse or Chief Medical Officer.

7.8 Information Governance

7.8.1 The Trust is pleased to report that there have been no serious information governance incidents including data loss or confidentiality breaches that require reporting. A serious incident is defined by the Information Commissioner as any incident classified as a Level 2 Information Governance incident.

7.8.2 The Trust has a Head of Information Governance whose role is predominantly focused on achieving the standards set out in the Information Governance Toolkit. In this, he is supported by the Information Governance Assurance and Strategy Group (IGASG) which reviews and agrees key information policies within the Trust.

7.8.3 Through the Group Director of Information Technology, who is the Senior Information Risk Officer (SIRO), and the IGASG the Trust works to ensure that Information Governance has a high profile in the Trust.

7.8.4 Risks to data security are identified in the risk register. The role of it is to ensure compliance with information governance standards to raise the profile of data security risks and to develop mitigation, especially through staff training and awareness.

8. Conclusion

8.1 During the period 1 April 2017 to 31 March 2018 I have overseen actions to ensure that we continue to improve the systems of control we operate. No significant gaps in control or assurance were identified in the period covered by this report. Where opportunities for improvement have been identified robust action plans have been put in place.

8.2 In March 2017 the Board approved the Trust entering into a 3-year management contract to run Brighton and Sussex University Hospital Trust (BSUH), this took effect from 1st April 2017. The purpose of this support arrangement is to help stabilise BSUH, a Trust that has many positive attributes but has seen significant senior management change over recent years. To facilitate this arrangement a number of structural changes have been put in place across Western Sussex leadership roles to ensure that standards are maintained.

8.3 In support of our continued drive to ensure we constantly seek to improve the care and service provided to patients more new areas across the Trust have started holding improvement huddles as part of their introduction to the Patient First Improvement System (PFIS). PFIS is designed to make continuous improvement part of everyone's day-to-day role. Improvement huddles do not replace regular team meetings, but are ideal to ensure that key improvements and issues are raised and resolved on a daily basis, leaving monthly meetings free for solving more complex problems.

8.4 One of our key pieces of improvement work relates to our falls reduction programme. One of the main Patient First goals is to reduce avoidable harm to patients and, as the biggest single contributor to patient harm, falls were chosen as the first priority to tackle. The project started initially with ten wards working to understand the factors that contribute to patient falls with teams reviewing their own data and identifying improvement opportunities. Since April this year the project has been expanded to all wards which has resulted in hundreds of patients not coming to harm through preventable falls.

8.5 It is because of our Patient First approach and initiatives such as improvement huddles and the Falls reduction programme that the Trust was announced as the "clear winner" at the national Patient Safety awards in Manchester on 4 July. This is a highly coveted prize for NHS Trusts and one in which we are extremely proud as it reflects on every member of staffs commitment to patient safety.

8.6 As a Trust we are never complacent and at the time of writing this report the Trust is undertaking an externally facilitated Well-Led review the outcome of

which will be presented to the Board identifying further opportunities for improvement.

8.7 I recognise the importance of working constructively with partner organisations, not only to develop services which meet the health and social care needs of the population, but also to manage the risks associated with the achievement of the organisation's priorities. To this end, the Trust has met regularly throughout the year with both the Local Commissioning Groups and NHS Improvement to ensure that there is a system of accountability from the Trust to its partners and the public.

8.8 It is worthy of note in relation to the Annual Governance Statement that the Trust was rated as Outstanding against the Well Led Domain following our CQC inspection in December 2015. With CQC noting that "The very strong governance systems allowed the trust to focus on safety and improved patient outcomes at all levels. Local managers could see how the wards and departments in their control were performing. The board involvement allowed proper assurance through involvement in governance meetings".

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

Signed (by order of the Board of Directors)

....Chief Executive

Date: 25 May 2018

NHS
Western Sussex Hospitals
NHS Foundation Trust

QUALITY REPORT 2017/18

Contents

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

Marianne Griffiths, Chief Executive

What we do

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

The Trust runs three hospitals: St Richard's Hospital in Chichester, Southlands Hospital in Shoreham-by-Sea, and Worthing Hospital in the centre of Worthing.

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

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

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

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

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

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

Purpose of the Quality Report

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

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

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

NHS Improvement requires all NHS Foundation Trusts to report on the quality of care they provide as part of their annual reports. Foundation Trusts

Ten facts about our Trust

In 2017/18 the Trust:

Treated **132,992** inpatient and day cases and held **585,037** outpatient appointments

Saw **139,430** patients in Accident & Emergency

Employed **6,958** members of staff across all our sites

Cared for patients in **1000** acute beds

Benefited from a membership of more than **14,000** staff, patients and members of our community as an NHS Foundation Trust

Received around **£1 million** in donations for hospital services and equipment from the Love Your Hospital charity, Friends of Chichester Hospitals', The League of Worthing Hospitals & Community Friends and The League of Friends of Southlands Hospital

Averaged **240,000** public website page views per month plus **3,268** Facebook and **2,982** Twitter followers

Received **3,084** compliments and plaudits from patients and relatives

Delivered **5,076** babies

Was supported by around **900** core volunteers, who help in everything from serving meals to performing clerical duties. In addition we also have volunteers supporting our cardiac departments, chaplaincy team, flower ladies, hospital radio, league of friends and Samaritans

Statement on quality from the Chief Executive

At Western Sussex Hospitals we are committed to continually improving the quality of care our patients receive and despite many challenges 2017/18 has been another successful year for the Trust.

In July 2017 we won the much-coveted Best Organisation prize at the national Patient Safety Awards in Manchester. The judges commended the Trust's stalwart commitment to continuous improvement and authentic leadership that puts patient care, safety and experience at the centre of everything we do.

Such recognition is also an excellent endorsement of Patient First, our ambitious Trust-wide transformation programme which we launched nearly four years ago in order to help our staff always improve patient care and experience with the application of lean management best practice.

As a result of Patient First, we are now seeing fantastic results for our patients. For example, with collective focus on the biggest cause of patient harm, we have prevented more than 370 inpatient falls in the past 12 months. Winning Best Organisation for patient safety is a great mark of confidence in what we are doing and yet more evidence that Patient First really is making a difference to our patients.

In August 2017, Sir Bruce Keogh, who was at the time NHS England's National Medical Director, visited the Trust and praised both the enthusiasm of staff as well as the Trust's commitment to enabling them to solve problems locally and initiate improvement ideas through daily team huddles and lean projects. Sir Bruce was clear that the NHS must mobilise the intellectual capacity of those who work for the health service in order to improve quality in the face of increasing demand, escalating costs and restricted finances.

In February, the Secretary of State for Health Jeremy Hunt MP paid his third visit to the Trust and reiterated his support for our Patient First approach while speaking to staff about the Department of Health's ambition to make the NHS the safest health service in the world. Mr Hunt championed Western Sussex Hospitals as a leading trust contributing to this ambition and he reaffirmed his belief that we are the best example of a learning culture that he has seen anywhere in the NHS.

In March, this year's NHS Staff Survey results proved a further highlight for our organisation when we were absolutely thrilled to be ranked as one the very best hospital trusts in the country to work for. The confidential survey of more than 4,000 members of staff at Western Sussex, and nearly half a million nationwide, also placed our Trust among the top five trusts in England where employees are most likely to recommend the care their hospitals provide. For the first time, our Trust was also ranked in the top 20% of all NHS organisations with the highest levels of staff engagement. Evidence shows that better engaged staff provide better patient care, so our survey results are real cause for celebration at a time when engagement

scores across the NHS have deteriorated and pressure on staff has never been greater.

Once again this year, demand for our services has continued to grow and the workload for our staff has never been greater, both at the frontline and for all those who support the delivery of care at Western Sussex Hospitals. Our wards, for example, have never been busier with bed occupancy rates reaching new highs, especially over the winter period when we cared for unprecedented numbers of more elderly people with more complex health needs. Despite our very real staffing and bed pressures though, the dedication and hard work of our outstanding staff ensured the quality of care we provide was maintained. For example, our mortality figures continue to improve and we are currently placed in the top 17% of hospitals in the country in terms of Dr Foster's Hospital Standardised Mortality Ratio.

Western Sussex staff and volunteers are not only hard working, but undertake their work with exemplary skill, kindness and compassion. There is a unique feeling and ambience at Western Sussex in the way in which we care for and support each other, as well as our patients. Time and time again, visitors to the Trust also feel it. England's new Chief Inspector of Hospitals, Ted Baker, and CQC colleagues visited us in the winter, meeting colleagues from housekeeping, nursing, medicine, management and the Kaizen Office. The delegation particularly highlighted our common values and approach and enthused about the positive feel of Western Sussex Hospitals, explaining they how they do not experience such a consistent culture in other hospitals.

As we look forward to 2018/19 and the challenges ahead, it is our common values and shared purpose, fostered by our Patient First approach and highly engaged workforce that will ensure we continue to provide outstanding care. This will of course be supported, once again, by our commitment to continuous improvement. Pressures of demand, staffing and budgets will inevitably continue to test us but we are determined to push beyond those barriers and make further progress on our Quality Priorities and True North metrics. In 2018/19 these efforts will focus on improvement programmes around sepsis, mental health, orthopaedics, falls, pressure damage and patient experience.

I am pleased to confirm that the Trust Board has reviewed the 2017/18 Quality Report and confirm that it is a true and fair reflection of our performance. We hope that this Quality Report provides you with a clear picture of what we have achieved over the past year and how we will continually build upon these foundations and deliver against our 2018/19 quality improvement priorities.

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

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

Signed: 

Date: *25th May 2018*

Marianne Griffiths

Chief Executive,
Western Sussex Hospitals NHS Foundation Trust

Part 2.1: Priorities for improvement

Harvey's Gang — an inspirational and international project which started at Worthing Hospital to show critically ill young patients and their families what happens to their blood samples

Our Trust approach to Quality Improvement

How we learn

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

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

Learning from incidents

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

In January 2018 we hosted a two day Serious Incident Investigator training programme accredited by the Royal College of Physicians and sponsored by the Kent Surrey and Sussex Quality and Patient Safety Collaborative (KSS AHSN). The programme was facilitated by staff from the Trust and Healthcare Safety Investigation Branch and provided training on how to investigate serious incidents using a Human Factors approach, the Duty of Candour and involving the patient, their family and carers. The programme was extremely well received with a recommendation that all staff investigating serious incidents should attend the training in the future. Another training programme is planned for spring 2018 with an annual training programme under development.

Learning from deaths

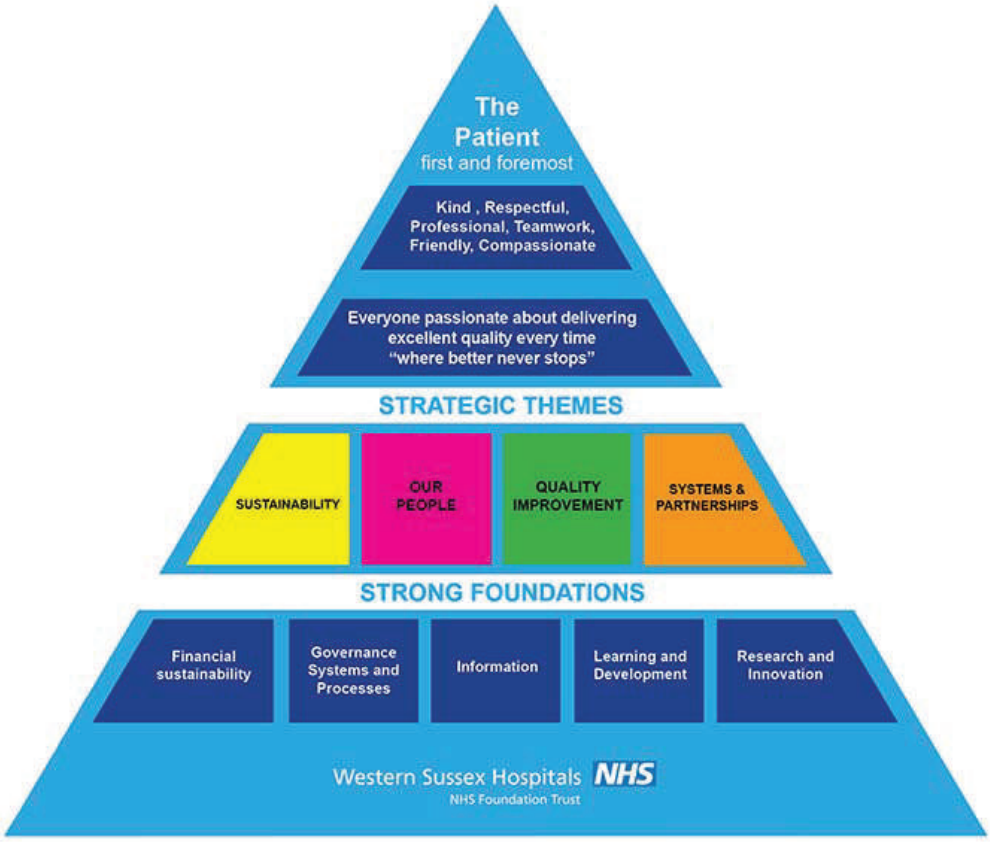
During 2017/18 the Trust has developed a comprehensive policy for learning from deaths in line with national guidance. We have implemented an electronic process for the screening of all deaths in our hospitals from 1st April 2017. The Trust has also recruited and trained senior clinical reviewers to undertake full reviews using the Structured Judgement Review process recommended by the Royal College of Physicians programme. Learning from this activity has been shared through regular reports to Trust Board and information sharing with health economy partners. This work will continue to progress through 2018/19 with an aim to increase the volume of reviews and further improve the learning and sharing process both internally and across organisational boundaries.

Patient First Programme

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

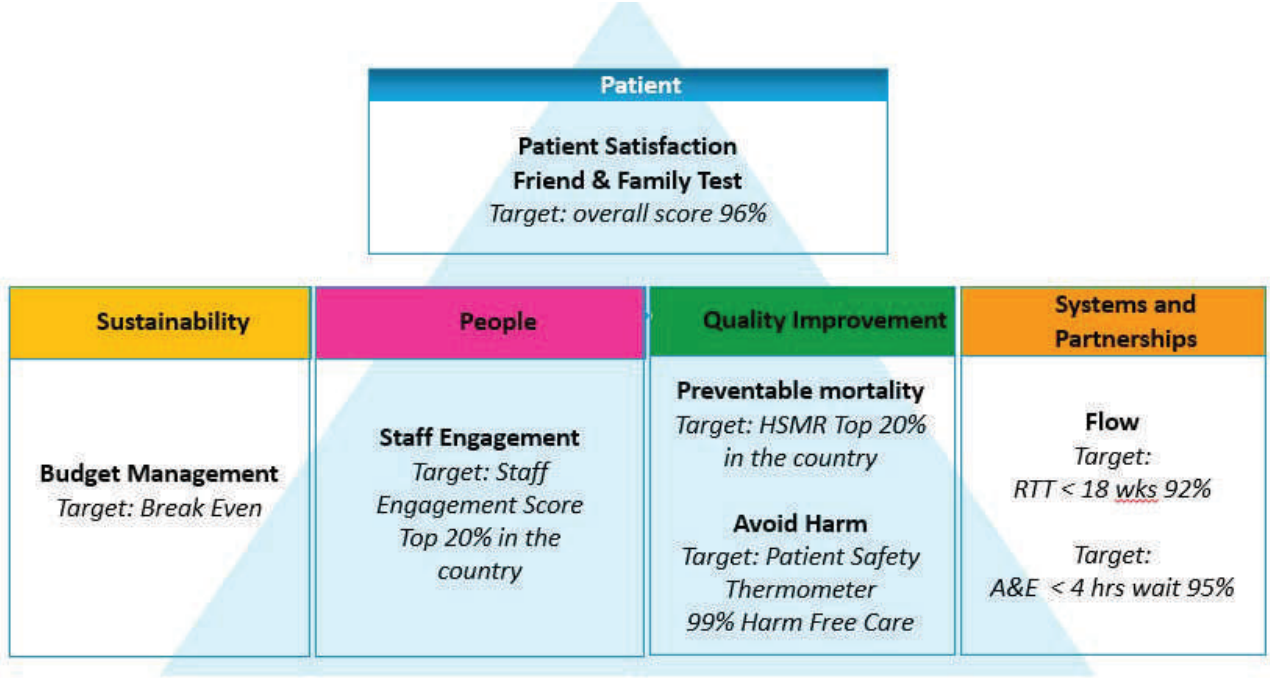
The Patient First programme drives quality improvement at Western Sussex Hospitals. It comprises four strategic themes: sustainability; our people; quality improvement; and systems and partnerships; to enable excellent care for patients.

In simple terms, the main aim of our Patient First Improvement Programme is to empower and enable everyone to be passionate about delivering excellent care every time. Further information about Patient First can be found on the Trust website: www.westernsussexhospitals.nhs.uk/your-trust/performance/patient-first



True North

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



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

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

In the first quarter of 2018/19 we will be refreshing our Breakthrough Objectives to ensure that the Trust continues to target those areas which will have maximum impact on our True North metrics.

Priorities for improvement in 2018/19

Our Quality Priorities for 2018/19 form part of our broader ambition set out in our Quality Strategy for 2015-18, and our True North metrics. In order to develop our annual quality priorities and quality improvement breakthrough objectives we analyse quality indicators and benchmarking data and engage widely.

In the autumn of 2017 our divisions engaged with their stakeholders about the priorities for the forthcoming year under the Quality Strategy goals: Reducing avoidable mortality and improving outcomes, delivering harm free care, improving patient experience and improving staff engagement. Divisional improvement priorities were presented to the Quality Board in November 2017 and discussed alongside the Trust Quality scorecard data, quality improvement programme progress through 2017/18 and other strategic developments. The Quality Board, Quality & Risk

Committee, Trust Executive Committee and Trust Board then agreed a final set of quality priorities for improvement in 2017/18. The following groups were invited to review our quality improvement priorities: WSHFT Council of Governor's, Coastal West Sussex CCG, Healthwatch West Sussex and the County Council's Health and Adult Social Care Select Committee.

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

We would like to highlight the following priority quality improvement programmes for 2018/19:

Reducing preventable mortality and improving outcomes: sepsis improvement programme

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

Our improvement programme in 2017/18 focused on improving the time to administration of antibiotics and delivery of the full sepsis care bundle to our patients. Whilst our focused approach enabled A&E teams to deliver dramatic improvements in the early identification and treatment of patients arriving with sepsis, we did not deliver the level of improvements we set out to with regard to the timely administration of antibiotics or compliance with delivery of the full sepsis care bundle.

In 2018/19 we will drive forward our sepsis improvement programme to further improve the early identification of sepsis, timely treatment of patients with antibiotics and delivery of the full sepsis six care bundle; there is robust evidence to show that focusing on these areas will provide the best outcomes for patients with sepsis.

We will continue to monitor time to identification, time to antibiotic administration and delivery of the sepsis six care bundle through weekly sepsis review meetings with our A&E and Emergency Floor teams. This work will be overseen by the Medicine Division Board and reported through to the Trust Quality Board.

Reducing preventable mortality and improving outcomes: mental health improvement programme

Through our improvement programme we aim to bridge the gap between mental health and physical health in our hospitals in response to the National Confidential Enquiry into Patient Outcome

and Death (NCEPOD) 'Treat as One' study. We will take action in line with NCEPOD recommendations.

We will work with local health economy partners, such as Sussex Partnership, South East Coast Ambulance and local GPs to better support people with primary mental health needs.

With local partners we will aim to reduce A&E attendance in a further cohort of frequent attenders presenting with primary mental health issues as part of the second year of a two year Commissioning for Quality and Innovation (CQUIN) target. A&E attendance will be measured and monitored by the CQUIN Delivery Group, reporting through to the Trust Quality Board for oversight and to NHS England.

Finally we will identify improvements required to better support patients with condition specific pathways including those with dementia, perinatal mental health issues, children and young people, substance misuse and social needs. This work will be overseen by the Mental Health Board and reported through to the Trust Quality Board. Updates will be received by Trust Board during the year.

Reducing preventable mortality and improving outcomes: Orthopaedic improvement programme

The national review of adult elective orthopaedic services in England (Getting it Right First Time) published by the British Orthopaedic Association in March 2015 highlighted areas of unjustifiable variation in practice; it also provided examples of best practice for how to improve and enhance the quality of care that can be delivered.

Over the next year we will work to improve our orthopaedic service provision across a variety of areas.

We plan to consistently deliver improved performance for surgical site infections (SSIs) for patients who have received total hip or total knee replacements. SSI rates are currently monitored through operational and oversight infection control groups which report to the Trust Quality Board.

Another way we plan to improve care is by sustainably delivering fractured neck of femur (hip) patients to theatre within 36 hours of arrival. Hip fractures are associated with a high rate of mortality and evidence shows that prompt surgery promotes better functional outcome and lower rates of perioperative complications and mortality in the patient population. We will monitor time to theatre through monthly reporting to the Trauma & Orthopaedic Directorate operational meeting and onward to the Surgical Division Board.

We will also look to rationalise procedure type by surgeon based on benchmarked numbers across the Sustainability and Transformation Partnership and use model hospital data to establish efficiency opportunities in elective care.

Avoiding harm: falls improvement programme

Patient falls are the largest cause of patient harm in our hospitals. Through our Quality Strategy we aim to continue our successful improvement work to further reduce the number of in-hospital patient falls across the Trust.

Over 2018/19 we will work to ensure that learning and incremental change in falls management across divisions is ongoing. We will specifically work on reducing the number of falls causing harm. Our falls metrics are monitored operationally by the Harm Free Care Group and reported through to the Trust Quality Board.

In the coming year there will be a focused programme around the awareness of deconditioning amongst staff, patients and relatives; the aim is to ensure that all patients receive the best possible outcome and return home wherever possible.

We also plan to train and implement a new Clinical Activities Volunteer role across the Trust; we hope to develop these valuable assistants in to Wellbeing Volunteers to provide a range of wellbeing activities, advice and support to our patients.

Avoiding harm: pressure damage improvement programme

Whilst a high proportion of our patients with pressure ulcers are admitted to hospital with existing skin damage, we have seen a significant rise in hospital acquired pressure damage since 2015/16. We are now undertaking a robust programme of improvement, with Kaizen Team support, to fully understand opportunities for improvement and address the deteriorating picture. Our aim for 2018/19 will be to have zero category three and above pressure ulcers.

Over the coming year we will implement a rapid improvement approach, previously used for falls learning, to reduce hospital acquired pressure ulcers. We will specifically work with wards that have high numbers of patients developing pressure damage to ensure they have the support required to implement remedial actions using the Patient First Improvement System.

We aim to link with the deconditioning work in the falls quality improvement programme to realise benefit in reducing pressure ulcers; evidence shows that the earlier patients are active in hospital decreases the likelihood of them developing a pressure ulcer.

We will also work with our partner colleagues at Sussex Community Trust to improve the continence pathway in hospital and on transitions of care.

Pressure damage rates will continue to be monitored by the Harm Free Care Group reporting through to the Trust Quality Board.

Patient experience improvement programme

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

Our national inpatient survey and real-time patient feedback indicate that there are improvements we must to make for our patients and their families to ensure safe and positive discharge experiences.

We will work with our local partner Sussex Community Trust on a number of local discharge improvement workstreams over the next year to ensure that the patient experience of discharge is firmly embedded in our daily work.

Patient experience will continue to be monitored by the Patient Engagement & Experience Committee, reported through to Quality Board as a quality improvement programme and also to Trust Board.

Part 2.2: Statements of assurance from the Board

Pets As Therapy (PAT) dog visit — Tallulah the PAT dog visits the playroom on Howard Ward at St Richard's Hospital

Review of services

During 2017/18 the Western Sussex Hospitals NHS Foundation Trust provided and/or sub-contracted 131 relevant health services.

The Western Sussex Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 131 of these relevant health services.

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

Participation in clinical audits and confidential enquiries

National clinical audits

During 2017/18, 42 national clinical audits and five national confidential enquiries covered relevant health services that Western Sussex Hospitals NHS Foundation Trust provides.

During that period Western Sussex Hospitals NHS Foundation Trust participated in 90% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Western Sussex Hospitals NHS Foundation Trust was eligible to participate in during 2017/18 are as follows.

The national clinical audits and national confidential enquiries that Western Sussex Hospitals NHS Foundation Trust participated in during 2017/18 are as follows.

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

National clinical audits	Eligible	Participated	Percentage submitted
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Y	Y	Ongoing
BAUS Urology Audits: Cystectomy	Y	Y	Ongoing
BAUS Urology Audits: Nephrectomy	Y	Y	Ongoing
BAUS Urology Audits: Percutaneous nephrolithotomy	Y	Y	Ongoing
BAUS Urology Audits: Radical prostatectomy	Y	Y	Ongoing
BAUS Urology Audits: Urethroplasty	Y	Y	Ongoing
BAUS Urology Audits: Female stress urinary incontinence	Y	Y	Ongoing
Bowel Cancer (NBOCAP)	Y	Y	Ongoing
Cardiac Rhythm Management (CRM)	Y	Y	Ongoing
Case Mix Programme (CMP)	Y	Y	Ongoing
Child Health Clinical Outcome Review Programme (NCEPOD)	Y	Y	Ongoing
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions	Y	Y	Ongoing
Diabetes (Paediatric) (NPDA)	Y	Y	Ongoing
Elective Surgery (National PROMs Programme)	Y	Y	Ongoing
Endocrine and Thyroid National Audit	Y	Y	Ongoing
Falls and Fragility Fractures Audit programme (FFFAP)	Y	Y	100%
Head and Neck Cancer Audit (HANA) (TBC)	Y	Y	Ongoing
Inflammatory Bowel Disease (IBD) programme	Y	N	N/A
Learning Disability Mortality Review Programme (LeDeR)	Y	Y	Ongoing
Major Trauma Audit	Y	Y	Ongoing
Maternal, Newborn and Infant Clinical Outcome Review Programme	Y	Y	Ongoing
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Y	Y	100%
National Audit of Breast Cancer in Older Patients (NABCOP)	Y	Y	Ongoing
National Audit of Dementia	Y	Y	100%
National Audit of Seizures and Epilepsies in Children and Young People	Y	Y	100%
National Bariatric Surgery Registry (NBSR)	Y	Y	Ongoing
National Cardiac Arrest Audit (NCAA)	Y	Y	Ongoing
National Chronic Obstructive Pulmonary Disease Audit programme (COPD)	Y	Y	100%
National Comparative Audit of Blood Transfusion programme	Y	Y	100%
National Diabetes Audit - Adults	Y	N	N/A
National Emergency Laparotomy Audit (NELA)	Y	Y	Ongoing
National Heart Failure Audit	Y	Y	100%
National Joint Registry (NJR)	Y	Y	Ongoing

National clinical audits	Eligible	Participated	Percentage submitted
National Lung Cancer Audit (NLCA)	Y	Y	Ongoing
National Maternity and Perinatal Audit	Y	Y	Ongoing
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	Y	Y	Ongoing
National Ophthalmology Audit	Y	N	N/A
National Sentinel Stroke Programme (SSNAP)	Y	Y	Ongoing
Oesophago-gastric Cancer (NAOGC)	Y	Y	100%
Royal College of Emergency Medicine (RCEM) Fractured Neck of Femur	Y	Y *(SRH only*)*	100%
RCEM Pain in Children	Y	Y	100%
RCEM Procedural Sedation	Y	Y	100%

** Worthing site Emergency Department undertake regular local audit of fractured neck of femur*

National Confidential Enquiries	Eligible	Participated	Percentage submitted
Young People's Mental Health	Y	Y	100%
Cancer in Children, Teens and Young Adults	Y	Y	100%
Chronic Neurodisability	Y	Y	100%
Acute Heart Failure	Y	Y	100%
Perioperative Diabetes	Y	Y	Ongoing

The reports of 19 national clinical audits were reviewed by the provider in 2017/18 and Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Title	Action taken or planned
Case Mix Programme (CMP) (Intensive Care National Audit & Research Centre)	Delayed discharges of greater than eight hours were above the national average, but not statistically significant outliers. These may result in delayed admission of critically ill patients with potential for patient harm. Delayed admissions to the Critical Care Unit (CCU) are now being actively captured on the CCU electronic documentation information systems at both hospitals. Plans are in place to audit the deterioration in NEWS scoring (patient 'wellness') between the time of acceptance on the ward and time of arrival on the Critical Care Unit.
National Neonatal Audit Programme (NNAP)	The audit identified that both hospitals were performing above national average for all areas. To further improve the care provided a care bundle is to be introduced and a written resource for parents on ROP (Retinopathy of Prematurity Screening) to be provided.
National Emergency	Across the majority of outcome measures, both hospitals outperformed

Title	Action taken or planned
Laparotomy Audit	national standards. One area identified for improvement was access to care of the elderly support; this is being taken forward through divisional leadership.
Myocardial Ischaemia National Audit Project (MINAP)	Timeliness of angiography following non-ST segment elevation myocardial infarction is achieved for a high proportion of patients, but inequity of provision cross site requires continuing work to ring fence cardiology beds for cardiac patients; remove the use of the catheter lab recovery bay as an escalation ward. A proposal is in progress to address these barriers.
Audit of Red Cell and Platelet Transfusion in Adult Haematology Patients	There were 48 national recommendations made as a result of this audit, just two needed to be addressed by the Trust, resulting in the updating of the laboratory standard operating procedures.
National Paediatric Asthma Audit	The audit identified the need to improve the proportion of children advised to see their GP within two working days of discharge, advice has been added to the discharge page of the care pathway, with staff educated to sign and document the giving of this advice. A local audit of the discharge checklist has since been completed, highlighting the need for further education. Plans are in place to update the pathway with the British Thoracic Society's care bundle and further changes to the discharge checklist.
National Clinical Audit of Biological Therapies – UK Inflammatory Bowel Disease (IBD) Audit	Good practice was identified in the screening, prescribing and follow-up of adult patients administered biologics for IBD. The Trust also participates in the research study Personalising Anti-TNF Therapy in Crohn's Disease (PANTS), as recommended in the national audit.
National Audit of Current Practice in Preventing Early-onset Neonatal Group B Streptococcal Disease	Royal College of Obstetricians and Gynaecologists Group B Streptococcus infection Patient Information Leaflet now used Trust wide, to ensure up to date information is provided to patients.
UK Parkinson's Audit	Newly diagnosed patients are notified to the Parkinson's Disease Nurse Specialist by email so that an information pack is sent to them; an activity of daily living score has been added to the assessment process and funding is being sort for information stands suitable for use in the outpatient department to provide greater access to information when attending clinics.
National Paediatric Pneumonia Audit	This audit demonstrated high standards of care, in line with national results. Clinicians were reminded that chest x-rays are not required on a routine basis, also that amoxicillin is the preferred antibiotic for community acquired pneumonia.
National Female Genital Mutilation Audit	There is a low incidence of women and girls with female genital mutilation presenting to the Trust, all were identified as type 4 which includes piercings. No recommendations or actions were deemed necessary in relation to the audit results.
National Heart Failure Audit	Results were, in the main, better than the national average. Plans in progress include improving the time to follow-up by a heart failure specialist nurse at Worthing Hospital by seeing patients in outpatients (requiring a side room to give intravenous frusemide) and increasing the number of heart failure specialist nurses. A review of heart failure pathways in collaboration in the CCG as part of the Aligned Incentive

Title	Action taken or planned
	Contract elective demand work stream is in progress. Data from this national audit will be used to inform this work.
National Paediatric Diabetes Audit (NPDA)	Overall the team are working hard to improve outcomes for patients. The national audit made 29 recommendations, of these the Trust only needed to take action on three; a new annual review form is in progress, the Trust is part of the Royal College of Paediatrics and Child Health quality improvement collaborative looking to improve care and outcomes in 2017/18 and is in discussion with the IT Department develop or identify a suitable database to improve the completeness of the recording and submission of treatment regimen data.
National Hip Fracture Database (NHFD)	Of the ten national recommendations only one remains to be implemented, the Trust is addressing the shortfall in achieving the Best Practice Tariff. As an example of the recommendations achieved, the Trust now has local NHFD leadership including an anaesthetist as well as an orthopaedic surgeon and an orthogeriatrician. A further recommendation was to participate in the Physiotherapy Hip Fracture Sprint Audit, which has been completed. The NHFD is part of the Falls & Fragility Fractures Audit Programme; falls in hospital have been reduced through a successful improvement project plan over the last year.
National Joint Registry (NJR)	The Trust achieved an 88% rate of operations submitted to the NJR, the target being to achieve 95% or more. However, at Worthing Hospital only emergency hip and knee replacements are undertaken, making consent for submission of data to the NJR difficult; all consultants who performed these emergency operations at Worthing Hospital have discussed improving submission rates to the NJR and this will continue to be raised at Clinical Governance meetings.
National Prostate Cancer Audit (NPCA)	All of the national recommendations are met locally, with the exception of sexual function support which is no longer commissioned by the CCG.
National Dementia Audit	The national audit measured care across six audit themes and benchmarked hospitals against seven scores. Our Trust achieved above the national average for five scores at St Richard's Hospital and four scores at Worthing Hospital. Since the audit was undertaken the Dementia Team have worked hard to improve the care provided introducing a Carers' Charter in June 2017 and having Dementia Champions at both ward and directorate level. The Trust needed to improve the level of initial screening for delirium and ensure symptoms were summarised for discharge; to address these a 'Delirium Awareness Week' was arranged and teaching provision reviewed. In addition, the Trust participated in the Delirium Spotlight Audit and will be participating in the 2018 National Dementia Audit.
Royal College of Emergency Medicine (RCEM) Audit of Moderate & Acute Severe Asthma	Time of arrival in the Emergency Department was not robustly recorded meaning that five of the fifteen audit criteria were reported as zero percent compliance (it had not been possible to ascertain whether observations or treatment were carried out on arrival or within a specific time to meet the standard). Of the other ten criteria, six achieved above the national median score. The recording of time of arrival has since been addressed and a local re-audit has shown significant improvement in arrival time recording. All five audit criteria that were zero percent compliance in the national audit are now well above the national median in the local re-audit due to the improvement in recording time of arrival.

