University Hospitals Sussex
NHS Foundation Trust

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Annual Report and Accounts 2021 / 22

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Annual Report 2021-22

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1. Performance Report

The purpose of this section of the Annual Report is to provide a summary of the purpose and activities of University Hospitals Sussex NHS Foundation Trust (UHSussex) the Trust's priorities and objectives for 2021/2022, the key risks to achieving these objectives and how we have performed in relation to these during the year.

1.1 Welcome from the Chairman and Chief Executive

Welcome to the first Annual Report of University Hospitals Sussex NHS Foundation Trust. The formation of the Trust on April 1 marked a new dawn for hospital care in the county. But 2021-22 was also a year in which Covid-19 again cast a dark shadow across our community. The virus continues take an enormous toll, not just in lives lost but also in terms of the physical and mental strain it has placed on colleagues throughout our hospitals and the pressure it has imposed on services across the NHS.

So, above all else, it is important that we recognise in this report both the incredible efforts our people have made in that period and the extreme circumstances in which they have had to work – and continue to do so. For the country at large, 'living with Covid' now mainly means a return to pre-pandemic behaviour. For the NHS, our hospitals and the people who keep them running, it means continuing to care for large numbers of patients with the virus on our wards. It means continuing to take extra measures to protect the vulnerable. It means having to cope with high levels of staff absence as infections have risen in the community. All these factors are adding to the pressure facing an already exhausted workforce that continues to go above and beyond for our patients, both in responding to unprecedented levels of need for hospital care and tackling longer waiting lists than we have ever seen before. In recognition of the scale of these challenges we have played an active role within the system and we will continue to work with the newly formed Integrated Care Board.

Two years of pandemic response has inevitably had a negative impact on standards of care for every hospital in the country. At UHSussex, it has also just as unavoidably slowed the pace at which we have been able to progress our post-merger plans. What hasn't changed though is the rationale for that merger and the benefits it will bring for our patients, colleagues and communities.

Our predecessor organisations Western Sussex Hospitals NHS Foundation Trust (WSHFT) and Brighton and Sussex University Hospitals NHS Trust (BSUH) worked together under joint management for the four years preceding the merger. During this time, BSUH became the fastest improving acute

hospital Trust in England, emerging from special measures and earning a Care Quality Commission rating of Good overall and Outstanding for caring. WSHFT meanwhile maintained its own Outstanding status and also became the first non-specialist acute Trust to achieve that top rating in all key inspection areas.

UHSussex was established to bring together the best of both organisations and build upon their achievements to continue improving hospital services. That means greater continuity of care and better access to services for our patients, new career development opportunities and stronger professional and personal support for our colleagues, and more stable futures for services pressured by national challenges around staffing and funding particularly.

None of those ambitions has been diminished by the pandemic. And although the crisis has forced us to navigate uncharted waters, coming together as a single organisation better able to share resources and provide assistance across all seven of our hospitals has had a huge positive impact on our ability first to respond to the emergency and now to start recovering from it. For example, within months of merging we became the best performing Trust in the country in reducing the number of patients waiting more than a year for treatment. In 2021-22 as a whole, we have cut that list by 35%. And in the last six months alone, collaborative cross-site working has also reduced the number of patients at risk of waiting longer than two years for treatment from 1,800 to less than 100, a reduction of 94% but we recognises that it is challenging for any patient who has a long wait and we continue to work to reduce these.

This pace of progress is a tribute to the dedication of colleagues going the extra mile to help patients. But it also speaks volumes for their ability to come up with novel solutions and the capacity of our Patient First improvement system to implement them. Patient First has been at the heart of the long-term success of our predecessor organisations and remains key to our continued progress as University Hospitals Sussex. It’s also one of the main ways in which we support our staff professionally, by handing them the initiative to identify the changes that will have the biggest positive impacts on patient care and giving them the skills and resources to make them happen. That in turn is helping us attract great new people to our Trust. In our first year we have recruited experienced and talented leaders into new executive and directorship posts. They will drive forward our commitment to improving care through Patient First and transforming hospital services for the better. We have also committed to growing our workforce on wards particularly. Our first year as UHSussex has seen us recruit more than 500 qualified nurses from overseas and set up a new nursing school in partnership with Chichester University that will open rewarding new career options to local people.

Support for colleagues has also needed to be personal as well as professional over the last year in the face of the stress, exhaustion and burnout that battling Covid-19 has created. The way our people have looked after and looked out for each other during this time has been one of the most powerful and moving features of the pandemic, and we have wanted to do all we can as an organisation to care for their physical, mental and emotional wellbeing too. During the year we have recruited psychological support for colleagues in critical care, introduced new wellbeing-focused appraisals and offered enhanced menopause resources. We also ran creative wellbeing workshops for more than 500 colleagues and have invested further in our counselling provision, including through our chaplaincy teams, with more wellbeing hubs and 'wellbeing first aiders' to follow. Alongside these commitments, we are also hugely grateful to our hospital charities for their fundraising efforts, which have enabled the redevelopment of more than 150 staff areas and the creation of two new gardens during the year.

This lived experience of the Covid-19 pandemic has drawn on all our resources but has not distracted our focus from the long-term improvements the merger set out to deliver. We have continued to make space during the year to work with colleagues and stakeholders to understand our strategic priorities and identify the best means of achieving them. We have now agreed the clinical operating model that will provide a strong framework for all our services and build consistency around best practice across all our hospitals. And we continue to make progress on the detailed clinical strategy that will drive the service improvements we all want over the years ahead.

The one thing that underpins all this potential – and which gives us confidence that it will be unlocked – is the skill and dedication of everyone who works so well together across what is now one of the largest acute hospital Trusts in the NHS. Perhaps the greatest measure of the strength of the goodwill that exists here is the enthusiasm people have shown for the return of our Patient First STAR Awards, which have been postponed by the pandemic for the last two years: we received an incredible 1,200 nominations for teams and individuals in all.

That collegiate spirit comes from the very top and has been embodied for the last 14 years by Dame Marianne Griffiths as the first Chief Executive of UHSussex and the long-time leader of its predecessor Trusts. Marianne retired at the very end of our first year and it is impossible to overstate the role she has played in helping our three organisations set new standards for hospital care in our region. On behalf of everyone at University Hospitals Sussex, we wish her a very happy retirement and commit ourselves to building on the achievements of her time at the helm.

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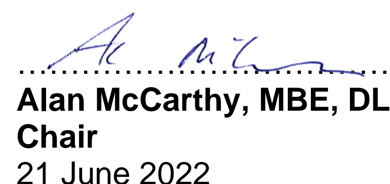
Dr George Findlay
Chief Executive
21 June 2022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Alan McCarthy, MBE, DL
Chair
21 June 2022

1.2 About the Trust

Creating University Hospitals Sussex NHS Foundation Trust

University Hospitals Sussex NHS Foundation Trust was formed on April 1, 2021 following the merger of our predecessor organisations Western Sussex Hospitals NHS Foundation Trust (WSHFT) and Brighton and Sussex University Hospitals NHS Trust (BSUH)

WSHFT and BSUH had worked together under joint management for the four years preceding the merger. As the end of this agreement approached and having worked increasingly closely together to respond to the global Covid-19 pandemic, the Trust boards explored options for an ongoing relationship. As a result of regulatory and financial changes within the NHS and the successful joint-working between the Trusts, it became clear the best interests of patients and staff would be better served by pursuing a full merger.

A strategic outline case was developed by the legacy Trusts and later approved by NHSEI in September 2020. Six months of intense planning followed to enable completion of the formal merger.

UHSussex was established to bring together the best of both organisations and build upon their achievements to continue improving hospital services. This was summarised by a set of key benefits for patients, staff and communities across Sussex:

- Building on our Outstanding reputation and delivering excellent care to the communities in Sussex
- Strengthening leadership, governance and structures, enabling us to move forward quickly and keep improving care for patients
- Creating greater ‘economies of scale’ as a larger and more influential NHS Trust
- Increase our potential to use the same processes and equipment to support the smoother running of services
- Creating more career opportunities across our hospitals for our people
- Continuing our closer collaboration and sharing of resources as we restore services and manage our ongoing response to the Covid pandemic
- Improving continuity of care and better access to services
- Increasing support for services under pressure due to national challenges, such as increasing demand, workforce availability and financial pressures.

None of these ambitions have been diminished by the pandemic, which continued well into 2022. Indeed, the crisis has forced us to navigate uncharted waters, coming together as a single organisation better able to share resources and provide assistance across all seven of our hospitals has had a huge positive impact on our ability first to respond to the emergency and now to start recovering from it.

Despite the pressure of the pandemic, progress to bring the legacy organisations together is a tribute to the dedication of colleagues going the extra mile to help patients.

We have continued to make space during the year to work with colleagues and stakeholders to understand our strategic priorities and identify the best means of achieving them. We have now agreed the clinical operating model that will provide a strong framework for all our services and build consistency around best practice across all our hospitals. And we continue to make progress on the detailed clinical strategy that will drive the service improvements we all want over the years ahead.

Our first year as UHSussex has also seen us recruit more than 500 qualified nurses from overseas and set up a new nursing school in partnership with Chichester University that will open rewarding new career options to local people.

We are now one of the largest organisations in the NHS. We employ nearly 20,000 staff and serve a population of around 1.8 million people across Sussex. We run all district general hospital services for Brighton and Hove, West and Mid Sussex and parts of East Sussex. We also provide specialist services for patients from across the wider South East. These include:

- neuroscience,
- arterial vascular surgery,
- neonatology, and
- specialised paediatric, cardiac, cancer, renal, infectious disease and HIV medicine services.

To do all this, we have an operating budget of more than £1.2 billion a year and run seven hospitals:

- Princess Royal Hospital in Haywards Heath
- Royal Alexandra Children’s Hospital in Brighton
- Royal Sussex County Hospital in Brighton
- St Richard’s Hospital in Chichester

- Southlands Hospital in Shoreham-by-Sea
- Sussex Eye Hospital in Brighton
- Worthing Hospital in the centre of Worthing

Our Royal Sussex County, Worthing, St Richard’s and Princess Royal hospitals all have 24-hour accident and emergency units. Maternity services are available at all four hospitals. The County is also our centre for major trauma and tertiary specialist services. We provide children’s services at the Royal Alexandra, St Richard’s and Worthing. Eye care is based at the Sussex Eye Hospital and at Southlands, which also specialises in day-case procedures, diagnostics and outpatient clinics.

The 3Ts hospital redevelopment is continuing on the County site in Brighton. Its new buildings will provide state-of-the-art accommodation for more than 40 wards and departments and dramatically improve patient experience.

We also provide services at GP surgeries, health clinics and at other hospitals. These include

- Bognor War Memorial Hospital,
- Brighton General Hospital,
- Crawley Hospital,
- Hove Polyclinic,
- Lewes Victoria Hospital,
- the Park Centre for Breast Care, and
- sexual health clinics across the county.

Our new status as a university hospitals Trust is helping us develop as an academic centre. We offer high-quality medical teaching and contribute to cutting-edge research and innovation. To do this we work closely with our partners at:

- the Brighton and Sussex Medical School,
- Health Education England,
- Kent, Surrey and Sussex Postgraduate Deanery, and
- the Universities of Brighton, Chichester and Sussex.

More than 25,000 staff, patients and local people are members of our new foundation Trust. Our members help shape our future plans and priorities. They also elect our Council of Governors.

Our governors represent the views of our community and act as a "critical friend" to the Trust. This means they keep an eye on our performance and hold the organisation to account.

Our year in numbers:

- We held more than 1.1 million outpatient appointments
- We received more than 420,000 referrals for specialist care
- We saw more than 320,000 people in our emergency departments
- We admitted more than 77,000 patients to our wards
- We performed more than 46,000 operations and day case procedures
- We delivered more than 8,500 babies
- More than 5,500 people started cancer treatment
- We cared for more than 3,500 patients with Covid-19

Further information in respect of the Trust's operational and financial performance can be found at Section 1.4 within this report.

The headquarters of the Foundation Trust are:

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

1.3 The Trust's Mission, Values and Identity

University Hospitals Sussex NHS Foundation Trust was created to bring together the best of its two predecessor organisations. We aim to build on their successes and achieve together what we could not achieve alone.

We asked our staff, patients and stakeholders what they saw as the best of our hospitals and used this feedback to agree the values of the new Trust that now underpin our identity and everything we do.

The mission of University Hospitals Sussex – what we are striving to achieve – is to provide *'excellent care every time'.* We sum this up in our strapline: Where better never stops.

This is the basis of the Patient First philosophy that has driven long-term improvement at both Western Sussex Hospitals and Brighton and Sussex University Hospitals, and which is the engine of our ambitions for the development of University Hospitals Sussex too.

This commitment to putting the interests of our patients first and foremost is embodied by the values our staff and patients wanted the new Trust to embrace:

Compassion & Communication

We treat our patients and staff with the same compassion and empathy we expect for ourselves. We're here for them when they need us, and we go above and beyond to meet their needs. We care about everyone's well-being, because that's why we do what we do. And we make sure everyone feels informed and included. We always find the time to communicate with staff and patients – however busy we may be – because people's lives depend on it.

Inclusion & Respect

We welcome everyone and treat people as individuals – celebrating difference and always taking the time to listen. We respect people's choices and always do our best to anticipate their needs. We treat everyone fairly and make sure people are free to be themselves. We make sure our Trust provides equal access for everyone and we put in place the processes, support and advocacy needed to meet people's individual requirements.

Teamwork & Professionalism

We work together to provide exceptional care and uphold the highest standards. We value learning, teaching and training so that we can be the best that we can be. We collaborate, we forge partnerships and we celebrate each other's success. We make sure all our voices are heard and we speak out when things aren't right. Our colleagues are our extended family – we stand shoulder to shoulder through good times and bad. We're driven by our desire to put our Patient First.

Our brand identity

A strong brand identity is important for all organisations, even in the NHS. It's important that patients have confidence in the people and services treating them. Making our hospitals and departments instantly recognisable lets people know who's looking after them and reassures them of the standards they can expect. The information they receive from us is clear, consistent and helps provide the excellent patient experience we strive to provide.

For staff, a strong brand identity is important in bringing people together across our seven hospitals and uniting them behind a common cause. It can build the pride and engagement that are proven to improve outcomes and experiences for patients. And it helps us recruit the people we need by showing them what we stand for.

The University Hospitals Sussex brand identity is built around Patient First. Feedback from staff workshops told us this is what makes our hospitals special and distinguishes us from other NHS organisations. We explain the principles and objectives of Patient First using a triangle, and have taken this as our motif for the new organisation, used in a grid that represents the networks, partnerships and team spirit that binds us. You will see this design used across our hospitals and in our communications as services come together across the new Trust.

But identity is more than visual and also informs the way in which we communicate with our patients and each other. Our communications team has produced a series of guidelines and resources that help the whole organisation speak with a consistent tone of voice that will over time become instantly recognisable as our own. They have also developed templates and resources that help staff communicate clearly, effectively and easily without taking them away from their priority of patient care.

Together, our mission, values and identity tell people who we are, how we work and what they can expect from us. They will play a crucial role in the future success of University Hospitals Sussex.

1.4 Performance Analysis

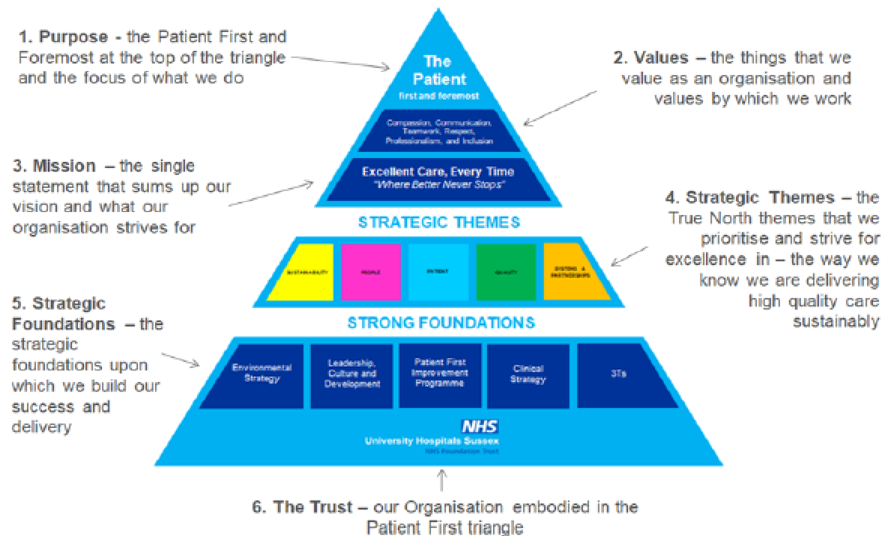
1.4.1 Patient First

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

Patient First remains at the heart of our Trust and is our leading, long-term approach to transforming the way we deliver services for the better.

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

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



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

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

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

- Patient
- Sustainability
- People
- Quality
- Systems and partnerships

How it is delivered

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

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

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

This approach has enabled us to identify a True North goal and associated objectives and metrics 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 goals:

True North Domain	Goal	Metric Target	Executive Lead
Patient	To ensure that all our patients have a positive experience of the care they receive	**Patient Experience:** To have 95% or more of patients rating FFT surveys as Very Good or Good	Dr Maggie Davies (Chief Nurse)
Sustainability	To ensure that the Trust sustainably achieves 'Break Even' financially	**Financial Sustainability:** To deliver the Trust's financial plan	Karen Geoghegan (Chief Financial Officer)
People	To be the top acute Trust for staff engagement	**Staff Engagement:** To be within the top quartile of acute Trusts for the National staff engagement score	David Grantham (Chief People Officer)
Quality	To have zero harm occurring to our patients when in our care and to achieve the lowest crude mortality within our peer group	**Harm:** To achieve a 10% reduction in harm to patients	Dr Maggie Davies (Chief Nurse)
Quality		**Mortality:** To achieve a 10% reduction in the crude mortality rate	Dr Charlotte Hopkins (Chief Medical Officer)
Systems & Partnerships	To sustainably achieve the national constitutional targets for planned and emergency care	**Planned Care:** To have no patients waiting in excess of 40 weeks on an RTT pathway to be seen and treated	Pete Landstrom (Chief Delivery Officer)
Systems & Partnerships		**Emergency Care:** To achieve 95% of patients are treated within 4 hours in Emergency Care services	Pete Landstrom (Chief Delivery Officer)

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

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

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

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

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

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

Patient First in 2021/22

Patient First continues to be recognised across the Trust as giving clinical teams fast-track methods of problem solving, creating better leadership, raising standards and helping staff release more time to care for patients.

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, for example tackling excess noise at night, which is detailed further in the Quality Improvement section.

Progress against our Patient First True North Goals is described in detail below and within section two of this Annual Report.

Whilst Covid-19 had an impact on our ability to provide PFIS training we are pleased that wards and divisions applied PFIS tools and techniques as they made rapid changes and tested their efficacy ensuring high quality care and safe practices were implemented. 2021/22 saw the relaunch of our PFIS senior leader and team training which has complemented the relaunch of our divisional strategy deployment reviews.

The patient first maturity assessments have seen across 21/22 some 16 units move to the level 4 maturity level and whilst lower than the original plan this move has been supported by a positive shift from those within level 1

progressing though to level 2 and those within that level progressing to level 3.

1.4.2 Trust True North Goals

The Patient – True North: an overall score of over 95% for patient satisfaction when measured through the Friends and Family Test.

Our Friends and Family Test (FFT) patient feedback demonstrates that the significant majority of the Trust's patients had a good or very good experience of their care (c90%). Consistent with the Trust's patient first goal of 'excellent care every time', an ambitious True North objective of 95% patient satisfaction for the 'Patient' pillar has set.

Consistent with the challenging national position for the NHS and across the Trust with regard to demand, workforce and occupancy, FFT patient feedback throughout 2021/22 has fluctuated, with overall satisfaction lowest in quarter four, in particular within Accident and Emergency touchpoints. However, satisfaction rates for maternity and inpatient services remain in line with national averages, and satisfaction with outpatients is above the national average. The Trust achieved an overall score of 91% for 2021/22.

The Trust also supports completion of the national patient surveys commissioned by the CQC every year for hospital admissions where feedback is taken from a representative sample of patients. This is designed to be a one-off snapshot of experience or views that can be compared with other Trusts and is based on a lengthy structured questionnaire. Most recently, the 2021 Maternity Services Survey was undertaken, with the results presenting a positive position for patient experience of maternity services, with performance being comparable or better to the national average in all bar one of the 51 care-related questions asked.

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

These processes enabled us to maintain our focus on delivering high quality, safe and effective care and these insights inform our Patient Experience Strategy which is to be launched in 2022/22.

Our People – True North: to be in the top acute Trust in the country for staff engagement.

Improving staff engagement is the strategic objective for the People domain of Patient First and our long-term objective is to achieve a staff engagement score that places the Trust as the top acute Trust in the country. To support this our breakthrough objective is working with Divisions and Services to use

our Patient First Improvement System to increase the number of staff who would recommend the Trust as a place to work.

As the Covid pandemic continued in 2021/22, alongside re-starting services and managing patients who had been waiting, the demands on our staff have remained extraordinary - and those circumstances have continued to require different approaches to staff engagement. We have continued the extensive use of MS Teams for frequent engagement with staff across the organisation and increasingly more localised ‘staff listening events’. Weekly Executive-led briefings have continued throughout the year to update staff on the impact of the pandemic, our restoration and recovery plans and also staff support. Communications have also focussed on the re-structuring of the organisation following merger, including extensive engagement with leaders on the new ‘clinical operating model’. ‘Live’ attendance at weekly briefings continues to be at levels of some 500+ participants and recordings provide a platform for staff who are unable to attend to catch up on the events at a later date.

Staff engagement, as measured through the annual NHS staff survey, was 6.6 (out of 10) in 2021 (a decline from 7.2 (out of 10) in 2020). The average across acute Trusts was 6.8 (which had also declined from 2020). This reflects the pressures our staff have been working under, the change and associated uncertainty of merger and integration during the year.

The Trust will use the data to refresh its plans to improve scores using Patient First. This includes the work with Divisions using a targeted approach to drive correlated low scoring questions at Divisional level.

Quality – True Norths: to achieve the lowest crude mortality within our peer group and aim for a 10% reduction in harm to our patients.

To achieve the lowest crude mortality within our peer group

In 2021/22 the Trust began using crude mortality as the True North metric to monitor improvements in mortality, having previously used the Hospital Standardised Mortality Ratio (HSMR). This change to crude mortality rates overcame challenges in interpreting variation in HSMR resulting from factors such as clinical coding. The use of crude mortality was expected to provide greater insight and a strengthened focus on reducing avoidable deaths.