Title	Action taken or planned
RCEM Consultant Sign-off Audit	The Trust achieved above the national average for all standards but recognises that there is still improvement required to meet the RCEM standards. A poster presentation of the results and recommendations has been produced and shared with relevant teams and learning points are included in the Emergency Department safety huddles and junior doctor induction.

Local clinical audits

The reports of 76 local clinical audits were reviewed by the provider in 2017/18 and Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Reports of local clinical audits are disseminated to the Trust's Clinical Divisions for their actions. Main points of action for a sample of local clinical audits reported in 2017/18 are shown below. Further information regarding local clinical audits and the resulting actions to improve the quality of healthcare provided will be detailed in the Trust's Clinical Audit Annual Report for 2017/18.

Specialty	Title	Action taken or planned
A&E	Management of patients with Parkinson's Disease in the Emergency Department (ED)	The audit identified the need for improved management of patients with Parkinson's Disease (PD) in the ED, particularly to ensure that no PD medications are delayed or omitted. Posters and stickers to be used to raise awareness. Discussion with pharmacy to provide medications for a "Parkinson's Box" including patches for patients who are nil by mouth in the ED.
Anaesthetics	Audit of short-acting opioid medications prescribed on discharge	Many patients sent home on newly prescribed medications did not have discharge letters documenting reason for prescription, intended length of course or discontinuation i.e. not compliant with WSHFT Medical Prescribing Policy. Increased education and communication at Clinical Governance and Sisters' meetings, also introduced into junior doctor (Foundation Year One) teaching and a "Theme of the Week" email.
Anaesthetics	The use of capnography during in hospital cardiac arrests in non-specialist areas	During the audit period capnography (monitoring carbon dioxide concentration in respiratory gases) was never immediately available during cardiac arrests in non-specialist areas. Capnography equipment now purchased, one device placed in cardiac arrest pack taken by the on-call anaesthetist to each cardiac arrest and another carried by the Critical Care Outreach Team who also attend every cardiac arrest. Re-audit planned once equipment has been in place for six months.
Breast Surgery	An audit of breast reconstruction surgery discussion with patients diagnosed with breast cancer requiring mastectomy	MDT notes updated to include section on discussion regarding immediate breast reconstruction and reasons for any exceptions.

Specialty	Title	Action taken or planned
Breast Surgery	Patient reported outcomes (PROMS) of breast reconstruction / oncoplastic surgery	Patient satisfaction with breast reconstruction surgery at WSHFT is high and exceeds National Standards. However, postal return of completed PROMS is only about 50%. All patients will now be asked to complete BREAST-Q (a questionnaire evaluating outcomes in women who have had breast surgery) at their one year follow-up outpatient appointment and analysis undertaken once the whole year's cohort is complete.
ENT	Pain at home following paediatric day case Ear, Nose & Throat surgery	A new analgesic regime has been introduced and the data collection tool is to be improved before re-auditing.
Gynaecology	Re-audit of colposcopy clinic patient satisfaction	Overall positive findings noted with no major problem identified, patients were happy with the care they received. Recommended by the Screen Quality Assurance Service (SQAS) that regular annual patient satisfaction surveys are carried out at both sites to maintain the standard and to identify any room for improvement.
Gynaecology	Re-audit of all types of hysterectomies	The audit identified that to reduce complication rates associated with abdominal hysterectomy more training in laparoscopic surgery needs to be encouraged. Women should be provided with more realistic and local rates of complications by continuing to collect hysterectomy complication rates, to enable more informed decisions at time of consent. Nurse phone follow-up immediately after discharge and six weeks post-surgery to be organised.
Gynaecology	Audit of hysteroscopic myosure morcellation (a gynaecological procedure used to remove polyps and fibroids) at a one-stop outpatient hysteroscopy clinic	Majority of patients accepted and tolerated the One-Stop 'See & Treat' outpatient service. The findings of the audit are used to inform future patients and GPs to provide reassurance and allow the service to develop further.
Medicine	Audit to identify the safety of gentamicin prescribing and monitoring on the emergency floor at Worthing Hospital	Several areas identified for action: improved recording of gentamicin level timing on blood reports, facilitated by Lead Biochemical Scientist educating laboratory staff; improved education of junior doctors being discussed with microbiology team, to be incorporated into current junior doctor education programme.
Medicine	Subarachnoid haemorrhage	As a result of the audit a WSHFT acute headache investigation and management protocol has been developed and included in the 'Grey Book' (the Trust's handbook for medical emergency protocols). Presentations undertaken as part of 'Curious Clinician' (weekly clinical presentations open to all staff) and ongoing as part of rolling junior doctor teaching topics.
Medicine	Re-audit of methotrexate prescribing and monitoring in the dermatology department at Worthing and Southlands Hospitals	Many areas of improvement identified since the previous audit. Further improvement needed in the provision of hand held records and documentation that this has been actioned – nurses supervising psoriasis clinic to keep hand held records on the table as a prompt. Secretaries aware to ensure that methotrexate and folic acid doses and tablet size are stated clearly in bold at top of GP letter. Consistency of care to be ensured by all new psoriasis referrals attending the specialist psoriasis clinic.
MFU	Accuracy of clinical coding for procedures in oral and	Inaccuracies identified in coding of maxillofacial procedures, new local policy written by the coding manager on coding

Specialty	Title	Action taken or planned
	maxillofacial surgery	bimaxillary osteotomies (corrective jaw surgery).
Obstetrics	Re-audit of screening for gestational diabetes	Early screening programme introduced following previous audit. Re-audit identified benefits of early screening, therefore the programme will continue and be re-audited again in one year with a focus on fetomaternal outcomes.
Ophthalmology	Cataract surgery outcomes in ophthalmic trainees	Senior trainees in ophthalmology were producing results in keeping with national standards for cataract surgery and therefore can be allowed to operate independently in the future, further improving training and productivity provided the results are audited regularly.
Ophthalmology	Audit of Trust compliance with NICE glaucoma guidance	Pro-forma revised to aid clinicians in following NICE guidance, with reasons documented if guidance not followed. Plans to increase service capacity through recruitment and extended roles of existing clinical staff, also innovative practices such as virtual clinics. Clinics not to be overbooked to ensure necessary diagnostic tests are done and patient safety is safeguarded.
Ophthalmology	Squint Surgery Outcomes	Squint surgery outcomes compared favourably against the standards used in this audit. The recommendations made were that more than one set of squint measurements is achieved prior to listing for squint surgery and that large angle squints are considered for three muscle surgery.
Orthopaedics	Re-audit of the adequacy of plain radiographs performed pre- and post- operatively for patients with femoral neck fractures	Adequacy of plain radiographs had improved since the original audit, but still required improvement. Education of junior doctors in Emergency and Orthopaedic Departments to request x-ray of both hips, rather than just pelvis, teaching already ongoing and included in last junior doctors' induction. Departmental posters created and distributed to relevant departments, including radiographers.
Orthopaedics	Audit of fluoroscopy and x-ray personal protective equipment (PPE) use in Trauma & Orthopaedics	A small audit sample, but identified a lack of knowledge regarding the risk of x-ray and staff not using the appropriate protective devices e.g. thyroid guards. Knowledge was also poor on how to reduce x-ray dose to patients and that pulsed fluoroscopy is better and safer than continuous. Awareness has been raised through education and by presenting/discussing results at the departmental clinical governance meeting to improve staff and patient safety.
Orthopaedics	Audit of the spinal referral system "Refer a patient"	The 'refer a patient pathway' was used for all patients audited who had been discussed/referred with the tertiary centre, but recording of the response was poorly documented in the case notes. Presented at clinical governance meeting, pathway included in induction pack for new doctors and pathway displayed in the Emergency Department.
Paediatrics	Local audit based on the 'Second national audit of febrile neutropenia management in children and young people with cancer – results for Worthing	Actions agreed as a result of the audit are to revise the febrile neutropenia pro-forma and repeat the audit, to improve documentation of date and time of arrival and time antibiotics given, also the reason if antibiotics delayed; more specific documentation on patient information system and ward book; documentation of risk stratification level on review; to develop a febrile neutropenia pathway and to feedback results in next oncology update.
Paediatrics	Promoting a family friendly healthcare environment in the Children's Centre dermatology	This re-audit found that all aspects were now rated as good or excellent, an improvement on the previous audit.

Specialty	Title	Action taken or planned
	clinics	
Paediatrics	Re-audit NICE Management of anaphylaxis in children and young people	The re-audit shows an improvement in the history taking of children and young people with allergic reactions. Actions taken following the current audit were to ensure multi-disciplinary team appointments are available within three months and that early responses are received from the Paediatric Allergy Team following email referrals from A&E.
Pharmacy	Re-audit: Gentamicin Prescribing and monitoring in accordance with Trust guidelines for the treatment of intra-abdominal sepsis	Whilst prescribing and monitoring have improved since the previous audit, there are still further improvements to be made. Audit results have been presented at Clinical Governance; training for junior doctors (Foundation Year One) during teaching and induction; ward-based pharmacist guided help to new prescribers or others needing advice; regular email reminders and ward sisters encouraged to complete the phlebotomy course.
Safeguarding	Mental Capacity Act (MCA) Audit of DoLS (Deprivation of Liberty Safeguards) Requests	Continuing to provide MCA/DoLS training to wards and departments, also regularly providing support in undertaking capacity assessments where required with regular re-audit.
Safeguarding	Independent Mental Capacity Advocate Audit 2017	Session plan written for training on Lasting Power of Attorneys (LPAs) and Advance Decisions to Refuse Treatment (ADRTs); ward staff to ensure that patients (or family/friends) are asked about LPAs and ADRTs. Regular re-audits planned.
Sexual Health	Audit of HIV and AIDS Reporting System (HARS) recording of patient complexity	Audit findings were similar to three other localities in our area. The results have been shared with the HIV Clinical Reference Group and the HIV Specialist Commissioner.
Surgery	Venous thromboembolism prophylaxis after abdominal and pelvic cancer surgery	Poster and local guidance developed; ongoing prospective data collection to be undertaken with three monthly reviews.
Surgery	Location of hand gel at the bedside at Worthing Hospital – a prospective audit	Recommended location of hand gel to be included in written policy; provision and fixing of metal holders to be arranged for wards where currently not available at end of beds; nursing leads to be provided with presentation to aid education of ward staff.
Therapies	Conditioning lower limb class audit	The audit identified that 100% of patients attending the conditioning lower limb class had their patient specific functional scale (PSFS) and visual analogue scale (VAS) completed at the start and end of all classes across the three sites, which was above the standard set. Annual audits will be carried out.
Therapies	A re-audit to review the current neurological physiotherapy practice for stroke rehabilitation	Actions planned include goal attainment scaling and rehab folders to be implemented to facilitate improved patient and carer involvement; to explore opportunities to incorporate cardiovascular training into current practice, to be discussed with neurotherapy team and to provide further training on hemiplegic shoulder pain identification and treatment.
Therapies	Audit to assess newly commenced nasogastric feeding	Formal tube feeding study days have been introduced and the information already included in the nursing staff induction presentation is given greater emphasis along with the possible adverse outcomes of not adhering to the protocol. Awareness raised using ‘Theme of the week’ and during safety huddles.

Research

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Western Sussex Hospitals NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 1487.

Research as a driver for improving the quality of care and patient experience

In 2016 we developed a new Research and Innovation Strategy to set out the Trust's ambition for the development of research and innovation over the next three years. The Strategy received board approval in May 2017 and runs to 2020.

The Trust undertakes research and promotes innovation because high quality clinical research and innovation improve clinical outcomes for patients. Our ambition is to deliver high quality patient care through innovation and continuous quality improvement, education and research.

Clinical research is now carried out as a core part of NHS services. The Health and Social Care Act (2012) places a statutory duty on the NHS to promote research. The NHS Constitution includes a commitment to promote, conduct and use research to improve the current and future health and care of the population. Research and innovation within the Trust supports the aims of our Patient First Programme - to empower and enable everyone to be passionate about delivering excellent care every time.

Our research and innovation goals for 2017-20:

- Increase opportunities for patients to participate in high quality clinical research that aims to improve patient care.
- Implement innovative improvements in patient care at pace through standardisation, robust improvement science, partnership and shared learning.
- Continue to support roll out of the Patient First Improvement System empowering all staff to lead change and improvements in care for patients.
- Deliver a Clinical Academic Nursing, Midwifery and Allied Health Professional Strategy that promotes a professional, well-trained and up to date healthcare workforce leading best practice and innovation.

Goals agreed with commissioners: use of the CQUIN payment framework

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

Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at:

http://www.westernsussexhospitals.nhs.uk/your-trust/performance

Income in 2017/18 conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework: £6,931,729.

The above 2017/18 value is based on the reconciled position for months 1-9 with estimates for the full year. The final value may differ from this.

Associated CQUIN payments received in 2016/17: £8,006,742.

Two year CQUIN schemes have been agreed for 2017-2019 with Coastal West Sussex CCG, NHS England and Public Health England. A further CQUIN is currently being developed for our sexual health contract. Details of our 2018/19 CQUIN programme will be published on the Trust web site as soon as the final details are confirmed.

Statements from the Care Quality Commission (CQC)

Western Sussex Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is “registered without conditions”.

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

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

Data Quality

NHS Number and General Medical Practice Code Validity

Western Sussex Hospitals NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- which included the patient's valid NHS number was:

99.8% for admitted patient care;

99.9% for outpatient care; and

98.5% for accident and emergency care.

- which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;

100% for outpatient care; and

100% for accident and emergency care.

Information Governance Toolkit attainment levels

Western Sussex Hospitals NHS Foundation Trust's Information Governance Assessment Report overall score for 2017/18 was 79% and was graded green (satisfactory).

This equates to a very robust Level 2 result (to achieve this a minimum score of Level 2 on each of the 45 requirements must be met, along with an overall score of at least 66%).

Clinical coding error rate

Western Sussex Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period 2017/18 by the Audit Commission.

Statement on relevance of Data Quality and our actions to improve our Data Quality

Western Sussex Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

1. Internal training and audit program: Clinical Coding have created a program of training and audit. In three year cycles we will provide training and auditing on each of the major specialties we code in the Trust.
2. Information Governance (IG) audit: An annual audit of 200 episodes is provided by an NHS Digital approved Auditor for IG purposes. Coding errors are turned into learning and shared with the coding team.
3. National Standards NHS Digital approved training: Every new member of staff attends a 25 day NHS Digital National Standards course provided by an approved experienced Classification Service Certified Trainer. Every experienced coder attends a four day NHS Digital National Standards Refresher course provided by an approved experienced Classification Service Certified Trainer. We also encourage staff to further their understanding by studying for a professional qualification and we provide a four day NHS Digital National Standards Revision course by an approved experienced Classification Service Certified trainer to help staff achieve 'Accredited Clinical Coder' Status.

Identifying, Reporting, Investigating and Learning from Deaths in Care

Concern about patient safety and scrutiny of mortality rates has intensified with investigations into NHS hospital failures that have taken place over the last few years. There is an increased drive for NHS Trust boards to be assured that deaths are reviewed and appropriate changes made to ensure patients are safe.

Deaths in 2017/18

During 2017/18 2278 of Western Sussex Hospitals NHS Foundation Trust patients (*adult and paediatric)* died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

505 in the first quarter;

467 in the second quarter;

586 in the third quarter;

720 in the fourth quarter.

Deaths in 2017/18

	Deaths Apr-Jun 2017	Deaths Jul-Sep 2017	Deaths Oct-Dec 2017	Deaths Jan-Mar 2018	**Total deaths by category 2017/18**
Adults (inpatient)	486	453	562	696	**2197**
Adults (A&E)	19	14	22	20	**75**
Adults (maternal)	0	0	0	1	**1**
Paediatrics (inpatient)	0	0	1	0	**1**
Paediatrics (A&E)	0	0	1	3	**4**
Total deaths by quarter 2017/18	**505**	**467**	**586**	**720**	**2278**

Data source: WSHFT

Other deaths in 2017/18

	Deaths Apr-Jun 2017	Deaths Jul-Sep 2017	Deaths Oct-Dec 2017	Deaths Jan-Mar 2018	Total deaths 2017/18
Neonatal	0	3	0	3	6
Stillbirths	5	6	6	2	19

Data source: WSHFT

Mortality reviews

Adult and paediatric deaths

By 8th May 2018, 71 case record reviews and 56 investigations have been carried out in relation to 119 of the deaths included in the 'Deaths in 2017/18' table above.

In five cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:
11 in the first quarter;
27 in the second quarter;
44 in the third quarter;
37 in the fourth quarter.

Stillbirths and neonatal deaths

By 8th May 2018, 25 case record reviews and 1 investigation have been carried out in relation to 25 of the deaths included in the item above.

In one case a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:
5 in the first quarter;
9 in the second quarter;
6 in the third quarter;
5 in the fourth quarter.

Patient deaths judged to be more likely than not to have been due to problems in the care provided to the patient

Adult and paediatric deaths

Zero* representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of:
Zero representing 0% for the first quarter;
Zero representing 0% for the second quarter;
Zero representing 0% for the third quarter;
Zero representing 0% for the fourth quarter;

**Two patient deaths occurring in 2017/18, which may meet criteria for reporting, are still proceeding through the investigation process at the time of this report. We will provide a revised number and percentage of patient deaths in 2017/18 'judged to be more likely than not to have been due to problems in care provided to the patient' in our 2018/19 Quality Report.*

Stillbirths and neonatal deaths

One representing 4% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of:
Zero representing 0% for the first quarter;
One representing 11% for the second quarter;
Zero representing 0% for the third quarter;
Zero representing 0% for the fourth quarter;

Learning from case record reviews and investigations

Adult and paediatric deaths

Two patient deaths occurring in 2017/18, which may meet criteria for reporting, are still proceeding through the investigation process at the time of this report. Should the outcome of investigations judge the deaths 'to be more likely than not to have been due to problems in care provided to the patient' we will provide details of what we have learnt in our 2018/19 Quality Report.

Stillbirths and neonatal deaths

Following an investigation in to the stillbirth reported in this category we have learnt that all women with concerns in pregnancy should be signposted to our central maternity triage and advice telephone line where experienced midwives have access to their medical record.

Actions following our learning

Adult and paediatric deaths

Two patient deaths occurring in 2017/18, which may meet criteria for reporting, are still proceeding through the investigation process at the time of this report. Should the outcome of investigations judge the deaths 'to be more likely than not to have been due to problems in care provided to the patient' we will provide details of actions we have taken in our 2018/19 Quality Report.

Stillbirths and neonatal deaths

The maternity hand-held records (which each woman keeps with her during pregnancy) have been updated to signpost women with concerns in their pregnancy to contact our maternity triage and advice line. Awareness of the death has been raised with all our community midwives.

The impact of our actions

Adult and paediatric deaths

Two patient deaths occurring in 2017/18, which may meet criteria for reporting, are still proceeding through the investigation process at the time of this report. Should the outcome of investigations judge the deaths 'to be more likely than not to have been due to problems in care provided to the patient' we will provide an assessment of the impact of the actions we have taken in our 2018/19 Quality Report.

Stillbirths and neonatal deaths

We believe the actions we have taken have provided an effective intervention. The mother involved in the death was satisfied that the investigation was robust and the actions appropriate.

An update on deaths in 2016/17

This section is not applicable - Statements of assurance regarding deaths in 2016/17 do not apply to 2017/18 Quality Reports: this is the first year that trusts have been required to record and publish 'Learning from Deaths' data.

Part 2.3: Reporting against core indicators

PZAZZ — our vibrant singing group, who support our ‘Love Your Hospital’ Charity, singing at last year’s staff recognition awards evening

Performance against the 2017/18 core set of indicators

Since 2012/13, NHS foundation trusts have been required to report performance against a core set of indicators using data made available by NHS Digital. The following core quality indicators are relevant to Western Sussex Hospitals NHS Foundation Trust and relate to the NHS Outcomes Framework (NHS OF). A full description of each core indicator is available in the glossary section of this report.

The tables in this section show our performance for these core indicators, by NHS OF domain, over the last four reporting periods and, where the data source allows, a comparison with the national average and the highest and lowest performing trusts. The majority of core indicators are reported by financial year, e.g. from 1st April 2017 to 31st March 2018, however some indicators report on a calendar year or partial year basis. Where indicators report on a non-financial year time period this is stated in the data table. It is important to note that some national data sets report in significant arrears and therefore not all data presented are available to the end of the current reporting period (31st March 2018).

Summary Hospital-level Mortality Indicator (SHMI)

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: Mortality rates over the past 12 months have been around the national average, and within the expected range. The mortality rate has been reducing steadily since 2011/12. This reduced from 1.03 in 2014/15 to 0.95 in 2016/17. Provisional 2017/18 data shows that the mortality rate is continuing to remain within the expected range.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Maintaining monthly reporting of mortality statistics to Divisions and the Board;
- Continuing to focus on the implementation of care pathways in key mortality areas;
- Strengthening arrangements for identifying and treating patients who deteriorate suddenly.

Indicator:	**Summary Hospital-level Mortality Indicator**					
Domain:	**Preventing people from dying prematurely**					
2017/18 **Latest available data October 2016-September 2017**	National average Latest available data October 2016-September 2017	Best performing Trust Latest available data October 2016-September 2017	Worst performing Trust Latest available data October 2016-September 2017	2016/17 (Figures updated from last year's quality report due to more recent data being available)	2015/16	2014/15
0.95 **As expected**	1.00 As expected	0.73 Higher than expected	1.25 Lower than expected	0.95 As expected	1.00 As expected	1.03 As expected
Data source: NHS Digital						

Palliative care indicators are included below to assist in the interpretation of SHMI by providing a summary of the varying levels of palliative care coding across non-specialist acute providers.

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: the Trust has a well-established Palliative Care Team working to a reinvigorated End of Life Care Strategy.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Maintaining monthly reporting of mortality statistics to Divisions and the Board.

Indicator:	**Percentage of patient deaths with palliative care coded at either diagnosis or specialty level**					
Domain:	**Enhancing quality of life for people with long-term conditions**					
2017/18 **Latest available data October 2016-September 2017**	National average Latest available data October 2016-September 2017	Best performing Trust Latest available data October 2016-September 2017	Worst performing Trust Latest available data October 2016-September 2017	2016/17 (Figures updated from last year's quality report due to more recent data being available)	2015/16	2014/15
34.4%	31.5%	59.8%	11.5%	32.6%	33.5%	26.6%
Data source: NHS Digital						

Patient Reported Outcome Measures (PROMs)

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: This data, which is based on quality of life measures, shows that our treatments are effective in improving the health of our patients.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Ensuring regular feedback of PROMs data to clinical teams;
- Working with commissioners to ensure that treatments are offered to those groups of patients most likely to benefit from the particular treatment.

Indicator: **Domain:**	**Patient Reported Outcome Measures EQ 5D Index (casemix adjusted health gain)** **Helping people to recover from episodes of ill health or following injury**						
Surgery type	2017/18 **Latest available data (provisional) April 2017-September 2017**	**National average** **April 2017-September 2017**	**Best performing Trust** **April 2017-September 2017**	**Worst performing Trust** **April 2017-September 2017**	**2016/17** **(Figures updated from last year's quality report due to more recent data being available)**	**2015/16** **(Figures updated from last year's quality report due final figures being available)**	**2014/15**
Groin hernia	**0.080**	0.089	0.417	-0.378	0.097 (final data)	0.067	0.079
Varicose vein	*WSHFT does not carry out sufficient numbers of varicose vein procedures to be included in PROMS data.*						

Indicator: Domain:	Patient Reported Outcome Measures EQ 5D Index (casemix adjusted health gain) Helping people to recover from episodes of ill health or following injury						
Surgery type	2017/18 Latest available data (provisional) April 2017-September 2017	National average April 2017-September 2017	Best performing Trust April 2017-September 2017	Worst performing Trust April 2017-September 2017	2016/17 (Figures updated from last year's quality report due to more recent data being available)	2015/16 (Figures updated from last year's quality report due final figures being available)	2014/15
Hip replacement (primary)	**0.423**	0.465	1.016	0.114	0.448 (provisional data)	0.399	0.422
Knee replacement (primary)	**0.411**	0.328	0.841	0.131	0.346 (provisional data)	0.317	0.283
Data source: NHS Digital							

Readmissions

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: While the Trust works hard to plan discharges appropriately, in some instances readmissions still occur. The rate of readmissions is in line with peers.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Continuing to work closely with commissioners and other health organisations to identify patients at risk of readmission and putting in place services to prevent them requiring further immediate hospital care;
- We will identify those cases where readmissions could have been prevented by organising care differently and make the appropriate changes to reduce the level of readmissions.

Indicator: Domain:	Patients readmitted to a hospital within 28 days of being discharged Helping people to recover from episodes of ill health or following injury						
	2017/18 (Trust data)	National average	Best performing Trust	Worst performing Trust	2016/17 (Trust data)	2015/16 (Trust data)	2014/15 (Trust data)
Patients aged 0 to 15 years	**13.41%**	*Please note that this indicator was last updated by NHS Digital in December 2013 and future releases have been temporarily suspended pending a methodology review; we are therefore unable to provide comparative data for 2017/18.*			13.97%	13.09%	13.43%
Patients aged 16 years or over	**14.01%**				12.56%	13.28%	12.66%
Data source: NHS Digital has not updated this metric since 2013 and we have therefore used our own locally collected data to report against this core indicator.							

Indicator: Domain:	Emergency readmissions within 30 days of discharge from hospital *Local Trust indicator*						
	2017/18 (Trust data)	National average	Best performing Trust	Worst performing Trust	2016/17 (Trust data)	2015/16 (Trust data)	2014/15 (Trust data)
All patients	**14.31%**	*Please note that this indicator was last updated by NHS Digital in March 2014; we are therefore unable to provide comparative data for 2017/18.*			14.24%	13.70%	13.20%
Data source: NHS Digital has not updated this metric since 2013 and we have therefore used our own locally collected data to report against this core indicator.							

Responsiveness to the personal needs of patients

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Trust's involvement in Care and Compassion Reviews has ensured responsiveness to the personal needs of patients in line with its peers.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Using results from real time patient experience tracking to constantly identify areas for improvement;
- Identifying areas for further improvement from the care and compassion peer review programme.

Indicator: Domain:	Responsiveness to the personal needs of patients Ensuring people have a positive experience of care					
2017	National average (2016)	Best performing Trust (2016)	Worst performing Trust (2016)	2016	2015	2014
Not available until May 2018	68.1%	85.2%	60%	66.9%	69.1%	67.0%
Data source: NHS Digital						

Staff who would recommend the trust to their family or friends

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: An increasing proportion of staff are positive about the overall quality of the services and care offered by the Trust.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Using regular feedback opportunities to capture staff views about how we can improve;
- We have also reviewed staffing ratios, particularly in ward areas;
- We have improved our staff engagement (including communications) such that staff feel more able to contribute to, and be aware of, service improvements.

Indicator:	Percentage of staff who would recommend the Trust as a provider of care to their family or friends					
Domain:	Ensuring people have a positive experience of care					
2017	National average (acute non-specialist trusts)	Best performing Trust (acute non-specialist trusts)	Worst performing Trust (acute non-specialist trusts)	2016	2015	2014
81%	70%	86%	47%	79%	73%	71%
Data source: NHS Staff Survey Coordination Centre (Picker Institute Europe)						

Patients who would recommend the trust to their family or friends

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: We aim to give every patient the opportunity to take the Friends & Family Test, either at discharge or within 48 hours of discharge. Recommendation rates are in line with peers and results are monitored on a monthly basis.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- We aim improve response rates to ensure we gather feedback from sufficient people to know that information is reliable, particularly in our A&E departments where response rates are below national average.
- We will work to address themes arising from the survey to improve patient experience.
- We have developed a new Patient Experience Strategy with seven broad ambitions: with focussed working groups we will develop our ambitions and deliver the actions required to improve patient experience across the Trust.

Indicator:	Percentage of Patients who would recommend the trust to their family or friends						
Domain:	Ensuring people have a positive experience of care						
	2017/18 Latest available data April 2017 to February 2018	National average Latest available data April 2017 to February 2018	Best performing Trust Latest available data April 2017 to February 2018	Worst performing Trust Latest available data April 2017 to February 2018	2016/17 (Figure updated from last year's quality report due to more recent data being available)	2015/16	2014/15
Inpatients	**96.84%**	95.65%	99.3%	76.0%	96.06%	95.20%	92.40%
Patients discharged from A&E	**85.64%**	86.57%	99.0%	47.0%	89.01%	91.39%	90.60%
Data source: NHS England							

Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has focused on this area and made good progress on embedding

it into normal practice with a sustained increase in the proportion of patients screened.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Continuing focus in this area;
- Increasing the emphasis on improving outcomes such as reducing rates of harm from VTE.

Indicator:	**The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism**					
Domain:	**Treating and caring for people in a safe environment and protecting them from avoidable harm**					
2017/18 Latest available data to December 2017	National average Latest available data to December 2017	Best performing Trust Latest available data to December 2017	Worst performing Trust Latest available data to December 2017	2016/17 (Figure updated from last year's quality report due to more recent data being available)	2015/16	2014/15
95.20%	95.20%	100%	77.40%	95.60%	94.90%	95.90%
Data source: NHS Digital - Full year data for 2017/18 is not expected to be published until June 2018.						

Rate of *C.difficile* infection

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: A relentless and constant focus is required to minimise the level of *C.difficile* infection. Particular challenges include the need for antibiotic usage in a frail and ill patient population and balancing this with the risk of causing *C.difficile* disease.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Enhancements to our antibiotic prescribing policies;
- Heightened environmental cleaning;
- Targeted review of the patient pathway for these patients.

Indicator:	**The rate per 100,000 bed days of trust apportioned cases of *C. difficile* infection that have occurred within the trust amongst patients aged 2 or over**					
Domain:	**Treating and caring for people in a safe environment and protecting them from avoidable harm**					
2017/18 (Trust data) Latest available data to February 2018	National average Latest available data: 2016/17	Best performing Trust Latest available data: 2016/17	Worst performing Trust Latest available data: 2016/17	2016/17 (Figure updated from last year's quality report due to more recent data being available)	2015/16	2014/15
10.6 **Count of Trust apportioned cases: 35**	13.2	0.0	87.2	13.6 Count of Trust apportioned cases: 45	11.1 Count of Trust apportioned cases: 36	12.6 Count of Trust apportioned cases: 38
Data source: Public Health England - national data for 2017/18 is not expected to be published until July 2018.						

Patient Safety Incidents

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has a systematic approach to the management and investigation of events and we analyse these on an aggregated basis to ensure that safety lessons are learned and shared widely, leading to improvements in the quality and safety of care we provide.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Continuing to promote the reporting of patient safety incidents across the organisation in order to learn and improve.
- Themes, trends and learning from incidents will continue to be discussed and analysed through a variety of forums including the divisional clinical governance sessions, Triangulation Group, the Trust Brief newsletter and Divisional Governance Reviews.

Indicator: **Domain:**	**Patient safety incidents** **Treating and caring for people in a safe environment and protecting them from avoidable harm**						
	April 2017 to September 2017 Latest available data	National average Latest available data: April to September 2017	Best performing Trust Latest available data: April to September 20177	Worst performing Trust Latest available data: April to September 2017	October 2016 to March 2017	April 2016 to September 2016	October 2015 to March 2016
Rate of patient safety incidents (per 1,000 bed days)	**25.8** **Count of incidents: 4302**	42.84 Acute non-specialist trusts	23.47 Acute non-specialist trusts	111.69 Acute non-specialist trusts	28.55 Count of incidents: 4982	25.45 Count of incidents: 4245	25.88 Count of incidents: 4271
Percentage of patient safety incidents (resulting in severe harm or death)	**0.33%** **Count of incidents: 14**	0.37% Acute non-specialist trusts	0.00% Acute non-specialist trusts	1.98% Acute non-specialist trusts	0.50% Count of incidents: 25	0.24% Count of incidents: 10	0.42% Count of incidents: 18
Data source: NHS Improvement (Previously we have reported local patient safety data; this year NHS Improvement data has been reported to allow for national comparison)							

Part 3.1: Review of quality performance

Western Sussex Eye Care | Southlands — an operation taking place in our brand new, purpose-built eye care department which opened at Southlands Hospital in June 2017

Performance against 2017/18 quality improvement priorities

Below is a list of 2017/18 quality improvement programmes and their current status. Programmes are explained in more detail in the following individual programme sections.

Programme	Trust Target achieved / on plan	Close to target	Behind plan
Deteriorating patient programme: sepsis			▲
Mortality review and learning programme		▲	
Seven Day Services Clinical Standards programme		▲	
Mental Health Care programme	▲		
Cancer pathway improvement programme	▲		
Care for older people with frailty programme	▲		
Better Births programme			▲
Falls reduction programme		▲	
Skin damage reduction programme			▲
Medicines optimisation programme	▲		
Infection prevention and control programme			▲
Diagnostic resulting programme	▲		
Safer staffing programme	▲		
Reducing complaints and improving the timeliness of complaint responses		▲	
Improving communication programme		▲	
Staff Wellbeing programme	▲		
Developing a resilient and affordable workforce		▲	
Patient First Improvement System	▲		
Clinical Academic Pathway	▲		

Reducing preventable mortality and improving outcomes

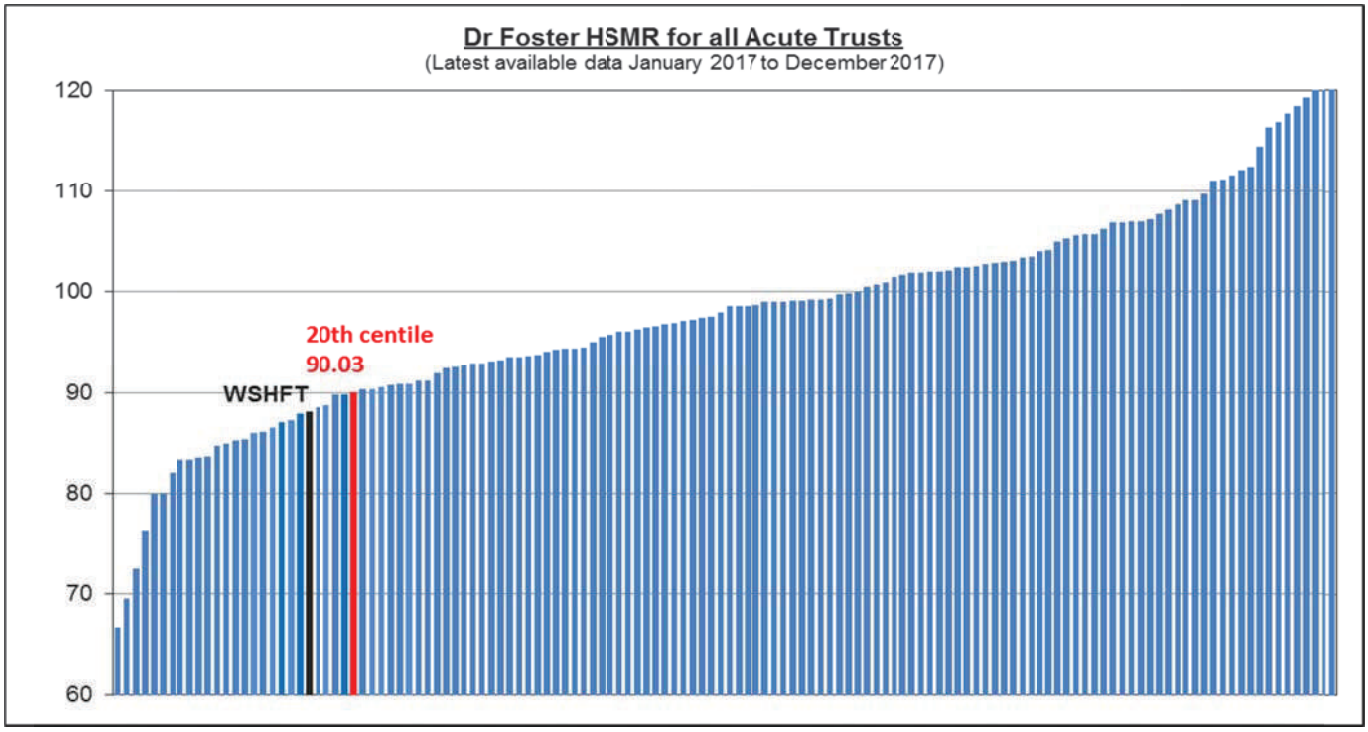
True North goal: To be in the top 20% of NHS organisations for the Hospital Standardised Mortality Ratio (HSMR)

2017/18 achievement: Top 17% of NHS organisations for HSMR

About half of all deaths in the UK take place in hospital. The overwhelming majority of these deaths are unavoidable. The person dying has received the best possible treatment to try to save his or her life, or it has been agreed that further attempts at cure would not be in the patient's best interest and the person receives palliative treatment.

We know, however, that in all healthcare systems things can and do go wrong. Healthcare is very complex and sometimes things that could be done for a patient are omitted or else errors are made which cause patients harm. Sometimes this means that patients die who might not have, had we done things differently. This is what we mean by 'avoidable mortality'. More often, if things go wrong with care, patients fail to achieve the optimal level of recovery or improvement. By concentrating on this area we will end up with safer hospitals, save lives, and ensure the best possible clinical outcomes for patients.

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



Data source: Dr Foster

Our HSMR score improved from 107.48 in 2011/12 (ranked 112 of 141 acute trusts; 79th centile) to 90.42 in 2016/17 (the last full financial years' worth of data). Due to the delay for Dr Foster data (to allow for coding and processing) the graph below shows the 12 months to December 2017 as the most recent data point with performance at 88.07 (ranked 22nd of 134 trusts; 16th centile).

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

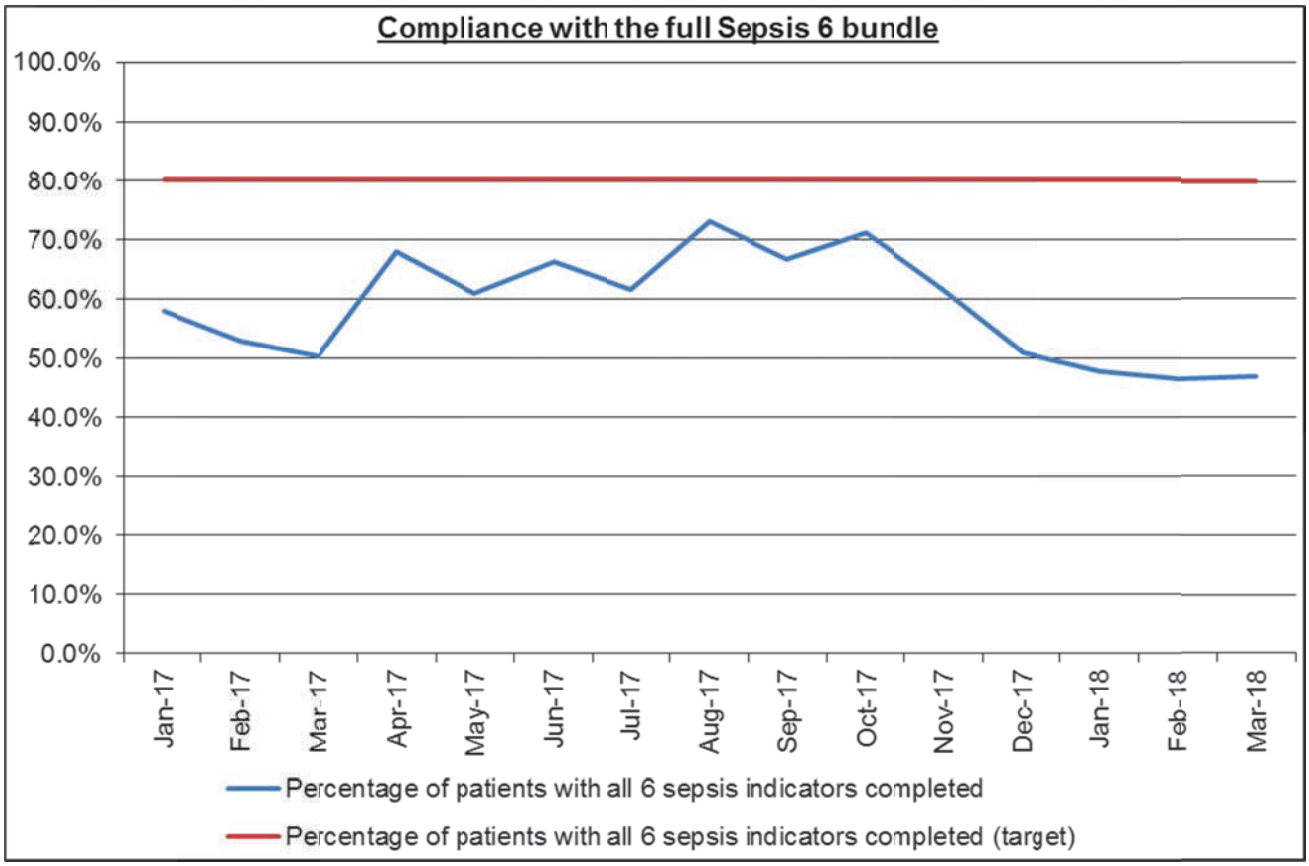
Deteriorating patient programme: sepsis

Severe sepsis is the most common and least recognised complication of infective illness that causes at least 37,000 deaths and 100,000 hospital admissions in the UK per year. For every hour antibiotic treatment is delayed the chance of a patient with sepsis dying increases by 8%.

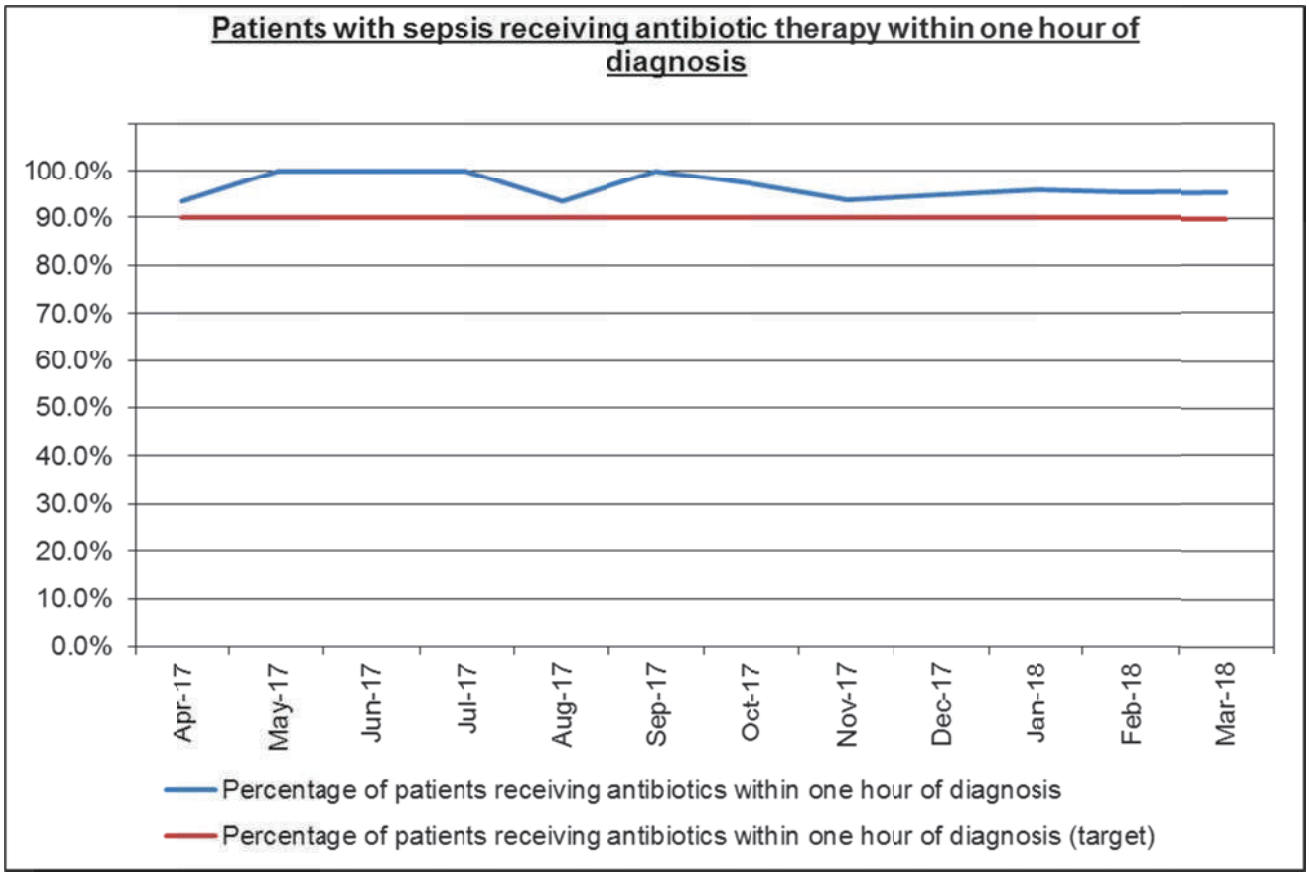
Trust target:	**80% compliance with the Sepsis 6 care bundle**
By when:	**March 2018**
Outcome:	**57% for 2017/18**
Progress:	**Behind plan**

CQUIN target:	**90% of patients to receive antibiotic therapy within one hour of diagnosis in year one**
By when:	**March 2018**
Outcome:	**95.7% for 2017/18**
Progress:	**Target achieved**

We know that early recognition and treatment has a significant impact on the outcome for patients with severe sepsis. Our sepsis programme, supported by the Kaizen Team, has enabled A&E teams at Worthing and St Richard's to deliver dramatic improvements in the early identification and treatment of patients arriving with sepsis.



Data source: WSHFT



Data source: WSHFT

Improvements achieved:

- Delivery of education package to A&E staff and general outreach study days, including sepsis simulation sessions, to wider clinical staff.
- Introduction of weekly cross-site sepsis review meetings between the Emergency Floors and A&E.
- Establishment of Sepsis Teams; a doctor and nurse responsible for antibiotic treatment and sepsis bundle delivery in A&E who now start treatment at the patient's bedside.
- Introduction of sepsis trolleys which keep all equipment, medication and paperwork for sepsis treatment in one easily accessible place.
- Upgrade to Patientrack system to improve collection of sepsis data, alerting of potential sepsis patients to clinical staff and electronic prescribing.

Further improvements identified:

- Whilst our focused approach in 2017/18 enabled our teams to deliver dramatic improvements in the early identification and treatment of patients arriving with sepsis, we did not deliver the level of improvements we set out to. In 2018/19 we will push to deliver a 90% compliance with the Sepsis 6 care bundle and aim for 95% of patients diagnosed with sepsis to receive antibiotic therapy within one hour.
- Continued focus on sepsis education: delivery of specialist teaching sessions and simulation for A&E and Emergency staff and general awareness training for other clinical staff.
- Continuation of weekly cross-site sepsis review meetings between the Emergency Floors and A&E.

Mortality review and learning programme

In response to the Care Quality Commission's publication 'Learning, candour and accountability' the Secretary of State made a range of commitments to improve how the NHS learns from reviewing the care provided to patients who die.

Trust target:	**100% of inpatient deaths are reviewed**
By when:	**March 2018**
Outcome:	**82.6%**
Progress:	**Close to target**

In accordance with the new national mortality guidance, the Trust has developed a 'Learning from Deaths' policy, screening and a structured judgement review process to identify and learn from any identified problems in patient care or avoidable mortality. We introduced screening, carried out by a junior doctor and the patient's consultant, for all deaths occurring in one of our hospitals from April 2017. Screening reviews which trigger concerns are then referred for

structured judgement mortality review (SJR). Deaths may also be referred for further review due to other circumstances, for example if a bereaved family or carer has raised a significant concern about the quality of care provision for their loved one. The in-depth reviews are undertaken by a consultant independent of the patient's care.

Mortality review data (deaths within the remit of the improvement programme: all adult inpatient deaths)					
	Quarter 1: April – June 2017	Quarter 2: July – September 2017	Quarter 3: October – December 2017	Quarter 4: January – March 2018	TOTAL 2017/18
Total number of deaths	486	453	562	696	2197
Total number of deaths screened	425	397	487	505*	1814
Percentage of deaths screened	87.4%	87.6%	88.7%	72.6%*	82.6%
Total number of in-depth reviews	0	14	33	23*	70
Percentage of deaths subject to in-depth review	0%	3.1%	5.9%	3.3%*	3.2%
Number of deaths where the quality of care was judged more likely than not to have contributed	0	0	1	0	0

Data source: WSHFT

** The lower compliance with screening in Q4 is related to the timing of the data collection: screening and in-depth reviews for deaths occurring in Q4 2017/18 will continue in to Q1 2018/19.*

The recruitment and training of in-depth reviewers remains at an early stage. The Trust is focusing on increasing capacity to undertake SJRs moving into 2018-19.

Improvements achieved:

- The Trust became an early adopter of the national mortality review programme and tool for full mortality review including reviewer training.
- An electronic screening tool has been designed and implemented to enable consultant-led mortality reviews.
- A group of six mortality reviewers has been trained to undertake structured judgement mortality reviews and began reviews in January 2018.
- Systems have been put in place to identify and learn from any identified problems in care and avoidable mortality through regular mortality panel meetings which triangulate learning.
- Data relating to learning from case record review of in-patient deaths / avoidable mortality has been published quarterly through 2017/18 in line with NHS Improvement and CQC recommendations.
- A policy on Learning from Deaths has been published and is available on the Trust website.

Further improvements identified:

- Respond to anticipated further national guidance on involving families/carers in the review process.

- Work will continue with the hospital chaplain and bereavement teams staff to encourage relatives and carers to feedback any issues or concerns with patient care at an early stage.
- Increasing capacity and throughput of SJR's now the Trust has a body of trained reviewers.
- Establish a multidisciplinary panel including palliative and primary care members to review the output from reviews and undertake second stage SJR as necessary.
- Further develop systems and methods of feedback to individual clinicians and specialties
- Further develop Trust Board reporting in response to feedback.
- Provide on-going feedback on end of life care to the End of Life Board to inform future service development.

Seven Day Services Clinical Standards programme

We aim to deliver sustainable Seven Day Services across the Trust by 2020 to ensure our patients receive consistent high quality safe care every day of the week.

Trust target:	**Priority standard 2: Admitted patients to receive a consultant review within 14 hours of admission (76% weekday, 75% weekend)**
By when:	**March 2018**
Outcome:	**Standard 2: 68% weekday, 63% weekend**
Progress:	**Close to target**

In 2013 the NHS Services, Seven Days a Week Forum developed ten clinical standards to end variations in outcomes for patients treated at the weekend. Four key priority standards were identified as the minimum set of clinical standards needed to address variation in mortality, patient flow and experience: Standard 2: Time to consultant review; Standard 5: Diagnostics; Standard 6: Consultant directed interventions; Standard 8: Ongoing consultant–directed daily review. We are continuing to progress with our delivery plan, however we have informed NHS England that we do not plan to be an early adopter site but will be working towards the 2020 implementation target.

NHS England has asked all Trusts to complete a self-assessment survey on a six-monthly basis to measure current position against the four priority clinical standards. The Trust undertook the third national survey in autumn 2017 which focused solely Standard 2: to improve the gap between weekday and weekend performance (percentage of patients reviewed by a consultant within <14 hours of admission). The results are presented in the table below.

NHS England Seven Day Services audit results							
	Autumn 2017	WSHFT target	National average (March 2017)	Best performing Trust (March 2017)	Worst performing Trust (March 2017)	Spring 2017	Autumn 2016
Weekday	**68%**	76%	73%	100%	0%	71%	53%
Weekend day	**63%**	75%	70%	100%	28%	60%	43%
Total	**67%**	75%	72%	100%	25%	68%	50%
Data source: NHS England							

The next round of national data collection will take place between April and May 2018 and include assessment of all four standards. Submission of data to NHS England will be completed in June 2018.

Improvements achieved:

- The gap between weekday and weekend consultant review of newly admitted patients has reduced significantly from our 2016 baseline and timeliness of consultant review has improved.
- A more detailed analysis was carried out on all cases when a patient did not receive a consultant review within 14 hours, providing valuable data that will support further gap analysis at divisional level to achieve the 2020 full implementation milestone across the Trust.

Further improvements identified:

- Divisional service prioritisation in 2018/19 will include Seven Day Services.
- Develop a business case for additional workforce to deliver the required standards.
- Restructure of medical rotas to meet compliance ahead of 2020.
- Roll out upgrades to electronic whiteboards in surgery division to enable real-time monitoring and improve quality and depth of data.

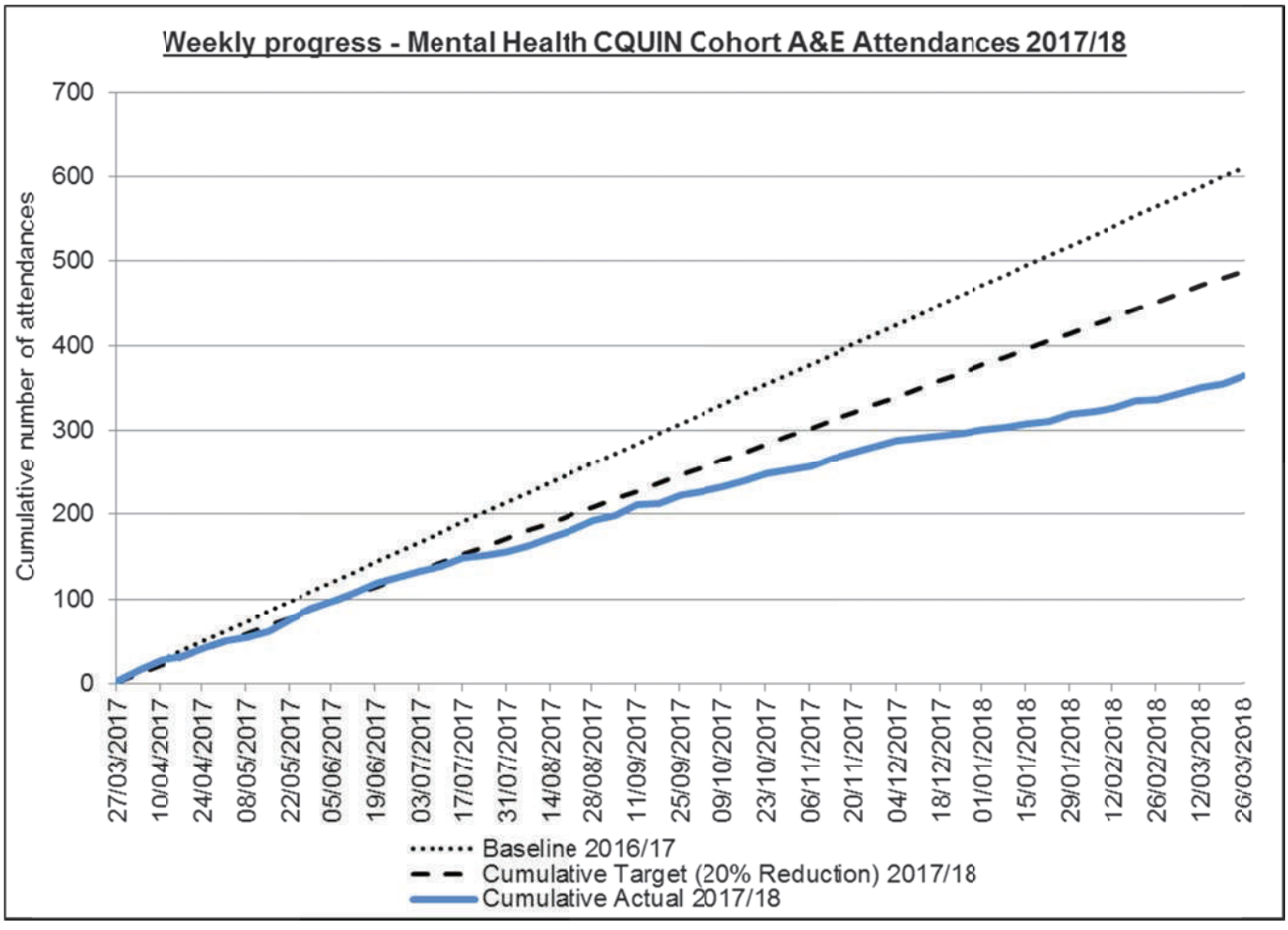
Mental Health Care programme

This year we have been identifying the improvements we need to make to bridge the gap between mental health and physical health in our hospitals, working with local health economy partners, in response to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) 'Treat as One' study.