Following the decision to focus on crude mortality we entered an unprecedented period of volatile crude mortality rates nationally with both an exceptionally high rate during the first wave of the Covid-19 pandemic at the beginning of 2021 and the subsequent lower rates that followed. Covid-19 deaths and the impact of other untreated conditions have added further complexity in using this measure only.

The Trust therefore continued to monitor HSMR and the Summary Hospital Mortality Indicator (SHMI) throughout the pandemic. The Trust has had a low HSMR and the SHMI has been within the expected range but has shown a rising trend. The rising trend has been investigated utilising analytical support

from Healthcare Evaluation Data and the rise appears to be linked to coding rather than avoidable deaths. A program or work is in place to address this.

The Trust also triangulates its mortality data with the outputs from its Learning from Deaths processes. This process captures learning from the work of the Medical Examiners who scrutinise hospital deaths and from the Structured Judgement Reviews undertaken by mortality reviewers where there are concerns. Themes of learning include the effective use of Treatment Escalation Plans and Do Not Attempt CardioPulmonary Resuscitation as well as the recognition of the deteriorating patient.

2021/22 has therefore been an unrepresentative year however the Trust has maintained close monitoring of all available mortality metrics to enable the Trust to monitor this key area at a time when there has been exceptional demand for urgent care, a need to manage an increase in long waiting patients due to the pandemic.

Reducing harm

Trust wide it is expected that patients do not suffer harm whilst in our care. However, it is recognised that there are patients who suffer new harm which is acquired during their time in hospital. This has a significant impact on patients, families, carers, and staff and within the wider organisation.

During the year the Trust saw for its east sites of Royal Sussex County Hospital and Princess Royal Hospital a reduction of harms in April 2021 to that reported March 2022 of 1.62% and for the west sites of St Richards Hospital, Worthing Hospital and Southlands there was a reduction of harms in April 2021 to that reported in March 2022 of 0.5%.

Our measures were

- With the Trust merging different systems and reporting cultures the main objective is to aim to achieve an accurate baseline with a standardised and unified method of reporting.
- Utilising the data for the incident reporting system (DATIX), data was extracted and analysed regarding all harm categories including near miss, no, low, moderate, severe harm and death. The data was calculated per 1000 bed days to assess qualitatively (rather than quantitively) harms against occupied patient bed days.
- National benchmarking will align with the launch of the NHSE Learning From Patient Safety Events (LPSE) in 2022 (replacing the national Reporting and Learning System NRLS).
- The ophthalmology service has seen an increase in incidents causing moderate harm or above due to patients being lost to follow up in the previous years. The situation has improved in the latest financial year with an 89% improvement in severe harm reduction from 2020/21 due to the appointment of 3 failsafe officers at UHSussex west. The same model is now being replicated in the east.

The level incident reporting has remained consistent throughout the year (both east and west as with previous years), but also reflected the challenges from the pandemic, bed occupancy, patient frailty, reduced staffing due to sickness and the system pressures of delayed patient discharges.

In addition, patients who sadly died from hospital acquired Covid-19 infection (nosocomial) as recorded on death certification have also demonstrated a variance in the levels of harm recorded.

The implementation of the new RL Datix IQ cloud-based system in Q1 of 2022 will allow for a refresh of training and standardise reporting culture across the organisation. We aim for an increase in reporting to demonstrate learning, but following the True North objective: a reduction in actual harm to evidence improvement.

Sustainability – True North: to ensure that the Trust sustainably achieves 'Break Even' financially.

Throughout 2021/22, the Trust has operated under two interim financial frameworks, with block funding arrangements continuing; although with an increased efficiency requirement and a significant change in income recovery for elective activity.

The intention of the framework, for individual organisations within the Sussex ICS, was to deliver a breakeven position; whilst restoring services and delivering financial targets.

The Trust's True North is measured through the metric of delivering the Trust's Financial Plan. The delivery of the Trust's financial plan is measured through:

- I&E Performance: achieving the agreed I&E plan;
- Cash: maintaining sufficient cash balances;
- Capital: achieving the agreed capital plan; and
- Efficiency: achieving the required efficiency programme.

The Trust ended the year with I&E performance being £123k above the breakeven plan. The year-end cash balance of £111m was £39m more than planned due to higher opening cash balances, the unwinding of block arrangements and the timing of payments. The 2021/22 capital expenditure of £150m, was delivered through £72m on 3Ts and £78m on operational capital schemes. The Trust delivered £22.58m of efficiencies, against a planned target of £24.4m. Tactical schemes over-delivered, but the plan was impacted by operational pressures impeding delivery of productivity schemes during the first half of the financial year.

Systems and Partnerships – True Norths: to have 95% of A&E patients waiting less than four hours to be admitted or discharge and to reduce referral to treatment below 18 weeks for 92% of patients.

The long-term systems and partnerships objectives remain to have 95% of patients that attend A&E for urgent or emergency care waiting less than four hours and to have 92% of patients referred for elective care having a referral to treatment (RTT) time below 18 weeks. As with all NHS Trusts these aims were materially impacted by the ongoing nature of the Coronavirus pandemic.

In the medium term we are focusing improvement actions on reducing the numbers of patients who attend A&E, wait over four hours for treatment but do not require admission to hospital as well as improving the flow through our hospitals to reduce the amount of time patients who require admission wait in the A&E department. In line with the planning guidance we are committed to reducing the length of time patients wait for elective care with the aim being to reduce the numbers of patients waiting more than 52 weeks by the end of the year.

The Coronavirus pandemic continued to impact on routine elective capacity but, in accordance with National clinical guidelines, the Trust maintained care for patients with the most urgent clinical needs, whilst responding to significant numbers of Covid patients. As a result of the pandemic the Trust performance for RTT reduced to 56.3% by March 2022.

In A&E the Trust saw, treated, admitted or discharged 74.1% of patients within 4 hours across the year (including Bognor MIU). The Trust has worked collaboratively with partners, continued to develop our estate to support A&E and continued to enhance our internal process improvements which will continue to mature and deliver improvements into 2022/23.

1.4.3 Risk Management

The Trust has an established risk management framework. This framework incorporates a Board Assurance Framework (BAF) which is used to record and track the management of the Trust's strategic risks against each of the Trust's true north objectives. Each strategic risk has an executive lead and is overseen by a specific Committee of the Board. Throughout the year regular reporting of these risks has been provided through the Board Committees to the Board and at each Board meeting the Board confirmed the Board Assurance Framework fairly represented the Trust's strategic risks.

The Board also confirmed the Trust's risk appetite statements which are used to drive the respective risk's target scores. During the year the BAF records that the Trust has been managing 13 strategic risks and during the year the Trust had seen a number of these risks increase meaning at the year end all of these key risks exceeded their determined target score and 12 of these risks were rated as significant.

Summary of the Trust's strategic risks as monitored through the Trust's BAF

1. Patient *(Oversight provided by the Patient Committee)*
1.1 We are unable to deliver or demonstrate a continuous and sustained improvement in patient experience resulting in adverse reputational impact and poor patient outcomes
2. Sustainability *(Oversight provided by the Sustainability Committee)*
2.1 We are unable to align or invest in our workforce, finance, estate and IM&T infrastructure effectively to support operational resilience, deliver our strategic and operational plans and improve care for patients
2.2 We cannot deliver ongoing efficiencies and flex our resources in an agile way resulting in an increasing or unmanaged deficit and inefficient, unaffordable and unsustainable services.
2.3 We are unable to meet high standards of financial stewardship meaning we cannot sustain compliance with our statutory financial duties
3. People *(Oversight provided by the People Committee)*
3.1 We are unable to develop and sustain the leadership and organisational capability and capacity to lead on-going performance improvement and build a high performing organisation
3.2 We are unable to effect cultural change and involve and engage staff in a way that leads to continuous improvements in patient experience, patient outcomes, and staff morale and wellbeing
3.3 We are unable to meet our workforce requirements through the effective recruitment, development, training and retention of *sufficient* staff adversely impacting on patient experience and the safety, quality and sustainability of our services
3.4 We are unable to consistently meet the health, safety and wellbeing needs of our staff as we recover and restore services in line with CV-19 restrictions
4. Quality *(Oversight provided by the Quality Committee)*
4.1 We are unable to deliver safe and harm free care to reduce non-covid mortality.
4.2 We are unable to deliver service improvements and improve safety, care quality and outcomes for our patients or demonstrate that our services are clinically effective and demonstrate our consistent compliance with regulatory requirements or clinical standards.
5. Systems and Partnerships *(Oversight provided by the Systems and Partnerships Committee)*
5.1 We are unable to develop and maintain collaborative relationships with partner organisations based on shared aims, objectives, and timescales leading to an adverse impact on our ability to operate efficiently and effectively within our health economy
5.2 We are unable to define and deliver the strategic intentions, plans and optimal configuration that will enable our services to be sustainable, leading to an adverse impact on their future viability.
5.3 We are unable to deliver and demonstrate consistent compliance with operational and NHS constitutional standards resulting in an adverse impact on patient care and financial penalties and the Trust's reputation.

For each of these strategic risks there is a detailed series of mitigations which will continue to be implemented throughout 2022/23. The delivery of these mitigations and their impact on the risks is monitored through the appropriate Committee of the Board.

The work of the Patient Committee provides assurance to the Board in respect of the Trust's action to manage risk, especially during the periods patients had extended waits for their treatment and care.

The Quality Committee maintained a focus on the management of the Trust's key quality risks. Due to operational and workforce pressures the mitigation of the quality risks was less successful than planned and thus these risks remained scored above their target.

The establishment of the People Committee has enabled the Board to track the formulation and delivery of plans to manage these risks alongside receiving direct information from staff feedback / surveys on the efficacy of the wellbeing programmes developed to support the Trust's staff.

The Trust has taken a number of actions to enhance its processes to support the wellbeing of its staff. However, given the relentless pressure the pandemic has placed on the Trust's services and the prolonged period of the national incident the Trust has assessed the long-term risk to staff wellbeing as increasing.

The Trust took action during the year in respect of the key sustainability risks given the degree of uncertainty within the 2022/23 financial framework. Further guidance is expected so the risk ratings were not reduced, although the Trust did deliver its planned break-even position.

The Trust's Systems and Partnerships Committee considered a range of risks which included the oversight of the risks regarding to the key constitutional targets and the work of the Trust in prioritising the treatment of patients according to their clinical needs, in line with national guidance. Like the majority of NHS providers, the Trust has taken action to support the NHS and the country with measures to deal with Covid-19 which has impacted on the Trust's ability to reduce this risk. The Quality Committee maintained a complementary review of the Trust's processes to manage the quality risks for patients waiting.

The Trust has continued to invest time and executive oversight into the enhancement of the Trust's reporting of its highly scored risks, particularly those linked to the Trust's corporate projects and strategic initiatives which complement the Trust's BAF risks. This activity has seen the development of an integrated risk report being provided to the respective Board Committees, which commenced with the Sustainability and Systems and Partnerships Committee in January 2022 with the other three thematic Committees receiving similar reports from 2022/23.

Further detail in respect of the Trust's risk management framework can be found in the Trust's annual governance statement which is at section 2.7 of this report.

1.4.4 Performance Framework

University Hospitals Sussex 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

- Directorate review of departmental/ward delivery
- Divisional Management Board review of associated Directorates
- Divisional Strategy Deployment Reviews (SDRs) undertaken by the Trust Executive
- Quarterly performance review by relevant Board Committees of Sustainability, People, Quality and Systems and Partnerships which support the review at Trust Board of the Trust's integrated performance report.

Each layer of review and action considers both the key targets and outcomes/ objectives used to assess operational performance under the Trust's Patent First Domains including the True North metrics 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 a suite of business intelligence tools designed to show outcomes, but also the drivers of potential compliance risks such as changing demand profiles.

This governance framework which was adjusted as part of Covid prioritisation process as the Trust adopted its Gold command framework to respond to the national Covid-19 pandemic as instructed to do so by NHS England remained in place for 2021/22. Through this period the Trust maintained its scrutiny of performance via its established Gold command, and continued to submit performance reporting in accordance with National mandated standards.

1.4.5 Operational performance

The operational performance of UHSussex is measured against key access targets and outcomes objectives set out in the System Oversight Framework drawn up by NHS Improvement, the regulator of health care organisations. For operational performance 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

A&E

Operational Performance UHSussex — Mar-22

Operational Performance UHSussex	Threshold	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 YTD	19/20 YTD	Var	Trend
A&E and Emergency Flow																		
A&E 4 Hour Performance UHS	95%	87.8%	87.7%	85.8%	83.0%	78.7%	73.1%	71.2%	70.5%	72.2%	69.3%	69.4%	66.0%	60.1%	74.1%	85.2%	-11.1%	
A&E Performance National	95%	86.1%	85.4%	83.7%	81.3%	77.7%	77.0%	75.2%	73.9%	74.0%	73.3%	74.3%	73.3%	71.6%	76.7%	76.5%	0.3%	
A&E Attendances		27979	30910	33966	34905	35302	34276	34382	33660	32341	29826	29865	28921	33944	392298	370131	22167	
Time to Triage	15	15	16	18	19	22	21	23	24	22	19	19	23	29	21.1	18.5	3	
Time to Treatment	60	73	84	91	100	110	113	116	110	107	103	99	115	143	107.4	88.9	19	
Mean Waiting Time	<240	197	199	204	210	231	254	262	271	273	275	281	296	333	257.5	217.4	40	
Ambulance Handovers		7153	7160	7309	6945	6808	6596	6354	6599	6188	6675	6465	5860	6382	79341	86958	-7617	
Ambulance Handover <15 minutes		52.0%	52.9%	58.1%	56.5%	50.9%	49.1%	46.0%	43.5%	46.0%	44.1%	49.7%	44.0%	38.4%	48.3%	39.0%	9%	
Ambulance Handovers > 60 minutes		1.3%	1.4%	2.7%	2.9%	4.2%	4.3%	5.2%	6.0%	5.9%	4.4%	4.8%	7.4%	9.4%	4.9%	1.6%	3%	
Emergency Admissions > 1 LOS		5611	5685	5966	5849	5744	5766	5785	5987	5651	5644	5513	5077	5387	68054	71422	-3368	
Bed Occupancy		86.7%	87.7%	89.0%	90.4%	90.8%	92.3%	92.7%	94.8%	95.3%	92.9%	94.4%	94.2%	96.9%	92.6%	94.8%	-2%	
>21 day LOS Patients		231	170	170	199	216	233	251	273	297	282	358	324	337	259	339	-80	

Nationally it has been a challenging environment throughout 2021/22 with emergency demand affected by Covid-19, compounded by more typical emergency demand returning in year (6% higher in 21/22 than in 2019/20 pre pandemic). Trust performance for the year was 74.1%, below the National target of 95%, which was 2.6% below the National average. The Trust had an extremely challenging winter with increased demand and constrained onward flow contributing to poor performance January – March 2022.

As the Trust has come out of the respective waves of the pandemic, the Trust has recommenced its programme of work to improve performance through recognised improvement methodologies and clinical pathway improvements throughout the patient emergency pathway.

Additionally, the Trust has continued to engage and co-ordinate aligned resilience plans in the wider Local Health Economy, through the Sussex ICS chaired Local A&E Delivery Board, and wider regional acute partners for escalation to target reducing long staying patients, to free up bed capacity and enhance patient flow. Despite this, patients staying > 21 days increased by 80 beds in 2021/22 compared to 2019/20, continued focus to expedite discharge to a more appropriate setting for patients who are medically ready to be discharged will contribute to improving flow for patients who require acute care.

Referral To Treatment (RTT)

Operational Performance UHSussex — Mar-22

Operational Performance UHSussex	Threshold	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 YTD	19/20 YTD	Var	Trend
RTT Elective Care																		
RTT 18 Week Performance	92%	56.9%	55.9%	59.8%	62.0%	61.3%	60.4%	59.6%	58.7%	58.1%	55.6%	55.2%	55.6%	56.30%	58.2%	74.9%	-16.7%	
RTT 18 Week Performance National	92%	*64.4%*	*64.6%*	*67.4%*	*68.7%*	*68.3%*	*67.6%*	*66.5%*	*65.6%*	*65.5%*	*63.8%*	*62.8%*	*62.6%*	*62.4%*	65.5%	84.5%	-19.0%	
Waiting List Size		92590	93391	93159	95830	96743	99426	102178	103464	103996	104496	103288	102785	103085	100153	80385	19768	
> 52 Weeks		10030	8987	6957	5916	5856	6105	6218	6212	6427	7031	6686	6549	6369	6609	38	6572	
>78 Weeks		Not counted prior to April 21	780	952	1023	1211	1623	1835	1600	1516	1477	1381	1284	1070	1070	N/A	N/A	
>104 Weeks			24	27	38	48	67	120	160	238	286	271	246	90	90	N/A	N/A	
Clock Starts		24750	23104	22422	26457	23804	22032	24248	24383	25143	20773	22200	23109	26746	284421	298950	-14529	
Clock Stops		18874	18372	19073	20746	19095	17034	17843	20148	21980	17730	20272	20649	23355	236297	267051	-30754	

The Trust's under 18-week RTT performance has been variable across the year with a reported performance of 56.3% March 2022. This was 0.6% lower than March-21, and 6.3% below the national average position. The impact of Covid-19 National guidance regarding the suspension of routine elective cases impacted on RTT in 2020/21, with restoration and recovery undertaken between waves.

The Trust has made progress with reducing numbers of very long waits (>52 weeks) in 2021/22 despite significant emergency, urgent elective and Covid related pressure (in terms of demand and staff and patient restricted availability). The Trust reduced over 52-week waiters from 10,030 March-21, to 6369 March-22. The Trust is continuing to target long waiters in 22/23 with plans to reduce over 78-week waiters to zero by March-23.

Cancer 62-day Performance

Operational Performance UHSussex — Mar-22

Cancer	Threshold	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 YTD	19/20 YTD	Var	Trend
62 Day Performance (following 2WR Referral)	85%	70.5%	68.1%	65.4%	69.6%	68.6%	63.4%	61.6%	60.3%	59.0%	57.1%	51.8%	48.3%	56.9%	60.8%	70.2%	-9.4%	
62 Day Performance (National)		*73.9%*	*75.4%*	*73.0%*	*73.3%*	*72.1%*	*70.7%*	*68.0%*	*67.8%*	*67.5%*	*67.0%*	*61.8%*	*62.1%*	*67.4%*	68.8%	77.2%	-8.4%	
FDS 28 day Performance	75%	Not counted prior to April 21	70.7%	72.8%	72.1%	67.4%	66.0%	63.6%	65.5%	62.1%	60.3%	58.0%	67.3%	69.8%	66.3%	N/A	N/A	
FDS National			72.9%	74.3%	73.0%	73.9%	72.6%	71.7%	73.5%	71.3%	70.5%	63.8%	74.1%	73.1%	72.0%	N/A	N/A	
Outpatient Attendances following 2WR		4078	3822	3765	3987	3940	3653	4506	4382	4380	4147	3862	4110	4439	3599	4083	484	
62 Day treatments following 2WR Referral		311.5	264	246	284	290	229	321	286	319	298	303	313	363	295	293	-2	
62 Day prospective waits		326	267	301	329	372	529	574	573	605	719	662	466	389	389	326	-63	
104 week prospective waits		108	64	62	63	62	80	125	130	138	192	143	141	95	95	108	13	

The impact of coronavirus in March 2020 and into 2020/21 impacted materially on cancer performance. Cancer 62-day performance was 61.2% (to February 2022) compared to 70.2% the preceding year.

The Trust has undertaken 9.8% more cancer outpatient attendances, and 8.4% treatments in 2021/22 compared to 2019/20. Despite this, there has been an increase in patients waiting over 62 days, which the Trust is continuing to target as part of its recovery to restore performance to pre-Covid levels in the first 6 months of 2022/23.

A focus on improving the waiting times for diagnostics, in a safe environment, and optimised FIT pathway for colorectal will also contribute to the improvement in this standard.

Diagnostic 6-week waiters

Operational Performance UHSussex — Mar-22

Diagnostics	Threshold	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 YTD	19/20 YTD	Var	Trend
6 Week Performance UHS	<1%	33.4%	32.8%	26.9%	24.7%	24.9%	29.5%	27.9%	23.3%	24.7%	29.5%	30.4%	28.6%	26.0%	26.0%	33.4%	-7.4%	
6 Week Performance England		*24.3%*	*24.3%*	*22.3%*	*22.4%*	*23.5%*	*27.1%*	*26.1%*	*25.0%*	*25.0%*	*29.0%*	*30.0%*	*24.0%*	*24.8%*	24.8%	24.3%	0.6%	
6 week backlog		5629	5536	4787	4579	4533	5237	5247	4506	4712	5545	5815	5398	4930	4930	5629	-699	
Waiting List size		16876	16867	17809	18518	18173	17735	18832	19322	19075	18795	19124	18894	18973	18510	15447	3063	
Activity		32122	31253	32541	33932	33127	31568	32443	33201	35320	31066	32810	32425	36149	32986	30787	2199	

Trust performance for patients waiting >6 weeks for a diagnostic test improved in 2021/22 from 33.4% March-21 to 26.0% March 2022. This is 2% higher than the National average of 24.0% February 2022.

The Trust observed significant capacity pressures in imaging modalities and endoscopy due to the reductions and impacts of the covid-19 response. The Trust undertook 7% more activity in 2021/22 than in 2019/20 pre pandemic.

The waiting list for diagnostic tests grew despite the increase in activity, as suppressed demand in 2020/21 began to return in 2021/22.

The Trust is continuing to work closely with most challenged modalities in 2022/23 to improve performance from current levels. This is supported with system plans to develop community diagnostic centres which will provide additional capacity to meet demand for our catchment population.

Developments in 2022/23

The Trust has commenced work on outpatient transformation projects in 2021/2, which target new pathways of care such as patient initiated follow ups (PIFU) and non-face to face appointments. The Trust at the end of March reported 2165 patients on a PIFU pathway.

The Trust with ICS system has commenced review of inequalities, relating to access. This will be developed in 22/23 as part of the board assurance framework.