CQUIN & Trust target:	**Reduce by 20% attendances to A&E for those within a selected cohort of frequent attenders, and establish improved services to ensure reduction is sustainable**
By when:	**March 2018**
Outcome:	**40% reduction in A&E attendances within the cohort**
Progress:	**Target achieved**

Our improvement programme this year has focused on meeting the national CQUIN target to reduce A&E attendances in a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions. We want to ensure that patients presenting at A&E with primary or secondary mental health and/or underlying psychosocial needs have these needs met more effectively through an improved integrated services offer, with the result that attendances at A&E are reduced. Our improvement programme recognises the need to draw upon the expertise of Mental Health Liaison teams to enable people to attend the most appropriate service for their needs.

The grey dotted line on the graph below shows the cumulative target we must not breach in order to have reduced A&E attendances in the cohort of frequent attenders by 20%. The blue solid line shows the actual number of cumulative attendance by the cohort group. Our improvement project has achieved a 40% reduction in attendances from the baseline attendance rate in 2016/17.



Data source: WSHFT

Improvements achieved:

- We have met the requirements of year one of the Mental Health CQUIN.
- Development of a standard operating procedure to identify new frequent attenders in A&E who have mental health needs and who would benefit from assessment, review, and care planning with specialist mental health staff.
- Joint working with Sussex Partnership Trust's care coordinators to enable them to be aware of when their clients are attending A&E.
- Improved development of care plans for the cohort of frequent attenders, co-developing plans with patients where possible.
- Implementation of the nationally mandated Emergency Care Data Set across our A&E Departments.
- Plans agreed for partnership working with South East Coast Ambulance Trust and local General Practitioners. Shared care plans will provide patients with more appropriate alternatives than attending A&E.
- Updated Mental Health Act procedures have been introduced along with improvements to the A&E environment, staff training plus appropriate audit and monitoring.
- We have implemented a new missing persons policy working closely with Sussex Police and other agencies to ensure vulnerable patients are prioritised.

Further improvements identified:

- Reduce A&E attendance in a further cohort of frequent attenders presenting with primary mental health issues.
- Identify improvements required to better support patients with condition specific pathways including those with dementia, perinatal mental health issues, children and young people, substance misuse and social needs.
- Establish links with other service providers and work with them to better support people with primary mental health needs.
- Continue roll out of training programme to key staff.
- Continue with work to ensure we meet the requirements of NCEPOD 'Treat as One'.

Cancer pathway improvement programme

We are working in key cancer specialties to make our services fit for purpose, improving on current quality standards and patient experience.

Trust target:	**Improved cancer pathways in the following areas in the first instance: lung, urology, colorectal and upper gastrointestinal**
By when:	**March 2020**
Outcome:	**In progress**
Progress:	**On plan**

The Trust currently has longer than desirable pathways in some cancer specialties, in particular lung, colorectal, upper gastrointestinal and urology prostate. The current pathways result in referral to the specialist tertiary cancer treatment centre after day 38 of the time to treatment timeline and can contribute to overall delays in meeting the 62 day treatment target set by NHS England. A significant number of patient pathways are delayed due to the need for multiple diagnostic tests to support both diagnosis and cancer staging (which determines the type of surgery, chemotherapy or other treatment options).

Macmillan UK and Western Sussex Hospitals have jointly funded two key additional posts for the Cancer Services Team, to help review and support pathway changes and improvements. Since October 2017, our new Service Improvement Manager has gathered performance data for all cancer specialties to support decision making and allowed targeted focus on areas that are currently challenged with longer than desired waiting times. Following approval at the Trust Cancer Board it was agreed that four pathways would be prioritised in the improvement programme: lung, upper gastrointestinal, colorectal and urology prostate.

As well as maintaining Trust compliance against current national performance metrics, we are preparing specialities for a new cancer metric which is being implemented from 1st April 2018. The new metric relates to referrals to specialist providers for patient treatment by day 38 of the 62 day pathway. We want to provide patients with better information and set expectations of their treatment pathway and timescales from the time they see a GP and are referred to secondary care, to the moment they receive a diagnosis and options for treatment, living with and beyond cancer.

Improvements achieved:

- Cancer dashboard and performance data collated to support prioritisation of specialty pathway improvement work.
- Lung value stream mapping took place on 27th February 2018 and was well attended with a cross section of medical, administrative and allied health professionals, together with external participation from Brighton & Sussex University Hospitals, Macmillan UK and Coastal West Sussex CCG.
- Discussions with tertiary centre colleagues to help improve pathway management and reduce waiting times have taken place with Brighton & Sussex University Hospitals, Surrey & Sussex Healthcare and East Sussex Healthcare. These discussions have produced a collaborative approach between trusts with a genuine will to improve pathways for our patients. Further meetings have been arranged with Portsmouth Hospitals and Royal Surrey Hospital.
- Launch of a new two week rule referral form from the NICE Guideline (NG12) for suspected cancer: recognition and referral. The new form, introduced in October 2017, will help improve the quality of referrals and appropriate sign-posting in the first part of the pathway. We are currently auditing use of the form bi-weekly to assess improvements/issues.

- "Orange sticker use" project ongoing since September 2017 to monitor use of the priority identification sticker of histology and radiology investigations. Audit results have identified certain specialty areas where use of the sticker is sub-optimal and actions have been taken to address this.

Further improvements identified:

- Streamlining of pathway for patients requiring specialist maxillofacial / ear, nose and throat treatment at Brighton & Sussex University Hospitals.
- Review of patient pathway for urology patients requiring tertiary referral for specialist treatment.
- Admin support from Macmillan key workers to release Clinical Nurse Specialist nursing time to clinics.
- Management of abnormal x-rays within secondary care to avoid delays in GP referrals being received and quicker access to CT scans for patients who have an abnormal x-ray.
- A different approach to Multi-Disciplinary Team (MDT) meetings in respiratory to ensure diagnostic plans and treatment plans are not only made quickly, but are protocolled to allow the MDT meetings to focus on more complex patients.
- Consideration for a patient support/navigator role to ensure patients are informed and supported to move through the early diagnostic phase of the pathway, enhancing patient experience and setting timescale expectations.
- Further pathway work to focus on urology, upper gastrointestinal and colorectal.

Care for older people with frailty programme

Improvement in frailty pathway – implementation of new frailty assessment tool: Over 23% of the 480,000 of the Coastal West Sussex population is over 65 compared to the national average of 16%.

Trust target:	**Improve the identification of patients with frailty syndrome**
By when:	**March 2018**
Outcome:	**Frailty assessments are now routinely carried out in A&E**
Progress:	**Target achieved**

The Coastal West Sussex population is one of the oldest in England with a high proportion of people over the age of 85 years. The growth rate of the number of older people in our local population exceeds that of the rest of the country and is fastest in the very old. The attendance rate and conversion of this age group is higher than for any other, with longer lengths of stay, the worst level of mortality, greater numbers of stranded patients and the most in-patient harm.

An excess of older people with frailty are admitted to hospital because they do not have access to timely comprehensive geriatric assessment (CGA).

There are currently different pathways for older people with frailty on our two acute sites and delays in CGA compared with best practice (NHS Elect, Acute Frailty Network principles for an acute frailty pathway: commencement of CGA within one hour).

Improvements achieved:

- There is now a standardised, centrally recorded method of identifying all older people with frailty on presentation at our acute hospitals.
- We have completed a small pilot in A&E on both sites during 2017/18 to inform this emerging improvement programme and look at options for moving forward with addressing 'front door' frailty.
- A form of rapid response for older people with frailty is now available at Worthing following the introduction of a Needs-related Frailty On-Call Doctor.

Further improvements identified:

- Full work up of an improvement programme and business case to support the development of a pathway with which to provide robust care for this patient group.

Better Births programme

We have continued our focus on normalising birth and reducing caesarean section rates.

Trust target:	**Reduction in caesarean section rates to less than 26.5%**
By when:	**March 2018**
Outcome:	**28.50%**
Progress:	**Behind plan**

Reducing caesarean section rates remains a challenge; with the national rate increasing in line with the Trust rate. Whilst 2017/18 has seen a slight reduction in caesarean section rates from 28.60% in 2016/17 to 28.50% we have not managed to meet our improvement target. Each case where a woman has a caesarean delivery undergoes review to look for learning opportunities. No systemic causes or trends have been identified in relation to caesarean section rates and care continues to be in line with national recommendations for safe practice and NICE guidance. Increasing normal birth continues to be an area of focus for us and rates are closely monitored via monthly divisional performance reviews.

The maternity service at WSHFT was part of the AFFIRM trial, a care bundle specifically for mothers who report a reduction in the movements of their unborn baby with the aim or reducing the risk of stillbirth. The bundle includes earlier induction of labour than under the previous approach. This has resulted in an almost doubling of the induction rate in this group of mothers. Interventions of this kind can inevitably lead to the

increased risk of subsequent intervention and ultimately the need for caesarean delivery.

NHS Digital report for Maternity Statistics in 2016/17 shows a national caesarean section rate of 27.8%; it is acknowledged that there was a decrease in deliveries nationally of 1.8%. Furthermore delivery by spontaneous method of onset of labour has reduced by 14% and inductions of labour have increased to 29.4%. We will therefore be reviewing our target reduction for caesarean section rates to reflect national changes.

Caesarean section rates

2017/18	WSHFT target	National average (2016/17 most recent data available)	2016/17	2015/16	2014/15
28.50%	26.50%	27.80%	28.60%	27.30%	26.90%

Data source: WSHFT

Improvements achieved:

- All caesarean births continue to be reviewed and findings fed back either individually to clinicians or as themes to the maternity service.
- There is a strong team focus with an extensive multidisciplinary handover every morning to identify care priorities and to ensure that there is a robust plan of care for women with senior midwifery, obstetric and anaesthetic input.
- A midwifery led programme for increasing women's opportunity for normal birth is being implemented with a key focus on the ability to mobilise in labour ('Mums Up and Mobile').
- Telemetry to encourage mobilisation in labour for women who require continuous fetal monitoring in in place.

Further improvements identified:

- Following the publication of the results of the AFFIRM trial there will be a review of the care bundle for mothers presenting with reduced movements to assess the evidence from the study and the level of intervention required.
- There will be a focus in the year ahead to increase the number of women who give birth in their home environment or low risk hospital environment.
- The service will be working with women to further develop the birth environment within the hospital to optimise the opportunities for a mother to mobilise in labour and to make use of the birthing pool even when there are risk factors that require continuous monitoring of her baby.

Avoiding harm

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

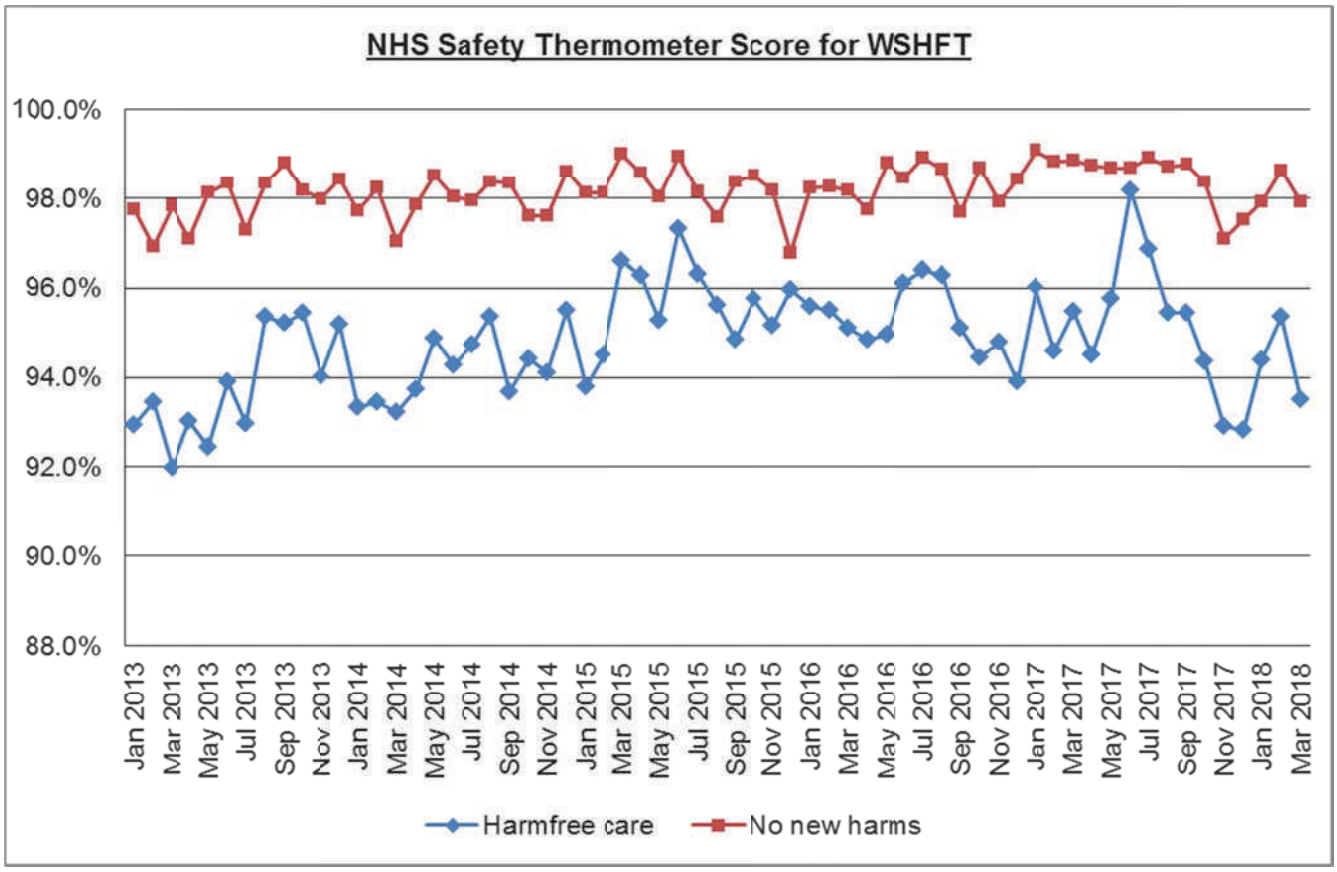
2017/18 achievement: 98.3% of patients suffered no harm during their inpatient stay

Western Sussex is committed to providing safe, high quality services. We aim to provide safe, harm-free care for all patients. Whilst we recognise that this is a challenging goal, we are committed to reviewing all harms to ensure that we learn and continuously improve care.

Hospital acquired infections; pressure sores and other complications are examples of harm which are sadly commonplace across hospitals in the UK. Despite the extraordinary hard work of healthcare professionals patients are harmed in hospitals every day. Most harm experienced by patients is minor or very minor, but in some cases it can be life-changing for the patient and their family, or can even tragically result in death.

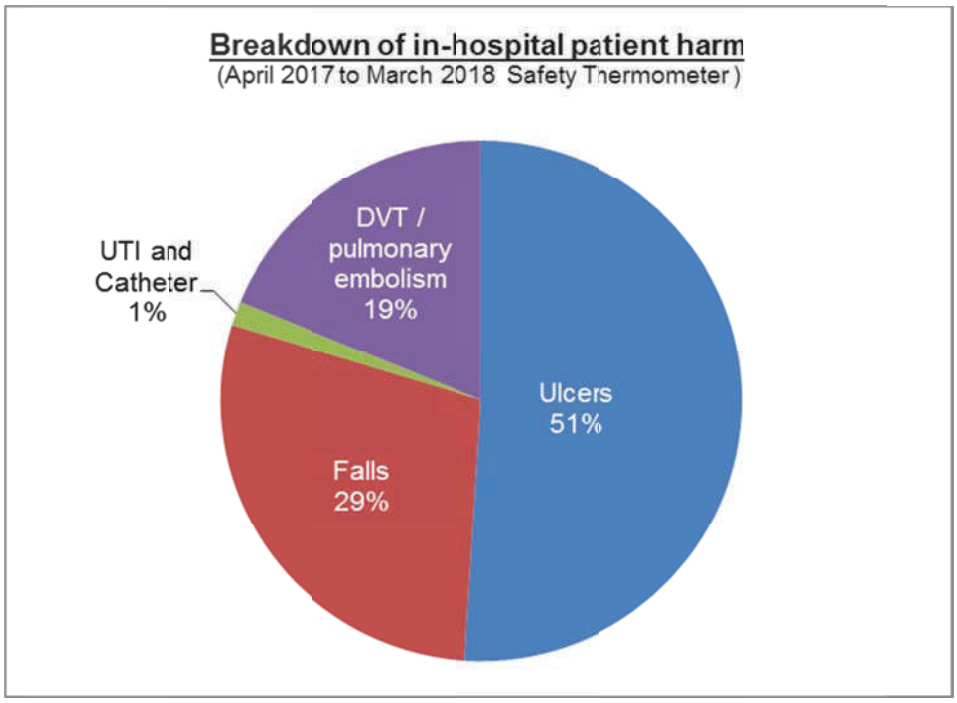
The Trust uses the national NHS Patient Safety Thermometer to monitor overall harm free care. This tool looks at point prevalence of four key harms in all patients on a specific day in the month: falls, pressure ulcers, urinary tract infections plus the venous thromboembolisms (VTE) deep vein thrombosis and pulmonary embolism. It distinguishes between harms that have occurred prior to admission, such as falls in care homes, and those that have occurred since admission, known as 'new harms'.

The Safety Thermometer includes harms suffered by the patient in healthcare settings prior to admission. The actual number of patients who suffered no new harm during their inpatient stay at WSHFT in 2017/18 was 98.3% against a national average of 97.8% and close to achieving the challenging internal target of 99% set by the Trust. This positive position sets us up well in aiming to achieve our 99% target next year.



Data source: NHS Improvement

Of the four types of harm currently measured by the patient safety thermometer, all four occurred at WSHFT during 2017/18. Future work streams will continue to focus on all four of these areas as well as other aspects of ward safety.



Data source: NHS Improvement

Falls reduction programme

Falls are one of the highest causes of patient harm across the Trust. They cause both physical and psychological harm, leading to loss of confidence, poor patient outcomes and increased length of stay.

Trust target: 30% reduction in in-hospital falls (from baseline of 2015/16)

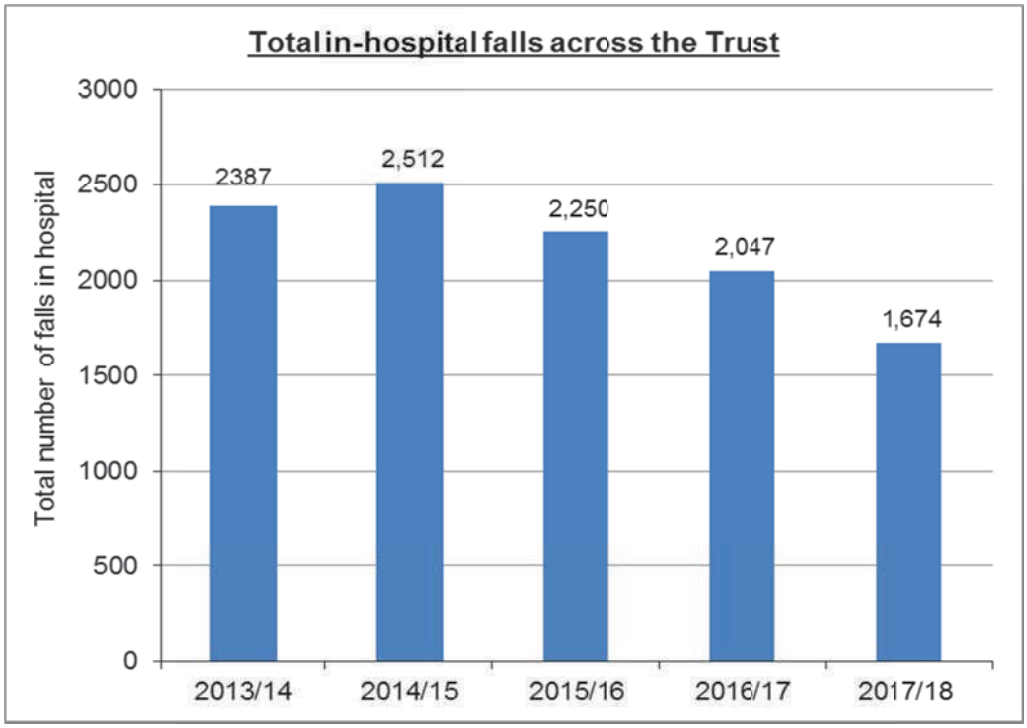
By when: March 2018

Outcome: 26%

Progress: Close to target

Falls are one of the most challenging harms to address with a complexity of factors contributing to an individual patient's risk of falling. The reduction in in-hospital falls programme therefore continued to be a major improvement area for the Trust in 2017/18 with the work supported by the Patient First Improvement System and led by divisional teams.

Wards have worked through improvement cycles to try to address the underlying reasons for patient falls. This methodology ensures a bespoke approach to the challenge as solutions will vary depending on the particular patient group and ward environment. Alongside this focused approach to problem solving the Trust has continued to embed the two core interventions that have been shown to have a positive impact: SWARM, an immediate multidisciplinary review of the patient post-fall and 'Baywatch', a requirement to keep bays where patients are known to be at risk of falling manned at all times.



Data source: WSHFT

Improvements achieved:

- A reduction of 26% in all falls and an 17% reduction in falls causing significant harm or death (compared to baseline 2015/16).
- Successful roll out of the 'Let's Get You Home' campaign, a local initiative in partnership with Coastal West Sussex CCG to provide patients with information about getting home and staying active while in hospital to prevent deconditioning (a known risk factor with falls).
- Wards with high patient fall rates have been visited by the Harm Free Care team to review current practices in line with best practice.
- A new volunteer role has been developed for the Trust: Clinical Activities Volunteers. These specially trained volunteers will support patients to remain active whilst in hospital and help to prevent deconditioning.

Further improvements identified:

- Training and implementation of the Clinical Activities Volunteer role across the Trust, aiming to develop this initiative in to Wellbeing Volunteers to provide a range of wellbeing activities, advice and support.
- In the coming year there will be a focused programme around the awareness of deconditioning amongst staff, patients and relatives; the aim is to ensure that all patients receive the best possible outcome and return home wherever possible.

Skin damage reduction programme

Continued reduction in in-hospital acquired pressure damage.

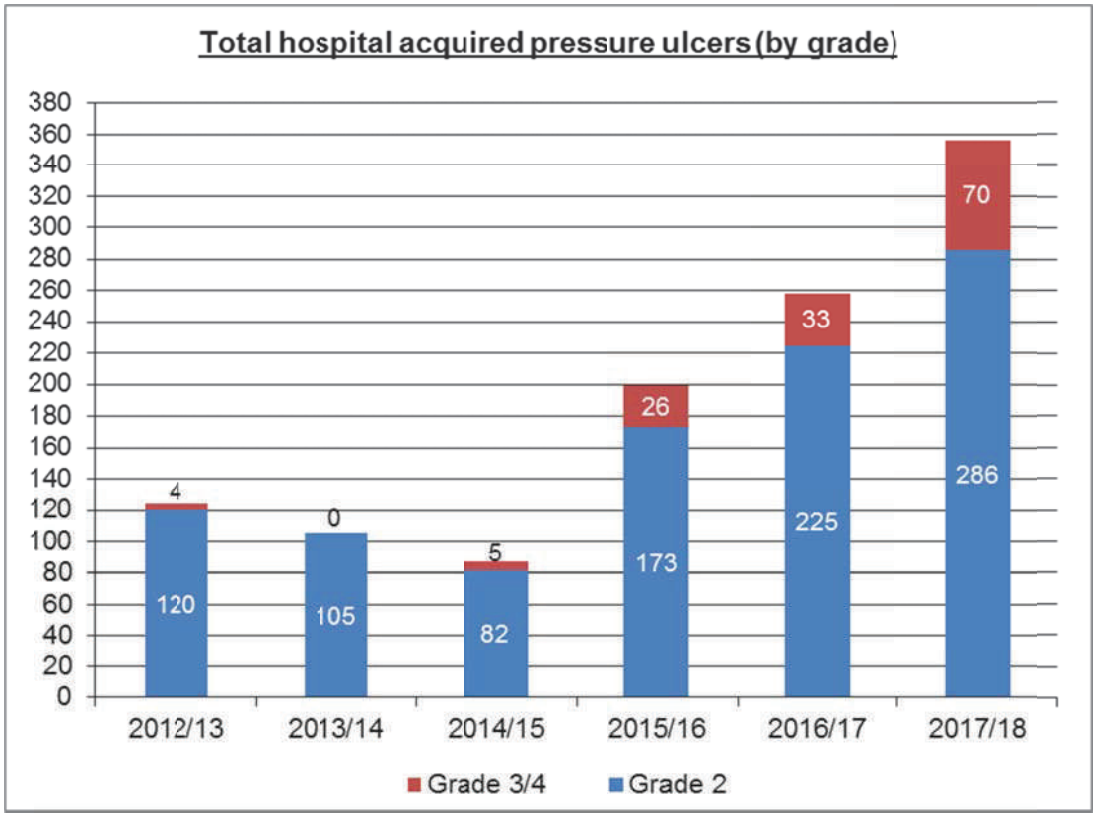
Trust target:	**10% reduction in grade 2+ avoidable pressure damage (from baseline of Jan-Dec 2016)**
By when:	**March 2018**
Outcome:	**We have not reduced grade 2+ pressure ulcers in 2017/18**
Progress:	**Behind plan**

Pressure damage is one of the highest causes of patient harm across the Trust. It can cause physical harm, pain and can lead to poor patient outcomes; in severe cases pressure damage can cause long term debilitation resulting in a life changing impact on the patient.

Whilst a high proportion of patients with pressure ulcers are admitted to hospital with existing skin damage, we saw a significant rise in hospital acquired pressure damage in 2015/16 and 2016/17 but changes to the way we were required to report pressure ulcers largely accounted for this increase.

As can be seen in the graph below we have significant challenges in relation to patients developing pressure ulcers. The awareness campaign across the Trust last year, featuring the launch of the new risk assessment tool Purpose-T,

has led to very high levels of reporting. We are now undertaking a robust programme of improvement, with Kaizen support, to fully understand opportunities for improvement in order to address this deteriorating picture. Our aim for 2018 will be to have zero category 3 and above pressure ulcers.



Data source: WSHFT. Please note as of 2017/18 higher grade incidents 3&4 now include pressure injuries classified as suspected deep tissue injuries (previously these were graded as category 2 incidents).

Improvements achieved:

- Successful launch of our pressure ulcer prevention module, co-designed with our Sussex Community NHS Foundation Trust partners through the Harm Free Care Collaborative. This training will build tissue viability expertise across our clinical areas.
- Full implementation of the pressure ulcer risk assessment tool on Patientrack.
- Ongoing project to assure the prompt availability of pressure relieving mattresses when required.

Further improvements identified:

- Implementation of the rapid improvement approach, previously used for falls learning, to reduce hospital acquired pressure ulcers.
- An intensive programme working with wards who have high numbers of patients developing pressure damage to ensure they have the support required to implement remedial actions using PFIS.
- Link with the deconditioning work in the falls programme to realise benefit in reducing pressure ulcers; evidence shows that the earlier the patients are active in hospital the less likely they are to develop pressure ulcers.

- Working with Sussex Community Trust colleagues to improve the continence pathway in hospital and on transitions of care.

Medicines optimisation programme

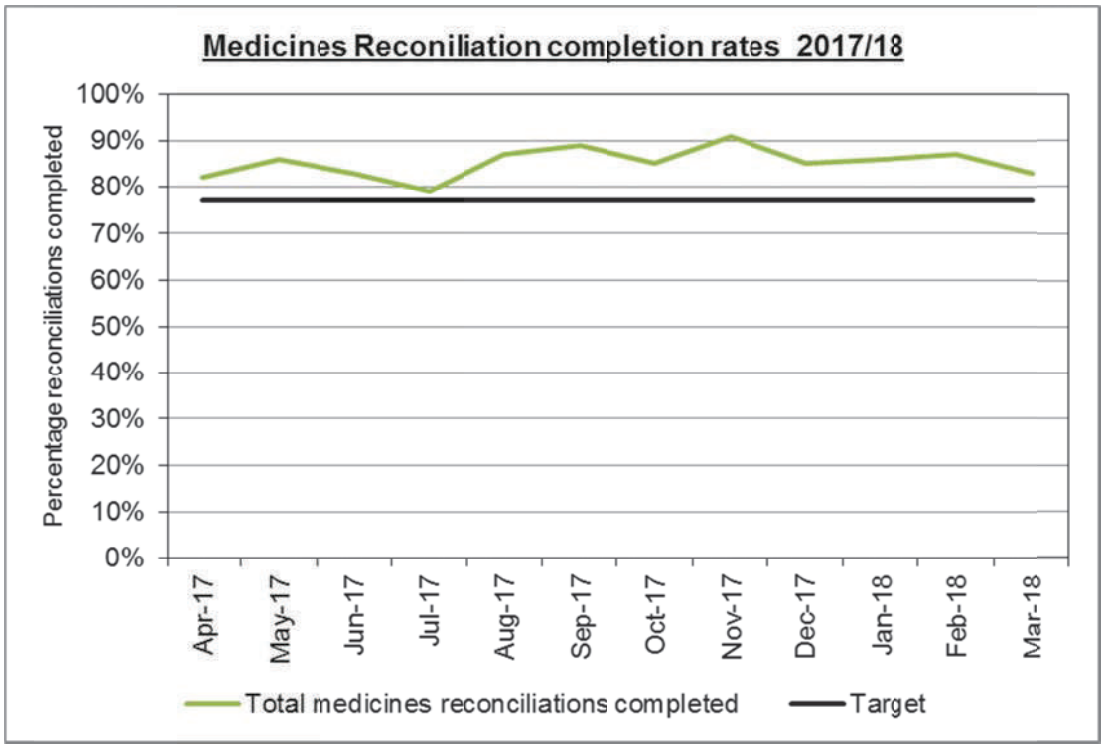
This year we have continued to roll out our Medicines Optimisation Strategy which sets out the vision and goals for development and quality improvement in all aspects of medicines use.

We practice medicines optimisation to ensure that the medicines we use and prescribe in our hospitals are both clinically and cost effective. It is important to ensure that our patients are well informed about their medicines, have the right choices at the right time, and are involved in decision making with their clinical care team. Medicines optimisation also helps to reduce medicines wastage and improve medicines safety.

Our focus over the last year included elements which linked to improving safety, improving outcomes and improving patient understanding of taking their medicines.

Trust target 1:	**Maintain / improve the Medicines Reconciliation completion rates (baseline 77% Jan-Mar 2017)**
By when:	**March 2018**
Outcome:	**85%**
Progress:	**Target achieved**

The 'Medicines Reconciliation' is the check performed at or close to admission to confirm that the medicines that a patient normally takes at home have been correctly prescribed and identified on the hospital in-patient prescription. The process reduces the risk of incorrect medication administration, promotes discussion with patients about their medicines and helps to ensure accurate and quality information about medicines is passed back to Primary Care or other healthcare settings at discharge.



Data source: WSHFT

Improvements achieved:

- Completion rate has generally been maintained or improved compared to 2016/17.
- Full documentation within JAC (pharmacy software) Electronic Prescribing and Medicines Administration records.

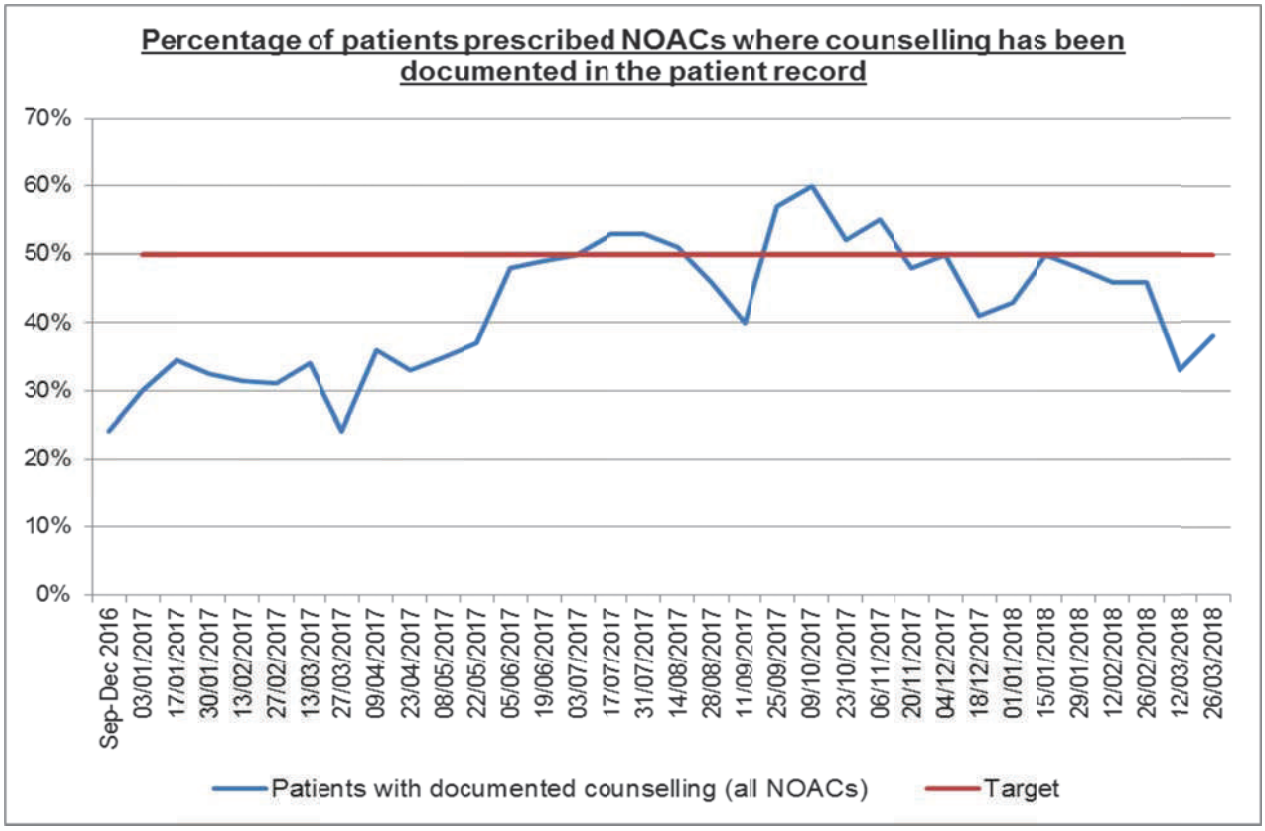
Further improvements identified:

- To link elements of Medicines Reconciliation to information with discharge summaries.

Trust target 2:	**Anticoagulants: 50% of patients on New Oral Anticoagulants to have documented counselling**
By when:	**March 2018**
Outcome:	**46% average (above 50% in 20 weeks out of 52)**
Progress:	**Close to target**

Incident reporting at the Trust has highlighted an increased risk to patient safety when patients are initiated on New Oral Anti-Coagulants (NOACs). Whilst these medicines carry a similar risk to warfarin they do not share the formal pathways of long term monitoring and review; NOACs are also less well understood and recognised by patients. In order to improve patient understanding and reduce the likelihood of significant risk, work has been carried out to develop a more comprehensive pack of information and a counselling checklist for patients taking NOACs.

Medical, pharmacy and nursing staff are working together to educate our patients to ensure that they receive the necessary information to support their treatment.



Data source: WSHFT

Improvements achieved:

- Documented NOAC counselling has improved from 24% to an average of 46% and involves pharmacy staff and other clinical staff. In 20 out of 52 weeks we have reached the 50% target with the trend of documenting NOAC counselling improving steadily.
- The rate of patients' prescriptions with venous thromboembolism prophylaxis omitted has reduced by a third, following the introduction of an additional prompt for prescribers within the clerking paperwork during pilot periods of work.
- New anticoagulant bridging guidelines have been introduced to reduce the risks and delays linked to anticoagulants in patients undergoing surgery or invasive procedures.

Further improvements identified:

- Further work is required to target counselling for the remaining patients who are newly prescribed NOACs (of the remaining 50% of patients without documented counselling 4% are newly prescribed the medication and therefore a priority for counselling).
- The VTE prophylaxis prescribing will continue to be a key focus for 2018/19 and process mapping will be used to identify the next series of opportunities in this area.

Trust target 3:	**Improve the quality of information relating to medication at discharge to GPs, community hospitals and community pharmacists**
By when:	**March 2018**
Outcome:	**New system implemented**
Progress:	**Target achieved**

Ensuring accurate information about medicines when patients are transferred back to Primary Care after a stay in hospital is an important priority; medicines are often adjusted or altered and it is an essential element of on-going care to ensure that the GP is aware of these changes.

Improvements achieved:

- In the Department of Medicine for the Elderly a new system has been introduced where the junior doctor and pharmacist prepare the discharge summary and final prescription together. This has reduced errors and inaccuracies and improved the quality of key information which is sent to GPs.

Further improvements identified:

- The Trust will explore opportunities to involve community pharmacies in the share of information at discharge including referring patients for a discharge medication or new medicine review after discharge.

CQUIN target:	**Antimicrobial stewardship and consumption reduction in total antibiotic consumption (2%), carbapenem reduction (1%) and piperacillin-tazobactam (1%) compared to 2016/17**
By when:	**March 2018**
Outcome:	**Two out of three Public Health England targets achieved**
Progress:	**Behind plan**

Antimicrobial resistance is a significant threat to patient safety. It has been predicted that by 2050 there will be 10 million deaths a year globally due to antibiotic resistance - more than cancer.

Antimicrobial stewardship and consumption				
Antimicrobial	**Percentage reduction in consumption 2017/18 compared to baseline**	**2017/18 consumption (Defined daily doses per 1000 bed days)**	**Target reduction set by Public Health England**	**2016 consumption (calendar year) (Defined daily doses per 1000 bed days)**
Carbapenem	**-7% Target met**	33.4	1%	35.96

Antimicrobial stewardship and consumption				
Antimicrobial	**Percentage reduction in consumption 2017/18 compared to baseline**	**2017/18 consumption (Defined daily doses per 1000 bed days)**	**Target reduction set by Public Health England**	**2016 consumption (calendar year) (Defined daily doses per 1000 bed days)**
Piperacillin-tazobactam	**-41% Target met**	30.3	1%	51.66
All antibiotics	**+11% Target not met**	4910	2%	4414.16
Data source: Public Health England				

Improvements achieved:

- The level of review of antimicrobials by senior staff has increased over the year to the level advised by Public Health England through the CQUIN.
- Total antimicrobial usage remains low within the organisation and there is good antimicrobial stewardship and compliance with the formulary. Reducing the total usage of antimicrobials has proved challenging particularly with the specific drugs used within our formulary.

Further improvements identified:

- Continued focus on good practice prescribing and regular review will be a key objective for 2018/19.

Infection prevention and control programme

Infection prevention and control is a vital part of the care we give to patients in our hospitals.

Healthcare associated infections are well recognised as a cause of increased morbidity and mortality, and whilst some are not preventable, our objective is to prevent them where possible by good basic infection prevention and control practices such as hand hygiene, cleanliness and antimicrobial stewardship.

Trust target 1:	**Reduction in surgical site infection (SSI) rate for total hip replacement (<1.1%) and total knee replacement (<1.5%)**
By when:	**March 2018**
Outcome:	**Hip SSI rate: 1.5% (April to December 2017)** **Knee SSI rate: 2.8% (April to December 2017)**
Progress:	**Behind plan**

Surgical patients who are operated on in the categories for which we are undertaking SSI surveillance are monitored for signs of infection both during their initial admission and up to one year post surgery for hip and knee replacements (arthroplasty surgery).

Surgical site infection data – total rate including superficial infections

Surgical site	**2017/18** Latest available data April to December 2017	WSHFT target	National benchmark Latest available data Oct to December 2017	2016/17	2015/16	2014/15 (Oct 2014 – Sep 2015)
Total hip replacement	**1.5%**	<1.1%	1.0%	2.0%	2.7%	3.2%
Total knee replacement	**2.8%**	<1.5%	1.3%	3.3%	4.2%	1.9%

Data source: Public Health England

Improvements achieved:

- SSI Surveillance Team are now part of the Surgical Division and an SSI Operational Group has been formed with the focus of ensuring the NICE Quality Standards for reducing SSIs are embedded into theatre practice.
- Standard work practices agreed for pre-operative care including microbial decolonisation and warming of enhanced recovery programme hip and knee replacement patients.
- Chilgrove ward has been ring-fenced for elective arthroplasty cases reducing the exposure of these patients to 'dirty' wounds of patients being treated by other specialties of surgery.
- A wound clinic has been established for post-operative review of total hip and total knee replacement patients who are concerned about their wounds.

Further improvements identified:

- The Trust remains an outlier for total hip and total knee replacement surgery with the National Joint Registry. A British Orthopaedic Association Elective Care Review was commissioned relating to its hip and knee arthroplasty service; the review took place in January 2018 with recommendations now under review.

Trust target 2:	**Reduction health care associated infection rate for MRSA (0 cases) and *C.difficile* (<39 cases)**
By when:	**March 2018**
Outcome:	**MRSA: 3 cases** ***C.diff:* 35 cases**
Progress:	**Close to target**

Clostridium difficile disease (CDI) is a potentially life-threatening condition often associated with healthcare intervention and cross-infection. The control of this organism requires a truly multi-disciplinary approach involving excellent infection control practice, good antimicrobial prescribing and sound environmental cleanliness and management. Meticillin-resistant *Staphylococcus aureus* (MRSA) continues to be a concern in the healthcare setting as well as in the wider community. In most people it causes no harm, but if normal defences are weakened by other illness or injuries then the bacterium can get into their bodies and cause blood stream and other infections that are very serious and difficult to treat.

Healthcare associated infection data – number of cases

Causal agent	**2017/18**	WSHFT target	2016/17	2015/16	2014/15
C.difficile infections	**35**	39	45	36	38
MRSA infections	**3**	0	1	0	1

Data source: WSHFT

Improvements achieved:

- Executive representation at the post infection reviews of hospital acquired *Clostridium difficile* and MRSA bacteraemia cases.
- Multi-disciplinary working group formed to identify actions to reduce hospital acquired *Clostridium difficile*. This was tabulated into an action plan and has been worked on throughout the year, discussing at Infection Control Operational Group (ICOG) and Sisters' meetings across site.
- Patientrack have supported the Infection Prevention & Control (IP&C) Team and are in the process of working on a project that will help all clinical staff within the Trust. Patientrack are currently pulling through Trust infection control alerts to their system and through to nursing and doctor hand over sheets. This has been put as a priority due to the MRSA bacteraemia cases that the Trust has had recently. Other work will be completed during this project to help the correct weekly MRSA screens to be taken within clinical areas.

Further improvements identified:

- Deep clean and Bioquell programme to begin in March 2018 across sites.
- MRSA bacteraemia action plan to be formulated, post infection review. This will improve correct screening, prompt decolonisation and reduce contaminant rates. This will be discussed at ICOG and Sister/Matron meetings.
- High Impact Intervention reporting is essential but it is recognised that the collating of monthly data, to bring to ICOG, takes time. The Trust and Brighton & Sussex University Hospitals IP&C Teams are to meet to discuss best practice for reporting compliance, non-compliance and assurance from all divisions.

Diagnostic resulting programme

To ensure all ordered diagnostic tests are undertaken, reviewed, acted upon, escalated appropriately and finally communicated to the patient/GP within the timeframe required.

Trust target:	**Further progress with specification, procurement and implementation of a new diagnostic resulting programme**
By when:	**March 2022**
Outcome:	**In progress**
Progress:	**On plan**

This programme aims to ensure we have a robust and consistent Trust wide programme in place to ensure that all ordered tests are undertaken, reviewed, acted upon, escalated appropriately and finally communicated to the patient/GP within the timeframe required. Our eventual aim is to implement a fully integrated auditable system for ordering tests which includes a robust feedback mechanism to ensure that all results are prioritised and reviewed with timely communication to the patient and their GP. Although the group is focused on finding a trust wide IT solution for managing test results, identified risks are being addressed with simple solutions.

The initial work in this programme has required us to undertake a review of the ordering and communication practice for each group of diagnostic tests, and a review of the resulting practice within every specialty within the Trust. This has helped us to understand the issues faced that cause missed, lost, delayed and uncommunicated test results and enable action plans to be put in place to address the issues found.

This programme of work will help to prevent delayed diagnosis and treatment and reduce the number of repeat diagnostics undertaken.

Improvements achieved:

- Review of endoscopy operational policies, request forms, patient information leaflets, booking letters and prep instructions to procedures and expectations are managed.
- Endoscopy secretarial practices have been reviewed to ensure standardised working practice to improve resulting timescales.
- Endoscopy biopsy result letters updated to introduce standard practice for advising the GP and patient of their biopsy results together with a tracking system for all biopsies taken.

Further improvements identified:

- Various IT solutions within the Trust which will interface with OCS (Order Comms System) within the Pathology department (where tests outside of pathology and radiology occur) to ensure that there are failsafe systems in place for managing results and communicating the results to the patient which are understood by all staff.

- Consultant to consultant referrals (within the DOCMAN system) will be looked at within the next scope which will have a huge impact on lost referrals and improve patient safety.
- Electronic 'To Come In' cards this will improve lost referrals, inputting the wrong consultant details and improve patient safety.
- Standardising working practices across the Trust including the standardisation of diagnostic resulting policies.
- Agree a communication Strategy to ensure Trust consultants are clear on the purpose of the Code Red process, the expectations around acknowledgement and transfer of responsibility and the requirement to have fail safe procedures in place within each specialty for periods of absence. The communication should also include the importance of correct completion of request forms.

Safer staffing programme

Our Safer staffing quality improvement programme aims to roll out an information system to provide a Trust wide view of safe staffing.

Trust target:	**Roll out SafeCare Live information system to all adult inpatient wards**
By when:	**March 2018**
Outcome:	**SafeCare Live implemented by all adult inpatient wards plus A&Es, Emergency Floors, ITUs, high dependency areas and paediatrics.**
Progress:	**Target achieved**

The SafeCare Live system brings together information on actual staffing levels with the needs and number of current patients in the organisation. It is recognised that to deliver safe and effective care to patients there is a balance of staffing numbers and skill mix that is required. The idea is that the system provides a real-time picture of the actual versus required staffing needed and therefore aids decision making around delivering safer care for our patients. This programme focused on the roll out of the system to all general wards across the Trust in 2017/18.

Improvements achieved:

- SafeCare Live has been successfully rolled out to all adult inpatient wards across the Trust allowing ward managers to better manage staffing deficits and ensure correct staff skill mixes are achieved.
- Implementation in some of our more complex areas including both A&E departments, Emergency Floors, ITUs, High Dependency areas and paediatrics.
- Staffing data entry is now live across 44 wards and clinical areas with 36 of these also completing the patient acuity and dependency level information required.

- Visibility of supernumerary staff and student nurses on placement across our inpatient wards.
- Improved capabilities in the management of staff sickness and absence.
- Improved visibility of clinical skills competencies held by individual staff, and therefore at ward level, for each shift.

Further improvements identified:

- Successfully Implement SafeCare Live system to the remainder of our more complex phase two areas: Maternity.
- Build reliance on SafeCare Live and move to reporting of Safe Staffing levels to the Department of Health from the new system alone.
- Improve in-hours redeployment of staff across wards thereby reducing reliance on Site Managers to address safe staffing out of hours.
- Provision of robust staffing level information to aid discussions at clinical site meetings re: patient flow and escalation.
- Networking across the South with other NHS organisations to provide peer support and best practice working.
- Potential to roll out the system across other staff disciplines, such as portering and domestics; this would allow an improved ability to manage staffing levels in real-time.

Improving patient experience

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

2017/18 achievement: 95% of patients would recommend the Trust through the Friends and Family Test

Western Sussex Hospitals NHS Foundation Trust is committed to the delivery of patient centred care for all patients. Patients can expect to experience exceptional care which meets both their physical and emotional needs. Improving patient experience is at the heart of the Trust's vision and values, and is a central aspect of our Patient First Programme.

The experience that a person has of their care, treatment and support is one of the three parts of high-quality care, alongside clinical effectiveness and safety. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care.

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

The opportunity to hear the voice of the patient through the FFT gives staff the opportunity to listen to patients' experiences and to make improvements. Feedback is responded to on a regular basis and immediate and longer term actions taken to improve the experience for patients. Wards use the information to feedback within their area using the 'you said…we did' principle.

Friends and Family Test recommend rates

	2017/18 Latest available data to February 2018	National average Latest available data to February 2018	Best performing Trust Latest available data to February 2018	Worst performing Trust Latest available data to February 2018	2016/17 (Figure updated from last year's quality report due to more recent data being available)	2015/16	2014/15
A&E	**85.64%**	86.60%	99.0%	47.0%	89.01%	91.39%	90.60%
Maternity delivery	**97.80%**	96.50%	100%	7.9%	97.64%	96.20%	97.00%
Inpatients	**96.84%**	95.65%	99.3%	76.0%	96.06%	95.20%	92.40%
Outpatients	**96.94%**	93.54%	98.9%	84.4%	95.43%	92.4%	Not launched until 2015/16
Overall rate	**95.05%**	92.87%	99.1%	59.7%	94.20%	93.03%	*Not available*

Data source: NHS England

Reducing complaints and improving the timeliness of complaint responses

Our improvement focus this year has been on reducing complaints and improving the timeliness of complaint responses.

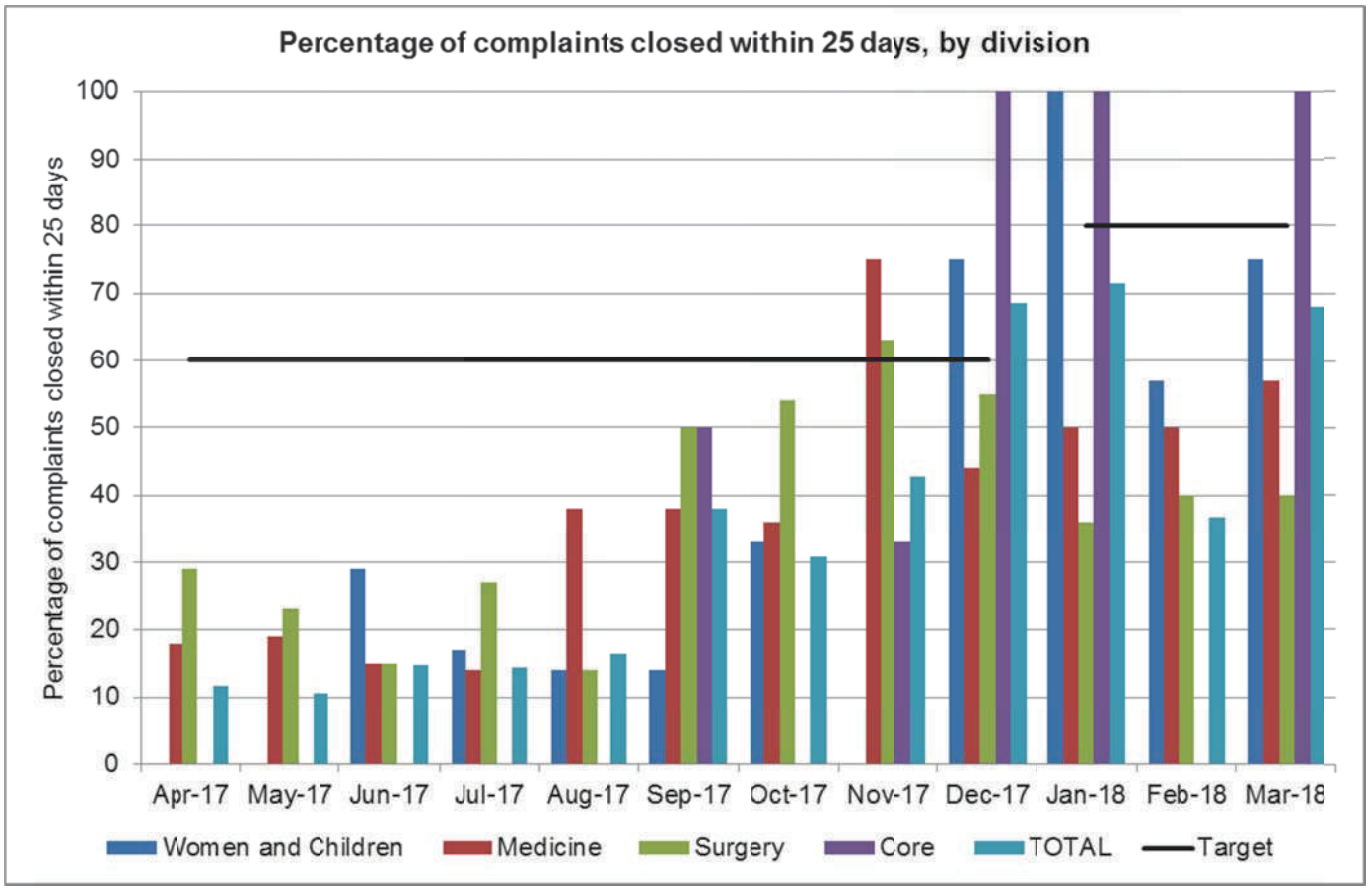
Trust target:	**60% of formal complaints to be closed within 25 days, increasing to 80%**
By when:	**December 2017, March 2018**
Outcome:	**68.5% December 2017, 68.0% March 2018**
Progress:	**Close to target**

When people have a poor experience of care it is essential that they are supported to raise their concerns and that these concerns are responded to in a timely manner. Currently this is not the case; we have undertaken a full review our complaints system to put in place processes that will address the backlog of complaints and ensure smooth and efficient future system. Divisions are beginning to embed a more proactive response to new complaints to try to facilitate resolution quickly for patients and families, avoiding the need for escalation to formal complaint.

Our Customer Relations Team is now holding weekly meetings with divisional input to enable a more accurate and visible complaints workflow. The new process is proving to be very successful in focusing on the target dates for complaint responses and understanding reasons for delays. The meetings also provide divisions with the ability to tackle some of the delay reasons much earlier on in the process.

Improvements achieved:

- Significant reduction in open formal complaints from 110 at the beginning of April 2017 to 80 at the end of March 2018.
- Improvement in responding more quickly to formal complaints; in March 2018 68% of formal complaints were resolved within 25 working days (previously 11.8% in at the end of April 2017).
- Closure of formal complaints in a shorter timeframe; 89% of formal complaints were closed within 60 days between January and March 2018 compared to only 30% between April and June 2017.
- The introduction of a new procedure whereby a relevant senior manager telephones complainants within three days of receiving a written complaint has reduced formal complaints from on average 48 per month in 2014/15 and 2015/16 to an average of 36 per month in 2017/18.
- Identifying and supporting teams receiving higher volumes of Patient Advice and Liaison Service (PALS) concerns and formal complaints to provide support to deliver improvements in patient experience.



Data source: WSHFT

Further improvements identified:

- Address the increase in PALS enquiries about clinical treatment, reducing the number of formal complaints.
- Monitor the number of re-opened formal complaints to ensure satisfaction for patients and families; measure impact on timeframes.
- Train our managers to quickly resolve concerns, and assist enquiries.
- Improved management of social media for responding to and taking action on complaints feedback posted on the NHS Choices website.

Improving communication programme

Real-time surveys and comments from our Friends and Family Test results show communication and information continues to be a challenge.

Trust focus:	**97% recommendation rate for Friends and Family Test feedback and reduce 'not recommend' rates**
By when:	**March 2018**
Outcome:	**95.05% (overall Trust score)**
Progress:	**Close to target**

Patient experience feedback tells us that communication and information are key factors affecting our Friends and Family Test recommend rates. Common concerns raised by those receiving outpatient care include communication regarding waiting times when booking appointments via the call centre, missed appointments and time spent waiting to be seen in our Outpatient Departments. The most common areas of concern for inpatients relate to communication about discharge planning and medication.

This year we have focused on two specific projects as part of improving communication with patients: improving discharge experience; improving outpatient appointment booking experience.

Improvements achieved:

- Development of a Patient Experience Strategy with key stakeholders and identification of priority improvement workstreams.
- Promoting earlier communication with patients and families to manage expectations regarding discharge options as part of a pan Sussex and Surrey campaign 'Let's Get You Home'.
- Ability to report and triangulate patient and staff experience at clinical department/unit level.
- Response rates for the inpatient FFT have improved from 34.3% in 2016/17 to 37% in 2017/18 and for maternity (delivery) from 29.1% to 52.0% over the same period. Improving FFT response rates is one solution to ensure we have robust feedback to review and act upon.

Further improvements identified:

- Embed the collection of patient feedback within departments as 'business as usual' driving up response rates to ensure we gather feedback from sufficient people to know that information is reliable.
- Wards and Departments to use comments to celebrate success and to generate ideas for improvement.
- Consider our frail local population who may not be able to express their views effectively without support; review current feedback approaches to ensure the voice of the carer is heard and acted on.
- Continue to improve communication so that all patients have access to the information they need.

Improving staff engagement

True North goal: To be in the top 20% performing acute NHS trusts in the country – NHS Staff Survey engagement score

2017/18 achievement: 3.88 NHS Staff Survey engagement score – this places us in the top 20% of acute NHS trusts

'Our People' is a strategic theme in our Patient First Programme; we cannot deliver Patient First without engaging really well with our staff. Staff determine the experience of their workplace and organisation by the many interactions, or not, with their line manager. Effective team working, led and managed by great leaders, delivers better outcomes for patients and increases staff productivity and satisfaction.

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

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

During 2017/18, the Trust's engagement score remained stable at 3.88, above the national average for acute trusts of 3.79. For the seventh year, the Trust rolled out the NHS staff survey to all permanent staff and achieved its highest response rate of 66%, an increase of 7% on last year.