1.4.6 Quality (Safe Care)

Quality Performance is reported to the Board through the Quality Committee

Operational Performance UHSussex — Mar-22

	Threshold	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 YTD	Trend
Safe high Quality Care																
SHMI	100	105.7	106.2	104.2	104.0	105.4	106.5	106.9	107.3	108.0	108.6	109.1	Not yet released		109	
Patient Safety Incidents		1128	2035	2222	2256	2343	2203	2307	2517	2311	2217	2269	2119	2454	27253	
MRSA		1	0	0	0	0	0	0	0	0	1	0	0	2	3	
Cdiff		10	14	12	13	18	14	11	13	9	15	10	7	13	149	
E-Coli Infections		16	18	18	11	13	8	13	18	14	13	13	14	15	168	

Mortality

The Trust monitors mortality through the Crude Mortality metric Hospital Standardised Mortality Ratio and the Summary Hospital Mortality Indicator (SHMI) throughout the pandemic.

The SHMI has been within the expected range but has shown a rising trend. The rising trend has been investigated utilising analytical support from HED and the rise appears to be linked to coding rather than avoidable deaths. A program or work is in place to address this.

The Trust also triangulates its mortality data with the outputs from its Learning from Deaths processes. This process captures learning from the work of the Medical Examiners who scrutinise hospital deaths and from the Structured Judgement Reviews undertaken by mortality reviewers where there are concerns. Themes of learning include the effective use of Treatment Escalation Plans and Do Not Attempt CardioPulmonary Resuscitation as well as the recognition of the deteriorating patient.

2021/22 has been an unrepresentative year however the Trust has maintained close monitoring of all available mortality metrics to enable the Trust to monitor this key area at a time when there has been exceptional demand for urgent care, a need to manage an increase in long waiting patients due to the pandemic.

Incidents

The Trust's records all reported incidents on its Datix system. Incidents recorded range from near misses, low, moderate are serious harm.   Between 01/04/2021 and 31/03/2022, 85 Serious Incidents have been reported on StEIS (Strategic Executive Information System), this level of reported serious incidents is consistent with previous years reporting both pre and during pandemic.   Further information on incidents and the Trust's processes from learning from these is recorded later in the annual report within the section on patient safety at 1.4.13.

Infection prevention and Control

Metrics for *C.difficile, E.coli, Pseudomonas aeruginosa, Klebsiella* species, MRSA and MSSA blood cultures are all reported to the national 'data capture system' (DCS) and are subject to specific targets, with an additional national reduction initiative to halve E.coli by 2024.

The year 2021-22 has been particularly challenging due to the additional pressures of the Covid-19 pandemic. Unfortunately the Trust is above trajectory in key mandatory surveillance organisms.

Meticillin Resistant *Staphylococcus aureus* (MRSA) Bacteraemia
Clinical reviews were completed for each MRSA bacteraemia. Learning points are disseminated to the clinical teams.

C.difficile
All stool samples found to be *C. difficile* toxin (CDT) positive are assigned as follows:

- **Hospital onset healthcare associated (HOHA)**: cases that are detected in the hospital two or more days after admission.
- **Community onset healthcare associated (COHA)**: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous four weeks.
- Community onset indeterminate association (COIA)

- Community onset community associated (COCA)

C.difficile cases identified as HOHA and COHA are deemed attributable to the Trust. The Trust has a trajectory set for no more than 120 attributable cases per year. This was exceeded by 29 cases for the year.

C.difficile cases undergo a clinical review to identify learning points though some of these are incomplete due to pandemic pressures. Causes for *C.difficile* transmission are varied and may include environmental contamination, antimicrobial use, chemotherapeutics, and use of hand gels as opposed to hand washing.

A review of process and engagement with the clinical teams will be undertaken and implemented from April 2022 to ensure that we see a reduction in cases and move closer to the trajectory.

This will include a refocus on essential elements of infection control including:
- focus on appropriate stool sampling
- Work on antimicrobial prescribing awareness
- Work on improving and standardising cleaning across all sites
- Improving hand hygiene auditing.

***E.coli* Bacteraemia**
The Trust reported 168 (HOHA, COHA) *E.coli* bacteraemia's which is 36 over trajectory for the year.

The clinical reviews for the *E.coli* cases have not all been completed due to pandemic pressures. Main sources identified from previous clinical reviews were hepatobiliary, IV device and respiratory.

A review of risk factors will be undertaken to identify areas for improvement. The process for examination of cases will be reviewed to ensure it is generating the required information to enable improvements to be made.

IPC
The IPC team at UHSussex has been strengthened with the appointment of a nationally recognised specialist IPC practitioner into the role of Associate Director for IPC. There is a team structure review in progress with plans agreed for additional staff to give effective cover across the Trust, with career development and progression.

Priorities for the team in 2022-23 include:
- *C.difficile* and gram negative bacteraemia reduction through an 'essentials of care; approach which will include hand hygiene, environmental cleaning, equipment disinfection, water hygiene and effective use of personal protective equipment.
- Championing the multi-disciplinary 'Mouthcare Matters' project. This will bring big impact on patient experience, dignity and safety. The many benefit anticipated include reduction in pneumonia, antimicrobial use and an impact on *C.difficile* and *E.coli* numbers.

- Reinvigorating the Surgical Site Infection surveillance Programme, to get multi disciplinary impact across the Trust.
- Ensuring the 3Ts operational plans are supported, including commissioning of the new facilities.

Further information on quality performance can be found in sections 1.4.12 - 1.4.15 of this report and within the Trust's Quality Account which can be found on the Trust's website.

1.4.7 Workforce

Workforce performance is reported to the Board through the People Committee. See the staff report at section 2.3 for the Trusts reported performance in respect of sickness, staff turnover, wellbeing, learning and development.

1.4.8 Financial Performance

The key highlights for the Trust's financial performance during the period from 1 April 2021 to 31 March 2022 were:

- Against a challenging operating environment, the Trust delivered a retained surplus of £123k.
- Cost improvement programme savings of £22.6m (1.67% of turnover)
- Expenditure on capital schemes of £150.2m, of which £72.48m was on the 3Ts new hospital development and £77.7m was on operational capital schemes including medical equipment, service developments and estates backlog maintenance. The capital programme was supported by the Trust's dedicated hospital charities, Love Your Hospital and BSUH Charity as well as our partner charities, including the League of Friends.

The Trust saved £22.6m by streamlining processes, improving productivity, smarter procurement and reducing waste.

As at the end of March 2022, the Trust is reporting a surplus of £123k after adjustment for impairments and donated assets as summarised in the table below.

Adjusted financial performance (control total basis):	**2021/22 £'000**
Surplus for the period	585,835
Remove impact of consolidating NHS charitable fund	(464)
Remove net impairments not scoring to the Departmental expenditure limit	23,359

Adjusted financial performance (control total basis):	**2021/22 £'000**
Remove I&E impact of capital grants and donations	(1,516)
Remove I&E impact of donated stock	340
Remove impact of gain by absorption transfer of BSUH NHST, BSUH Charitable Funds and Pharm@sea Limited	(607,092)
Adjusted financial performance surplus/(deficit)	**462**
Remove profit on the disposal of assets	(339)
Adjusted financial performance surplus for the purpose of system achievement	**123**

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 34 to the accounts.

Financial outlook

NHSEI have advised that a multi-year funding settlement has been agreed for 2022/23 to 2024/25 (Spending Review). The key messages are:

- Efficiency requirements will continue to increase further into 2022/23
- Elective Activity needs to increase above the levels delivered in 2019/20 and there will be an incentives scheme, Elective Services Recovery (ESRF), to recognise costs incurred in delivering this activity
- COVID funding will decrease annually and be removed entirely by the end of the 3-year period

The Trust's financial plan for the year 2022/23 reflects financial allocations, including:

- Annualisation of 2021/22 H2 baseline and top-up funding
- Recurrent adjustments for maternity and growth of 4.1%
- General efficiency requirement of 1.66%
- Funding for Elective Services Recovery (ESRF) which is earned by delivering above 104% of the 2019/20 activity baseline

The Trust submitted a plan to NHSE/I on the 29th April 2022 which showed a £12.55m deficit; related to excess inflation.

Following confirmation of an additional £1.5bn funding being made available for the NHS to manage costs related to excess inflation, the Trust has been notified that its share of this funding will be £9.3m.

The Trust has committed to identifying mitigating actions and efficiencies to close the remaining £3.3m gap and will submit a balanced breakeven plan on the 20th June 2022.

Summary

From a financial perspective 2021/22 was a positive year with the Trust achieving its True North objective of 'delivering high quality healthcare in a sustainable way' by delivering a surplus position for the year. This performance was achieved whilst also responding to the changing national financial and operational regimes and the continued challenges of the Covid-19 pandemic, which saw operational priorities reviewed and adjusted throughout the year in response to the changing healthcare needs of the population that the Trust serves.

Going concern

The 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.

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

With regards the going concern conclusion for the wider group, the Covid-19 pandemic has had an impact on the charities (Brighton and Sussex University Hospitals NHS Charitable Fund and Western Sussex Hospitals Charity, which operates as Love Your Hospital Charity) fundraising income although this is partially offset by income from the NHS Charities Together national appeal. As grant making charities with few on-going commitments, this will impact on the new grants that can be made in the short term rather than affecting the respective charities ability to continue as a going concern.

Pharm@Sea has remained operational throughout the Covid-19 pandemic, quickly implementing a secure working regime that protects both staff and patients. The financial year 2021/22 has seen the volume of patients and prescriptions increase week on week. This remains closely monitored and supply chains planned accordingly. Pharm@Sea has been able to generate a profit throughout the pandemic. The directors are confident these measures

mitigate the threat of the global pandemic enough, so it does not cast material uncertainty over the ability of the company to continue as a going concern.

Other financial information

Accounting policies for pensions and other retirement benefits are set out in Note 1.6 Employee Benefits.

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

There have been no Post balance sheet events.

The Trust spent £Nil on external consultancy services in 2021/22.

Note 43 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.

1.4.9 Efficiency programme delivery

Quality-led improvement is a key priority for University Hospitals Sussex, supporting the NHS Long Term Plan to develop workforce, technology and innovation-led efficiencies. Improvements to patient experience – including safety and effectiveness – mean we can deliver consistent high-quality care in more cost-effective ways; improving the flow of patients through our hospitals.

Whilst the impact of Covid-19 continued throughout 2021/22, the Trust was able to develop and deliver a significantly larger program than in 2020/21. Overall, the Trust delivered £22.58m of efficiency improvements against a plan of £24.4m.

This included £9.5m of pay savings (which contributed significantly to the Trust's breakthrough objective on premium pay spend), £8.7m of non-pay savings, and £4.25m income improvement. The largest delivery challenges

related to realisation of Avastin savings in year, and delivery of medical pay premium spend reductions.

Operational productivity improvement formed a key part of the 21/22 plan, with successful delivery of a range of improvements to theatre utilisation, diagnostics and outpatient pathways contributing £4.5m of recurrent benefit. The Trust will build on this approach in 22/23, with a range of initiatives including Faster Diagnosis Services to improve cancer treatment access, outpatient improvements to reduce avoidable repeat attendances, and diagnostics productivity. The Trust will continue to focus on workforce diversification, developing skills across nursing and allied healthcare professions to streamline processes and mitigate the impact of medical workforce challenges.

The Procurement team worked with Divisions to deliver cash-releasing non-pay savings of £1.2m, and a further benefit of £2.4m through cost avoidance.

During 2022/23, the Trust plans to deliver an Efficiency Programme of £47.7m. This will build on work undertaken in 2021/22, with continued focus on improving operational productivity, reducing use of premium pay spend and outsourcing, improving the cost-effectiveness of ensuring Covid-safe services.

As part of the Programme, the Trust will realise further benefit from the merger and implementation of the new Clinical Operating Model. The increased scale of working at University Hospitals Sussex level will enable continued improvements to patient experience and efficiency of care delivery, alongside improving cost-effectiveness of the corporate functions.

The Trust's Green Plan was approved in February 2022, and enables the Trust to fully integrate its approaches to financial and environmental sustainability. Clinically-led forums continue to develop opportunities to reduce the environmental impact of care delivery (for example through moving from disposable to reusable equipment, or reducing waste) which, in parallel, deliver cost savings that can be captured in the Trust's efficiency plan.

All schemes are subject to rigorous quality and safety checks to ensure quality standards are maintained or improved, and that they do not negatively affect the Trust's response to Covid-19 or its capacity to recover and restore activity indirectly impacted by Covid. Quality impact assessments for each scheme are developed by staff working in the relevant areas and signed off at executive level before implementation.

1.4.10 Our Capital Plan

Development of the Trusts capital plan followed an extensive prioritisation process and Board approval in May 2021. By the end of March 2022, three

hundred and twenty-seven (327) investments totalling just over £150.0m have been successfully delivered. This was a significant achievement given the challenge of delivering during the pandemic with all the associated operational pressures. The plan covered a wide range of investments linked to clinical priorities including service developments, medical devices, backlog maintenance in the estate and IM&T infrastructure and systems.

The capital plan represented a significant investment programme. Projects have taken place across the Trust and on all our hospital sites, with clinical and support departments benefiting hugely from the investments made. The programme of investments is divided into two elements. Strategic capital of £72.4m associated with delivery the 3Ts new hospital development and operational capital of £77.7m in projects and equipment across the Trust, including but not limited to, investments in:

- a new CT scanner, at St Richards hospital (£1,080k);
- a new modular Outpatient building at St Richards hospital (£4,300k);
- the Trusts central laundry facilities at St Richards hospital (£4,474k);
- redeveloping the Medical Day-Case Unit at Worthing hospital (£3,383k);
- new facilities in our Emergency Departments at Worthing hospital and Royal Sussex County hospital (£1,450k);
- new temporary community diagnostic equipment, and designs developed for a permanent Community Diagnostic Centre at Southlands hospital (£986k);
- refurbished operating theatres, including luminaire flow ventilation systems at Princess Royal hospital (£2,169k);
- a new Urology Investigation Unit at Princess Royal hospital (£2,141k);
- a new Urgent Treatment Centre at Royal Sussex County hospital (£4,549k);
- replacement of 82 items of critical medical equipment (£5,636k;
- improvements to the Trusts estate, including a new fire alarm system for the Thomas Kemp Town building at Royal Sussex County hospital (£13,071k); and
- improvements to the Trusts IM&T infrastructure and systems, including a new PAS system (£21,233k).

The Trust charities, and partner charities, also made a significant contribution making 25 investments, most notably the procurement of ‘Robotic Assisted Surgery’ at Princess Royal hospital.

The 3T’s new hospital development forms part of the government’s new hospital building programme. The project will be delivered over 3 phases and involves the redevelopment of a significant part of the Royal Sussex County hospital.

The first phase of the programme (Stage 1) includes medical wards with a greater proportion of single rooms, expanded facilities for Critical Care and Neurosciences and facilities to support improved training and education. Stage 1 will be handed over by the contractor (Laing O'Rourke) later this year and will transform service delivery at the Royal Sussex County hospital.

The ongoing impact of the pandemic remains a concern and although positive cases are declining, slippage to the programme is still a risk due to staff shortages and notable domestic and international supply chain issues and material shortages. However, with six months to go, construction works remains on programme, and costs are in line with the funding approved by NHSEI and Treasury.

Clinical departments are preparing detailed operational readiness plans, and it is anticipated that the first patients will be seen in the new facilities early in 2023.

The second phase (Stage 2) will replace the 192-year-old Barry building with a new state of the art Sussex Cancer Centre, incorporating the newest technology, ideas and design features including expanded facilities for radiotherapy. The final phase (Stage 3) will provide a facilities, materials management, and logistics centre for the hospital.

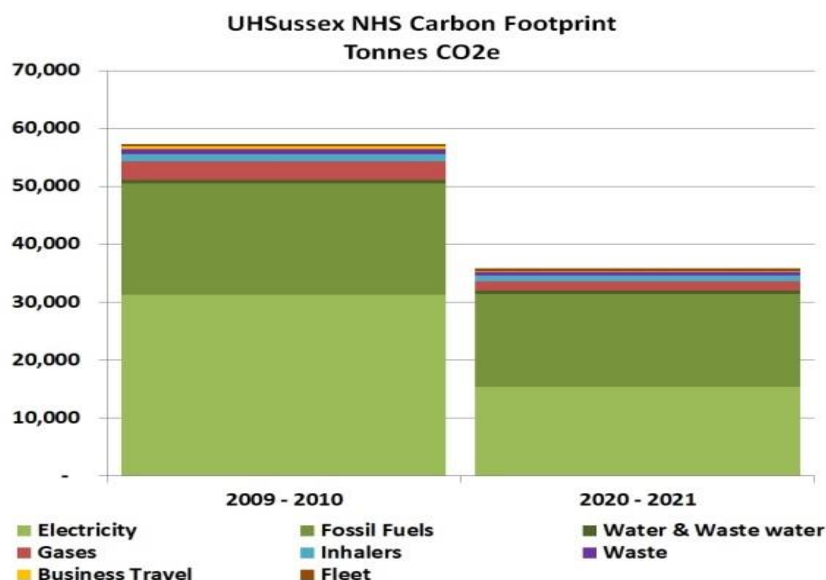
1.4.11 Environmental Sustainability

At University Hospitals Sussex, we are committed to supporting the NHS become the world's first net zero health service. *Patient First, Planet First: Our Green Plan* – approved by our Trust Board in January 2022 – outlines in detail how we plan to deliver this ambition in our hospitals and where we work in Sussex.

We have developed our plan through engagement with our staff using the *Care Without Carbon* framework for sustainable healthcare along with our approach to continuous improvement at University Hospitals Sussex – Patient First.

The UHSussex Carbon Footprint accounts for our direct emissions including that from building energy, water, waste, anaesthetic gases and inhalers, and business travel and fleet. In 2009/10 our NHS Carbon Footprint was over 57,000 tonnes and has since reduced by 37% to just less than 36,000 tonnes.

Overleaf is a chart showing UHSussex NHS Carbon Footprint since base year



Our vision
Living within our means, providing high quality services through optimising the use of resources

Our aims

- Reducing environmental impact: delivering care that is Net Zero Carbon, minimising our impact on the environment and respecting natural resources.
- Improving wellbeing: supporting the health and wellbeing of our patients, staff and communities.
- Investing in the future: making best value from our financial and other resources through forward thinking, sustainable decision making.

Our key environmental targets

- Net Zero Carbon for our direct emissions (NHS Carbon Footprint) by 2040.
- Net Zero Carbon for our indirect emissions (NHS Carbon Footprint Plus) by 2045.
- Our first interim target: 57% reduction in our direct carbon emissions by 2025 from a 2009/2010 baseline.

We are proud of the work we have achieved so far through our sustainability programme at UHSussex. *Patient First, Planet First: Our Green Plan* established 10 workstreams to continue to deliver against this programme and reach our targets. These workstreams reflect the contents of our green plan and also structure the governance of the programme. By making the delivery of our Green Plan a Strategic Initiative the Trust has signalled its commitment to deliver and allowed environmental sustainability to transition from a localised project originally established in estates and facilities to Trust wide programme.

A significant amount of work was undertaken in 2021/22 and our achievements include:

Buildings and Utilities: ensuring our workplaces are low carbon and protect local biodiversity whilst supporting wellbeing for staff, patients and visitors.

- An environmental impact assessment is now completed for all business cases
- We switched our electricity supplies to a REGO assured renewables tariff from April 2021
- Commenced the installation of Thermostatic Radiator Valves (TRVs) to improve user control and comfort
- Continued with LED lighting replacements across the estate
- Replaced aging and inefficient plant including chillers, boilers, calorifiers and AHUs
- Our borehole extracted over 22,000m^3 of water, feeding our Laundry facility
- Our new 3Ts hospital facility is near to completion and utilises modern design, insulation and building materials
- Opened our newly designed and landscaped penguin garden, offering staff and visitors a place to take a moment surrounded by nature

Clinical: developing and enabling lower carbon, more sustainable models of care and reducing the impacts of medicines.

- Appointed a Trust wide Green Clinical Lead with two supporting posts. Providing funded, dedicated time for our clinicians to support the sustainability programme.
- ENT and the ED switched to reusable surgical equipment significantly reducing single use plastics with further departments exploring more pieces of equipment that can be switched
- Established an inhaler working group with partners in the community to reduce the prescribing of metered dose inhalers (MDIs) in Sussex
- Our anaesthetists made further progress towards eliminating the use of desflurane across all sites.
- Established a working group to explore opportunity to reduce the use of NOx and technologies that allow for the fracking and recovery of gases

Travel and Transport: ensuring the travel and transport needed between our care and our communities is low cost, low carbon and conducive to good health and wellbeing.

- Continued to offer free inter-site travel for our staff
- Committed investment of £120k to improve the EV infrastructure of our sites providing 52 charging points for staff
- Committed to funding secure cycle storage facilities for 30 bikes at our Southlands site

- Rolled out our Green Travel Bureau service that has been operating for many years in the Eastern side of the Trust to cover all sites

Reduce, Reuse Recycle: delivering against the waste hierarchy.

- Improved segregation compliance by 5% across all sites through audits and targeted training
- Introduced a restore and repair service for furniture including chairs, pedestals and bed side tables working in partnership with a community organisation, AMAZE that provides employment opportunities for individuals with learning difficulties
- Continued increase in bailing of cardboard and tin for recycling
- Began trials of departmental at source recycling schemes, working in conjunction with the Green Ambassadors to promote.

Staff Wellbeing and Engagement: empowering and engaging our people to embrace change and help us achieve net zero.

- 425 members of staff have signed up to our Green Ambassador programme, pledging their commitment to support the Trust in reducing its environmental impact
- Ambassadors receive regular communications and support through monthly forums and regular email updates.
- Our Patient First, Planet First newsletter provides all staff with the latest news and stories of steps underway internally as well as tips for being more sustainable outside of work
- We launched of our Green Star award, recognising staff that have taken action to promote sustainability and build a culture of environmental improvement
- A number of green departmental groups have formed including pharmacy, sexual health, ED and admin. Working across all sites these groups set objectives and actions at a local level to reduce the environmental impact of their services.

Supply Chain and Procurement: respecting our health and natural resources by creating an ethical and circular supply chain.

- Introduced key sustainability measures in the procurement evaluation framework for a new pop up restaurant facility at RSCH
- Ongoing work with clinical workstream and ambassadors to support projects, track purchasing data and source products with less environmental impact

Digital Transformation: providing digital support and innovation to enable the decarbonisation of our clinical and nonclinical services.