NHS Staff Survey engagement scores

2017	National average	Best performing Trust (acute trusts)	Worst performing Trust (acute trusts)	2016	2015	2014
3.88	3.79	3.96	3.54	3.88	3.78	3.73

Data source: NHS Staff Survey Coordination Centre (Picker Institute Europe)

In 2017/18 we have continued to focus on the breakthrough objective with those departments where the percentage of staff who feel unable to make improvements happen in their workplace is lowest. We have strengthened the development programme for our clinical leaders and operational managers to equip them with the tools needed to facilitate great staff engagement: coaching, lean improvement methodology, change management, effective rostering and good human resource management.

Staff Wellbeing programme

The Trust continues to focus on staff health and wellbeing as one of our key quality objectives.

Trust target: **Implementation of programmes to support emotional wellbeing and musculoskeletal problems.**

By when: **March 2018**

Outcome: **Wellbeing Wednesday programme launched. Targeted musculoskeletal programme commenced.**

Progress: **Target achieved**

CQUIN target: **5% improvement in NHS Staff Survey 2017 health and wellbeing scores from 2015 results.**

By when: **March 2018**

Outcome: **8% improvement in one indicator, 1% improvement in other two indicators**

Progress: **Close to target**

The Trust's health and wellbeing plans over the last few years have been designed to deliver improvements to the physical and mental wellbeing of staff, based on sickness absence data, staff survey results and other methods of staff feedback. The CQUIN encouraged a focus on those proactive initiatives that reduced the negative impacts of work, alongside continuing to provide a broad range of wellbeing schemes.

NHS Staff Survey 2017 – health and wellbeing CQUIN specific results

	Improvement (from 2015)	2017	National average (acute non-specialist trusts)	Best performing Trust (acute non-specialist trusts)	Worst performing Trust (acute non-specialist trusts)	2016	2015
9a.Does your organisation take positive action on health and well-being? (Yes, definitely)	**8%**	42%	32%	50%	20%	37%	34%
9b.In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? (No)	**1%**	72%	74%	80%	66%	71%	71%
9c.During the last 12 months have you felt unwell as a result of work related stress? (No)	**1%**	66%	63%	72%	54%	66%	65%

Data source: NHS Staff Survey Coordination Centre (Picker Institute Europe)

Improvements achieved:

- The Trust was in the top 20% of acute trusts for the key finding of organisation and management interest in health and wellbeing in the NHS Staff Survey 2017.
- Improved branding and communication of wellbeing events to better promote the full range of initiatives on offer to all staff.
- The Trust launched Wellbeing Wednesdays in September 2017, which now take place on the first Wednesday of every month. They provide a regular opportunity for staff and volunteers to enjoy a variety of health and wellbeing activities across the Trust, such as lunchtime walks, physio workshops, yoga, emotional resilience, hand massages and group singing.
- In the 2016 staff survey 29% of our staff stated that they had experienced musculoskeletal related problems as a result of a work related injury. The Trust was in the process of reviewing beds and the health and wellbeing group identified that the introduction of electric beds would play a significant part in reducing the incidence of work related injury. In November 2017 the Trust ordered more than 1,000 new electric profiling beds to replace the current bedstock on the wards from January 2018.
- Specific focused events run by Staff Physiotherapy services and the Trust's Back Care team to provide a combination of focused training to particular staff groups and education over the types of exercise that may reduce the likelihood of injury.
- Access to the Physiotherapy gym for staff at St Richards and Worthing on a programme facilitated by the Staff Physiotherapy service.
- Launch of the Colleagues as Carers forum for our staff, in partnership with Carers Support West Sussex. The forum operates groups to share experiences with like-minded people, an opportunity to explore work-life balance and advice on caring roles and support available.
- Ongoing provision of a broad range of Health and wellbeing services for staff including Staff Counselling service, Emotional Resilience courses for staff, Schwartz rounds, Mindfulness and on-site exercise programmes.

Further improvements identified:

- Review and further development of education sessions conducted by Staff Physiotherapy and Back Care team.
- Further work on reducing stress will begin in pilot areas to focus on initiatives to address stress triggers. This work will be supported by the Kaizen improvement team utilising improvement methodology. Learning from these pilots will support the development of ongoing plans for the wider organisation.
- Ongoing development of the Wellbeing Wednesday programme.

Developing a resilient and affordable workforce

Ensuring the Trust has the appropriate workforce capacity in place to deliver and sustain high quality services.

Trust target:	**10% reduction in staff vacancy and turnover rates compared to 2016/17 baseline**
By when:	**March 2018**
Outcome:	**10.2% vacancy reduction and 5.1% turnover reduction compared to baseline**
Progress:	**Close to target**

Improving the number of permanent staff employed improves quality of care to patients and reduces the reliance on agency staff. This requires the development of careers that are attractive and establishing new roles where workforce supply is scarce. Staff turnover undermines recruitment strategies and results in a loss of valuable skills and knowledge.

Workforce data: rolling 12 month staff turnover and staff vacancy rates

	2017/18	**Actual reduction 2017/18** (from 2016/17)	2016/17	2015/16	2014/15
Staff turnover rates	7.5%	**5.1%**	7.9%	8.7%	8.4%
Staff vacancy rates	8.8%	**10.2%**	9.8%	11.1%	9.3%

Data source: WSHFT

Improvements achieved:

- Successful implementation of new terms and conditions of service for over 350 junior doctors since October 2016, including introduction of generic work schedule with regular educational review meetings and rota redesign to comply with new safety rules governing working hours.
- Introduction of new/extended roles to mitigate recruitment challenges for example Resident Medical Officers, Clinical Fellows, Resident On-Call Consultants and other staff groups such as Clinical Nurse Specialists, extended scope Allied Health Practitioners (AHPs) and Pharmacists. We have also explored the option of using Doctors' Assistants to undertake some traditional doctor-level procedures.
- Improved market management of nursing workforce and cap compliance of agencies to improve the volume and quality of agencies supplying to the Trust. In addition we have eliminated very high cost agency use and introduced a bank bonus scheme to encourage the uptake of bank shifts rather than booking agency staff to fill vacant shifts.
- Agency staff switch initiative to encourage workers back in to permanent nursing

positions: successfully converted 25 agency nurses on protected terms and conditions to our Trust staff bank and a further five to substantive posts with the Trust.

- Continued work to support domestic and international recruitment: net increase of 56 nurses and 111 Health Care Assistants (HCAs) in the last 12 months. This recruitment drive has successfully filled all vacancies in the HCA staff group.
- Continued focus on improving staff retention, employing PFIS problem solving methodology to address the numbers of HCAs leaving within first 2 years' of employment and growing future pipelines through the use of apprenticeships.
- Roll out of HR IT systems to support workforce management including medical revalidation, job planning, annual leave, electronic rostering and Electronic Staff Record (ESR) manager and employee self-service systems.
- Continued embedding of cultural change through staff engagement, health and wellbeing, appraisal, Welcome Days, health and safety training, employee relations and leadership development.

Further improvements identified:

- Extend the number of apprentices and apprenticeship qualifications available in our clinical areas including HCAs, registered nurses, occupational therapy staff, pharmacy staff and biomedical scientists.
- Introduce an Associate Nurse role at Band 4 to mitigate registered nurse vacancies as part of a consortium in Surrey.
- Explore the use of Clinical Fellows in a wider number of specialties.
- Following our offer of 60 nurse posts on our overseas recruitment trip in October 2017 we need to progress professional registration and visa requirements.
- Roll out ESR self-service to clinical areas on completion of the upgrade of Evolve and internet explorer.
- Continue to explore the use of digitised technology to improve bank booking processes and fill rates.
- Work in collaboration with Brighton & Sussex University Hospitals to identify common areas where workforce challenges can be mitigated (eg. shared staff bank arrangements, joint posts, skills swaps).

Patient First Improvement System

Our Patient First Improvement System (PFIS) is the Trust's tailored lean management system which helps our wards and departments to support and sustain large scale improvement projects.

Trust target:	**Continued roll out across all clinical areas - focus on A&E and Emergency Floor**
By when:	**March 2018**
Outcome:	**A&E and Emergency Floors fully trained and operational in PFIS**
Progress:	**Target achieved**

Our PFIS system involves four months of training for each ward or department team through attendance at a series of modules and team days. Staff learn to implement PFIS in their areas and adopt new lean management techniques including A3 problem solving, testing solutions using a Plan Do Study Act (PDSA) approach, standard work, and process observation, as well as implementing an improvement huddle.

The PFIS is supported by a community of Lean Practitioners amongst our staff, ranging from Yellow Belts through to Green Belts to advanced Black Belts. This programme is developing our 'Trust-wide' network of Lean professionals and teams empowered to solve problems, improve processes and pathways using Lean tools, which is sustainable and shows tangible benefits for Patient care, service and experience.

Improvements achieved:

- Increased alignment of Yellow-belt training to project delivery: 100% of yellow belt graduates will be involved in the delivery of a project aligned to Trust priorities. 150 new Yellow Belts trained; 415 now in total across the organisation (as at end of Jan 2018).
- We trained our second cohort of 12 Trust staff to Green-belt level with delivery of appropriately scaled and aligned projects. We now have 29 trained Green Belts working across the organisation.
- We have developed our Trust Lean Practitioners (Patient First Kaizen Office) to Black-belt status.
- The Kaizen Team have provided coaching and support to improvement projects including Stroke, Sepsis, Non-Elective Flow, Theatre Optimisation, Flu Vaccination and Health & Wellbeing.
- Rollout of Patient First Improvement System to 16 further wards and departments through three waves of training; 37 wards and departments in total now trained.
- By engaging staff in improvement at ward and department level, PFIS has helped deliver significant improvements in relation to breakthrough objectives and True North themes, such as reductions in falls and agency spend, increased Friends and Family

responses and timely clinical observations for inpatients.

- A&E departments and Emergency Floors at both Worthing & St Richard's have completed the training programme. We welcomed our first participants from Women & Children to PFIS in spring 2018.

Further improvements identified:

- Rollout of PFIS to approximately 21 further wards and departments in 2018/19. This will complete the rollout of general medical, surgical and obstetric ward areas as well as main and day case theatres and outpatients.
- Continued support for key breakthrough objectives including discharge of patients earlier in the day to support flow, continued emphasis on falls and pressure injuries.
- Building further on our Lean network resource, by training new Yellow Belts, but also ensuring that Yellow Belt candidates from previous cohorts continue to be involved in improvement activity and aligned to strategic projects.
- Rollout of Leader Standard Work training to key clinical and non-clinical leaders, to support active engagement in improvement work on a daily basis across the organisation supporting projects, developing resource and coaching staff for improvement.

Clinical Academic Pathway

Our ambition is to provide support for novice researchers at all levels enabling them to grow a research career whilst maintaining close links to clinical practice and collaborative working with Higher Education Institutions.

Trust focus:	**To develop a clinical academic pathway providing support for novice researchers at all levels**
By when:	**March 2018**
Outcome:	**Pathway developed and launched**
Progress:	**Target achieved**

The Western Sussex Clinical Academic Pathway focuses on the development of confident clinical academic and research aware staff who will develop and embed a culture of learning from research to innovate and improve care, outcomes and experience for patients and act as 'agents of change' within the practice environment. Our programme includes a specific component for training in continuous improvement methodology and will be embedded within the Trust's Patient First culture of continuous clinical improvement.

Our new Clinical Academic roles will support innovative improvements in care in priority areas - helping to build Centres of Clinical Excellence in key quality improvement areas such as improving

patient outcomes, delivering harm free care, improving patient experience of care and engaging and empowering staff to make improvements in front line services. We will work with academic partners in areas of shared priority to drive innovative improvements in patient care.

Improvements achieved:

- The Clinical Academic Nursing, Midwifery and Allied Health Professionals programme is developing well supported by a grant of from Kent Surrey Sussex Health Education England.
- We are supporting four Clinical Improvement Scholars this year from September 2017 for 12 months.
- We have been successful in securing further funding from Kent Surrey Sussex Health Education England to expand our cohort of Clinical Improvement Scholars for entry in September 2018 and September 2019.
- We were awarded the 'Improvement and Innovation Award' in the Partner Awards 2018 by the National Institute for Health Research Clinical Research Network Kent, Surrey and Sussex for our CAP programme.

Further improvements identified:

- Increase staff engagement with clinical research with particular focus on the areas identified as local quality priorities. Build on the Patient First Improvement Programme by developing skilled and confident practitioners amongst ward level teams to support best care and practice based on the latest research evidence and innovation.
- Develop and enhance learning opportunities for research and EBP. Ensure that all clinical areas have nominated Evidence Based Practice (EBP) and Research Champions to further support the Patient First drive for continuous improvement and to enhance opportunities for embedding research in every day practice. Ensuring that all areas are fully engaged with research and innovation will support greater access for patients and provide them with more opportunities to contribute to clinical research within the NHS.
- Develop a 'virtual' research communication network of practice, across new and existing communities with supporting links to wider health and education economies, to help implement new ideas and support the shaping of existing knowledge into new practices that can help people to do their jobs more effectively.
- Develop a designated 'research' space to offer staff a bookable area for collaborative working or a quiet space for writing up their work.

Part 3.2: Other information

Volunteering — volunteers from The Friends of Chichester Hospitals prepare to serve patients, staff and visitors with one of their ward trolleys

Local quality indicators

Patient safety indicators					
	2017/18	2017/18 target	2016/17	2015/16	2014/15
Safer Staffing: Average fill rate - registered nurses/ midwives (day shifts)	**94.80%**	95%	96.20%	95.93%	96.50%
Safer Staffing: Average fill rate - registered nurses/ midwives (night shifts)	**94.80%**	95%	97.10%	97.46%	97.30%
Safer Staffing: Average fill rate - care staff (day shifts)	**93.10%**	95%	91.30%	89.82%	93.70%
Safer Staffing: Average fill rate - care staff (night shifts)	**94.10%**	95%	92.30%	92.26%	95.30%
Care Hours Per Patient Day (CHPPD)	**6.6**	tbc	6.5	n/a	n/a
Safety Thermometer: % of patients harm-free	**94.93%**	95.70%	95.30%	95.70%	94.60%
Safety Thermometer: % of patients with no new harms	**98.42%**	99%	98.50%	98.30%	98.20%
% of patients with catheters and UTIs where best practice protocol was not followed.	**0.05%**	0.06%	0.06%	0.10%	0.20%
Total incidents (Trust data)	**9,150**	8,122 - 10,988	9,938	9,841	9,508
Total moderate, severe or death incidents (Trust data)	**176**	153	162	156	147
Total serious incidents (SIRIs) (Trust data)	**53**	60	74	79	61
Number of outstanding CAS alerts	**0**	0	0	0	0
Total incidents involving drug/prescribing errors	**1,016**	1,056 - 1,428	1,088	1,100	1,242
Moderate/severe incidents involving drug/prescribing errors	**9**	5	8	6	5
Number of hospital attributable MRSA cases	**3**	0	1	0	1
Number of hospital C.diff cases	**35**	39	45	36	38
Number of C. diff cases where a lapse in the quality of care was noted	**20**	16	24	20	21
Number of reportable MSSA bacteraemia cases	**94**	102	113	85	75
Number of reportable E.coli cases	**400**	375	417	312	313
Full compliance with WHO Surgical Safety Checklist	**100%**	100%	100%	100%	100%
NEVER events	**2**	0	3	2	0
~SSIs: Total hip replacement (Rolling 12 months to Feb 2018)	**1.50%**	1.10%	3.00%		1.10%
~SSIs: Total knee replacement (Rolling 12 months to Feb 2018)	**2.80%**	1.50%	3.20%		0.80%
~SSIs: Large bowel surgery (Rolling 12 months to Feb 2018)	**11.50%**	12%	11.60%		14.90%
~SSIs: Breast surgery (Rolling 12 months to Feb 2018)	**5.70%**	3.80%	5.40%		4.20%
Falls resulting in harm (Trust data)	**473**	451	451	456	510
Falls resulting in severe harm or death (Trust data)	**3**	1	2	2	1
Repeat falls	**106**	97	97		
Falls assessment within 24hrs of admission	**90.00%**	80%	86.80%	86.70%	90.90%
Avoidable falls identified on the Safety Thermometer	**0.56%**	0.65%	0.65%	0.83%	0.98%

Patient safety indicators					
	2017/18	2017/18 target	2016/17	2015/16	2014/15
Grade 2+ pressure ulcers	**356**	240	258	199	87
VTE Assessment Compliance	**94.10%**	95.3%	95.30%	*94.903%	95.90%

Clinical effectiveness indicators					
	2017/18	2017/18 target	2016/17	2015/16	2014/15
Trust crude mortality rate (non-elective)	**3.10%**	3.13%	3.21%	3.13%	3.27%
Crude mortality rate (non-elective): 12 month rolling	**3.11%**	3.13%	3.21%	3.13%	3.27%
Trust Hospital Standardised Mortality Ratio (HSMR) (Reported in arrears: 12 months to December 2017 is the latest available data.)	**88.10**	92	91.1	89.6	95.4
Summary Hospital-level Mortality Indicator (SHMI) (rolling 12M) (Reported in arrears: 2017/18 Q2 is the latest available data.)	**0.95**	1	0.97	1	1.03
Crude non-elective mortality for Renal failure	**16.27%**	15.50%	15.50%	14.50%	19.50%
SMR for hip fracture (all diagnoses/ procedures) (Reported in arrears: 12 months to December 2017 is the latest available data.)	**88.54**	100	93.6	70.1	80.6
Worthing SMR for hip fracture (all diagnoses/ procedures) (Reported in arrears: 12 months to December 2017 is the latest available data.)	**96.13**	100	100.1	78.1	112.3
St Richard's SMR for hip fracture (all diagnoses/ procedures) (Reported in arrears: 12 months to December 2017 is the latest available data.)	**80.40**	100	84.4	58.8	42.7
30 day mortality rate following hip fracture (Reported in arrears: 12 months to December 2017 is the latest available data.)	**6.80%**	5.70%	6.40%	5.20%	8.70%
Emergency readmissions within 30 days %	**14.31%**	13%	14.20%	13.70%	13.20%
C-Section Rate	**28.50%**	26.5%	28.60%	27.30%	26.90%
% Mothers requiring forceps for delivery	**11.20%**	<15%	11.80%	11.50%	11.90%
% Deliveries complicated by post-partum haemorrhage	**0.40%**	1%	0.50%	0.50%	0.60%
Maternal deaths	**0**	0	0	0	0
% Admission of term babies to neonatal care	**3.20%**	< 10%	3.30%	3.00%	2.40%
% Emergency admissions staying over 72h screened for dementia	**91.18%**	90%	93.20%	93.70%	92.40%
% Patients identified as at risk of dementia for whom further investigations are carried out	**93.26%**	90%	92.20%	91.90%	92.40%
% Patients with identified dementia referred to specialist services	**100.00%**	90%	100.00%	99.40%	98.90%
Number of admissions for patients with dementia flag	**2,645**	NA	2,921	2,442	1,832
Ward moves for patients flagged with dementia	**2,257**	2,376	2,638	1,744	1,102
Night-time ward moves for patients flagged with dementia	**505**	500	555	470	492
Documentation Audit: % patients with dementia with Knowing Me document	**87.24%**	75%	92.50%	98.70%	75.40%

Clinical effectiveness indicators					
	2017/18	2017/18 target	2016/17	2015/16	2014/15
% CT scans undertaken within 12 hours (reported one month in arrears)	**95.28%**	95%	95.50%	92.40%	82.20%
% Stroke thrombolysis within 60 minutes of hospital arrival (reported one month in arrears)	**71.88%**	95%	76.20%	65.40%	60.40%
% Swallow screen for stroke patients within 4 hours of admission (reported one month in arrears)	**85.70%**	95%	85.80%	78.90%	77.00%
% of stroke patients admitted to stroke unit within 4 hours of admission (reported one month in arrears)	**70.75%**	90%	73.50%	76.40%	69.80%
% high risk TIA patients seen within 24 hours (reported one month in arrears)	**15.13%**	60%	44.10%	64.80%	77.30%
Patients recruited to interventional studies within CRN portfolio	**436**	NA	258	201	179
Patients recruited to observational studies within CRN portfolio	**1047**	NA	980	405	1,093
Local Clinical Research Network (LCRN) Score	**8,436**	6,268	2,271	1,410	1,983
NHS IC Data validity summary (reported one month in arrears)	**99.9**	99.9	99.9	99.90%	99.90%
% inpatients with electronic discharge summaries produced	**93.00%**	94.20%	94.20%	84.20%	84.20%

Patient experience indicators					
	2017/18	2017/18 target	2016/17	2015/16	2014/15
Trust Friends and Family Recommend %: Inpatient	**96.75%**	97.00%	96.00%	95.20%	92.70%
Trust Friends and Family Recommend %: A&E	**85.78%**	93.00%	89.00%	91.40%	90.90%
Maternity Friends and Family Recommend %: Antenatal care (36 weeks)	**97.59%**	97%	96.70%	96.20%	96.10%
Maternity Friends and Family Recommend %: Delivery care	**97.89%**	97%	97.60%	*96.2%	97.10%
Maternity Friends and Family Recommend %: Postnatal ward	**97.89%**	97%	97.60%	95.70%	94.50%
Maternity Friends and Family Recommend %: Postnatal community care	**98.66%**	97%	98.80%	98.10%	89.50%
Trust Friends and Family Recommend %: Outpatient	**96.96%**	97%	95.40%	*92.4%	
Trust Friends and Family Response Rate: Inpatient	**37.05%**	40%	34.30%	*25.8%	34.50%
Trust Friends and Family Response Rate: A&E	**9.96%**	23%	12.50%	*17.8%	27.00%
Maternity Friends and Family Response Rate: Delivery care	**52.00%**	40%	29.10%	*11.7%	29.10%
Percentage of re-booked outpatient appointments	**12.50%**	7.80%	8.90%	7.80%	8.70%
Clinics cancelled with less than 6 week's notice for annual/study leave	**397**	278	278	281	340
PALS contacts relating to appointment	**0.10%**	0.08%	0.08%	0.08%	0.09%

Patient experience indicators					
	2017/18	2017/18 target	2016/17	2015/16	2014/15
problems (% of total appts)					
Reduce patients cancelled on the day of surgery for non-clinical reasons	**354**	337	361	337	399
Breaches of mixed sex accommodation arrangements	**0**	0	6	1	0
Compliance with MUST tool after 24 hours	**85.21%**	80%	76.00%	60.90%	81.80%
Compliance with MUST tool after 7 days	**98.87%**	95%	97.80%	91.20%	94.90%
Internal PLACE compliance : St Richard's Hospital	**95%**	95%	94%	93.30%	97.80%
Internal PLACE compliance : Worthing Hospital	**96%**	95%	95%	95.80%	95.10%
Number of complaints	**438**	570	585	587	574
Complaints where staff attitude or behaviour is an issue	**42**	54	59	54	67
Complaints where staff communication is an issue	**25**	49	54	66	49
Complaints about nursing	**46**	39	59	39	46

Note 1: Complaints section relates to formal complaints only, does not include complaints received through PALS.
Note 2: Friends and Family Indicators - We report year end unvalidated figures in the Quality Scorecard. The FFT results published in the main body of this report are the validated figures published a month in arrears by NHS England.

Single Oversight Framework indicators

Western Sussex Hospitals aims to meet all national targets and priorities. All Foundation Trusts report performance to NHS Improvement (NHSI) against a limited set of national measures of access and outcome to facilitate assessment of their governance. As part of this Quality Report, we are required to report on the following national indictors:

Performance against the NHS Improvement Single Oversight Framework					
	2017/18	NHS Improvement threshold 2017/18	2016/17	2015/16	2014/15
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	**88.52%**	92%	89.90%	86.88%	90.46%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	**92.39%**	95%	94.37%	96.13%	95.02%
All cancers: 62-day wait for first treatment from: Urgent GP referral for suspected cancer	**88.69%**	85%	87.47%	86.59%	86.96%
All cancers: 62-day wait for first treatment from: NHS cancer screening service referral	**94.90%**	90%	96.47%	96.2%	92.3%
C.difficile: variance from plan	*Already reported under section 2.3: Reporting against core indicators*				
Summary Hospital-level Mortality Indicator	*Already reported under section 2.3: Reporting against core indicators*				
Maximum 6-week wait for diagnostic procedures	**0.93%**	1%	1.21%	2.79%	1.90%
VTE risk assessment	*Already reported under section 2.3: Reporting against core indicators*				

Annex 1 – Statements from our commissioners, local Healthwatch organisation and Overview and Scrutiny Committee

Changes made to the final version of the WSHFT 2017/18 Quality Report since receiving statements from our commissioners, local Healthwatch organisation and Overview and Scrutiny Committee

The 'Identifying, Reporting, Investigating and Learning from Deaths in Care' section of this report was updated substantially with year-end information after our partners had had the opportunity to review the third draft of our 2017/18 Quality Report and provide their final statements of assurance.

This late update of information has allowed us to provide a robust account of mortality for 2017/18.

A data correction was made in the 'deteriorating patient programme: sepsis' section to present CQUIN target data for sepsis antibiotic therapy (assessing time from diagnosis to antibiotic therapy) rather than our internal target data (assessing time of arrival to antibiotic therapy).

This update was made to ensure the correct data was presented for the CQUIN target.

Statement from Coastal West Sussex Clinical Commissioning Group
9th May 2018

NHS
Coastal West Sussex
Clinical Commissioning Group

Coastal West Sussex Clinical Commissioning Group
1 The Causeway
Goring-By-Sea
Worthing
West Sussex
BN12 6BT

Tel: 01903 708488
E: mail: adam.doyle5@nhs.net
Website: www.coastalwestsussexccg.nhs.uk

Marianne Griffiths
Chief Executive
Western Sussex Hospitals NHS Foundation Trust
St Richard's Hospital
Chichester
West Sussex
PO19 6SE

09 May 2018

Dear Marianne,

Thank you for sending the Western Sussex Hospitals NHS Foundation Trust draft Quality Report for 2017/18 to Coastal West Sussex CCG. Myself and the team welcome the chance to comment.

The Quality Report has been reviewed and the CCG confirms that the account clearly describes progress against the priorities identified for 2017/18. It provides detailed information across the three areas of quality: patient safety; patient experience, and clinical effectiveness and demonstrates an on-going commitment to improving quality of care.

The Trust has achieved many successes in 2017/18, most notably:

- Best Organisation at the National HSJ Patient safety Awards.
- Praise for organisational commitment and staff enthusiasm for quality improvement initiatives by NHS England's National Medical Director following his visit to the Trust.
- Recognition by the Secretary of State for Health during his recent visit to the Trust as the best example of a learning culture seen anywhere in the NHS.
- Impressive staff survey results placing WSHFT among the top five trusts in England where employees are most likely to recommend the care their hospital provides.
- Clear commitment to move the Trust to be one of the very best providers as referenced by the Friends and Family Test.

These achievements are clear recognition of the hard work and determination of all those working in the organisation to deliver high quality care.

The CCG would like to formally acknowledge the continued achievement and success of the Patient First programme with its focus on patients and the continued improvement of quality and safety. It is very positive to note the progress made within the falls improvement programme and how the rapid improvement approach is being applied to the other preventable harms.

The Quality Report outlines the priorities for improvement in 2018/19 as well as how success will be measured. The CCG absolutely supports these priorities and the detailed work that underpins them and will continue to seek assurance regarding progress of implementation throughout the year via our established assurance processes.

Coastal West Sussex CCG looks forward to working collaboratively with Western Sussex Hospitals NHS Foundation Trust in the continued improvement of quality services for today's patients and development of sustainable models of care for the future.

Yours sincerely,

Adam Doyle
Accountable Officer
Coastal West Sussex CCG

Statement from Healthwatch West Sussex

3rd May 2018

Together we speak louder

Healthwatch West Sussex response to Western Sussex Hospitals NHS Foundation Trust Quality Account

As the independent voice for patients, Healthwatch West Sussex is committed to ensuring local people are involved in the improvement and development of health and social care services and information.

As we stated last year, local Healthwatch has for a number of years, read, digested and commented on Quality Accounts. In West Sussex this translates to seven Quality Accounts from NHS Trusts, resulting in many hours of valuable time reading draft accounts and giving clear guidance on how they could be improved to make them meaningful for the public.

Repeatedly, we have stated to every Trust they could, and should, be doing more to proactively engage and listen to all the communities they serve.

We recognised this is a restrictive process, that is imposed on Trusts. However, as the format has largely continued to remain inaccessible to the public, we are standing firm in our belief that it is not a process that benefits patients or family and friend carers in its current format and are again declining to review the draft accounts.

We have, and will continue to use our resources, to challenge the system with integrity, so we can create more opportunities for local people and communities to co-produce service change. We are also developing new ways of achieving a broader level of awareness of Healthwatch, so we can support local people to be informed consumers of health services and information.

Our Hospital Visiting *Enter and View* Programme has enabled us to work with a growing number of Trusts and this is something we plan to continue to throughout 2018/2019.

We remain committed to providing feedback to the Trusts through a variety of channels to improve the quality, experience and safety of its patients.

Healthwatch West Sussex 2018

Registered office: Healthwatch West Sussex C.I.C. 896 Christchurch Road, Pokesdown, BH7 6DL
Healthwatch West Sussex is a Community Interest Company limited by guarantee (No. 08557470)

Statement from Health and Adult Social Care Select Committee, West Sussex County Council

11th May 2018

Mr Bryan Turner
Chairman
Health and Adult Social Care Select Committee

e-mail address: bryan.turner@westsussex.gov.uk
website: www.westsussex.gov.uk

County Hall
West Street
Chichester
West Sussex
PO19 1RQ

11 May 2018

Vivienne Colleran
Director of Clinical Effectiveness, Research and Innovation
Western Sussex Hospitals NHS Foundation Trust
Spitalfield Lane
Chichester
West Sussex
PO19 6SE

SENT VIA E-MAIL to Helen.Evans@wsht.nhs.uk

Dear Vivienne

2017-18 Quality Account

Thank you for offering the Health & Adult Social Care Select Committee (HASC) the opportunity to comment on Western Sussex Hospitals NHS Foundation Trust's (WSHFT) Quality Account for 2017-18.

HASC agreed in 2016 that formal responses from the committee to Quality Accounts (QA), from that year onwards, would only be forwarded to NHS providers where HASC had undertaken formal scrutiny within the previous financial year. Therefore, as the committee did not scrutinise any services directly provided by WSHFT in 2017-18, the committee will not be making any comments this year.

Yours sincerely

Mr Bryan Turner
Chairman, Health and Adult Social Care Select Committee

Annex 2 – Statement of Directors' responsibilities for the quality report

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

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2017 to the date of this statement
    - papers relating to quality reported to the board over the period April 2017 to the date of this statement
    - feedback from commissioners dated 09/05/2018
    - feedback from governors dated 09/03/2018
    - feedback from local Healthwatch organisations dated 03/05/2018
    - feedback from Overview and Scrutiny Committee dated 11/05/2018
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 23/04/2018
    - the 2017 national patient survey 14/02/2018
    - the 2017 national staff survey 21/02/2018
    - the Head of Internal Audit's annual opinion of the trust's control environment dated 23/03/2018
    - CQC inspection report dated 20/04/2016
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual

reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

25/5/2018

Date

Chairman

25/5/2018

Date

Chief Executive

Annex 3 – Limited Assurance Report on Quality

Independent auditor's report to the Council of Governors of Western Sussex Hospitals NHS Foundation Trust on the quality report

We have been engaged by the Council of Governors of Western Sussex Hospitals NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of Western Sussex Hospitals NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

This report is made solely to the Trust's Council of Governors, as a body, in accordance with our engagement letter dated 16 January 2017. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018 to enable the Council of Governors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our examination, for this report, or for the conclusions we have formed.

Our work has been undertaken so that we might report to the Council of Governors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways
- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and Ernst & Young LLP

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2017/18' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2017/18' , which is supported by NHS Improvement's Detailed Requirements for quality reports 2017/18;
- the Quality Report is not consistent in all material respects with the sources specified in detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18' and

- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2017/18' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2017/18'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the other information sources detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18'. These are:

- Board minutes for the period April 2017 to May 2018
- Papers relating to quality reported to the Board over the period April 2017 to May 2018
- feedback from commissioners, dated 09/05/2018
- feedback from governors, dated 09/03/2018
- feedback from local Healthwatch organisations, dated 03/05/2018
- feedback from Overview and Scrutiny Committee dated 11/05/2018
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 23/04/2018
- the 2017 national patient survey, dated 14/02/2018
- the 2017 national staff survey, dated 21/02/2018
- the Head of Internal Audit's annual opinion over the trust's control environment, dated 23/03/2018
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, 'the documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Western Sussex Hosptials NHS Foundation Trust as a body, to assist the Council of Governors in reporting Western Sussex Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Western Sussex Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included, but were not limited to:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' to the categories reported in the Quality Report.
- reading the documents.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Report. The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Inherent limitations

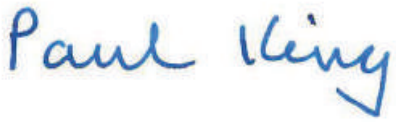
Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2017/18' and supporting guidance. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Western Sussex Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement
- the Quality Report is not consistent in all material respects with the sources specified in Detailed Requirements for Quality Reports 2017/18 and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with NHS Foundation Trust Annual Reporting Manual 2017/18 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement .



Paul King
Ernst & Young LLP
Southampton
29 May 2018

The maintenance and integrity of the Western Sussex Hospitals NHS Foundation Trust web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Glossary of terms and acronyms

AFFIRM trial

The AFFIRM study is a national research study which will test to see if rates of stillbirth may be reduced by introducing an interventional package of care based around reporting and management of decreased fetal movements.

Aligned Incentive Contract (AIC)

A new type of commissioning contract replacing previous activity based contracts such as Payment by Results. AICs offer a minimum income guarantee rather than payment per patient helping providers and commissioners to focus on system-wide improvement.

Audit Commission

Please note the Audit Commission closed 31st March 2015, however reference is made to it in a mandated statement. From 2014 responsibility for coding and costing assurance transferred to Monitor and then NHS Improvement. From 2016/17 this programme applied new methodology and there is no longer a standalone 'costing audit' with errors rates.

Bioquell machine

A mobile cleansing unit which uses high concentrations of hydrogen peroxide vapour to eliminate bacteria, thereby promoting robust infection prevention and control.

Care Quality Commission (CQC)

The independent regulator of all health and social care services in England.

Care bundle

Care bundles are small sets of evidence-based interventions which, when used together consistently by a single healthcare team, have been shown to significantly improve patient outcomes.

Clinical audit

The process by which clinical staff measure how well we perform certain tests and treatments against agreed standards. Plans for improvement are developed if required by the findings of an audit.

Code red process

A process used in radiology services for the rapid communication of findings that are both significant and unexpected.

Commissioning for Quality and Innovation (CQUIN)

The CQUIN framework supports improvements in the quality of services and the creation of new, improved patterns of care by linking a proportion of providers' income to the achievement of agreed quality improvement goals.

Crude mortality rate

The number of deaths in hospital as a percentage of the total number of patients discharged. We use the crude non-elective mortality rate as an immediate indicator of progress or to identify areas of concern and to sense check that improvements are real and not the result of changes in coding or recording.

Datix incident reporting system

An electronic, web based reporting incident reporting system used by many NHS organisations including Western Sussex.

Defined Daily Doses per 1000 bed days

A statistical measure used to compare drug usage between different drugs or healthcare settings.

Deconditioning

Frail older people in hospital are more at risk of losing muscle strength and mobility from prolonged hospital stays and therefore are at an increased risk of falls, confusion and demotivation.

DOCMAN system

An online workflow management system which the Trust uses to manage patient referrals.

Electronic whiteboard

A web based application designed by our IT developers to manage non-elective admissions to the Trust.

Emergency Care Data Set

A new national data set which all emergency departments must contribute to. The data set will allow national data

comparison and provide a better picture of all emergency attendances across the country.

Evolve

The new electronic medical records system used in the Trust which provides staff with instantaneous access to patient health care records via secure log in.

Friends and Family Test (FFT)

A feedback tool which offers patients of NHS-funded services the opportunity to provide feedback about the care and treatment they have received. Patients are asked how likely they are to recommend the service they have used and provide further detail about their experience. NHS organisations monitor the number of patients who complete a survey by looking at FFT response rates.

Healthcare associated infections

Healthcare associated infections (HCAI) are infections resulting from clinical care or treatment in hospital, as an inpatient or outpatient.

Healthcare Safety Investigation Branch (HSIB)

HSIB offers an independent service for England, guiding and supporting NHS organisations on investigations, and also conducting safety investigations.

Hospital Standardised Mortality Ratio (HSMR)

A risk adjusted mortality tool produced by Dr Foster Intelligence reviewing in-hospital deaths from 56 diagnosis groups (medical conditions) with the highest mortality. A rate greater than 100 suggests a higher than average standardised mortality rate and a rate less than 100 a better than average mortality rate.

Human Factors

An established scientific discipline used by many safety critical industries especially the aviation industry. It aims to optimise human performance through better understanding of individual behaviour and staff interactions with each other and their environments; improving patient safety and clinical excellence.

Integrated services

A person-centred, co-ordinated approach to meet the needs of patients in a more holistic way as opposed to single episodes of care.

Kaizen

Kaizen is a Japanese concept that, loosely translated, means “continuous improvement”. It comes from two words, Kai = change and Zen = ideal state; to break down or change the current situation and then build it into the ideal state.

Local quality indicators

Our local quality indicators are drawn from the Trust Quality Scorecard which is reviewed by the Trust Board each month. They relate to the three domains of quality: patient safety, clinical effectiveness, and patient experience. Quality indicators reported to the Board are selected to provide a comprehensive picture of clinical quality in areas identified through our clinical quality strategy and the priorities for quality improvement set out in our quality reports. We consult with external stakeholders and patient representatives, as well as our own staff, about quality, ensuring that a broad range of interests are reflected in the planning of quality developments and reporting of quality indicators. The Trust reviews the set of key metrics that it provides to the Trust Board each year to ensure that they remain appropriate to providing assurance about the high quality and safety of patient care.

Maternity triage and advice line

Our telephone triage and advice service for women in labour or those with a question for the midwife. It is run by a small group of experienced midwives with a wealth of knowledge in all aspects of maternity care.

Mortality review

A process in which the circumstances surrounding the care of a patient who died during hospitalisation are systematically examined to establish whether the clinical care the patient received was appropriate, provide assurance on the quality of care and identify learning, plans for improvement and pathway redesign where required.

MUST (Malnutrition Universal Screening Tool)

A screening tool to identify and treat adults at risk of malnutrition.

National Confidential Enquiries

These are similar to clinical audits but use in depth reviews of what occurred in order to develop new recommendations for better care of patients.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

NCEPOD assists in maintaining and improving standards of healthcare for adults and children by reviewing the management of patients and by undertaking confidential surveys and research.

National Inpatient Survey

A CQC commissioned annual inpatient survey which is part of a national programme aimed at improving patients' experiences while in hospital. It includes measures that relate strongly to the care and compassion shown by individual staff and the organisation as a whole.

National Early Warning Score (NEWS)

Developed by the Royal College of Physicians for use in acute and ambulance settings to improve detection and response to clinical deterioration in adult patients.

Neonatal death

The death of a baby born after 22 weeks gestation (completed weeks of pregnancy) who died between 0 and 27 days of age.

NHS Foundation Trust

Foundation trusts are a form 'public benefit corporation' – healthcare organisations that exist solely for the benefit of their patients but which operate in a similar way to a commercial business. They are subject to less central government control and are free to set their own strategy for improving and developing services in line with local priorities and needs, as well as to borrow money and invest surplus income in new services, equipment and innovations.

NHS Improvement

The organisation responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They hold providers to account and help the NHS to meet its short-term challenges and secure its future.

NHS Outcomes Framework

A set of indicators developed by the Department of Health to monitor the health outcomes of adults and children in England. The framework provides an overview of how the NHS is performing.

NHS Safety Thermometer

A point of care measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, urinary tract infections (in patients with a catheter) and venous thromboembolisms.

Novel oral anticoagulants (NOACs)

A new class of anticoagulant drug which prevent or interrupt the formation of blood clots. NOACs are less influenced by diet and other medicines compared to the traditional anticoagulant warfarin.

Order Comms System

An electronic system to allowing diagnostic tests and treatment services to be requested instantly.

Patient First Improvement System (PFIS)

PFIS is the Lean management programme designed by the Trust to develop our people's ability to solve problems and improve performance. Further information can be found here: http://www.westernsussexhospitals.nhs.uk/your-trust/performance/patient-first/

Patientrack

Our electronic advanced observation and assessment system that gives our nurses and doctors early warning if a sick patient's condition is deteriorating; this helps early and effective intervention to get things back on course.

Patient Reported Outcome Measures (PROMs) (core indicator)

PROMs provide a patient perspective (via before and after patient questionnaires) on the outcomes or quality of care following four types of surgery in the NHS (currently hip and knee replacements, groin hernia and varicose vein surgery).

Perinatal mental health issues

Mental health issues occurring during pregnancy or in the first year following the birth of a child. They affect up to 20% of women and cover a wide range of conditions.

Readmissions (core indicator)

If a patient does not recover well, it is more likely that further hospital treatment will be required, which is the reason that hospital readmission are commonly used as an indicator of the success in helping patient recovery.

Responsiveness to the personal needs of patients (core indicator)

The indicator value is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals.

Risk adjusted mortality tool

In order to compare mortality rates between different NHS Trusts it is necessary to consider the mix of patients treated. For example a trust with a very elderly, complex patient group might have a higher crude mortality rate than one that had younger or less acutely ill patients. To adjust for this it is necessary to standardise the mortality rate for trusts, thereby taking into account the patient mix. This is usually done by calculating an 'expected' mortality rate based on the age, diagnosis and procedures carried out on the actual patients treated by each trust.

Sepsis

A life threatening condition that arises when the body's response to an infection injures its own tissues and organs.

Serious incident

An incident where the consequences are so significant or the potential for learning so great, that additional resources are justified to produce a comprehensive response. They can affect patients directly but also include incidents which may indirectly impact on patient safety or an organisation's ability to deliver on-going healthcare.

Single Oversight Framework (SOF)

NHS Improvement's monitoring system to oversee NHS providers' performance across five themes.

Staff who would recommend the trust to their family or friends (core indicator)

A question in the national NHS Staff Survey which assesses how likely staff are to recommend the Trust as a provider of care to their friends and family.

Stillbirth

When a baby is born dead after 24 weeks gestation (weeks of completed pregnancy).

Structured judgement mortality review

A validated mortality review process in which trained clinicians review medical records in a critical manner to comment on the quality of healthcare in a way that allows any judgement to be reproducible.

Sustainability and Transformation Partnership

New partnerships between NHS and local councils across England which will develop proposals to improve health and care.

Summary Hospital-level Mortality Indicator (SHMI) (core indicator)

The SHMI is a risk adjusted mortality tool used to provide a ratio of the actual number of patients who die following hospitalisation at the Trust and the number who would be expected to die on the basis of average England figures. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.

To Come In (TCI) card

They ensure all the teams involved in a patient's journey, from recommendation for surgery through booking and pre-assessment and the operation itself, have the right information to make sure the patient receives safe, high quality care.

Value stream mapping

One of the tools used in our PFIS for assessing a current process and redesigning it to make it more efficient.

Venous thromboembolism (VTE) (core indicator)

A condition in which blood clots forms, such as deep vein thrombosis (most often in the deep veins of the leg) or pulmonary embolism (a clot in the lungs).

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NHS Foundation Trust

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Western Sussex Hospitals

Western Sussex Hospitals NHS Foundation Trust

Annual accounts for the year ended
31 March 2018

Foreword to the accounts

Western Sussex Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2018, have been prepared by Western Sussex Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name Marianne Griffiths
Job title Chief Executive
Date 25 May 2018

Statement of Comprehensive Income

	Note	2017/18 £000	2016/17 £000
Operating income from patient care activities	3	391,944	389,822
Other operating income	4	45,352	44,805
Operating expenses	5.1	(425,335)	(425,329)
Operating surplus/(deficit) from continuing operations		**11,960**	**9,298**
Finance income	11	25	25
Finance expenses	12	(730)	(896)
PDC dividends payable		(7,930)	(7,604)
Net finance costs		**(8,634)**	**(8,475)**
Other gains / (losses)	13	7	5
Surplus / (deficit) for the year from continuing operations		**3,333**	**828**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	-	-
Surplus / (deficit) for the year		**3,333**	**828**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(7,649)	(6,418)
Revaluations	16.1	10,759	723
Other reserve movements		-	4
Total comprehensive income / (expense) for the period		**6,443**	**(4,863)**

Statement of Financial Position

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	15	6,965	3,972
Property, plant and equipment	16	270,508	268,574
Total non-current assets		**277,473**	**272,546**
Current assets			
Inventories	23	6,993	6,719
Trade and other receivables	24	33,988	30,432
Cash and cash equivalents	27	6,202	6,040
Total current assets		**47,183**	**43,191**
Current liabilities			
Trade and other payables	28	(44,650)	(41,697)
Borrowings	31	(2,196)	(2,196)
Provisions	33	(424)	(389)
Other liabilities	30	(2,314)	(2,077)
Total current liabilities		**(49,584)**	**(46,359)**
Total assets less current liabilities		**275,071**	**269,378**
Non-current liabilities			
Borrowings	31	(20,536)	(22,734)
Provisions	33	(2,774)	(2,959)
Total non-current liabilities		**(23,309)**	**(25,693)**
Total assets employed		**251,762**	**243,685**
Financed by			
Public dividend capital		240,844	239,210
Revaluation reserve		50,931	47,821
Income and expenditure reserve		(40,013)	(43,346)
Total taxpayers' equity		**251,762**	**243,685**

The notes on pages 8 to 44 form part of these accounts.

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital	Revaluation reserve	Available for sale investment reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - brought forward	**239,210**	**47,821**	**-**	**-**	**-**	**(43,346)**	**243,685**
Surplus/(deficit) for the year	-	-	-	-	-	3,333	**3,333**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(7,649)	-	-	-	-	**(7,649)**
Revaluations	-	10,759	-	-	-	-	**10,759**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Recycling gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	1,634	-	-	-	-	-	**1,634**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' equity at 31 March 2018	**240,844**	**50,931**	**-**	**-**	**-**	**(40,013)**	**251,762**

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital	Revaluation reserve	Available for sale investment reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2016 - brought forward	**239,191**	**53,516**	**-**	**-**	**-**	**(44,178)**	**248,529**
Prior period adjustment	-	-	-	-	-	-	**-**
Taxpayers' equity at 1 April 2016 - restated	**239,191**	**53,516**	**-**	**-**	**-**	**(44,178)**	**248,529**
Surplus/(deficit) for the year	-	-	-	-	-	828	**828**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(6,418)	-	-	-	-	**(6,418)**
Revaluations	-	723	-	-	-	-	**723**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Recycling gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	19	-	-	-	-	-	**19**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	4	**4**
Taxpayers' equity at 31 March 2017	**239,210**	**47,821**	**-**	**-**	**-**	**(43,346)**	**243,685**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Available-for-sale investment reserve
This reserve comprises changes in the fair value of available-for-sale financial instruments. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure.

Merger reserve
This reserve reflects balances formed on merger of NHS bodies.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus / (deficit)		11,960	9,298
Non-cash income and expense:			
Depreciation and amortisation	16.1	14,072	13,644
Net impairments	7	4,338	8,013
Income recognised in respect of capital donations	4	(832)	(1,847)
(Increase) / decrease in receivables and other assets		(3,556)	(7,995)
(Increase) / decrease in inventories		(274)	(485)
Increase / (decrease) in payables and other liabilities		4,155	4,125
Increase / (decrease) in provisions		(153)	107
Net cash generated from / (used in) operating activities		**29,710**	**24,859**
Cash flows from investing activities			
Interest received		25	25
Purchase of intangible assets		(2,030)	(1,763)
Purchase of property, plant, equipment and investment property		(18,391)	(15,546)
Sales of property, plant, equipment and investment property		10	5
Receipt of cash donations to purchase capital assets		-	1,847
Net cash generated from / (used in) investing activities		**(20,386)**	**(15,432)**
Cash flows from financing activities			
Public dividend capital received		1,634	19
Movement on loans from the Department of Health and Social Care		(2,158)	(2,157)
Capital element of finance lease rental payments		(40)	(115)
Interest paid on finance lease liabilities		(162)	(167)
Other interest paid		(601)	(718)
PDC dividend (paid) / refunded		(7,836)	(7,235)
Net cash generated from / (used in) financing activities		**(9,163)**	**(10,373)**
Increase / (decrease) in cash and cash equivalents		**161**	**(946)**
Cash and cash equivalents at 1 April - brought forward		**6,040**	**6,986**
Prior period adjustments			**-**
Cash and cash equivalents at 1 April - restated		**6,040**	**6,986**
Cash and cash equivalents at 31 March	27.1	**6,202**	**6,040**

Notes to the Accounts

Note 1 Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2017/18 issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) 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 DH Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS foundation trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Going concern

The Trust's annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Accounting convention

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

1.1 Consolidation

The NHS foundation trust is the corporate trustee to the NHS charitable fund Western Sussex Hospitals Charity and Related Charities, which operates as Love Your Hospital Charity (Registered charity No. 1049201).

Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities' returns, where those funds are determined to be material. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact. The Trust has reviewed its NHS charitable funds and concluded that they are not material and so are not consolidated within these accounts.

Subsidiaries

Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The Trust has no subsidiaries.

Associates

Associate entities are those over which the trust has the power to exercise a significant influence. The Trust has no associates.

Joint ventures

Joint ventures are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. The Trust has no joint ventures.

Joint operations

Joint operations are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the assets, and obligations for the liabilities relating to the arrangement. The Trust does not have joint operations.

1.2 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. At the year end the Trust accrues income relating to activity delivered in that year. Where a patient care spell is incomplete at the year end, revenue relating to the partially complete spell is accrued and agreed with the commissioner. The main source of income for the trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

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.

1.3 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

No employees are members of the Local Government Superannuation Scheme.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of “other comprehensive income”.

1.4 Other expenses

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

1.5 Corporation tax

The trust has determined that it is has no corporation tax liability as it does not operate any commercial activities that are not part of core health care delivery.

1.6 Value Added Tax

Most of the activities of the NHS foundation trust are outside the scope of 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 cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:
it is held for use in delivering services or for administrative purposes;
it is probable that future economic benefits will flow to, or service potential be provided to, the trust;
it is expected to be used for more than one financial year; and the cost of the item can be measured reliably and either
the item has a cost of at least £5,000 (including recoverable VAT) or
collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their individual useful economic lives

Measurement

Valuation

All property, plant and equipment 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. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost, modern equivalent asset basis
- Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use. Assets not of sufficiently low

value and/or not having sufficiently short lives for depreciated replacement cost to be materially the same as fair value, are indexed.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

Depreciation

Freehold land, assets under construction or development, and assets held for sale are not depreciated/amortised. Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment

and intangible assets, less any residual value on a straight line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Impairments

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure.

Donated assets

Donated non-current assets are capitalised at current value in existing use, if they will held for their service potential, or otherwise at fair value on receipt, with a matching credit to income.

They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

Government grant and other grant funded assets

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

Private Finance Initiative (PFI) transactions
PFI transactions that meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as "on-Statement of Financial Position" by the trust.

The Trust has not entered into any PFI transactions.

1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of sale separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

Software

Software that is integral to the 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.

Internally generated intangible assets

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred.

Internally generated assets goodwill, brands, mastheads, publishing titles, customer lists and similar items are recognised if, and only if, all of the following have been demonstrated: Expenditure on development is capitalised only where all of the following can be demonstrated:

the technical feasibility of completing the intangible asset so that it will be available for use; the trust intends to complete the intangible asset and use it;
the trust has the ability to sell or use the intangible asset;
how the intangible asset will generate probable future economic or service delivery potential.
The availability of adequate financial, technical and other resources to complete the intangible asset and sell or use it;
and
the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

Intangible assets acquired separately are recognised initially at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are measured at current value in existing use by reference to an active market, or where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value, using the First In, First Out (FIFO) cost formula.

1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the foundation trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.11 Financial assets

Recognition

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered.

De-recognition

Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Classification and measurement

Financial assets are categorised at fair value. Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

Financial assets and financial liabilities at "fair value through profit and loss"

Financial assets at fair value through profit and loss are held for trading. A financial asset is classified in this category if it has been acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trade unless they are designated as hedges.

Embedded derivatives that have different risks and characteristics to their host contracts and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the Trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market.

After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest rate

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are designated for sale or that do not fall within any of the other three financial asset classifications.

They are measured at fair value, with changes in value, other than impairment losses, taken to Other Comprehensive Income/Net Expenditure. Accumulated gains or losses are recycled to the Statement of Comprehensive Income / Net Expenditure on de-recognition

1.12 Financial Liabilities

Financial liabilities are recognised when the NHS Foundation Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged – that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial liabilities at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in [the entity]'s surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Finance leases

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the Statement of Comprehensive

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Operating lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight line basis over the term of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.14 Provisions

Provisions are recognised when the NHS foundation trust has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation at the end of the reporting period. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust.

Non-clinical risk pooling

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any “excesses” payable in respect of particular claims are charged to operating expenses as and when they become due.

1.15 Contingencies

A contingent liability is:

- a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or
- a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably.

A contingent liability is disclosed unless the possibility of a payment is remote.
A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.
Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.16 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance, which represents the Department of Health's investment in the trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the rate set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for: donated assets (including lottery funded assets), average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts. The PDC dividend calculation is based upon the trust's group accounts (i.e. including subsidiaries), but excluding consolidated charitable funds.

1.17 Foreign currencies

The functional and presentational currencies of the trust are sterling. The trust has not entered into any material foreign exchange transactions and has no assets or liabilities held in foreign currencies.

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts.

1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.20 Accounting Standards that have been issued but have not been adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 and IFRS 17 still subject to HM Treasury consideration.

Change Published	Financial Year for which change applies
IFRS 9 Financial Instruments	Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 15 Revenue from Contracts with Customers	Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 16 Leases	Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRIC 22 Foreign Currency Transactions and Advance Consideration	Application required for accounting periods beginning on or after 1 January 2018.
IFRIC 23 Uncertainty over Income Tax Treatments	Application required for accounting periods beginning on or after 1 January 2019.

Note 2 Operating Segments

Consistent with previous years, the Trust takes the view that there is a single operating segment - the provision of healthcare.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)	2017/18 £000	2016/17 £000
Acute services		
Elective income	58,695	67,315
Non elective income	140,454	124,761
First outpatient income	33,097	35,004
Follow up outpatient income	27,647	30,191
A & E income	18,186	16,112
High cost drugs income from commissioners (excluding pass-through costs)	27,278	28,120
Other NHS clinical income	72,816	75,264
Income from other sources (e.g. local authorities)	5,462	4,771
All services		
Private patient income	5,577	6,556
Other clinical income	2,732	1,728
Total income from activities	**391,944**	**389,822**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2017/18 £000	2016/17 £000
NHS England	48,400	52,250
Clinical commissioning groups	330,335	323,925
Department of Health and Social Care	115	-
Other NHS providers	629	377
NHS other	74	79
Local authorities	5,462	4,895
Non-NHS: private patients	5,577	6,556
Non-NHS: overseas patients (chargeable to patient)	223	269
NHS injury scheme	1,001	1,212
Non NHS: other	128	259
Total income from activities	**391,944**	**389,822**
Of which:		
Related to continuing operations	391,944	389,822
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2017/18 £000	2016/17 £000
Income recognised this year	223	269
Cash payments received in-year	165	146
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-

Note 4 Other operating income

	2017/18 £000	2016/17 £000
Research and development	1,511	1,248
Education and training	14,172	13,399
Receipt of capital grants and donations	337	1,847
Charitable and other contributions to expenditure	495	-
Non-patient care services to other bodies	14,646	13,445
Support from the Department of Health and Social Care for mergers	-	-
Sustainability and transformation fund income	9,942	9,901
Rental revenue from operating leases	-	-
Rental revenue from finance leases	-	-
Income in respect of staff costs where accounted on gross basis	-	-
Other income	4,249	4,965
Total other operating income	**45,352**	**44,805**
Of which:		
Related to continuing operations	45,352	44,805
Related to discontinued operations	-	-

Included in other income is £1,128k in respect of the provision of management support to Brighton and Sussex University Hospitals (see also notes 5.1 and 39)

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2017/18 £000	2016/17 £000
Income from services designated as commissioner requested services	378,236	375,341
Income from services not designated as commissioner requested services	13,707	14,481
Total	**391,944**	**389,822**

Note 5.1 Operating Expenses

	2017/18 £000	2016/17 £000
Purchase of healthcare from NHS and DHSC bodies	3,430	3,479
Purchase of healthcare from non-NHS and non-DHSC bodies	0	-
Purchase of social care	-	-
Staff and executive directors costs	282,856	282,689
Remuneration of non-executive directors	135	121
Supplies and services - clinical (excluding drugs costs)	38,053	37,655
Supplies and services - general	3,973	4,502
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	39,765	40,447
Inventories written down	-	-
Consultancy costs	8	690
Establishment	3,022	3,236
Premises	15,419	15,209
Transport (including patient travel)	1,479	1,401
Depreciation on property, plant and equipment	13,923	13,488
Amortisation on intangible assets	149	156
Net impairments	4,338	8,013
Increase/(decrease) in provision for impairment of receivables	35	24
Increase/(decrease) in other provisions	(28)	-
Change in provisions discount rate(s)	31	228
Audit fees payable to the external auditor		
audit services- statutory audit	79	83
other auditor remuneration (external auditor only)	-	-
Internal audit costs	-	-
Clinical negligence	10,166	7,261
Legal fees	883	677
Insurance	506	625
Research and development	1,341	-
Education and training	2,235	1,009
Rentals under operating leases	-	11
Early retirements	-	92
Redundancy	-	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	-	-
Charges to operating expenditure for off-SoFP IFRIC 12 schemes	-	-
Car parking & security	434	464
Hospitality	-	3
Losses, ex gratia & special payments	109	91
Grossing up consortium arrangements	-	-
Other services, eg external payroll	704	696
Other	2,290	2,979
Total	**425,335**	**425,329**
Of which:		
Related to continuing operations	425,335	425,329

Operating expenses includes expenditure accrued for which no invoice had been received by 31st March 2018. In some cases it is necessary to use estimates based on knowledge of goods and services received. Wherever possible reference is made back to the value of orders but estimates and assumptions are applied in order to ensure the completeness of expenditure reported. Due to the volume of transactions adjustments are not made to prior periods unless the difference between the estimate and the actual value is material.

For expenditure accruals, any variation in outcome compared to the estimates used are accounted for in the next period. These estimates and assumptions are consistent with the previous year.

Directors remuneration is set out above and includes employer contributions to the NHS Pension Scheme.

Included in operating expenses are costs of £1,128k incurred in providing management support to Brighton and Sussex University Hospitals. These costs are recorded against staff and executive director costs and establishment expenses. These costs are reimbursed through a management fee that is charged to Brighton and Sussex University Hospitals (see also notes 4 and 39).

Note 6.2 Other auditor remuneration

There has been no other auditor remuneration paid to the external auditors in 2017/18

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2016/17: £2m).