- Relocated our main data centre streamlining the number of servers and improving the overall efficiency ensuring appropriate housing facilities, racking layout and cooling facilities.
- Reduced paper usage through a number of schemes including the digitalisation of patient letters through our patient portal "my health and care record" and the launch of Badgernet to replace paper patient notes in our Maternity department.
- Continued to utilise Teams for staff meetings minimising business travel between sites and deliver 15,000 outpatient appointments remotely

Food, Catering and Nutrition: providing a sustainable catering service for our staff, patients and visitors that supports the health of our population, our environment and our supply chains.

- Increased the low carbon and plant based options available to staff and patients including the introduction of a vending machine offering hot plant based meals 24/7
- Our patient catering facility in SRH provides over 2000 meals per day, all meals are prepared in portions and patients make their selection a couple of hours before meal time via an iPad. This service reduces paper usage for ordering and significantly reduced food waste from 40% to 10%.

Climate Adaption: building resilience to our changing climate and adapting our services to mitigate risk.

- Established relationship with ICS which secured funding for a regional climate impact assessment to be produced in early 2022.

Partnerships and Collaboration: enhancing our impact by working with others.

- Engaged all staff across the Trust with a call to action to get involved and work together to support the Trust's ambitions
- Continued to maintain relationships with neighbouring local authorities, NHS Trusts, businesses, community groups and the central Greener NHS team and develop opportunities including
  Brighton City Council – close liaison with the Green Sustainability group in relation to reuse and recycle, green travel including cycles and EV charging strategy, wider project ideas in relation to net zero and sharing best practice.
  Adur and Worthing Council – members of the Worthing Heat Network which is an exciting opportunity for the district. The project is aiming to deliver net zero heat derived from waste water heat to multiple sites in Worthing including our Hospital.

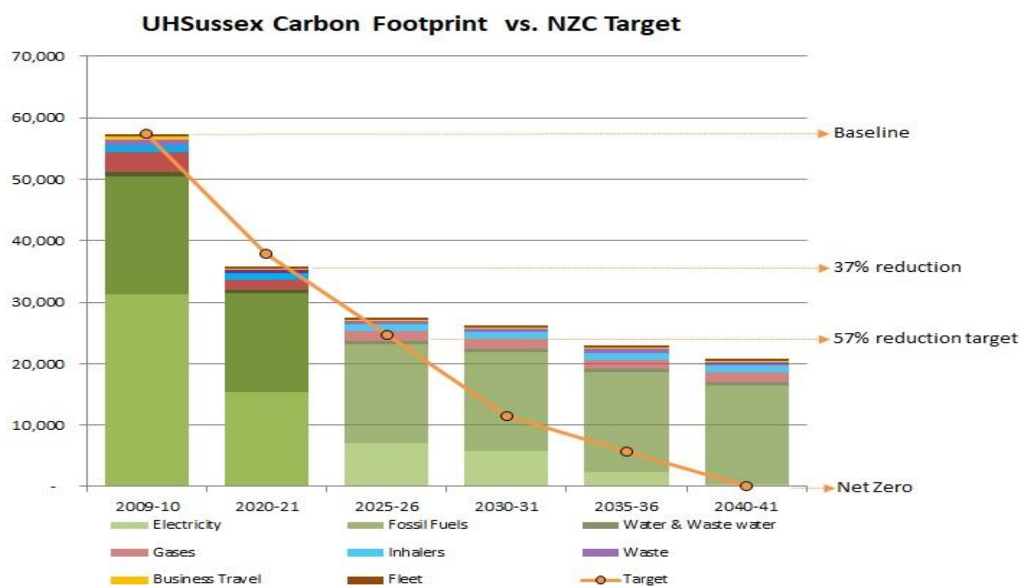
Chichester District Council – The Trust has a close relationship for Green Travel and has also been working in partnership to identify joint opportunities for net zero
- Further strengthening our partnership with Brighton and Sussex Medical School with our clinical teams supporting research and people development

Our first interim target is a reduction in our carbon footprint of 57% by 2025 from a 2009/2010 baseline. The chart below sets out our target trajectory towards Net Zero Carbon for our direct footprint (target line) against a Do Nothing scenario, which models where we would be no interventions at all.

The reduction seen in the Do Nothing scenario is primarily down to the impact of the greening of grid electricity, which is projected to reach Net Zero in the 2030s. In our Green Plan we have identified a number of projects that will enable us to reduce our emissions by 11,500 tonnes from 2020/21 and meet our 2025 target. Our workstreams are currently developing business cases and plans to put these into practice;

- The decarbonisation of heat in Worthing
- Growing our renewables provision through the installation of solar PV arrays
- Reduction in clinical waste generation and focused training to raise awareness of the impact of different waste streams and critical importance of appropriate segregation
- The elimination of desflurane use and reduction of NOx to as minimal as clinically feasible
- Increasing the update of sustainable travel options and digitisation of service delivery

Chart showing the Trust's trajectory to Net Zero is overleaf



1.4.12 Statement on equality and equity of access

University Hospitals Sussex is committed to offering services that are equitable and provide equality of access. As part of this commitment the Trust within its service change and business case process undertakes a review on the equality and equity of access as part of the needs assessment and associated service configuration processes. The Trust as lead for the Sussex Acute Collaborative Network within the Sussex ICS plays an active role with Sussex ICS who, in accordance with Operating Framework 2022/23 are embarking on a programme of work to review equity of access by geographic and demographic profile of the Trust catchment populations, with the aim to build stronger and more collaborative strategies to address health inequalities.

Hearing and responding to the voice of our patients is integral to how we make improvements and pathway changes to our services. Patient feedback from a range of sources such as the Friends and Family Test, compliments and complaints provide a wealth of information that gives us insight into what is important to our patients. We draw on this when undertaking continuous improvement as well as engaging directly with key patient and stakeholders where this is indicated.

We also take into account what our patients and the public have told us in our merger survey, where patients raised concerns for example about impact on travel times, difficulty accessing services locally and longer waiting times, as well as hopes, including better care, centres of excellence and equal care available on all sites.

Our lean improvement methodology provides a rigorous approach to capturing and acting on what matters to patients, staff and other stakeholders. It ensures that improvement starts from the customers' point of view and allows us to turn customer comments or feedback into measurable outcomes that we can then monitor to ensure that services are better for patients.

We are also integral to the delivery of our Integrated Care System's (ICS) *CORE20 plus 5* programme which aims to reduce health inequalities. This programme works with those who are within the 20% most deprived of our national population and allows the ICS to target five additional patient groups who experience poorer health outcomes. As part of the work relating to the five additional patient groups, the Trust particularly focusses on health inequalities relating to maternity care, chronic respiratory disease and early cancer diagnosis.

1.4.13 Patient Care

Care Quality Commission standards

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

The Trust’s overall Care Quality Commission (CQC) ratings are based on last comprehensive inspection that was undertaken in 2019/20, for Western Sussex Hospitals NHS Foundation Trust. The outcome from this inspection was that the Trust was rated ‘Outstanding’ across all dimensions, this was the first non-specialist acute Trust in the country to be rated ‘Outstanding’ in all the key inspection areas assessed, as well as the first-ever acute Trust to be rated ‘Outstanding’ for the safety of its services.

Are services safe?	Outstanding ☆
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆
Are resources used productively?	Outstanding ☆

Inspected and rated
Outstanding ☆
CareQuality Commission

NHS
Western Sussex Hospitals
NHS Foundation Trust

The Trust’s Maternity services across each of the Trust’s four main sites of Royal Sussex County, Princess Royal, St Richards and Worthing Hospitals and General Surgery services at the Royal Sussex County Hospital were subject to an unannounced inspection in September 2021. This inspection resulted in both a warning notice being issued and inadequate rating for these services. The rating for the Trust overall was unchanged.

Since receipt of the Warning Notice the Trust has been working to address the issues identified and make substantial improvements to these services as part of its continuous improvement approach Patient First. These issues included compliance with Trust standards for training, appraisal and safe clinical practice. In addition the Trust continues to address the workforce issues set out in the warning Notice, particularly in relation to theatre staff and midwifery where the Trust is also working with its partners to implement the recommendations included in the first Ockenden report. The Trust was extremely disappointed to receive the warning Notices and has taken urgent action to address the issues identified by the CQC and awaits the outcomes from the CQC’s most recent inspection in April 2022.

University Hospitals Sussex NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period. However, the Trust has engaged with a number of CQC desktop reviews

where the CQC sought to understand our services and provide insights for any improvement.

We also continue to monitor performance against CQC standards through internal reporting through the Trust's governance systems and processes. Patient experience concerns and complaints are monitored by the Trust's PALS and patient experience teams, 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's Triangulation group 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 Guardian, with the primary objective of the group being to evidence shared learning within the organisation.

How we learn

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

When harm occurs, talking to the person affected or their family/carer provides crucial context to any investigation. We continue to develop and encourage an open and honest approach to supporting patients who have been harmed, or their families, as candour and transparency are core values for Western Sussex Hospitals NHS Foundation Trust. In 2021/22 the Trust remains 100% compliant in the Health & Social Care Act – Regulation 20 – Duty of Candour.

Between 01/04/2021 and 31/03/2022, 85 Serious Incidents have been reported on StEIS (Strategic Executive Information System), 39 at UHSussex West and 46 at UHSussex East. This is consistent with previous years reporting both pre and during pandemic.

Learning from incidents

The Trust Patient Safety Team is currently undertaking an improvement project regarding the Datix incident reporting system. The improvement programme has taken three years to plan and has involved a variety of stakeholder feedback methods and engagement / training days. The revised

system will enable the Trust to analyse safety themes and data more effectively, developing safety dashboards enabling robust reporting and a shared learning and solution focused model of care.

Due to the pandemic, our two day Serious Incident (SI) 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) continued as virtual 'modular training 'in 2020/21.

The programme was facilitated by the head of patient safety and provided training on how to investigate SIs 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.

This training will be relaunched as face to face training in Q2 2022, with the development of a Patient Safety and Learning Educational Faculty, alongside the recruitment of a senior lead to implement the new Patient Safety Incident Response Framework (PSIRF).

With the publication of the NHS Patient Safety Strategy 2019, a further revised training programme is planned for 2021/22 with an annual training programme under development. Trends and themes from incidents, complaints, inquests, and deaths (mortality) are also shared at the monthly Trust Triangulation Committee, with the learning translated into the Patient Story publication, for use by the teams in safety and improvement huddles.

Responding to Complaints

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

Some key figures are as follows:

- Throughout 2021/22 the Trust has received an average of 3,000 concerns a month, of which approximately 10-15% are formal complaints, with the rest managed by PALS
- Throughout the year, the average number of concerns and complaints per month have increased, from an average of under 900 at the beginning of the year to almost 1400 a month in quarter four.
- This increase in concerns is consistent with the wider context of the NHS and for the Trust with regard to the legacy of the pandemic, with

the most prevalent theme in concerns relating to waiting for surgery and appointments.

1.4.14 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.

Our Quality goals are aligned to our True Norths, in which our improvement efforts can have the strongest positive effect on outcomes and experiences for patients.

Below is a summary of the Trust's quality improvement programmes for 2021/22:

Avoiding harm: Falls prevention

Falls are a significant cause of patient harm in our hospitals and in 2021/22 the important work of reviewing and aligning the Trust falls policy and prevention interventions from our legacy organisations was commenced led via a new Trust-wide harm Free Care Group. Teams have continued to work to implement the successful principles that we know can help to reduce falls in hospital.

Despite many pandemic-related challenges teams have worked hard to try to drive further incremental change using our PFIS methodology. A refresh of the PFIS programme commenced during the final quarter of 2021/22 and will provide the important framework for further improvement work in 2022/23. Our methodology ensures a bespoke approach to the challenge, enabling solutions to vary depending on the particular patient group and ward environment.

Avoiding harm: Elimination of severe pressure damage

We have seen a significant rise in the number of patients arriving at out hospitals in 2021/22 with existing skin damage: this is likely due to the impact of the Covid-19 pandemic both on individuals' wellbeing and also difficulty in accessing support from community services. The increase in presenting comorbidities and underlying skin damage has led to an increase in the number of hospital-associated pressure ulcers and deterioration of 'present on admission' ulcers.

Over 2021/22 we worked with wards that had high numbers of patients developing pressure ulcers to ensure they had the support they required to

implement remedial actions using PFIS and safety huddles. Whilst we continue to have an ambition to eliminate category 3 and above pressure ulcers, we know that there is much to do in order to fully understand the opportunities for improvement presented by the current system challenges.

In 2022/23 we will work with teams where there are the highest numbers of hospital-associated pressure ulcers. Using PFIS methodology we will deliver improvements in fundamental care standards which we know will lead to a reduction in pressure ulcers.

Improving patient experience: 'Waiting'

We want all our patients to have a positive experience of their care. Patient experience data tells us that for patients responding to Friends and Family Test (FFT) surveys, the greatest number of negative comments relate to waiting – in particular in A&E where this relates to waiting to be seen and treated. In concerns and complaints contacts, the most frequent cause for contact relates to waits and timescales for surgery and appointments.

Patient experience of waiting has therefore now become a breakthrough objective in 2021/22, with a particular focus on waiting on site for treatment. An improvement programme has been designed and led by the Kaizen team and being facilitated by the Patient Experience team, to work collaboratively with multidisciplinary teams to promote an improved experience of waiting. Improvements so far have included better provision of information through digital screens, improved signage, focus on provision of food and drinks and improvements to the physical spaces on some sites.

To improve the experience of patients waiting to receive surgery, the Trust has collaborated with partners across the Integrated Care System to provide information on 'waiting well', including connecting patients to sources of support in the community.

Engaging our staff: staff engagement programme

Our 'breakthrough objective' is an 18-month programme which focuses on detailed actions at divisional level to address issues identified by staff. We use the question asked in the staff survey 'I would recommend my organisation as a place to work' as a measure for improvement. The aim is that by focusing on areas within each division with 'neutral' or 'negative' responses to this question (based on the 2021 staff survey results) we will yield an increase in positive responses in the next iteration of the staff survey - thereby in turn contributing to improving the Trust's True North goal.

Each division identified key departments to work with and a series of listening events were held with staff to understand the specific issues impacting on their experiences at work. Action plans were developed to address issues

and concerns, and work is ongoing to complete these to fruition with key stakeholders.

'I would recommend my organisation as a place to work' is a question within the annual NHS Staff Survey and the Trust has improved in recent years there has been a significant reduction in 2021 at 54%. To enable historical comparisons a combined score of both legacy organisations (Western Sussex Hospitals and Brighton & Sussex University Hospitals) for 2020 has been provided: 67%. The national average for the NHS Staff Survey has reduced in 2021 to 58% from 67% in 2020. Again, this demonstrates that our position has reflected the national trend which was anticipated given the challenges faced in the NHS over recent years.

Monitoring of Quality Priority Improvements

The Trust has a robust Quality Governance Structure which was overseen at Board level by the Quality Committee and at Executive Level through the Quality Governance Steering Group chaired by the Chief Medical Officer. Reports are presented to the Quality Committee and Trust Board on the delivery of the Trust's True Norths which are supported by the Trust's delivery of its stated quality improvement priorities.

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

National and local context

University Hospitals Sussex is one of the largest teaching university hospitals in England and prides itself on its programme of engagement with wider local system partners including social care on health improvement research projects.

Research and innovation are vital for driving improvements in clinical care. The link between research activity at hospitals and good clinical outcomes for patients is well established and research active hospitals are more rewarding places to work. For these reasons, the 2021 Care Quality Commission strategy places a new emphasis on creating a culture where research and innovation can flourish. Coming out of the Covid-19 pandemic, the National Institute for Healthcare Research (NIHR) has reframed its vision for "Best Research for Best Health" building on the extraordinary NHS research effort during the pandemic and aligning with the integrated, data-enabled vision for care set out in the NHS long-term plan.

The new Trust has accordingly established a True North for Research and Innovation (R+I) which places it at the heart of what we do. This sets out a vision for UHSussex as a place where all the patients we care for have the

opportunity to participate in high quality clinical research which has the potential to impact on the care they receive. This will be achieved by broadening engagement in research across our organisation and throughout our workforce and through research partnerships with Sussex Health and Care Partnership Integrated Care System, Brighton and Sussex Medical School and our other academic partners.

Research performance

R+I activity at the Trust over the past year has focused both on sustained delivery of our contribution to the Covid-19 research effort and restarting our wider portfolio of research as the pandemic has waned.

Across the organisation we have participated in 26 Covid-19 treatment and prevention studies, far more than any other acute Trust in the region and enrolled a total of 6076 participants. These figures include 494 patients participating in the RECOVERY Trial alone. This is the leading platform trial that took place across the NHS and our work contributed to the licencing of all the specific Covid-19 treatments used in the NHS today. 500 UHSussex staff participated in the largest study of NHS staff exposure to Covid-19 (the SIREN study) which has informed national policy on vaccination and infection prevention. We have also been the lead site in the region for delivery of Covid-19 vaccine trials recruiting 348 participants to the ENSEMBLE trial of the Janssen Covid-19 vaccine which underpinned licencing of this agent and 199 to the COV-BOOST study that informed the government's policy on the UK roll out of booster vaccines.

Since the national restart of non-Covid-19 research in 2021 the Trust has recruited 3691 patients into 217 non-Covid-19 studies across disease areas including but not exclusively: Cancer; Cardiovascular Disease; Dermatology; Diabetes; Gastroenterology; Infectious Disease; Haematology; Hepatology; HIV & Sexual Health; Neurology; Ophthalmology; and Children's' Medicine.

Historically UHSussex has excelled in certain key areas of R+I and a focus of our restart efforts aligned with our vision for wider research participation has been broadening the scope of the research we do. We have started to build our portfolio in both paediatric and adult emergency medicine, where we are the leading site nationally for "PRONTO" a major NIHR trial of treatment in SEPSIS. Alongside this we have been evaluating other point of care tests that aim to improve and speed up diagnosis for patients attending the emergency department. Our cardiologists have continued to run world leading research studies including several "first in human" device implants and pioneering research in mitral and tricuspid valves which has benefited many patients that have had no other suitable alternative.

Building for the future

Achieving our vision for R+I requires us to unleash the potential for all UHSussex staff to contribute to research that is embedded in their clinical practice. Supporting research careers will ensure we grow research that is relevant to our patients, is led from UHSussex and help develop the next generation of research leaders. We have long supported research opportunities for staff in collaboration with academic partners and achieved successes including research fellowships from NIHR, and our innovative clinical academic research programme for Nurses, Midwives and Allied Health Professionals (NMAPS). This year we have established two strategic initiatives that will transform the opportunities we provide. Through an award of £710,000 from Health Education England we will fund research fellowships for NMAPS from across the Sussex Health and Care Partnership over the next 24 months. In a completely new initiative funded jointly by KSS deanery, UHS and the BSMS we have launched a scheme for junior doctors in training at the Trust to undertake 2-3 year research fellowships towards MD or PhD degrees. These opportunities will help make UHSussex a place where people who want to make clinical research part of their careers will seek to come and stay. They will facilitate closer working with academic partners and grow the quantity, breadth and quality of the research we deliver.

1.4.16 The Best of University Hospitals Sussex - Our First Year in Review

University Hospitals Sussex was formed on 1 April 2021. Our first year has inevitably been dominated by the continuing Covid-19 pandemic and the pressures it has placed on our staff and services. But it has also been a year of achievement, innovation and success. Here are some of the highlights of our first 12 months.

As well as caring for patients with Covid-19 in our hospitals, UHSussex staff have played their part in the wider fight against the virus too. In June, the Royal Sussex County Hospital was one of 18 across the country to take part in a world-first clinical trial of booster immunisations that produced vital data on responses to third doses of different vaccines. And the following month, our Cognitive Diseases Clinic at the Princess Royal Hospital began a pioneering study into the long-term effects of Covid-19 infection in patients suffering chronic symptoms.

We also took part in the National Day of Reflection held on 23 March 2022 to mark two years since the start of the first Covid-19 lockdown. We had asked colleagues to share their stories of working through the first year of the pandemic. Now we have published these in a new Our Covid Stories website. This digital time capsule features almost 100 pieces of writing, music and art. It captures inspiring tales of courage and dedication from across our hospitals,

as well as the teamwork that continues to drive our response to the virus today.

Despite the restrictions of the Covid-19 pandemic, we were able to complete some important investments in services and facilities during our first year.

In July, actress Dame Julie Walters opened the new Urology Investigation Unit at Worthing Hospital. The unit is part of a £2.1 million investment in the service. It brings together doctors and specialist nurses in a purpose-built facility. In September we began work on a new urgent treatment centre to support A&E services at the Royal Sussex County. November saw the opening of a reflection room on the neonatal ward at St Richard's Hospital. This is a calm new space in which families can spend quality time together. And in February we completed a £7 million refurbishment of four operating theatres at the Princess Royal.

As well as improving services for patients and working environments for staff, all our investments prioritise environmental sustainability too. In February we unveiled our ambitious Green Plan. This sets out a path to producing net zero emissions by 2040. It begins with reducing our carbon footprint by 57% on 2010 levels by 2025. It also looks at all aspects of the care we provide. For example, in November one of our surgery teams taking part in a national sustainability challenge identified a small change in the blood testing process that will save us tonnes of CO_2 emissions a year.

Our hospital charities and local communities also helped fund new and improved facilities to support our staff during another incredibly difficult year for the NHS. Between the start of the pandemic and the end of 2021 our charities refurbished and upgraded more than 150 staff areas across our five hospital sites at a cost of more than £350,000. They also secured donations of more than £290,000 that created wellbeing and serenity gardens at St Richard's and Worthing, and staff lounges at the Royal Sussex County and the Princess Royal.

Above all, our new Trust was created to improve hospital services for people in Sussex. And despite the pressures of Covid our staff have been doing just that throughout our first year. Cardiologists at the Royal Sussex County have pioneered a new procedure to replace leaking mitral valves without the need for open-heart surgery. Our Sussex Cancer Centre began offering patients a new form of radiotherapy that needs only around five treatments instead of the 20-30 that conventional treatment involves. We're now using cutting-edge artificial intelligence technology to assess stroke severity across all five of our hospital sites. And in March we succeeded in a bid for funding that will help us expand our digital maternity services and upgrade our fetal monitoring equipment.

Finally, we ended our first year with another major change as Dame Marianne Griffiths retired as our chief executive on 31 March. Marianne led UHSussex and its predecessor organisations for almost 14 years. During this time Western Sussex Hospitals became the first non-specialist acute Trust to be rated Outstanding by the Care Quality Commission in all key areas of inspection. Brighton and Sussex University Hospitals meanwhile became the fastest improving Trust in England and was rated Outstanding for caring. Marianne has now been succeeded by our former Medical Director, Chief Medical Officer and Deputy Chief Executive Dr George Findlay. George joined us from Medway NHS Foundation Trust in Kent, where he was interim Chief Executive.

1.4.17 Stakeholder Relations

Collaborative working is key to achieving the ambitions of our *Patient First* programme and its *Systems and Partnerships* strategic theme, which puts a strong focus on the way we work with our external partners as well as on a multidisciplinary 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 Governors' Patient Experience and Engagement Committee exists to seek the views of Foundation Trust members through the governors, and those of the statutory bodies to inform priority work programmes to improve patient experience and influence the strategic direction of patient and public involvement by ensuring a wide range of stakeholder views are gathered and taken into account.

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

1.4.18 Our dedicated charities

Love Your Hospital (LYH) and BSUH Charity are the official NHS charities for University Hospitals Sussex NHS Foundation Trust. Both charities join more than 250 NHS Charities that exist across the UK to support their local hospitals who belong to NHS Charities Together (NHSCT), the overarching association for all registered NHS charities in the UK.

Together, we are committed to improving hospital care and facilities for patients, visitors and staff by supporting projects that fall outside of core NHS funding.

LYH is the dedicated NHS charity for St Richard's Hospital in Chichester, Worthing Hospital and Southlands Hospitals in Shoreham-by-Sea

BSUH Charity is the dedicated NHS charity for four hospitals across Brighton and Haywards Heath which includes The Royal Sussex County Hospital, Princess Royal Hospital, Sussex Eye Hospital and Royal Alexandra Children's Hospital.

Our shared core priorities remain:

- Creating more patient friendly environments
- Providing equipment for diagnosis and treatment
- Supporting staff development to provide even better care
- Advancing our understanding through research projects

Supporting staff and patients through Covid-19

The year 2021/22 was sadly another year dominated by Covid-19. Utilising funds raised by the joint charity's 'Hospital Heroes Covid-19 Appeal' and the NHS Charities Together initiative, much work was undertaken to support staff and patients through what has been a most challenging and difficult time.

Examples include;

LYH

- As well as supporting staff to identify and address their own mental health challenges while they worked throughout the pandemic, we allocated £21,600 to provide mental health wellbeing training to 92 staff members so they can support their colleagues.

- As part of the process of supporting staff during the pandemic, Love Your Hospital sent out a survey across the Trust inviting staff to feedback on what they felt charitable funds should be spent on to benefit the workforce across St Richard's, Worthing and Southlands Hospitals. Overwhelmingly, it was the improvement of existing inside and outside staff spaces and creation of new staff spaces that was identified as a priority. More than £21,000 was spent on enhancing existing staff spaces with upgraded seating and refurbished rest areas in the Theatre, Anaesthetic departments and Treatment Centre at St Richard's Hospital, new benches and raised garden beds for the outside staff space at Southlands Hospital, garden furniture for Worthing's Research Department and new seating for the Intensive Care Units at both St Richard's and Worthing Hospitals.

- One of the most challenging aspects that staff and Covid-19 patients have faced is the suspension of hospital visits during the pandemic. Families were unable to be at the bedside with patients and staff were witnessing heart-breaking situations where patients receiving end of life

care could only have one visitor each day. More than £14,000 provided 41 iPads to help connect patients and their families through videoconferencing calls. For patients who only see masked staff each day, this has been a lifeline which provides a real morale boost at a time when they are feeling the most vulnerable and alone.

BSUH Charity

- The ‘Heroes’ Lounge’ communal staff room was officially opened at The Princess Royal Hospital, as a direct result of public donations to our Covid-19 fund, and based on feedback from staff. With over £100k was spent on upgrades to staff spaces across the Trust. We improved the environment at 139 areas, such as clinical staff kitchens and break rooms. New items such as microwaves, fridges, tables and chairs, TVs and toasters were provided.

- Staff at Sussex Eye Hospital were able to purchase the equipment needed to carry out additional safety tests around the infection risk posed by Covid-19 during cataract surgery.

- The HELP staff support service was expanded, thanks to a £62k boost from BSUH Charity. This led to increased staff access to HELP counselling and decompression debriefs, supported by an external telephone counselling service.

- Two mannequins were purchased for the manual handling trainers at The County and The Princess Royal Hospital. Usually, the trainers invite one of their students to play the role of a patient, but with restrictions in place due to Covid-19, this isn't possible. The mannequins allow them to demonstrate best practice more safely.

Other ways the charities have supported our patients:

LYH

- Every year, National Baby Loss Awareness Week is held between October 9th to 15th providing an opportunity to bring together anyone touched by pregnancy and baby loss to share their experiences in a safe and supportive space at special events held in St Richard’s and Worthing Hospitals, Unfortunately, Covid restrictions in our hospitals meant that the service for 2020 couldn’t go ahead, so LYH funded enamel baby loss awareness pin badges enabling staff to send them out to local parents, along with a note and a prayer from the hospital chaplain expressing that staff had not forgotten them on such a difficult day.

- When a parent is coming to terms with a cancer diagnosis, the idea of how to break the news to their child or children can feel like an emotional mountain to climb. The breast cancer team wanted to provide a way to aid parents in the process of talking to their children about such a difficult topic. LYH funded the purchase of a selection of special books with illustrated guides walking young readers through the whole cancer journey. With a spend of £76, this really is a great example of how a small gesture can make a really big difference.

- Brain screening in newborn babies identifies conditions that can affect a child's long-term health or survival. Early detection, diagnosis and intervention of a brain injury can prevent death or disability and a significant proportion of births with Hypoxic-ischaemic encephalopathy (HIE). LYH funded a cerebral function monitor that allows for early detection and treatment of seizures due to brain injury by lack of oxygen, infection or genetic causes at the time in life when seizures are most common and are also hardest to detect. Since arriving on the unit at St Richard's, it has already allowed earlier, safer care for babies, including in some cases avoiding unnecessary transfer to tertiary intensive care reducing stress and separation for our sickest babies and their families.

BSUH

Over £300k of Charity funds were used to pay for a new mobile breast screening unit, for the Brighton, Hove and East Sussex Breast Screening Service. Patients will benefit directly from the new unit, and its state of the art Mammography equipment will allow images of the highest quality, in terms of sharpness and detail.

LYH and BSUH Charity fundraising

In a year when face to face fundraising wasn't possible, a significant amount of virtual fundraising has continued, in support of LYH and BSUH staff and patients. There are so many fabulous examples but here are just a few:

- A Chichester schoolgirl embraced the latest technology to create NHS-themed keyrings in support of St Richard's Hospital. The keyring design, which featured the iconic emblem for the fictional DC Comics superhero Superman on a blue background, was the brainchild of 5-year-old Freyja Greig and her Dad, Colin. Produced using a 3D printer, which is similar to an inkjet printer and operated from a computer, the design was created by building up layers of molten plastic one at a time. Freyja raised funds by selling her keyrings to fellow pupils at Oakwood School, who, in turn, helped to bump Freyja's fundraising total to £1,354 by holding bake sales.

- Dave Risebrow and his coach Will Newbery from Rustington were due to fly to Ital y to take part in an Ironman event, but it was cancelled due to Covid. Instead, the pair recreated the challenge at home including a static bike ride of 90km, a treadmill run to cover 21.1km and a makeshift pool in the garden complete with swim belt to recreate the 1.9km ocean swim. David's wife, Stephanie, works as a Staff Nurse in Theatre Recovery at Worthing's Intensive Care Unit. She said:

  > "Dave and Will had been training so hard to take part in the triathlon event in Italy, but they didn't let Covid stop them putting it to good use! Working in the Intensive Care Unit at Worthing Hospital, I have seen first-hand how the pandemic has affected staff and patients alike. I'm so proud of them both for finding a positive way to not only complete the event on their own terms, but for raising such a fantastic amount to support our local hospital."

- Chichester resident, Wayne Thair, had already started an annual tradition of covering his house and front garden with festive lights and decorations in support of local charities. With so many families spending Christmas apart thanks to Covid, and NHS staff at our hospitals working long and difficult shifts throughout December 2020, Wayne didn't hesitate in dedicating his cheerful display to Love Your Hospital to lift the spirits of hospital staff and the local community raising £473.

- In June 2020, Donna Morgan left St Richard's Hospital after a 92-day battle with Covid making her the longest staying patient at the hospital. Her husband, Toby, launched an incredible fundraising campaign while she was desperately unwell in an induced coma by holding theme nights at the pub the couple both ran in West Marden, painting he also made regular trips to see the Charity team at St Richard's to drop off supplies for the intensive care unit. Toby raised a fantastic £6,950 to support the Intensive care team who looked after Donna and other ICU covid-19 patients and their families.

- A lovely schoolboy raised over £1,500 for BSUH Charity, with a sponsored walk around his garden. Inspired by Sir Captain Tom Moore, he took on a massive 200 lap challenge! His Mother told us, "[He] was genuinely really moved by the passing of Sir Captain Tom Moore and he wanted to 'carry on his work' and raise money for our local hospital."

- Another wonderful supporter hosted two online pet shows, where people could enter pictures of their pets, into various categories such as 'sweetest dog' or 'most elegant equine'. Celebrity Vet, 'Marc the Vet' judged the competitions.

- A collective of DJs from in and around Brighton, hosted two, ten-hour online dance parties for us, raising a total of £2,335. Each DJ took to their decks at home, to spin some uplifting house music, to really get people dancing around their lounge! The whole event was streamed via Mixcloud.
- An 'internationally acclaimed singer, pianist and songwriter', who lives in Hove has been putting on a series of musical performances, live from his shed. He decided to dedicate the final twenty performances of the 'Stilgoe In The Shed' series to staff at BSUH NHS. Amazingly he has now raised over £18k and told us:

  > "Having recently been looked after by the brilliant staff at The Royal Sussex Hospital in Brighton, I want to do my part to help the NHS go above and beyond, as they deal with the pandemic. The staff at BSUH NHS Trust do a phenomenal job looking after our community."

- Led by one of the players from Horsham Football club, his local footballing community each ran 5km for BSUH Charity, raising an unbelievable £50k between them.

We are hugely grateful to all our supporters, new and old, who have given so generously over the past 12 months both in terms of financial donations and in-kind gifts. Looking ahead, the two charities are now working to further enhance their joint working as a precursor to merger in 2022-2023. These will see the emergency of a Trust wide charity that will work to make a real and sustained difference to the lives of patients and their families in support of the Patient First programme and its True North objectives.

1.4.19 Directors' statement

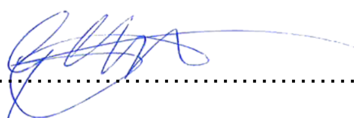
The directors are required under the NHS Health Service Act 2006 to prepare accounts for each financial year.

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

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

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

information and to establish that the Trust's auditor is aware of that information.



……………………………………………………………………………… 21 June 2022

Dr George Findlay, Chief Executive

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 2021/22 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 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 2021 to 31 March 2022.

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).

As part of the merger the Board reviewed the current Board Committee governance arrangements. The review resulted in a revised Committee structure seeing five Committees being established aligned to the Trusts' five patient first pillars. The Committees retain their oversight of allocated BAF risks but will also have capacity within their respective work programmes to provide enhanced assurance to the Board over the Trust's delivery of their stated True Norths, Breakthrough Objectives, Corporate Projects and Strategic Initiatives.

Our Board of Directors 1 April 2021 to 31 March 2022

NON-EXECUTIVE DIRECTORS

Alan McCarthy MBE DL, Chairman from 01-10-18 (Term of Office to 31-03-24)

Chair of the Executive Appointments and Remuneration Committee

Patrick Boyle Deputy Chair from 01-06-21 (Term of Office to 19-01-2024)

Chair of the People Committee

Chair of the Systems & Partnerships Committee

Joanna Crane, Senior Independent Director (Term of Office to 30-06-2022)

Chair of the Quality Committee

Jon Furmston (Term of Office to 30-06-2022)

Chair of the Audit Committee

Lizzie Peers (Term of Office to 10-05-2023)

Chair of the Sustainability Committee

Jackie Cassell (Term of Office to 31-03-2024)

Chair of the Patient Committee

Claire Keatinge (Term of Office 01-07-2021 to 30-06-2024)

Non-Executive Director

Lucy Bloem (Term of Office 01-09-2021 to 30-06-2024)

Non-Executive Director

Mike Rymer (Term of Office 01-04-2021 to 31-05-2021)

Non-Executive Director

Kirstin Baker (Term of Office 01-04-2021 to 31-08-2021)

Non-Executive Director

Dame Denise Holt (Term of Office 01-07-2021 to 07-03-2022)

Non-Executive Director

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

Lillian Philip (Term of Office to 29-04-2023)

Associate Non-Executive Director

EXECUTIVE DIRECTORS

Dame Marianne Griffiths, Chief Executive to 31 March 2022

Dr George Findlay, Chief Medical Officer and Deputy Chief Executive (Seconded to Medway NHS FT from 30 April 2021)

Karen Geoghegan, Chief Financial Officer

Pete Landstrom, Chief Delivery and Strategy Officer to 31 March 2022

Dr Maggie Davies, Chief Nurse

David Grantham, Chief People Officer (from 14 June 2021)

Dr Andy Heeps, Deputy Chief Executive and Managing Director (from 01 September 2021)

Dr Charlotte Hopkins, Chief Medical Officer (from 01 January 2022)

Darren Grayson, Chief Governance Officer (from 02 March 2022)

Kate Slemeck, Managing Director – East (for the period 01 September 2021 to 04 February 2022)

Professor William Roche, Interim Chief Medical Officer (for the period 1 May 2021 to 31 December 2021)

Carolyn Morrice, Chief Nurse (for the period 01 April 2021 to 31 August 2021)

Denise Farmer, Chief Organisational & Development Officer (non-voting member of the Board to 31 March 2022)

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.

Skills of the Board

The Board undertook a review of its skills as it developed its merger full business case. This assessment recognised alongside the required clinical, financial, people, strategy and operational skills held by the executives these skills were replicated within the non-executives, The Board has used this skills analysis as it sought to replace retiring non-executive directors thus ensuring the breadth of skills is maintained.

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 a update from the Chief Executive, the Trust's structured integrated performance report that reflects the Trust's performance against its True North priorities, and where appropriate information on its breakthrough objectives, strategic initiatives and corporate projects along with information on a range of Strategic and Operational items including; patient experience, patient quality, workforce, financial and environmental sustainability along with the Trust's key performance targets.

The Board has received a range of information covering the Trust's annual plan, maternity service oversight dashboards, infection prevention and control, safeguarding, the Trust's capital programme, IM&T, learning from deaths, learning from incidents, and various compliance reports including the assessment of the Trust's compliance with its Provider licence.

In addition, subject specific seminars were held with the Board covering topics including the Trust's Green Plan, Restoration and Recovery, Stroke Service review and Diversity and Inclusion.

Attendance at Public Board meetings 1 April 2021 to 31 March 2022

Name	01 April	06 May	05 August	04 November	03 February	^31 March
Alan McCarthy MBE DL (Chairman and Chair)	✓	✓	✓	✓	✓	✓
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)	✓	Mike left the Trust on 31 May 2021				
Kirstin Baker (Non-Executive Director)	✓	✓	✓	Kirstin left the Trust on 31 August 2021		
Lillian Philip (Associate Non-Executive Director)	Maternity Leave			✓	✓	✓
Dame Marianne Griffiths (Chief Executive)	✓	✓	✓	✓	✓	✓
Dr George Findlay	✓	George was on secondment from 30 April 2021				

Name	01 April	06 May	05 August	04 November	03 February	^31 March
(Chief Medical Officer & Deputy Chief Executive)						
Karen Geoghegan (Chief Financial Officer)	✓	✓	✓	✓	✓	✓
Dr Maggie Davies (Chief Nurse)	✓	✓	✓	✓	✓	✓
Pete Landstrom (Chief Delivery & Strategy Officer)	✗	✓	✓	✓	✓	✓
Denise Farmer * (Chief Organisational & Development Officer)	✗	✓	✗	✓	✗	✗
Dr Andy Heeps (Managing Director West)	Andy joined the Trust on 01 September 2021			✓	✓	✓
Kate Slemeck (Managing Director East)	Kate joined the Trust on 01 September 2021			✓	Kate left the Trust on 04 February 2022	
Professor William Roche (Chief Medical Officer)	William joined the Trust on 11 May 2021		✗	✓	William left the Trust on 31 Dec 2021	
Dr Charlotte Hopkins (Chief Medical Officer)	Charlotte joined the Trust on 01 January 2022				✓	✓
Carolyn Morrice (Chief Nurse)	✗	✓	✓	Carolyn left the Trust on 31 August 2021		
David Grantham (Chief People Officer)	David joined the Trust on 14 June 2021		✓	✓	✓	✓
Claire Keatinge (Non-Executive Director)	Claire joined the Trust on 01 July 2021		✓	✓	✓	✓
Lucy Bloem (Non-Executive Director)	Lucy joined the Trust on 01 September 2021		✓	✓	✓	✓
Dame Denise Holt (Non-Executive Director)	Denise joined the Trust on 01 July 2021		✓	✓	✓	Left on 07 March 2022
Jackie Cassell (Non-Executive Director)	✗	✓	✓	✓	✓	✓
Darren Grayson (Chief Governance Officer)	Darren joined the Trust on 02 March 2022					✓

* non-voting members of the Board
^Extraordinary Public Board Meeting

Attendance at Private Board meetings 1 April 2021 to 31 March 2022

Name	01 Apr	06 May	05 August	04 Nov	03 Feb
Alan McCarthy MBE DL (Chairman and Chair)	✓	✓	✓	✓	✓
Patrick Boyle (Non-Executive Director)	✓	✓	✓	✓	✓
Joanna Crane (Non-Executive Director)	✓	✓	✓	✓	✓
Jon Furmston (Non-Executive Director)	✓	✓	✓	✓	✓
Lizzie Peers (Non-Executive Director)	✓	✓	✓	✓	✓

Name	01 Apr	06 May	05 August	04 Nov	03 Feb
Kirstin Baker (Non-Executive Director)	✓	✓	Kirstin left the Trust on 31 August 2021		
Mike Rymer (Non-Executive Director)	✓	✓	Mike left the Trust on 31 May 2021		
Lillian Philip* (Associate Non-Executive Director)	Maternity Leave			✓	✓
Dame Marianne Griffiths (Chief Executive)	✓	✓	✓	✓	✓
Pete Landstrom (Chief Delivery & Strategy Officer)	×	✓	✓	✓	×
Dr George Findlay (Chief Medical Officer & Deputy Chief Executive)	✓	George was on secondment from 30 April 2021			
Karen Geoghegan (Chief Financial Officer)	✓	✓	✓	✓	✓
Denise Farmer** (Chief Organisational & Development Officer)	✓	✓	✓	✓	×
Dr Maggie Davies (Chief Nurse)	✓	✓	✓	✓	✓
Dr Andy Heeps (Managing Director West)	Andy joined the Trust on 01 September 2021			✓	✓
Kate Slemeck (Managing Director East)	Kate joined the Trust on 01 September 2021			✓	Left on 04 February 2022
Professor William Roche (Chief Medical Officer)	William joined the Trust on 11 May 2021		×	✓	Left on 31 December 2021
Dr Charlotte Hopkins (Chief Medical Officer)	Charlotte joined the Trust on 01 January 2022			✓	✓
Carolyn Morrice (Chief Nurse)	×	✓	✓	Carolyn left the Trust on 31 August 2021	
David Grantham (Chief People Officer)	David joined the Trust on 14 June 2021		✓	✓	✓
Claire Keatinge (Non-Executive Director)	Claire joined the Trust on 01 July 2021		✓	✓	✓
Lucy Bloem (Non-Executive Director)	Lucy joined the Trust on 01 September 2021		✓	✓	✓
Dame Denise Holt (Non-Executive Director)	Denise joined the Trust on 01 July 2021		✓	✓	✓
Jackie Cassell (Non-Executive Director)	✓	✓	✓	✓	✓

* non-voting members of the Board

Attendance at ExtraOrdinary Board meetings 1 April 2020 to 31 March 2021

Name	14 June	02 Sept	06 Jan	11 March	31 March
Alan McCarthy MBE DL (Chairman and Chair)	✓	✓	✓	✓	✓
Patrick Boyle (Non-Executive Director)	✓	✓	✓	✓	✓

Name	14 June	02 Sept	06 Jan	11 March	31 March
Joanna Crane (Non-Executive Director)	✗	✓	✓	✓	✓
Jon Furmston (Non-Executive Director)	✓	✓	✓	✓	✓
Lizzie Peers (Non-Executive Director)	✓	✓	✓	✗	✓
Kirstin Baker (Non-Executive Director)	✗	Kirstin left the Trust on 31 August 2021			
Lillian Philip* (Associate Non-Executive Director)	Maternity Leave	✓	✓	✗	✓
Dame Marianne Griffiths (Chief Executive)	✓	✓	✓	✗	✓
George Findlay (Chief Medical Officer & Deputy Chief Executive)	George was on secondment from 30 April 2021				
Karen Geoghegan (Chief Financial Officer)	✓	✓	✓	✓	✓
Dr Maggie Davies (Chief Nurse)	✓	✓	✓	✓	✓
Pete Landstrom (Chief Delivery & Strategy Officer)	✓	✓	✗	✓	✓
Denise Farmer* (Chief Organisational & Development Officer)	✗	✓	✗	✗	✗
Dr Andy Heeps (Managing Director West)	Andy joined the Trust on 01 September 2021	✓	✓	✓	✓
Kate Slemeck (Managing Director East)	Kate joined the Trust on 01 September 2021	✓	✓	Left on 04 February 2022	
Professor William Roche (Chief Medical Officer)	✗	✓	Left on 31 December 2021		
Dr Charlotte Hopkins (Chief Medical Officer)	Charlotte joined the Trust on 01January 2022		✓	✓	✓
Carolyn Morrice (Chief Nurse)	✓	Carolyn left the Trust on 31 August 2021			
David Grantham (Chief People Officer)	David joined the Trust on 14 June 2021	✓	✓	✓	✓
Claire Keatinge (Non-Executive Director)	Claire joined the Trust on 01 July 2021	✓	✓	✓	✓
Lucy Bloem (Non-Executive Director)	Lucy joined the Trust on 01 September 2021	✗	✓	✗	✓
Dame Denise Holt (Non-Executive Director)	Denise joined the Trust on 01 July 2021	✓	✗	Left on 07 March 2022	

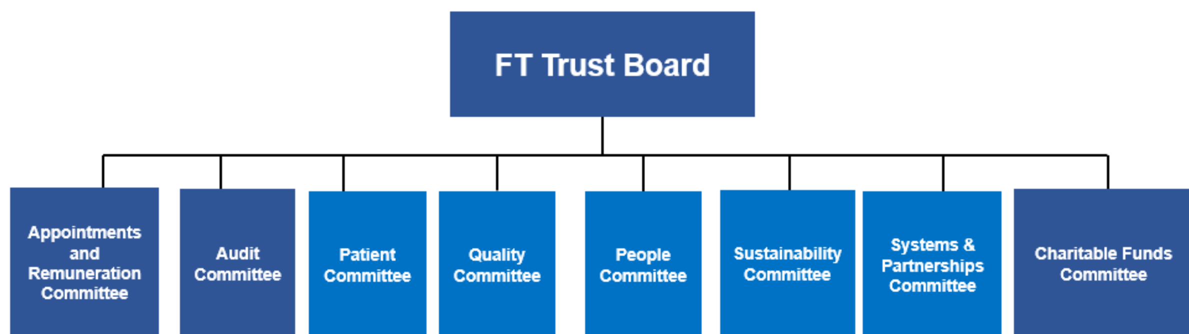
Name	14 June	02 Sept	06 Jan	11 March	31 March
Jackie Cassell (Non-Executive Director)	✓	✓	✓	✓	✓
Darren Grayson (Chief Governance Officer)	Darren joined the Trust on 02 March 2022			✓	✓

* non-voting members of the Board

Board Committees

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

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



Audit Committee

The existence of an independent Audit Committee is the central means by which the Trust Board ensures effective control arrangements are in place. The Committee membership is solely made of Non-Executive Directors in line with the Code of Governance for Foundation Trusts, with each of the Committee NED Chairs being members of the Audit Committee and the Audit Committee chair being independent of other Committee Chair responsibilities.