Note 7 Impairment of assets

	2017/18	2016/17
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	4,338	8,013
Other	-	-
Total net impairments charged to operating surplus / deficit	**4,338**	**8,013**
Impairments charged to the revaluation reserve	7,649	6,418
Total net impairments	**11,987**	**14,431**

Note 8 Employee benefits

	2017/18 Total £000	2016/17 Total £000
Salaries and wages	223,886	218,586
Social security costs	21,522	20,388
Apprenticeship levy	1,121	-
Employer's contributions to NHS pensions	26,239	25,440
Pension cost - other	-	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	12,873	18,887
Total gross staff costs	**285,641**	**283,301**
Recoveries in respect of seconded staff	-	-
Total staff costs	**285,641**	**283,301**
Of which		
Costs capitalised as part of assets	269	612

Note 8.1 Retirements due to ill-health

During 2017/18 there were 4 early retirements from the trust agreed on the grounds of ill-health (4 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £398k (£282k in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

Note 10 Operating leases

Note 10.1 Western Sussex Hospitals NHS Foundation Trust as a lessor

The Trust is not a lessor

Note 10.2 Western Sussex Hospitals NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Western Sussex Hospitals NHS Foundation Trust is the lessee.

	2017/18	2016/17
	£000	£000
Operating lease expense		
Minimum lease payments	-	11
Total	**-**	**11**

	31 March 2018	31 March 2017
	£000	£000
Future minimum lease payments due:		
- not later than one year;	-	11
Total	**-**	**11**
Future minimum sublease payments to be received	-	-

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2017/18	2016/17
	£000	£000
Interest on bank accounts	25	25
Total	**25**	**25**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2017/18	2016/17
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	554	710
Finance leases	162	171
Interest on late payment of commercial debt	10	8
Total interest expense	**726**	**889**
Unwinding of discount on provisions	3	7
Other finance costs	-	-
Total finance costs	**730**	**896**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2017/18	2016/17
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	1,487	-
Amounts included within interest payable arising from claims made under this legislation	10	8
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)

	2017/18	2016/17
	£000	£000
Gains on disposal of assets	7	5
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	7	5
Total other gains / (losses)	**7**	**5**

Note 14 Discontinued operations

There were no discontinued operations in 2017/18

Note 14.1 Corporation Tax

The Trust did not pay any Corporation Tax in 2017/18

Note 15.1 Intangible assets - 2017/18

	Software licences	Licences & trademarks	Patents	Internally generated information technology	Websites	Intangible assets under construction	Other (purchased)	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 - brought forward	**5,764**	**-**	**-**	**-**	**-**	**3,323**	**-**	**9,087**
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	413	-	-	-	-	1,617	1,112	**3,142**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to/ from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Gross cost at 31 March 2018	**6,177**	**-**	**-**	**-**	**-**	**4,940**	**1,112**	**12,229**
Amortisation at 1 April 2017 - brought forward	**5,116**	**-**	**-**	**-**	**-**	**-**	**-**	**5,116**
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	149	-	-	-	-	-	-	**149**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Amortisation at 31 March 2018	**5,264**	**-**	**-**	**-**	**-**	**-**	**-**	**5,264**
Net book value at 31 March 2018	**913**	**-**	**-**	**-**	**-**	**4,940**	**1,112**	**6,965**
Net book value at 1 April 2017	**649**	**-**	**-**	**-**	**-**	**3,323**	**-**	**3,972**

Note 15.2 Intangible assets - 2016/17

	Software licences	Licences & trademarks	Patents	Internally generated information technology	Websites	Intangible assets under construction	Other (purchased)	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2016 - as previously stated	**5,461**	**-**	**-**	**-**	**-**	**1,863**	**-**	**7,324**
Prior period adjustments	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2016 - restated	**5,461**	**-**	**-**	**-**	**-**	**1,863**	**-**	**7,324**
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	4	-	-	-	-	1,759	-	**1,763**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	299	-	-	-	-	(299)	-	-
Transfers to/ from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Valuation / gross cost at 31 March 2017	**5,764**	**-**	**-**	**-**	**-**	**3,323**	**-**	**9,087**
Amortisation at 1 April 2016 - as previously stated	**4,960**	**-**	**-**	**-**	**-**	**-**	**-**	**4,960**
Prior period adjustments	-	-	-	-	-	-	-	-
Amortisation at 1 April 2016 - restated	**4,960**	**-**	**-**	**-**	**-**	**-**	**-**	**4,960**
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	**156**	**-**	**-**	**-**	**-**	**-**	**-**	**156**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to/ from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Amortisation at 31 March 2017	**5,116**	**-**	**-**	**-**	**-**	**-**	**-**	**5,116**
Net book value at 31 March 2017	**649**	**-**	**-**	**-**	**-**	**3,323**	**-**	**3,972**
Net book value at 1 April 2016	**501**	**-**	**-**	**-**	**-**	**1,863**	**-**	**2,364**

Note 16.1 Property, plant and equipment - 2017/18

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 - brought forward	**37,418**	**328,426**	**11,134**	**8,594**	**66,078**	**264**	**19,887**	**2,526**	**474,327**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	750	9,045	91	1,677	4,095	18	1,663	-	**17,339**
Impairments	(304)	(6,973)	(372)	-	-	-	-	-	**(7,649)**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	3,497	6,648	614	-	-	-	-	-	**10,759**
Reclassifications	-	7,243	-	(8,340)	590	-	507	-	**-**
Transfers to/ from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(254)	(79)	-	-	-	**(333)**
Valuation/gross cost at 31 March 2018	**41,361**	**344,389**	**11,467**	**1,677**	**70,684**	**282**	**22,057**	**2,526**	**494,443**
Accumulated depreciation at 1 April 2017 - brought forward	**18,902**	**122,861**	**4,269**	**-**	**43,698**	**264**	**13,678**	**2,081**	**205,753**
Transfers by absorption	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provided during the year	**-**	**9,181**	**99**	**-**	**3,309**	**1**	**1,312**	**21**	**13,923**
Impairments	1,051	5,796	-	-	-	-	-	-	**6,847**
Reversals of impairments	(9)	(2,471)	(29)	-	-	-	-	-	**(2,509)**
Revaluations	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(79)	-	-	-	**(79)**
Accumulated depreciation at 31 March 2018	**19,944**	**135,367**	**4,339**	**-**	**46,928**	**265**	**14,990**	**2,102**	**223,935**
Net book value at 31 March 2018	**21,417**	**209,022**	**7,128**	**1,677**	**23,756**	**17**	**7,067**	**424**	**270,508**
Net book value at 1 April 2017	**18,516**	**205,565**	**6,865**	**8,594**	**22,380**	**-**	**6,209**	**445**	**268,574**

Note 16.2 Property, plant and equipment - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 Apr 2016 - as previously stated	**36,963**	**329,459**	**11,504**	**2,754**	**62,670**	**264**	**19,206**	**2,504**	**465,324**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 Apr 2016 - restated	**36,963**	**329,459**	**11,504**	**2,754**	**62,670**	**264**	**19,206**	**2,504**	**465,324**
Transfers by absorption	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Additions	290	3,328	-	6,969	3,865	-	681	22	**15,155**
Impairments	(154)	(5,830)	(434)	-	-	-	-	-	**(6,418)**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	319	340	64	-	-	-	-	-	**723**
Reclassifications	-	1,129	-	(1,129)	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(457)	-	-	-	**(457)**
Valuation/gross cost at 31 March 2017	**37,418**	**328,426**	**11,134**	**8,594**	**66,078**	**264**	**19,887**	**2,526**	**474,327**
Accumulated depreciation at 1 Apr 2016 - as previously stated	**18,216**	**107,281**	**3,700**	**-**	**40,916**	**264**	**12,325**	**2,007**	**184,709**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2016 - restated	**18,216**	**107,281**	**3,700**	**-**	**40,916**	**264**	**12,325**	**2,007**	**184,709**
Transfers by absorption	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provided during the year	**-**	**8,656**	**166**	**-**	**3,239**	**-**	**1,353**	**74**	**13,488**
Impairments	696	6,974	412	-	-	-	-	-	**8,082**
Reversals of impairments	(10)	(50)	(9)	-	-	-	-	-	**(69)**
Revaluations	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to/ from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals/ derecognition	-	-	-	-	(457)	-	-	-	**(457)**
Accumulated depreciation at 31 March 2017	**18,902**	**122,861**	**4,269**	**-**	**43,698**	**264**	**13,678**	**2,081**	**205,753**
Net book value at 31 March 2017	**18,516**	**205,565**	**6,865**	**8,594**	**22,380**	**-**	**6,209**	**445**	**268,574**
Net book value at 1 April 2016	**18,747**	**222,178**	**7,804**	**2,754**	**21,754**	**-**	**6,881**	**497**	**280,615**

Note 16.3 Property, plant and equipment financing - 2017/18

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned - purchased	20,988	198,589	5,098	1,677	19,883	17	6,979	219	**253,449**
Finance leased	-	-	2,030	-	239	-	-	-	**2,269**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	**-**
PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	429	10,433	-	-	3,634	-	88	205	**14,790**
NBV total at 31 March 2018	**21,417**	**209,022**	**7,128**	**1,677**	**23,756**	**17**	**7,067**	**424**	**270,508**

Note 16.4 Property, plant and equipment financing - 2016/17

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2017									
Owned - purchased	18,108	193,969	4,708	8,594	18,543	-	6,103	251	**250,276**
Finance leased	-	-	2,157	-	290	-	-	-	**2,447**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	**-**
PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	408	11,596	-	-	3,547	-	106	194	**15,851**
NBV total at 31 March 2017	**18,516**	**205,565**	**6,865**	**8,594**	**22,380**	**-**	**6,209**	**445**	**268,574**

Note 17 Donations of property, plant and equipment

There is no difference between the cash provided and the fair value of the assets acquired.

Note 18 Revaluations of property, plant and equipment

The date of the valuation was 22nd March 2018 and was carried out by the District Valuer. It was a full valuation to value Buildings, Dwellings and Land on an alternative site basis, with site optimisation applied.

Note 19.1 Investment Property

The Trust had no investments in 2017/18

Note 19.2 Investment property income and expenses

The Trust had no investment property income and expenses in 2017/18

Note 20 Investments in associates and joint ventures

The Trust has no investments in unconsolidated subsidiaries, joint ventures, associates or unconsolidated entities

Note 21 Other investments / financial assets (non-current)

The Trust has no other investments in 2017/18

Note 22 Disclosure of interests in other entities

The Trust has no interests in unconsolidated subsidiaries, joint ventures, associates or unconsolidated entities.

Note 23 Inventories

	31 March 2018 £000	31 March 2017 £000
Drugs	2,789	2,685
Work In progress	-	-
Consumables	4,018	3,859
Energy	152	95
Other	34	80
Total inventories	**6,993**	**6,719**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £57,431k (2016/17: £48,698k). Write-down of inventories recognised as expenses for the year were £0k (2016/17: £0k).

As stated in Note 1.9, the use of the first-in, first-out cost formula to value inventories is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

Note 24.1 Trade receivables and other receivables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade receivables	25,039	13,939
Accrued income	5,415	10,036
Provision for impaired receivables	(776)	(741)
Prepayments (non-PFI)	1,065	1,436
VAT receivable	338	-
Other receivables	2,907	5,762
Total current trade and other receivables	**33,988**	**30,432**
Non-current		
Total non-current trade and other receivables	**-**	**-**
Of which receivables from NHS and DHSC group bodies:		
Current	23,101	23,412

Some accrued income is based on estimates in order to ensure the completeness of income reported. This occurred at the end of March 2018 so the level of trade and other receivables will reflect the same value. Any variation in outcome compared to the estimates used are accounted for in the next financial period. This approach is consistent with the previous year.

Note 24.2 Provision for impairment of receivables

	2017/18	2016/17
	£000	£000
At 1 April as previously stated	**741**	**882**
Prior period adjustments	-	-
At 1 April - restated	**741**	**882**
Transfers by absorption	-	-
Increase in provision	35	24
Amounts utilised	-	(165)
Unused amounts reversed	-	-
At 31 March	**776**	**741**

The provision for impairment of receivables is in line with IFRS and are based on incurred losses and not general losses.

Note 24.3 Credit quality of financial assets

	31 March 2018		31 March 2017	
		Investments		Investments
	Trade and other receivables	& Other financial assets	Trade and other receivables	& Other financial assets
Ageing of impaired financial assets	£000	£000	£000	£000
0 - 30 days	37	-	42	-
30-60 Days	32	-	125	-
60-90 days	49	-	182	-
90- 180 days	41	-	139	-
Over 180 days	618	-	253	-
Total	**777**	**-**	**741**	**-**

Ageing of non-impaired financial assets past their due date

0 - 30 days	158	-	360	-
30-60 Days	107	-	158	-
60-90 days	163	-	109	-
90- 180 days	138	-	248	-
Over 180 days	1,525	-	1,410	-
Total	**2,093**	**-**	**2,285**	**-**

The aging of the non-impaired financial assets relates to the same assets which have been impaired

Note 25 Other assets
The Trust has no other assets

Note 26 Non-current assets held for sale and assets in disposal groups
The Board has not declared any assets being surplus to requirements in 2017/18

Note 26.1 Liabilities in disposal groups

The Trust has no liabilities in disposal groups.

Note 27.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2017/18	2016/17
	£000	£000
At 1 April	**6,040**	**6,986**
Prior period adjustments	-	-
At 1 April (restated)	**6,040**	**6,986**
Transfers by absorption	-	-
Net change in year	162	(946)
At 31 March	**6,202**	**6,040**
Broken down into:		
Cash at commercial banks and in hand	129	(97)
Cash with the Government Banking Service	6,073	6,137
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**6,202**	**6,040**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**6,202**	**6,040**

Note 27.2 Third party assets held by the trust

The trust held cash and cash equivalents which relate to monies held by the foundation trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2018	31 March 2017
	£000	£000
Bank balances	1	1
Monies on deposit	-	-
Total third party assets	**1**	**1**

Note 28.1 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	16,977	14,284
Capital payables	2,480	3,532
Accruals	15,285	14,403
Receipts in advance (including payments on account)	-	-
Social security costs	6,293	3,064
VAT payables	-	56
Other taxes payable	-	2,730
PDC dividend payable	138	44
Accrued interest on loans	47	54
Other payables	3,430	3,530
Total current trade and other payables	**44,650**	**41,697**
Total non-current trade and other payables	**-**	**-**

Any estimation method use is selected based on the nature of the expense. The primary estimation methods are the use of contracted sums for outstanding invoices or estimation based on average payments in prior periods.

Any variation in outcome of expenditure accruals compared to the estimates used are accounted for in the next period. These estimates and assumptions are consistent with the previous year.

Of which payables from NHS and DHSC group bodies:		
Current	5,010	2,663
Non-current	-	-

Note 28.2 Early retirements in NHS payables above

The Trust has no early retirements in NHS payables above.

Note 29 Other financial liabilities

The Trust has no other financial liabilities

Note 30 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	2,314	1,762
Deferred grants	-	315
PFI deferred income / credits	-	-
Lease incentives	-	-
Total other current liabilities	**2,314**	**2,077**
Total other non-current liabilities	**-**	**-**

Note 31 Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Loans from the Department of Health and Social Care	2,156	2,158
Obligations under finance leases	40	38
Total current borrowings	**2,196**	**2,196**
Non-current		
Loans from the Department of Health and Social Care	18,299	20,455
Obligations under finance leases	2,237	**2,279**
Total non-current borrowings	**20,536**	**22,734**

Note 32 Finance leases

Note 32.1 Western Sussex Hospitals NHS Foundation Trust as a lessor

There are no future lease receipts due under finance lease agreements where Western Sussex Hospitals NHS Foundation Trust is the lessor.

Note 32.2 Western Sussex Hospitals NHS Foundation Trust as a lessee

Obligations under finance leases where Western Sussex Hospitals NHS Foundation Trust is the lessee.

	31 March 2018 £000	31 March 2017 £000
Gross lease liabilities	**11,893**	**12,101**
of which liabilities are due:		
- not later than one year;	207	207
- later than one year and not later than five years;	830	830
- later than five years.	10,856	11,064
Finance charges allocated to future periods	(9,616)	(9,785)
Net lease liabilities	**2,277**	**2,317**
of which payable:		
- not later than one year;	40	38
- later than one year and not later than five years;	186	176
- later than five years.	2,051	2,103
Contingent rent recognised as an expense in the period	122	116

Note 33.1 Provisions for liabilities and charges analysis

	Pensions - early departure costs	Legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2017	**1,346**	**159**	**1,843**	**3,348**
Transfers by absorption	-	-	-	**-**
Change in the discount rate	6	-	24	**31**
Arising during the year	19	35	20	**74**
Utilised during the year	(130)	-	(100)	**(230)**
Reclassified to liabilities held in disposal groups	-	-	-	**-**
Reversed unused	(28)	-	-	**(28)**
Unwinding of discount	1	-	2	**3**
At 31 March 2018	**1,214**	**194**	**1,789**	**3,198**
Expected timing of cash flows:				
- not later than one year;	130	194	100	**424**
- later than one year and not later than five years;	501	-	398	**899**
- later than five years.	583	0	1,292	**1,875**
Total	**1,214**	**194**	**1,789**	**3,198**

Pension costs are based upon known amounts that will have to be paid to the NHS Pension Agency in respect of staff who have retired early. By their very nature, provisions are estimates, though informed. For the calculation of pension and injury benefit liabilities, government actuary figures for expected mortality have been used and for legal claims, data is provided by the NHS Litigation Authority.

Other provisions relate to injury benefits that are administered by the NHS Business Services Authority.

Any variation in outcome compared to the provisions are accounted for in the next financial year.

Note 33.2 Clinical negligence liabilities

At 31 March 2018, £165,045k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Western Sussex Hospitals NHS Foundation Trust (31 March 2017: £141,133k).

Note 34 Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
Value of contingent liabilities		
NHS Resolution legal claims	(62)	(48)
Gross value of contingent liabilities	**(62)**	**(48)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(62)**	**(48)**
Net value of contingent assets	-	-

The Foundation Trust has no contingent liabilities other than those advised by the NHSLA as at 31st March 2018 shown above.

Note 35 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	2,086	3,219
Intangible assets	-	-
Total	**2,086**	**3,219**

Note 36 Other financial commitments

The Trust has no other financial commitments

Note 37 Financial instruments

Note 37.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Commissioners and the way those Commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has some powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
The Trust borrows from government for capital expenditure. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk
Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31st March 2017 are in receivables from customers, as disclosed in the trade and other receivables note to the accounts.

Liquidity risk
The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups (CCGs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from a combination of its own self-generated funds and capital investment loans with reference to NHS Improvement's Continuity of Services Risk Rating. The Trust is not,
therefore, exposed to significant liquidity risks.

Note 37.2 Carrying values of financial assets

	Loans and receivables	Assets at fair value through the I&E at maturity	Held to for-sale	Available-for-sale value	Total book value
	£000	£000	£000	£000	£000
Assets as per SoFP as at 31 March 2018					
Trade and other receivables excluding non financial assets	30,245	-	-	-	**30,245**
Cash and cash equivalents at bank and in hand	6,202	-	-	-	**6,202**
Total at 31 March 2018	**36,447**	**-**	**-**	**-**	**36,447**

	Loans and receivables	Assets at fair value through maturity	Held to	Available-for-sale	Total book value
	£000	£000	£000	£000	£000
Assets as per SoFP as at 31 March 2017					
Trade and other receivables excluding non financial assets	26,740	-	-	-	**26,740**
Cash and cash equivalents at bank and in hand	6,040	-	-	-	**6,040**
Total at 31 March 2017	**32,780**	**-**	**-**	**-**	**32,780**

Note 37.3 Carrying value of financial liabilities

	Other financial liabilities	Liabilities at fair value through the I&E	Total book value
	£000	£000	£000
Liabilities as per SoFP as at 31 March 2018			
Embedded derivatives	-	-	**-**
Borrowings excluding finance lease and PFI liabilities	20,455	-	**20,455**
Obligations under finance leases	2,277	-	**2,277**
Trade and other payables excluding non financial liabilities	34,984	-	**34,984**
Total at 31 March 2018	**57,716**	**-**	**57,716**

	Other financial liabilities	Liabilities at fair value through the I&E	Total book value
	£000	£000	£000
Liabilities as per SoFP as at 31 March 2017			
Embedded derivatives	-	-	**-**
Borrowings excluding finance lease and PFI liabilities	22,613	-	**22,613**
Obligations under finance leases	2,317	-	**2,317**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Trade and other payables excluding non financial liabilities	32,272	-	**32,272**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**

Note 37.4 Fair values of financial assets and liabilities

There are no financial assets held at book value or fair value by the Trust

Note 37.5 Maturity of financial liabilities

	31 March 2018	31 March 2017
	£000	£000
In one year or less	37,180	32,272
In more than one year but not more than two years	1,772	2,196
In more than two years but not more than five years	6,124	7,518
In more than five years	12,640	15,216
Total	**57,716**	**57,202**

Note 38 Losses and special payments

	2017/18		2016/17
	Total number of cases	Total value of cases	Total number of cases
	Number	£000	Number
Total losses	-	-	-
Special payments			
Compensation under court order or legally binding arbitration award	2	7	-
Extra-contractual payments	-	-	-
Ex-gratia payments	3	6	60
Special severance payments	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-
Total special payments	**5**	**13**	**60**
Total losses and special payments	**5**	**13**	**60**
Compensation payments received		-	

Note 39 Related parties

	Receivables		Payables	
	31-Mar-18	31-Mar-17	31-Mar-18	31-Mar-17
	£000	£000	£000	£000
NHS Coastal West Sussex	6,798	11,074	1,439	1,472
NHS England	6,663	5,284	12	344
Sussex Community Trust	1,074	1,437	27	142
Sussex Partnership Foundation Trust	1,237	1,406	428	59
Western Sussex Hospitals Charities and Other Related Charities	587	793		
Total	**16,359**	**19,993**	**1,906**	**2,018**

Details of related party transactions with individuals are as follows:

	Income		Expenditure	
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
BT (related to Jon Furmston, Non-Executive Director)			107	84

	Income		Expenditure	
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
NHS Coastal West Sussex	305,606	302,507	8	-
NHS England	61,008	67,034	38	608
Sussex Community Trust	3,060	3,162	316	423
Sussex Partnership Foundation Trust	3,798	3,576	290	189
South Eastern Hampshire CCG	5,944	6,017	-	-
Health Education England	13,893	12,864	-	-
Western Sussex Hospitals Charities and Other Related Charities	217	560		
Total	**393,525**	**395,721**	**652**	**1,220**

There were no transfers by absorption in the reporting period.

On 1st April 2017, the Trust (WSH) entered into a long-term agreement with NHS Improvement and Brighton and Sussex University Hospitals NHS Trust (BSUH). This agreement provides for collaboration between the Trusts, including arrangements for board membership and governance in common, as well as the provision of management support to BSUH by WSH. The initial term of this agreement is for three years.

Western Sussex Hospitals NHS Trust is sole corporate trustee of Western Sussex Hospitals Charitable Trust, from whom the Trust has received revenue and capital payments.

Note 41 Prior period adjustments
There are no prior period adjustments

Note 42 Events after the reporting date
There are no events after the reporting date

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Western Sussex Hospitals NHS Foundation Trust for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, Statement of Cash Flows, the Statement of Changes in Equity and the related notes 1 to 42, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion, the financial statements:

- give a true and fair view of the state of Western Sussex Hospitals NHS Foundation Trust's affairs as at 31 March 2018 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the Department of Health Group Accounting Manual 2017/18 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Use of our report

This report is made solely to the Council of Governors of Western Sussex Hospitals NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Overview of our audit approach:

Key audit matters

- Risk of fraud in revenue and expenditure recognition
- Risk of management override
- Risk of disputed income

Materiality

- Overall materiality of £4.226 million which represents 1% of operating expenses.

Key audit matters

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

Risk	Our response to the risk	Key observations communicated to the Audit Committee
Risk of fraud in revenue and expenditure recognition Under ISA240 there is a presumed risk that revenue may be misstated due to improper recognition of revenue. In this public sector this requirement is modified by Practice Note 10, issued by the Financial Reporting council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition. The NHS as a whole continues to experience significant financial pressures and there is pressure on the Trust to achieve its forecast financial	In response to the risk, we: ▶ continued to engage with management to understand the overall financial position to inform the appropriate audit expectations of the year-end income and expenditure position; ▶ reviewed and tested revenue and expenditure recognition policies; ▶ reviewed and discussed with management any accounting estimates on revenue or expenditure recognition for evidence of bias; ▶ developed a testing strategy to test material revenue and expenditure streams;	Our audit work did not identify any material issues or unusual transactions which indicated that there had been any misreporting of the Trust's financial position or that revenue or expenditure had been incorrectly recorded.

position. While the Trust is performing better than most, we recognise that any targeted outturn position produces financial pressures on the Trust and therefore increase the risk of manipulation of the reported financial position in order to achieve that forecast outturn. We believe this manipulation is possible through both income and expenditure transactions and areas of significant estimation.	▶ reviewed and tested revenue cut-off at the period end date; ▶ reviewed Department of Health agreement of balances data investigate significant differences (outside of DH tolerances); ▶ reviewed the accounting treatment regarding the Trust's contractual dispute with an external provider regarding Private Patient Income, noting that the dispute is immaterial.	
Risk of management override of control **The financial statements as a whole are not free of material misstatements whether caused by fraud or error.** **As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.**	We used our data analytics to assist our testing, which included: ▶ testing the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements; ▶ reviewing accounting estimates for evidence of management bias, and ▶ evaluating the business rationale for significant unusual transactions.	Our audit work did not identify any evidence of management override of control.
Disputed income **In 2016/17, we included an 'Emphasis of Matter' paragraph within our audit report referring to the disclosures in the financial statements setting out the contractual dispute over income from one of the Trust's commissioners. This**	In response to the risk, we: ▶ Reviewed information on the progress of mediation between the Trust and the commissioner and assessed the implications for the Trust's financial statements, including whether any adjustments are required to the 2017/18 financial statements (including	The Trust and the commissioner to expert determination to settle the disputed income balance. Both organisations agreed that the outcome would be final and included in their financial statements. The determination concluded in April 2018 and the outcome

amount was material, totalling £8.Gm gross, although an element was provided for by the Trust. From our planning work we are aware that the dispute has not been settled. There is risk that any developments or other information relevant to the disputed income are not reflected accurately in the Trust's 2017/18 financial statements. **There is also a risk that there is additional disputed income in the 2017/18 financial statements which is not agreed with Commissioners in advance of the Audit Opinion Deadline.**	whether any prior period adjustment might be appropriate). ▶ Understood whether any 2017/18 income is was to be disputed, noting that there was no additional disputed income for 2017/18. ▶ Reviewed the Trust's supporting information available in advance of year end, to enable proper accounting treatment to be agreed before the 2017/18 financial statements are prepared. As in 2016/17 we also ensured there was appropriate independent review of those procedures and the audit judgements by an independent partner, in recognition that the Associate Partner for the audit of the Trust is also the Associate Partner for the audit of the counterparty to the dispute.	was that, in aggregate, the disputed income be split 43% in the Trust's favour and 57% in the commissioner's favour. We are satisfied that appropriate adjustments have been made in the Trust's 2017/18 financial statements to reflect the outcome of the expert determination of the disputed income

An overview of the scope of our audit

Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Trust and effectiveness of controls, including controls and changes in the business environment when assessing the level of work to be performed. All audit work was performed directly by the audit engagement team.

Materiality

The magnitude of an omission or misstatement that, individually or in the aggregate, could reasonably be expected to influence the economic decisions of the users of the financial statements. Materiality provides a basis for determining the nature and extent of our audit procedures.

We determined materiality for the Trust to be £4.226 million (2016/17: £4.253 million), which is 1% (2016/17: 1%) of operating expenses. We believe that operating expenses provides us with a basis for determining the nature, timing and ext ent of risk assessment procedures to identify our assessment of the risks of material misstatement.

During the course of our audit, we reassessed initial materiality to reflect operating expenses reported in the draft 2017/18 financial statements. This did not have a significant impact of the level of materiality we applied.

Performance materiality

The application of materiality at the individual account or balance level. It is set at an amount to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality.

On the basis of our risk assessments, together with our assessment of the Trust's overall control environment, our judgement was that performance materiality was 75% (20116/17: 75%) of our planning materiality, namely £3.17 million (2016/17: £3.19 million). We have set performance materiality at t his percentage to ensure that the total uncorrected and undetected audit differences do not exceed our materiality for the financial statements as a whole.

Reporting threshold

An amount below which identified misstatements are considered as being clearly trivial.

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.211 million (201 6/ 17: £0.213 million), which is set at 5% of planning materiality, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations in forming our opinion.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

We read all the financial and non-financial information in the Western Sussex Hospitals NHS Foundation Trust Annual Report and Accounts 2017/18 to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We have nothing to report in this regard.

Opinion on other matters prescribe by the Code of Audit Practice issued by the NAO

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Matters on which we report by exception

The Code of Audit Practice requires us to report to you if

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;

- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule lO(l)(d) of the National Health Service Act 2006;
- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.
- We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2017/18 requires us to report to you if in our opinion, information in the Annual Report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit.
- otherwise misleading.

We have nothing to report in respect of these matters.

Responsibilities of Accounting Officer

As explained more fully in the Accountable Officer's responsibilities statement set out on pages 80 and 81, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

Auditor's responsibilities with respect to value for money arrangements

We are required to consider whether the Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is based on the overall criterion that "in all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

Proper arrangements are defined by statutory guidance issued by the National Audit Office and comprise the arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

In considering your proper arrangements, we draw on the requirements of the guidance issued by NHS Improvement to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there are any risk that we consider significant within the Code of Audit Practice which defines as:

"A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects".

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required . If we do not identify any significant risk there is no requirement to carry out further work. Our risk assessment considers both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders.

Certificate

We certify that we have completed the audit of the financial statements of Western Sussex Hospitals NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG).

Paul King

Paul King

for and on behalf of Ernst & Young LLP

Southampton

29 May 2018

The maintenance and integrity of the Western Sussex Hospitals NHS Foundation Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.