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

Register of Members' attendance at Audit Committee meeting for the period 01 April 2021 to 31 March 2022

Name	Apr	*Jun	Jul	Oct	Jan	Total
Jon Furmston (Non-Executive Director and Committee Chair)	✓	✓	✓	✓	✓	5 of 5
Lizzie Peers (Non-Executive Director)	✓	✓	×	✓	✓	4 of 5
Joanna Crane (Non-Executive Director)	✓	×	✓	✓	✓	4 of 5
Patrick Boyle (Non-Executive Director)	✓	✓	✓	✓	✓	5 of 5
Jackie Cassell # (Non-Executive Director)	×	×	×	×	×	0 of 5

*Year end Annual Accounts Audit Committee
Jackie was unable to reset her diary to attend the meetings in 2021/22 but other NEDs from the Patient Committee were able to input into the Audit Committee meetings.

The Chief Financial Officer, Managing Director, Director of Finance, 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 went out to tender for its External Auditors during the 2021/2022 year and appointed Grant Thornton as its External Auditors for the year.

The Trust does not have its own internal audit function. The Trust's Internal Auditor is BDO LLP. The Trust's Local Counter Fraud Service is provided by both an internal provider in conjunction with RSM UK.

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

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

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

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

Patient Committee

The Patient Committee supports the Board in ensuring that the Trust's processes take account of patient feedback and that the Trust has sound processes for securing patient engagement where pathway changes are to be considered.

Register of Members' attendance at Patient Committee meeting for the period 01 April 2021 to 31 March 2022

Name	April	Jul	Oct	Jan	Total
Jackie Cassell (Non-Executive Director and Committee Chair)	✓	✓	✓	✓	4 of 4
Jon Furmston (Non-Executive Director)	✓	✓	×	✓	3 of 4
Claire Keatinge (Non-Executive Director)	Claire joined the Trust 01/07/21	✓	✓	✓	3 of 3
Lillian Philip (Associate Non-Executive Director)	Maternity Leave		✓	✓	2 of 2
Carolyn Morrice (Chief Nurse)	✓	✓	Carolyn left the Trust on 31 August 2021		2 of 2
Dr Maggie Davies (Chief Nurse)	✓	✓	✓	✓	4 of 4
Pete Landstrom (Chief Delivery & Strategy Officer)	✓	×	×	×	1 of 4
David Grantham (Chief People Officer)	David joined the Trust 14/06/21	×	×	✓	1 of 3
Dr Andy Heeps (Managing Director West)	Andy joined the Trust on 01 September 2021		✓	✓	2 of 2
Kate Slemeck (Managing Director East)	Kate joined the Trust on 01 September 2021		✓	×	1 of 2
Dame Marianne Griffiths* (Chief Executive)	×	✓*	×	×	1 of 4

*Non-Committee members in attendance for quoracy

Quality Committee

The Quality Committee supports the Board in ensuring that the Trust's management of clinical and non-clinical processes and controls are effective

in setting and monitoring good standards and continuously improving the quality of services provided by the Trust.

Register of Members' attendance at Quality Committee meeting for the period 01 April 2021 to 31 March 2022

Name	April	Jul	Oct	Jan	Total
Joanna Crane (Non-Executive Director and Committee Chair)	✓	✓	✓	✓	4 of 4
Jackie Cassell (Non-Executive Director)	✓	×	✓	✓	3 of 4
Alan McCarthy MBE DL ** (Chairman)	✓	✓	✓	×	3 of 4
Dame Denise Holt (Non-Executive Director)	Denise joined the Trust on 01 July 2021		✓	✓	2 of 2
Lucy Bloem (Non-Executive Director)	Lucy joined the Trust on 01 Sept 2021		✓	✓	2 of 2
Carolyn Morrice (Chief Nurse)	✓	×	Carolyn left the Trust on 31 August 2021		1 of 2
Dr Maggie Davies (Chief Nurse)	✓	✓	✓	✓	4 of 4
Dr George Findlay (Chief Medical Officer and Deputy Chief Executive)	✓	George was on secondment from 30 April 2021			1 of 1
Professor William Roche (Chief Medical Officer)	William joined on 11 May 2021	×	✓	William left on 31 Dec 21	1 of 2
Dr Charlotte Hopkins (Chief Medical Officer)	Charlotte joined the Trust on 01 January 2022			✓	1 of 1
Dr Andy Heeps (Managing Director West)	Andy joined the Trust on 01 September 2021		✓	✓	2 of 2
Kate Slemeck (Managing Director East)	Kate joined the Trust on 01 September 2021		✓	×	1 of 2
Dame Marianne Griffiths* (Chief Executive)	×	✓*	×	×	1 of 4

**Non-Committee members in attendance for quoracy

People Committee

The People Committee supports the Board in ensuring that the Trust's processes and controls are effective in setting and monitoring good standards and continuously improving the leadership, development and wellbeing of the

Trust's workforce alongside oversight of compliance with the Trust's range of workforce KPIs.

Register of Members' attendance at People Committee meeting for the period 01 April 2021 to 31 March 2022

Name	April	Jul	Oct	Jan	Total
Patrick Boyle (Non-Executive Director and Committee Chair)	✓	✓	✓	✓	4 of 4
Joanna Crane (Non-Executive Director)	✓	✓	✓	✓	4 of 4
Lizzie Peers (Non-Executive Director)	×	✓	✓	✓	3 of 4
Lillian Philip (Associate Non-Executive Director)	Maternity Leave		✓	✓	2 of 4
David Grantham (Chief People Officer)	David joined the Trust 14/06/21	✓	×	✓	2 of 3
Denise Farmer (Chief Organisational & Development Officer)	✓	✓	✓	×	4 of 4
Dr Maggie Davies* (Chief Nurse)	✓*	×	×	×	1 of 4
Dr Andy Heeps (Managing Director West)	Andy joined the Trust on 01 September 2021		✓	✓	2 of 2
Kate Slemeck (Managing Director East)	Kate joined the Trust on 01 September 2021		✓	×	1 of 2

*Non-Committee members in attendance for quoracy

Sustainability Committee

The Sustainability 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 also has oversight of the Trust's processes for setting and delivering the Trust's environmental sustainability agenda.

The Committee is chaired by a designated Non-Executive however all Non-Executive and Executive Directors are invited to attend.

Register of Members' attendance at the Sustainability Committee meeting for the period 01 April 2021 to 31 March 2022

Name	Apr	Jul	Oct	Jan	Total
Lizzie Peers (Non-Executive Director & Committee Chair)	✓	✓	✓	✓	4 of 4
Patrick Boyle (Non-Executive Director)	✓	✓	✓	✓	4 of 4
Claire Keatinge (Non-Executive Director)	Claire joined the Trust on 01 July 2021	×	×	×	0 of 4
Lillian Philip (Associate Non-Executive Director)	Maternity Leave		×	×	0 of 4
Karen Geoghegan (Chief Financial Officer)	✓	✓	✓	✓	4 of 4
Pete Landstrom (Chief Delivery & Strategy Officer)	✓	✓	×	×	2 of 4
Dr Andy Heeps (Managing Director West)	Andy joined the Trust on 01 September 2021		✓	✓	2 of 2
Kate Slemeck (Managing Director East)	Kate joined the Trust on 01 September 2021		✓	×	1 of 2

Systems and Partnerships Committee

The Systems and Partnership Committee supports the Board to ensure that all appropriate action is taken to achieve its operational performance along with the Trust's processes for working with the systems and its engagement with ICS.

Register of Members' attendance at the Systems and Partnerships Committee meeting for the period 01 April 2021 to 31 March 2022

Name	Apr	Jul	Oct	Jan	Total
Patrick Boyle (Non-Executive Director & Committee Chair)	✓	✓	✓	✓	4 of 4
Lizzie Peers (Non-Executive Director)	✓	✓	✓	✓	4 of 4
Joanna Crane (Non-Executive Director)	✓	✓	✓	✓	4 of 4

Dame Denise Holt (Non-Executive Director)	Denise joined the Trust on 01 July 2021	✗	✓	✗	1 of 4
Pete Landstrom (Chief Delivery & Strategy Officer)	✓	✓	✗	✗	2 of 4
Karen Geoghegan (Chief Financial Officer)	✓	✓	✓	✓	4 of 4
Dr Andy Heeps (Managing Director West)	Andy joined the Trust on 01 September 2021		✓	✓	2 of 2
Kate Slemeck (Managing Director East)	Kate joined the Trust on 01 September 2021		✓	✓	2 of 2

Charitable Funds Committee

This Committee supports the Board as corporate Trustee for both Love Your Hospital and Brighton and Sussex University Hospitals Charities.

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

Register of Members' attendance at the Charitable Funds Committee for the period 01 April 2021 to 31 March 2022

Name	Apr	Jul	Oct	Total
Kirstin Baker (Non-Executive Director and Committee Chair until September 2021)	✓	✓	Left on 31 August 2021	2 of 3
Lizzie Peers (Non-Executive Director and Committee Chair from October 2021)	✓	✓	✓	3 of 3
Joanna Crane (Non-Executive Director)	✓	✓	✓	3 of 3
Lillian Philip (Associate Non-Executive Director)	✓	✓	✓	3 of 3
Kate Slemeck (Managing Director East)	Kate joined the Trust on 01 September 2021		✓	1 of 3
Dr Andy Heeps (Managing Director West)	Andy joined the Trust on 01 September 2021		✓	1 of 3
Dr Maggie Davies (Chief Nurse)	✓	✗	✗	1 of 3

Carolyn Morrice (Chief Nurse)	✓	✓	Carolyn left the Trust on 31 August 2021	2 of 2
David Grantham* (Chief People Officer)	David joined the Trust 14/06/21	✓*	×	1 of 2

*Non-Committee members in attendance for quoracy

Appointment and Remuneration Committee

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

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

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

2.1.2 Executive and NED 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, Governors and the wider system.

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

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

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

During the year the Council of Governors approved the appointment of three Non-Executive Directors. The Governors were actively involved in this process both by being part of the interview panel but also being part of the shortlisting and stakeholder panel processes.

All Non-Executive Directors are considered to be independent and their independence is considered during their annual appraisal and confirmed by the Governors.

2.1.3 Statement of compliance with the NHS Foundation Trust Code of Governance 2021-22

University Hospitals 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.

2.1.4 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. However, the Trust has recognised that it has not met all the NHS Constitutional Targets during 2021/22 due mainly to the impact of the challenges in dealing with the Covid-19 pandemic and activity being cancelled to allow resources to be directed to the treatment of Covid-19 patients.

2.1.5 Statement on directors' disclosures

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

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

The Directors have confirmed the above statement.

2.1.6 Declarations of interest

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

No Board Member has declared any significant commitments that require disclosure or any management actions.

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

In line with a revision to the standard contract for NHS Services each Trust is required to report on the level of staff required to make an annual declaration that have made such a declaration. For 2022/23 1029 of 1044 of the required staff made their declaration recognising that the majority of staff made a nil return. Of those who did not provide a return none have any budgetary responsibilities.

2.1.7 NHS System Oversight Framework

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

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- finance and use of resources
- people
- leadership and capability

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.

NHS Improvement do not consider the Trust to be in breach of its Licence and the Trust has not entered into any undertakings in respect of its Licence.

Within the NHS System Oversight Framework the Trust is judged to be in segment 2. This segmentation information is the Trust's position as at 31

March 2022. Current segmentation information for NHS Trusts and foundation Trusts is published on the NHS England and NHS Improvement website at https://www.england.nhs.uk/system-and-organisational-oversight/nhs-system-oversight-framework-segmentation/

2.1.8 NHSI Well led framework

The Trust has not yet undertaken a formal external well led review. However, whilst not a formal assessment as part of the merger approval process in 2020/21 NHSE/I concluded that there were no reasons not to progress with the merger. An element of the merger involved the engagement with the Board which offered an opportunity to raise any issues with the capacity and capability of the Board and no such observations were made.

The Board of University Hospitals Sussex NHS Foundation Trust, which substantially was the same as that in place for Western Sussex Hospitals NHS Foundation Trust, reflected that a full external review of the Board's effectiveness was undertaken in 2018/19 by Deloitte. Deloitte provided feedback to the Board and concluded "Overall we are of the view that the governance arrangements in place at [the Trust] are highly effective, with a clear sense of purpose and values, enabling a culture of continuous improvement and innovation focusing on the patient. Many of the attributes of a high performing organisation as defined within the well led framework were evident throughout our review."

The CQC inspection undertaken during 2019/20 corroborated the 2018/19 assessment as the Trust was awarded the rating of "outstanding" for Well Led.

2.1.9 Emergency Planning and Business Continuity

During 2021, the Covid-19 Pandemic continued to exert exceptional challenges and massive impact on all areas of the Trust with the Emergency Preparedness, Resilience and Response Teams supporting the Trust's response to the pandemic.

As well as the pandemic response, the Emergency Preparedness, Resilience and Response Teams undertook an initial scoping for the planned merger in April 2021 with a comparison of existing legacy Trust EPRR Policies and Plans in preparation for combining these when appropriate and a risk assessment was carried out of current EPRR and operational readiness risks.

The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the NHS England core standards for Emergency Preparedness, Resilience and Response (EPRR) Assurance. The

accountable emergency officer in each organisation is responsible for ensuring these standards are met.

As a direct result of the legacy Emergency Preparedness, Resilience and Response teams working together, the EPRR Assurance Process for UHSussex returned a substantially compliant rating which was endorsed by the Sussex NHS Commissioners EPRR Team with recognition of the Trust EPRR Team for the outstanding work undertaken in the Assurance process to attain this rating and develop a comprehensive action plan going forward.

Out of the total of 46 Core Standards contained in the 2021 EPRR Assurance process, the Trust was fully compliant with 44 of the standards with Shelter and Evacuation and Lockdown being partially compliant. Work is currently in progress to complete the outstanding competencies with specific work streams in place to complete these by June/July this year to ensure full compliance for the 2022 EPRR Core Standards Assurance.

The Trust has a mature suite of policies and plans to deal with EPRR Issues and specifically Critical, Business Continuity and Major Incidents as defined by the NHS England Emergency Preparedness Resilience and Response (EPRR) Framework. All legacy EPRR policies and plans have been reviewed and updated to ensure that they are current and conform to current guidance and legislation.

Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity procedures continue to be embedded in the Trust with clear and comprehensive separate EPRR and Business Continuity Management policies which provide a clear division between policy and operational plans.

The past year has seen unprecedented pressure on all areas of the Trust due to the Coronavirus Pandemic, but despite this, the Emergency Planning and Business Continuity team have continued to ensure that the Trust's Emergency Planning and Business Continuity arrangements are compliant with the Emergency Preparedness, Resilience and Response (EPRR) Assurance Process and will continue to review and update these to ensure they are compliant with the new Clinical Operating Model as it is embedded in the merged Trust.

2.1.10 Membership engagement

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

Our e-newsletter, @UHSussex, is a popular channel for communicating with members. It contains news, event information, feedback methods and articles

explaining how the Trust responds to suggestions from patients, carers and members.

In September 2021, we again hosted our Annual General Meeting of the Council of Governors and Annual Members Meeting virtually. Chief Executive, Dame Marianne Griffiths reflected on the previous year before the Trust provides a presentation on the Trust's deployment of Covid-19 Vaccination Programme across its staff.

2.1.11 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.

2.1.12 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.

2.1.14 Political Donations

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

2.1.15 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 2021/22 possible interest liabilities on invoices was £2,100,000. The total amount of interest paid was £1,000 (see note 12.2 in the Notes to the Accounts)

Measure of Compliance	**2021/22**	**2021/22**
	Number	**£000**
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	264,893	783,336
Total Non-NHS Trade Invoices Paid Within Target	192,509	627,831
Percentage of Non-NHS Trade Invoices Paid Within Target	72.7%	80.1%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	4,788	204,456
Total NHS Trade Invoices Paid Within Target	2,429	187,587
Percentage of NHS Trade Invoices Paid Within Target	50.7%	91.7%

2.1.16 Pharm@Sea Limited

Pharm@Sea Limited is a wholly owned subsidiary of the Trust and provides an Outpatient Dispensing service. As a trading company, subject to an additional legal and regulatory regime (over and above that of the Trust). A significant proportion of the company's revenue is internal trading with the Trust which is eliminated upon the consolidation of these group financial statements.

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.

2.2.2 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) any new appointment of a Chief Executive
- Approve and, if appropriate, remove the Trust's auditor
- Receive the Trust's 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

2.2.3 Composition of the COG

Under the Trust's Constitution, an appointed Governor may hold office for a period of up to three years and at the end of each term they can, subject to satisfactory performance, be re-appointed for a further two terms of up to three years (ie 9 years in total).

The COG comprises the following Constituencies;

Elected public and patient governors

The COG has 11 Governors (1 vacancy) elected from its membership that represent the public and patients and one Governor who represents patients who live out of the catchment area of the Trust. Public Governors are elected from within Local Authority areas. The number of elected Governors for each constituency is in proportion to the population within the area using the Trust's services.

Area	Number
Adur	1
Arun	1
Brighton	2
Chichester	2
East Sussex/Out of Area	1
Horsham	1
Mid Sussex	2*
Worthing	**1**
Total Elected Public and Patient Governors	**11**

**Includes one vacancy*

Staff Governors

There are 5 staff Governors each drawn from one of the Trust's Hospital sites and elected by staff members from those areas.

Professional Area	Number
Royal Sussex County Hospital, Brighton	1
Worthing Hospital, Worthing	1
St Richard's Hospital, Chichester	1
Princess Royal Hospital, Haywards Heath	1
Peripatetic, Community	1
Total Elected Staff Governors	**5**

Stakeholder (Appointed) Governors

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

Partner/Stakeholder Organisation	Number
West Sussex County Council	1

Brighton and Hove County Council	1
University of Brighton School of Nursing and Midwifery	1
Trust Inclusion Group	1
Voluntary Sector	1
Total Partner/Stakeholder Governors	**5**

During the year 1 April 2021 to 31 March 2022 attendance at Council of Governor meetings was as follows:

Constituency	Full Name	End of Term of Office	Number of COG meetings attended
Elected Governors			
Public – Adur	John Todd	30 June 2022	5 of 5
Public – Arun	Lyn Camps	30 June 2022	5 of 5
Public – Brighton & Hove	Frances McCabe	30 June 2024	3 of 4
Public – Brighton & Hove	Frank Sims	30 June 2023	4 of 4
Public – Chichester	Linda Tomsett	30 September 2024	3 of 5
Public – Chichester	Maggie Gormley	30 September 2024	1 of 3
Public - Horsham	Paul Wayne	30 June 2024	4 of 4
Public - Mid Sussex	Doug Hunt	30 June 2024	2 of 4
Public – Worthing	Pauline Constable	30 June 2022	5 of 5
Public - East Sussex/Out of Area	Hazel Heron	30 September 2024	0 of 3
Public – Patient / Carer	Stuart Fleming	30 September 2021	2 of 3
Public – Chichester	Les Willcox	30 September 2021	2 of 3
Staff Governors			
St Richard's Hospital	Joanne Norgate	31 October 2024	1 of 2
Royal Sussex County Hospital	Andy Cook	30 June 2024	4 of 4
Worthing Hospital	Amelia Palmer	30 September 2024	1 of 3

Peripatetic *	Miranda Jose	31 October 2021	4 of 5
Princess Royal Hospital	Chris Pobjoy	30 June 2023	1 of 4
Staff – Scientific, Technical & Professional	Ryan De-Vall	31 October 2021	2 of 3
Staff – Medical & Dental	Anna Mathew	30 September 2021	1 of 3
Appointed Governors			
Brighton & Hove County Council	Councillor Sue Shanks	31 March 2024	2 of 5
University of Brighton School of Nursing & Midwifery	Professor Kathleen Galvin	31 March 2023	2 of 5
Voluntary Sector	Helen Rice	31 March 2024	3 of 5
West Sussex County Council	Councillor Alison Cooper	31 July 2024	3 of 4
West Sussex County Council	Councillor Mike Magill	31 July 2021	0 of 2
Trust Inclusion	Kali Varadarajan	31 March 2024	4 of 5

*Note * Became a non-voting Governor from 1 November 2021*

2.2.4 Stakeholder (Appointed) Governors

During the period year, three new Governors were appointed by the relevant organisations and replaced those appointed Governors who had extended their terms of office during the merger of the Trusts. These Governors were, Cllr Sue Shanks from Brighton & Hove City Council, Cllr Mike Magill from West Sussex County Council, Helen Rice from the Voluntary Sector and Mr Varadarajan Kalidasan from the Trust's Inclusion groups. In July 2021 Cllr Mike Magill from West Sussex County Council resigned as an appointed Governor for the Trust and was replaced by Cllr Alison Cooper. Professor Kathleen Galvin remained as an appointed Governor for the University of Brighton School of Nursing & Midwifery.

2.2.5 Elected Governors

In June 2021 elections were held for the constituencies of Brighton and Hove, Mid Sussex, Horsham and for Staff Governors at the Royal Sussex County Hospital and Princess Royal Hospital. These elections returned Frank Sims and Frances McCabe for Brighton and Hove, Paul Wayne for Horsham, Doug Hunt for Mid Sussex and Andrew Cook for Royal Sussex County Hospital in Brighton and Christopher Pobjoy for the Princess Royal Hospital in Haywards Heath.

A further round of Governor elections was held in September 2021 for the positions covered by the extended terms for the constituencies of Chichester, East Sussex and Out of Area, St Richard's Hospital, Chichester and Worthing and Southlands Hospitals. These elections returned Linda Tomsett and Maggie Gormley for Chichester, Hazel Heron for East Sussex and Out of Area, Joanne Norgate for St Richard's Hospital and Amelia Palmer for Worthing and Southlands Hospitals.

2.2.6 Governor expenses

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

	1 April 2021 to 31 March 2022	1 April 2020 to 31 March 2021
Total number of governors in office (as at 31st March)	20	27
Number of governors receiving expenses	1*	5*
Aggregate sum of expenses paid to governors	£148.72*	£832.98 *

* with the move to virtual meetings in response to the national social distancing requirement this saw a significant reduction in travel expenses which continued into 2021/22.

2.2.7 Lead Governor

NHS Improvement (NHSI) requires that a Council of Governors 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 Council of Governors and the Regulator. On 1 October 2019 Lyn Camps, Public Governor for the Arun constituency was elected by the full Council to the role of Lead Governor.

2.2.8 Governor engagement

There were five Council of Governors meetings held in public in the year. Due to impact of the Covid-19 pandemic and, following the guidance from NHS on social distancing restrictions, the Council of Governor meetings that took place between April 2021 and March 2022 were conducted via MS Teams. The public were not invited to attend in person, but were provided with a link to view the meeting and given the opportunity to submit questions prior to the meeting. The agenda at each meeting includes reports from Governors in respect of their work on the Governor Committees and working groups. They

also receive regular presentations from the Non-Executive Directors on their work and that of the Committees which they Chair. The Council also receive regular reports in respect of the Trust's financial and operational performance along with the Trust's delivery of its quality priorities.

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

To support Governors in their role the Trust runs Governor Briefings on areas of interest. This year these included a presentation on the role of the ICS, Security and Reducing Abusive Behaviours, Restoration and Recovery, Communications and Branding, Stroke Service Review, Digital, Restoration and Recovery update, the Trust's Green Plan, Capital Plan, CQC, Green Plan Update, Brighton 3Ts, Covid Update, Clinical Effectiveness, Green Plan Workshop, Holding to Account, People.

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

Governors are involved in many aspects of the Trust including improvement programme workgroups, Trust conferences, Stakeholder meetings, and undertaking PLACE visits. Given the impact of Covid, Governors have not been able to attend the Trust to the same levels as in previous years but there were a number of meetings that took place utilising MS Teams.

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

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.

The Governors discharge this function through regular reports from the NEDs to the Council on their role as Committee Chairs and through the scheduled meetings held in private between the Governors and Non-Executive Directors only.

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

2.2.11 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 2021/22 have been undertaken and reported to the GNARC in June 2022 who then will report to the full Council in public on the 18 August 2020.

The Committee during the year received the

- Chair and NEDs appraisals
- The Outcome from the recruitment process for new Non-Executive Directors (NEDs)
- The Outcome from the recruitment process for a new Chief Executive Officer.

It is the responsibility of the Governor Nomination and Remuneration Committee, with the Chair of University Hospitals Sussex NHS Foundation Trust, to consider appropriate Non-Executive Director (NED) succession planning. This was considered as part of the determination of the non-executive skills and attributes that supported the round of NED recruitment in the early part of 2022.

2.2.12 Membership Strategy

The Trust currently has a Membership Strategy for the period 2020-2023, which is updated annually with the help of the Governor’s Membership and Engagement 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 response 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 merger provided an opportunity to comprehensively review this three-year strategy and establish a strategy for University Hospitals Sussex NHS Foundation Trust for 2021 – 2024. The Strategy was taken to the first meeting of the University Hospitals Sussex Council's Membership and Engagement Committee where it was considered prior to its approval.

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. Performance against this Strategy will be overseen by the Council's Membership and Engagement Committee.

2.2.13 Keeping in touch with members

Governors are accessible to members via email and at the regular Council of Governors meetings. They also attend our Expert Talks and other public events (see Stakeholder Relations) and play an important role in recruiting new members. However, Covid-19 had impacted on the Governor's ability to hold meetings or engage with other organisations such as local GP practices. As the Country moves out of its national lockdown the Council will seek to recommence a number of membership engagement events. These events allow Governors to describe the role of a Trust member and gather 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.

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

At the 31 March the Trust had 8530 public members, the table below summaries the constituencies these fall within.

Constituency	Membership as at 31 March 2020	Membership as at 31 March 2021	Membership as at 31 March 2022
Adur	1142	1151	1129
Arun	2353	2417	2368
Brighton and Hove	-	-	493
Chichester	1999	2028	1916
Horsham	493	561	577
Mid Sussex	-	-	194
East Sussex	-	-	175
Worthing	1294	1369	1396
Patient / Out of Area	249	230	282

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

2.2.14 Disclosures and declarations of interests

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

Governors are required to complete a Declaration of Interest which is held on a Trust Register and is made publicly available on the Trust's website. This is available at https://www.uhsussex.nhs.uk/about/council-of-governors

2.2.15 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 2021/22 year.

2.3 Staff Report

University Hospitals Sussex NHS Foundation Trust employs nearly 20,000 people in a range of different roles across the organisation. By the end of March 2022, we employed 14,728 WTE substantive staff and engaged an additional 1724 WTE temporary staff via bank and agency. Each and every member of our staff works to ensure our patients receive excellent quality care.

Our staff continue to consistently demonstrate their willingness to go over and above to ensure high quality care is delivered to the people of Sussex. We ensure that we take opportunities to thank our staff in a variety of ways including Star of the Month awards, an annual staff award ceremony and long service awards.

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

(subject to audit)

Average number of employees (WTE basis)	2021/22 31-Mar-22			2020/21 * 31-Mar-21		
No.	**Permanent**	**Other**	**Total**	**Permanent**	**Other**	**Total**
Medical and dental	2,226	79	**2,305**	852	57	**909**
Ambulance staff	14		**14**	-		**-**
Administration and estates	2,842	162	**3,004**	1,746	177	**1,923**
Healthcare assistants and other support staff	1,016	168	**1,184**	1,021	126	**1,147**
Nursing, midwifery, and health visiting staff	6,067	841	**6,908**	1,820	207	**2,027**
Nursing, midwifery, and health visiting learners			**-**			**-**
Scientific, therapeutic, and technical staff	1,803	73	**1,876**	849	30	**879**
Healthcare science staff	464	8	**472**			**-**
Social care staff			**-**			**-**
Other			**-**			**-**
Total average numbers	**14,432**	**1,331**	**15,763**	**6,288**	**597**	**6,885**
Of which:						
Number of employees (WTE) engaged on capital projects	53	9	**62**	25	4	**29**

** note that the 2020/21 (prior year comparison) only reflects WSHFT whereas 2021/22 (current year) is for the enlarged merged Trust.*

Staffing costs (subject to audit)

Group	2021/22			2020/21 *
£000	**Permanent**	**Other**	**Total**	**Total**
Salaries and wages	644,830	-	**644,830**	275,164
Social security costs	67,806	-	**67,806**	28,848
Apprenticeship levy	3,216	-	**3,216**	1,343
Employer's contributions to NHS pension scheme	107,445	-	**107,445**	44,491
Temporary staff	-	27,813	**27,813**	11,028
Total gross staff costs	**823,297**	**27,813**	**851,110**	**360,874**
Of which				
Costs capitalised as part of assets	1,907	739	**2,646**	780

note that the 2020/21 (prior year comparison) only reflects WSHFT whereas 2021/22 (current year) is for the enlarged merged Trust.

2.3.1 Diversity and inclusion policies, initiatives and longer term ambitions

Our vision is for equality, diversity and inclusion to be a 'golden thread' running through, and central to, how we work together to provide sustainable, high-quality patient-centred care for all people we serve.

Our vision is intended to provide a focus for the delivery and development of all our services as follows:

Our patients and service users:

- Have confidence their individual needs and beliefs are taken seriously, and they are treated with dignity and respect.
- Know their individual life chances and wellbeing are enhanced by the Trust's commitment to Equality, Diversity and Inclusion.
- Are happy to choose, to use and to recommend the organisation.

Our staff:

- Feel valued and fairly treated in an organisation that really cares.
- Know the Trust as an organisation that people want to come and work for, stay with and thrive in, because of its commitment to Equality, Diversity and Inclusion.
- Are proud to work in an open and inclusive organisation.

Our communities:

- Are assured that the Trust engages with the diverse communities based on mutual interest and respect.
- Have confidence that the Trust is active in tackling inequality, making services accessible, solving problems, delivering solutions and willing to learn.
- Know that the Trust is responsive to the challenges faced by people in relation to diverse needs and communicates appropriately.

Our organisation:

- Lives its values consistently across all sites.
- Demonstrates long-term, consistent commitment to Equality, Diversity and Inclusion for the people it serves.
- Is a positive, innovative and 'can do' place to be.

Our Equality, Diversity and Inclusion policies and practices are all aimed to support our vision where regardless of their connection with our organisation, everyone has a lived experience which is free from discrimination, harassment and abuse.

We take our duties and responsibilities as an inclusive employer in the public sector, and more specifically in the NHS, very seriously. As a public sector organisation extra care is taken to monitor decisions that could unfairly affect any particular protected characteristic of staff, carers, volunteers, patients and their families.

We also really value the work of our many volunteers across the Trust who are integral to our workforce, have very diverse backgrounds and support our equality agenda.

Our Trust Board is actively engaged with our work on Equality, Diversity and Inclusion. This has extended to the Sussex Health and Social Care Partnership with active representation on the recently established Turning the Tide Board working to eliminate the disparity in outcomes specifically for staff who identify themselves from Black, Asian and Minority Ethnic communities. The Trust and its staff participated in a Sussex-wide event for BAME staff and engaged in a number of subsequent workshops. This has informed the system wide work plan aimed to improve Board and senior management diversity as well as reducing the amount of discrimination, harassment and abuse our Black, Asian and Minority Ethnic communities are subjected to.

The global coronavirus pandemic has been significant both in how services are delivered and accessed and on our workforce. As our understanding of the virus developed, we now know that the risk factors for those exposed to Covid-19 are higher in individuals who identify with one or more protected characteristics.

As a result, a number of changes were made and continue as we learn to live with Covid-19, which include:

- Improved risk assessment process, for both departments and individuals to identify those at higher risk and to take appropriate actions to ensure health and safety are protected.
- Risk assessment advisory panel - an independent panel reviewing complex individual risk assessments and providing advice and solutions to issues highlighted.
- Increasing the use of virtual remote interpreting/video relay services to improve access to our services for Deaf British Sign Language users. The provider for these services is SignLive
- Use of 'virtual clinics' both telephone and video conferencing.
- Where service needs permit, allowing staff to work in a hybrid way to help with work/life balance
- Significantly reducing travelling across sites and increasing accessibility/attendance through the use of MS Teams
- Expanding the provision of staff health and wellbeing services (emotional, physical and financial) that are promoted wildly and uptake

encouraged through a wide range of means, including annual appraisals. The support ranges from improving staff rest facilities to Employee Assistance programmes with emotional and financial support.
- Whilst Covid-19 is still prevalent in society, maintaining the Covid-19 Workforce hub - to help address questions and resourcing of departments.
- Providing additional pastoral care for those accessing our services, including at end of life, through the chaplaincy service.

During 2021/2022 the Trust strengthened its inclusion networks and particularly those for staff from a BAME background. Examples of their work in the last year are set out below.

SOAR - Our SOAR Staff Network supports the Race Equality Agenda through active engagement and involvement across UHSussex by working to improve the experience, career prospects, opportunities and general working conditions for our colleagues. The network bring together both legacy networks from the East and West of the organisation.

One of network's ambitions is to make talking about race something that is natural and common place through engagement and education through both our allies and BAME staff network groups.

Recognising that there are many white colleagues who want to champion and support race equality, particularly following recent events. Our allies network facilitates learning through raising awareness and empowering members to be supportive, to speak up and actively create an inclusive environment within their teams and departments.

The network has increased its representation from across the Trust's staff groups and provides a safe space for members to share stories and learning and through coaching, training and mentorship to help support race equality within the organisation.

Some core achievements of the network include:

- Helping to facilitate conversations and activities to support the uptake of the Covid vaccine. The proportion of BAME staff vaccinated at UHSussex is above the national average.
- Some of the best practice and experience has been shared across our ICS to improve health outcomes for our local populations.
- Participating in the Mental Health First Aider Programme
- The development of a thriving allies group.

Disabled Staff Network - The network supports and empowers those covered under the Equality Act 2010 – by providing regular meet ups, newsletters and providing support and advice. Some of the core aims of the network include:

- Improving the understanding of what is a disability and who might be covered by the Equality Act 2010
- Using member feedback to suggest project/workstreams to improve disability equality within the workforce
- Growing the network, including allies, and achieving equality for those covered under the Act.

The network consolidates the legacy networks.

Some core achievements of the network include:

- Successfully campaigning for a staff Health Passport
- Arranging guest speakers to attend meetings to look at various aspects of the disability agenda
- Contributing to the Workforce Disability Equality Standard
- Assists with the development of the Trust's human resources policies
- Using MS Teams to increase the accessibility of meetings to all staff.

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

The Trust has had its Disability Confident status at level 2 extended until September 2022.

Diversity Matters Steering Group - this key steering committee helps to ensure that equality, diversity and inclusion are at the heart of the Trust's strategic plans and reports to the People Committee. All of the staff and patient networks and forums feed into this committee, and the group provides oversight and governance in the delivery of inclusion initiatives.

LGBTQi+ Network – The network ensures LBGTQi+ colleagues and patients are protected, respected, listened to and represented at the UHSussex.

The network aims is to continually improve the experiences of our LGBTQi+ colleagues and patients.

How members benefit:

- The network hosts social, networking and sports events for our members
- The network provides advice on Trust policy and give confidential support to LGBTQi+ colleagues
- Running training programmes for mental wellbeing and mentoring.

UHSussex was one of a few Trusts invited to partake in the NHS Rainbow Badge pilot award scheme. This pilot scheme looked at Trust objectives around LGBT+ inclusion. The Trust was awarded Bronze, and commended for its work. The Trust was also praised for its inclusive patient care, for example gender inclusion in maternity.

The network has been involved with local Pride events E.g. Worthing Pride and Brighton Pride – and, in 'normal' times have an active group involved in decorating our float and participating on the day.

Religion or Belief Forum – the Trust is establishing a religion or belief form which will be led by the Lead Chaplains. The Forum will focus on Religion or Belief issues in the Trust and local health community and will work in collaboration with faith groups and various local organisations.

NHS England Equality Standards

The NHS uses two measure to track progress on inequalities: the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).

These are informed by the national staff survey and data extracted from the Electronic Staff Records (ESR) system, and track the Trust's position against a number of key indicators. The information informs our action plans and activities to reduce discrimination and promote equality.

WRES data for 2021/22 showed that:

- BAME staff were relatively:
    - less likely to be appointed from shortlisting
    - less likely to enter the formal disciplinary process
    - as likely to access non mandatory training and CPD
- From the staff survey BAME staff reported a worse experience than white staff for experiencing harassment, bullying or abuse from patients relatives or the public with 37% of BAME staff reporting this against 31% of white staff (the national averages were 28% of BAME staff and 25% or white staff). The Trust has established a violence and aggression steering group to lead work on preventing bullying or abuse.

- BAME staff similarly reported a worse experience than white staff for experiencing harassment, bullying or abuse from staff with 29% of BAME staff reporting this against 26% of white staff (the national averages were 29% of BAME staff – the same as at UHSussex - and 24% or white staff).

- In relation to staff believing the organisation provides equal opportunities for career progression 46% of BAME staff agreed with this and 55% of white staff. The national averages were 45% of BAME staff and 59% of white staff.

- Staff reporting experiencing discrimination from their manager, team leader or colleagues were 16% of BAME staff and 8% of white staff. The national averages were 17% of BAME staff and 6% of white staff.

- BAME representation on the board is not proportionate to or representative of the BAME workforce at the Trust.

The Trust continues to work on a number of initiatives to support improvements in inclusion and reducing discrimination informed by our staff networks. The Board held a workshop on the issue of racial discrimination in March 2022. The Trust is also a participant in work being undertaken across the Sussex Health and Care Partnership is to improve representation of BAME staff in senior roles from pay band 8a and above and has nominated a number of staff for development programmes.

WDES data for 2021/22 showed that:

- Disabled staff were relatively:
    - less likely to be appointed from shortlisting
    - less likely to enter a capability process

Staff survey data for 2021 showed:

- Disabled staff reported a worse experience than other staff for experiencing harassment, bullying or abuse from patients relatives or the public with 36% of disabled staff reporting this against 31% of other staff (the national averages were 31% of disabled staff and 25% of non-disabled staff). The Trust has established a violence and aggression steering group to lead work on preventing bullying or abuse.

- Disabled staff also reported a higher experience than non-disabled staff of harassment, bullying or abuse from staff with 18% of disabled staff reporting this against 11% of others (the national averages were 19% of disabled staff and 11% of other staff).

- In relation to disabled staff believing the organisation provides equal opportunities for career progression 50% of disabled staff agreed with this and 54% of other staff. The national averages were 80% disabled and 86% other staff.

- Disabled staff reporting reasonable adjustments being made to enable them to work was 72% compared with 76% nationally.

The Trust's disability network continued to meet in 2021-22 with a focus on supporting staff through the pandemic.

The Trust has level 2 Disability Confident accreditation as an organisation and will make a submission in 2022 to move to level 3.

2.3.2 Gender and Gender Pay Gap

Gender Pay Gap reporting shows the difference in average hourly pay and bonus payments between men and women. The Trust is required to analyse the information to identify:

- the level of gender equality
- the balance of male and female employees in each of the four salary range quartiles
- how effectively talent is being maximised and rewarded

and to use this to identify any underlying root causes for the gender pay gap and put in place remedial actions to address and mitigate this.

The benefits of reporting Gender Pay Gap include building a reputation for being known as a fair and progressive employer, attracting a wider pool of recruits, enhancing productivity and creating a culture committed to tackling inequality.

The composition of the Trust's workforce by gender is:

As at 31 March 2022 (staff in post)	Male	Female	Total
Executive and Non-Executive Directors (includes voting and non-voting Directors)	7	10	17
Senior Managers (8c and above)	71	84	155
Medical - Consultant	520	349	869
Medical - SAS Doctor	70	69	139
Medical - Training Grade	558	740	1,298
Other staff	3,156	11,043	14,199

The gender split within the overall workforce at 31 March 2022 is 71.0% female and 29.0% male.

The proportion of males and females when divided into four groups ordered from lowest to highest pay is as follows:

	Male	Female
Overall	29.0%	71.0%
Lower (Q1)	26.0%	74.0%
Lower middle (Q2)	25.3%	74.7%
Upper middle (Q3)	19.1%	80.9%
Upper (Q4)	37.1%	62.9%

The table below shows the mean and median hourly rates for male and female employees in the Trust and the actual gap in monetary and percentage terms at March 2022. The 2021 figures are shown in brackets.

Table: mean and median hourly rates

Gender	Mean Hourly Rate (prior yr)	Median Hourly Rate (prior yr)
Male	£22.14 (£19.71)	£ 16.52 (£14.33)
Female	£17.83 (£15.93)	£ 16.13 (£14.17)
Difference	£4.31 (£3.78)	£ 0.39 (£ 0.16)
Pay Gap %	19.50% (19.17%)	2.4% (1.18%)

There is a 19.50% (19.17% in 2020) difference in favour of male employees when using the mean hourly rate; this is a marginal worsening from 2020.

This moves to 2.40% in favour of male employees when the median hourly rate is used (noting that the median is a more indicative measure). This compares to 1.18% in favour of male employees in 2020.

The table below includes Medical and Dental employees who received a Clinical Excellence Award (CEA) and any Very Senior Managers (VSM) who received a bonus/performance related pay. There is a general reduction in the gap in both the mean and median, which is a positive decrease primarily driven by the equal distribution of CEA payments in the years 2019-2022. The values in brackets are those for the prior year.

Table: Bonus payments including CEAs

Gender	Mean Bonus (prior yr)	Median Bonus (prior yr)
Male	£11.126.21 (£12,308.88)	£ 6,032.04 (£ 8,818.67)
Female	£ 6,634.86 (£7,072.63)	£ 3,015.96 (£ 3,019.68)
Difference	£ 5,236.25 (£ 5,236,25)	£ 5,798.69 (£ 5,788.69)
Pay Gap %	40.40% (42.54%)	50.00% (65.75%)

Note: The 2019 Local Clinical Excellence Awards (LCEA) round was paused and payments incorporated into the 2020 LCEA round distributed equally amongst eligible consultant staff. 2021 payments were applied equally amongst all eligible consultants in February 2021. Part time staff will receive the same amount as full-time colleagues.

The Trust will have more discretion about how CEA monies are distributed in 2022-23 (payments due from 1 April 2022).

Addressing the gender pay gap is an important aspect of equality. For the coming year this will mean stratifying the data by all protected characteristics to really understand where there are disparities will therefore by a key objective.

The Trust's information on the gender pay gap can be found on our website at https://www.westernsussexhospitals.nhs.uk/your-Trust/about/equality-diversity/. Further information is also available on the cabinet office website https://gender-pay-gap.service.gov.uk/

2.3.3 Strategies and Processes applied in respect of Health and Wellbeing

The health, safety and wellbeing of staff have been a key component to overall staff engagement for a number of years.

We have continued to strengthen our health and wellbeing programme with a wide variety of interventions to support the emotional and physical health of staff. This has included a series of wellbeing workshops being held across the organisation utilising art therapy, establishing defined staff rest areas, rolling out health checks to staff with risk factors associated with Covid-19, extending our psychological support and mental health first aid training and reintroducing Schwartz Rounds. We have been very fortunate to have continued to receive charity funds that have directly enabled some of these provisions.

Frontline clinical services particularly affected during the pandemic have received tailored in-reach psychological support. This has been supplemented by our Chaplaincy Services who have also been actively supporting the pastoral care of our staff.

We have continued to undertake and review risk assessments for staff, volunteers, bank and agency workers with higher risk factors if exposed to Covid-19. This has been a dynamic process and enabled us to manage the safe deployment of staff at all times.

The Workforce Hub has provided an unrelenting service monitoring staff absence and assessing the impact of rota gaps on staff capacity and skills. The Hub has managed the safe and rapid deployment of staff and also continued to manage Covid-19 staff testing, including advice on changing testing and isolation requirements.

We have reviewed our staff appraisal service as we return to business as usual and restore services. The strengthened staff welfare component introduced during the pandemic has been retained to ensure that staff wellbeing continues to be a priority for leaders. In response to staff feedback the traditional aspects of role performance and feedback plus development plans have been reintroduced to our appraisals.

Throughout 2021/22, the Trust Board, through its sub-committees, has been kept informed and updated on the health, safety and wellbeing of staff. This is a strategic risk for the Trust and how it is managed and mitigated is regularly reviewed through the Board Assurance Framework.

For 2022-23, we intend to focus health and wellbeing programme on five key themes which are; leading wellbeing, prevention and self care, intervention, support and data and metrics. Suggested activities for the forthcoming year include Integrating and reshaping our in-house psychological support services; introduce wellbeing hubs across all sites, promote financial advice and support for our staff as well as healthy lifestyles and begin to tackle health inequalities for our staff.

2.3.4 Sickness absence

Sickness absence has continued to be monitored and appropriately managed throughout the year. Sickness rates are reported monthly as a percentage of absence in month and as a 12-month rolling rate. This highlights the seasonal fluctuations that occur month on month but also whether improvement is being made.

During 2021/22, the 12-month sickness absence rolling rate increased by 0.17% points to 4.21%. The percentage of short-term sickness increased by 0.95% points to 2.51% and long-term sickness also increased from 1.84% to 2.66%. The HR Employee Relations team are supporting the management of long-term sickness and providing proactive, ad hoc training and support in hotspot areas. An A3 sickness action plan review has also taken place with one Division to identify further improvement actions.

Covid-related sickness absence rates are monitored and reported separately.

The health and wellbeing and impact on staff absence will continue to be a priority for 2022/23. The health and wellbeing team continues to ensure that psychological support is available to all staff and for specific teams as required whilst ensuring there are resources available for staff and managers to access.

The Trust's sickness absence data can be found on NHS Digital's publication series on NHS Sickness Absence Rates. This can be found at NHS Sickness Absence Rates - NHS Digital

2.3.5 Improving staff engagement

Improving staff engagement is the strategic objective for the People domain of Patient First and it is the Trust's aim to become the top performing acute Trust.

2021/22 continued to require different approaches to staff engagement as our traditional Trust-wide face to face events (staff conference, thank you lunches, awards ceremonies) and leader gemba walks (visiting clinical and other areas) etc remained suspended for much of the time. This also extended to face to face training although this re-started in Q3.

We continued to use MS Teams extensively to engage with staff more widely and stepped up weekly e-mails and communications. Weekly Executive-led briefings were held throughout the year to update staff on the pandemic, changing infection prevention and control (IPC) rules, restoring activity and managing significant operational pressures. We re-started our annual staff awards and managed to run face to face 'restoration and recovery' sessions for staff.

There was extensive engagement with many corporate teams on re-structuring following merger and similarly with operational teams on the design of a new clinical operating model (the hospitals and divisions that will deliver our services).

Government proposals to make covid vaccination a condition of employment (VCOD) within the NHS required very significant explanation and discussion with staff. The proposals were eventually withdrawn.

Our use of technology has continued to enable staff to engage on important topics and to post questions of importance to them. We have also started more 'listening events' with the Executive and senior team, starting in Maternity and more recently our programme of Gemba visits has been re-started.

Staff engagement, as measured through the annual staff survey, was 7.2 (out of 10) in 2020. In particular staff advocacy about the Trust as a place to work improved by 1% to 76% and as a place to receive care and treatment by 2% to 84%. Given the context within which the staff survey was conducted (Sep-Dec 2020), this is very encouraging.

The Trust also engages with its recognised trade union and staff side representatives both informally and formally through its Joint Negotiating and Consultative Committee (JNCC) and Joint Local Negotiating Committee (for medical staff). We have developed a good relationship with our staff side colleagues over the years and our approach is early engagement and resolution on matters of concern. We also have our separate Diversity Networks which also meet together too in our Diversity Matters Steering Group.

2.3.6 Staff survey 2021

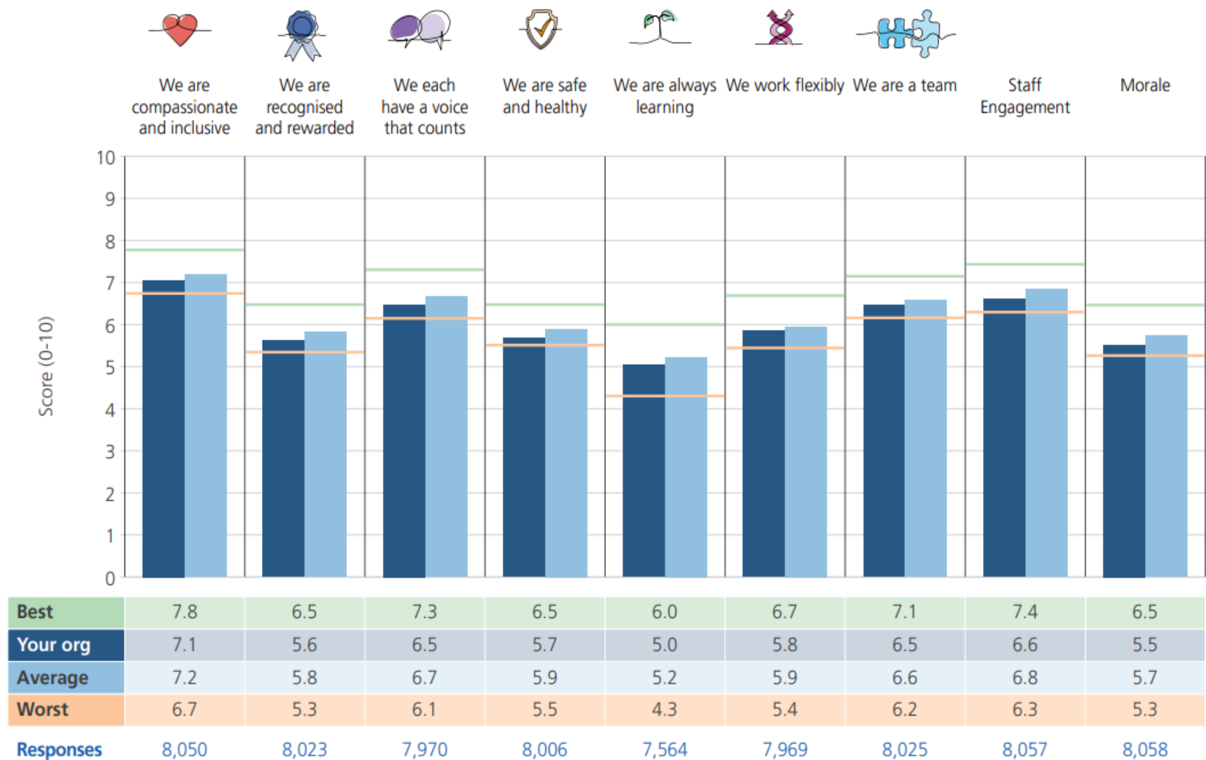
For the 2021 survey, roll out to all substantive staff in the Trust was undertaken between 27 September and 30 November. For infection prevention reasons due to the pandemic the Trust chose to implement the survey online for 95% of staff for 2021 with paper surveys issued to Facilities and Estates staff. 7,456 staff took the survey electronically, and 619 staff completed via paper survey.

The overall response rate for UHSussex was 49% (8,076 staff) and compares with a response rate of 55% for legacy BSUH and 53% for legacy WSHFT in

2020. The Trust is above the 2021 average response rate of 46% for our sector (126 Acute and Acute and Community Trusts).

New for 2021 are 7 People Promises and 2 Themes to measure staff experience.   Compared to the average score for our sector we are between 0.1 and 0.2 under the average on all pillars, see below for our summary performance. Staff Engagement is the only pillar we can make a historical comparison on due to change within the survey and therefore question level comparison is possible on historic questions.

Summary Theme Results: UHSussex (*is indicated as your org*)



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.1	5.6	6.5	5.7	5.0	5.8	6.5	6.6	5.5
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	8,050	8,023	7,970	8,006	7,564	7,969	8,025	8,057	8,058

Our long-term objective is to achieve a staff engagement score within the top 20% in the country. Our Staff Engagement score for 2021 has decreased from 7.0 in 2020 to 6.6 out of 10.   We are 0.2 under the National Acute and Acute & Community Trust average score of 6.8, which has decreased to 7.0 from 2020. The overall NHS National score has also reduced to 6.8. We are 0.8 below the best Acute and Acute & Community Trust score of 7.4.

Overall UHSussex has seen a decline in comparable questions from 2020. 76% of questions showed significant decrease vs 2020. Our Breakthrough objective to increase the number of staff who would recommend the Trust as a place to work decreased by 13% from 2020 to 54%. The average sector score has also decrease significantly by 9% from 2020 to 58%. Compared to the best Trust score, UHSussex is 23.8% below. This can be attributed to the prolonged effect over the last two years on staff over the pandemic, coupled with the uncertainty and change period of a merger.

The staff survey results are used to inform workforce priorities for 2022/23 and to drive and monitor Divisional progress to increase the number of staff who would recommend UHSussex as a place to family and friends as a place to work with accountability tracked at Strategic Development Reviews (SDR) through the use of people improvement driver metrics. Accountability and monitoring of these improvements is undertaken through the People Steering Group and at People Committee itself.

2.3.7 Staff Turnover

Staff turnover reduced from 9.97% in 2021 to 8.57% in 2022. The nursing turnover rate in particular reduced significantly by 3.32% points over the year from 9.05% to 5.73%.

The Trust has launched a new style appraisal format to encourage career conversations and development.

Rotas are being issued 6 weeks in advance to support work/life balance and improved retention.

It is expected that the implementation of the Clinical Operating Model will have a positive impact on retention by providing leadership and the structure required to meet the Trust's corporate objectives.

Further information can be obtained at NHS workforce statistics - NHS Digital

2.3.8 Process applied to support Learning and development

At University Hospitals Sussex NHS Foundation Trust, we aim to foster an inclusive culture of education, training and development for all staff and are particularly proud of the career progression pathways we offer. In October 2021, the Trust appointed a Director of Integrated Education with a remit to lead the development of a strategy for integrated education across University Hospital Sussex including all professional and non-professional, clinical and non-clinical, discretionary and mandated training and development.

We have established partnerships with a number of education providers including the Brighton and Sussex Medical School, Universities of Brighton, Chichester and Surrey who provide learning and development opportunities for healthcare professionals. Further to this, we have a range of education and training providers that we work with to provide opportunities for those members of staff who aren't clinical as part of their development.

The Trust receives both medical and non-medical educational funding from Health Education England (HEE) and during 2021/22 this was used to support the Education, Training and Continuous Professional Development (CPD) of our students, trainees registered nurses and allied health professionals; advancing clinical practice and the development of new workforce roles.

The Trust has worked very closely with the University of Chichester after supporting them in their application to provide a Nursing Degree programme, we welcomed their first cohort of students into the Trust in September 2021.

We continue to invest in the professional development of both clinical and non-clinical staff through the apprenticeship training pathways and continue to develop training pathways to support our workforce development pathways:

	West	East	Combined
Total apprentice starts 21/22	147	67	**214**
Clinical apprentices starts	117	56	**173**
Non-clinical apprentice starts	30	11	**41**
of which			
Level 6 (degree) & Level 7 (masters) starts	26	25	51
Trainee nurse associate starts	12	24	36
Total apprentices on programme as of 31st March 2022	251	177	**428**
Clinical apprentices on programme	187	145	**332**
Non- Clinical apprentices on programme	64	32	**96**
of which			
Level 6 (degree) & Level 7 (masters) on programme	48	53	101
Trainee nurse associates on programme	32	65	97
Numbers completed during 21/22	54	42	**96**
Clinical completers	44	37	**81**
Non-clinical completers	10	5	**15**

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. We continue to support HEE in their national programme of work of repatriation of training posts out of London, which has resulted in an increase of 12 – 15 FY programmes and 28 ST3+ posts across the Trust from August 2022.

Attendance on statutory and mandatory training was impacted by the pandemic as face to face training was stopped. Whilst on-line training has remained available, capacity to attend has been challenged and compliance has fallen to 86%. Recovery to 90% is anticipated by July 2022.

2.3.9 Health and safety

Health and safety compliance at University Hospitals Sussex NHS Foundation Trust is managed by the Risk (Non-Clinical) Team and monitored by the Health and Safety Committee on a quarterly basis which reports to the Audit Committee along with the reporting of any Health and Safety Risks to the

Quality Governance Steering Group. A Health and Safety Report is also published annually and made available to staff via 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 encapsulating the breadth of Health and Safety areas including dangerous substances, display screen equipment, fire , security, estates, radiation protection, manual handling and staff wellbeing 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 with compliance performance monitored as will all mandatory training by the Board's People Committee.

2.3.10 Fraud, bribery and corruption statement

University Hospitals Sussex 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 deploys 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.

We have maintained across 2021/22 our increased our anti-fraud surveillance work that commenced at the start of Covid-19 pandemic recognising the increased pressure the Trust is under and recognising the intelligence provided by the NHS Counter Fraud Authority who through the Local Counter Fraud Specialist provide regular and frequent anti-fraud bulletins.

2.3.11 Exit packages (subject to audit)

There were no exit packages in 2021/22. (There were two exit packages in 2020/21 in the range of £50,001 - £100,000)

2.3.12 Off-payroll engagements

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

2.3.13 Trade Union Facility Time

Our relationship and partnership working with our trade unions is a key tenant of our employee relations strategy. We have continued to foster a strong partnership where areas of concern are identified and we pay attention to resolution and learning. There has been strong collaboration on issues

throughout the year, including harmonising policies within the merged Trust, supporting staff through the pandemic and managing the vaccination of staff. The Trade Union (Facility Time Publication Requirements) Regulations 2017 with further guidance provided by the Cabinet Office require the Trust to disclose the amount of facility time undertaken by trade union officials.

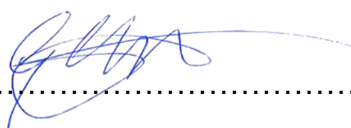
The table below relates to the period 1 April 2021 to 31 March 2022 and the Trust is required to publish this information annually by the 31 July each year.

Table 1 - Relevant Union Officials	
Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
91	80.20
Table 2 - Percentage of time spent on facility time	
How many employees who were relevant union officials employed during the relevant period spent their working hours on facility time	
Percentage of time	Number of employees
0%	32
1% - 50%	59

51% - 99%	0
100%	0
Table 3 - Percentage of pay bill spent on facility time	
The percentage of total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period	
Total cost of facility time	£43,718
Total pay bill	£825,780,616
Percentage of the total pay bill spent on facility time	0.01%
Table 4 - Paid trade union activities	
Time spent on paid trade union activities as a percentage of total paid facility time hours	
0%	

2.3.15 Statement on social responsibility

University Hospitals Sussex NHS Foundation Trust reflects its social responsibility within the way it undertakes its business, this is from the recruitment, retention and development of our staff as noted within this report in respect of our equality, diversity and inclusion work through to way we deliver of services making them accessible and environmentally sustainable again as detailed within this report through to our wider responsibility to work with our partners with regard to our responsibilities under safeguarding to protect our patients and their families and careers.



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Dr George Findlay, Chief Executive

2.4 Remuneration Report

2.4.1 Annual statement on remuneration

It is the responsibility of the Appointment and Remuneration Committee of Non-Executive Directors to oversee the pay arrangements of Executive Directors and Very Senior Managers, details of the committee can be found within the 'How the Trust is Run' section of this report. During the period of this report there were initial appointments made to the Executive and Very Senior Managers of the Trust with salaries determined in accordance with national guidance and benchmarks.

2.4.2 Senior Managers Remuneration Policy

Initial salaries are determined on appointment with reference to the nature of the role, responsibilities, previous experience and expertise of candidates and the need to offer competitive remuneration that represents value for money for the taxpayer, informed by national guidance and benchmark pay ranges (with necessary opinion sought for any salaries over £164k per annum).

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 any increase to 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 and guidance.

In considering Senior Managers Pay the Committee takes note of national benchmark data provided by NHS Providers and the requirement to consider any pay above a threshold of £164,000 per annum as per Cabinet Office guidance.

2.4.3 Future policy table

Please see in the following table details of the components of the remuneration package for senior managers.

Component of pay	Link to short and long-term strategic goals	How the Trust operates this in practice	Maximum limit	Performance measures
Base salary	To promote the long-term success of the Trust by attracting and retaining high calibre senior managers in a competitive marketplace.	The Committee reviews the following in setting remuneration for senior managers: • Role, responsibilities and accountabilities • Skills, experience and performance • Trust performance • Pay awards across the Trust • Local and national market conditions • Advice from NHSI/Ministerial opinion • Benchmarking The committee reserves the right to approve specific increases in exceptional cases, such as major changes to a senior manager's role.	There is no prescribed maximum limit. Some of our senior managers are paid more than £161,401 which is the amount equivalent to the Prime Minister's ministerial and parliamentary salary. In these instances, the Remuneration Committee has taken steps to assure itself that the pay received by these individuals is commensurate with market conditions, the responsibilities and duties of the role, and is regularly reviewed to ensure that the Trust is receiving value-for-money	Trust overall performance and individual appraisal (inc 360 feedback)
Taxable benefits		Senior managers' benefits include:	There is no prescribed maximum limit.	Not applicable

Component of pay	Link to short and long-term strategic goals	How the Trust operates this in practice	Maximum limit	Performance measures
		Pension-related benefits Access to car lease and other schemes the same as other staff.		
Pension		The Trust operates the standard NHS Pension Scheme and a NEST scheme for those ineligible to join NHSPS.	As per standard NHS Pension Scheme.	Not applicable
Performance related pay	To incentivise in-year performance and collaboration to achieve objectives and recognise any exceptional effort required – applied only to Chief Officers	At the absolute discretion of the Committee based on review of performance against Trust, Executive Team and individual performance objectives and in the context of national pay advice and guidance.	Not more than 2% of VSM pay and non-pensionable payment	Measures of success against the Trust's True North objectives: Patients, People, Sustainability, Quality and Partnerships

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 annually considers 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 during the last year.

Name	Title	Date of Contract	Notice period from the Trust	Notice period to the Trust
Dame Marianne Griffiths*	Chief Executive	01/04/2009	6 months	6 months
Mr Peter Landstrom*	Chief Delivery and Strategy Officer	18/04/2016	6 months	6 months
Mrs Karen Geoghegan	Chief Financial Officer	01/02/2014	6 months	6 months
Dr Maggie Davies	Chief Nurse	01/05/2019	6 months	6 months
Dr George Findlay**	Chief Medical Officer and Deputy Chief Executive (until 1/05/21)	27/01/2014	6 months	6 months
Mr David Grantham	Chief People Officer	14/06/2021	6 months	6 months
Dr Andy Heeps	Deputy Chief Executive and Chief Operating Officer	01/09/2021	6 months	6 months
Dr Charlotte Hopkins***	Chief Medical Officer	01/01/2022	1 month	1 month
Professor William Roache***	Interim Chief Medical Officer (until 31/12/2021)	11/05/2021	1 month	1 month
Darren Grayson	Chief Governance Officer	02/03/2022	6 months	6 months

*left in March 2022

**on secondment to Medway NHS Foundation Trust until 2 June 2023

***Fixed term contracts

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, and as described in section 2.4.3

national NHS (market) benchmarking provided from sources including NHS Providers.

2.4.6 Salary and pension entitlements of senior managers

Remuneration 2021/22 (subject to audit)

	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
Dame Marianne Griffiths Chief Executive	**270 - 275**	3,500	20 - 25	-	180 - 182.5	480 - 485
Karen Geoghegan Chief Financial Officer	**190 - 195**	200	5 - 10	-	-	200 - 205
Maggie Davies Chief Nurse	**160 - 165**	8,300	5 - 10	-	155 - 157.5	335 - 340
Carolyn Morrice Chief Nurse (April 2021 to August 2021)	**65 - 70**	100	-	-	12.5 - 15	80 - 85
Peter Landstrom Chief Delivery & Strategy Officer	**165 - 170**	12,100	5 - 10	-	70 - 72.5	255 - 260
Dr George Findlay Chief Medical Officer & Deputy Chief Executive (April 2021)	**15 - 20**	200	-	0 - 5	2.5 - 5	20 - 25
Prof. William Roche Interim Chief Medical Officer (May 2021 to January 2022)	**85 - 90**	2,900	-	-	-	90 - 95
Charlotte Hopkins Interim Chief Medical Officer (from January 2022)	**50 - 55**	-	-	0 - 5	15 - 17.5	75 - 80
David Grantham Chief People Officer (from June 2021)	**130 - 135**	-	-	-	100 - 102.5	235 - 240
Denise Farmer* Chief Culture & OD Officer	**130 - 135**	5,100	5 - 10	-	-	140 - 145
Dr Andy Heeps Managing Director West (September 2021 to December 2021) Deputy CEO (from January 2022)	**100 - 105**	100	-	-	87.5 - 90	190 - 195
Kate Slemeck Managing Director East (September 2021 to February 2022)	**90 - 95**	100	-	-	30 - 32.5	125 - 130
Darren Grayson Chief Governance Officer (from March 2022)	**5 - 10**	-	-	-	-	5 - 10
Alan McCarthy Chairman	**70 - 75**	700	-	-	-	75 - 80
Joanna Crane Non-Executive Director	**20 - 25**	-	-	-	-	20 - 25
Jon Furmston Non-Executive Director	**15 - 20**	-	-	-	-	15 - 20
Elizabeth Peers Non-Executive Director	**20 - 25**	-	-	-	-	20 - 25
Patrick Boyle Non-Executive Director	**20 - 25**	-	-	-	-	20 - 25
Jackie Cassell Non-Executive Director	**15 - 20**	-	-	-	-	15 - 20
Claire Keatinge Non-Executive Director (from July 2021)	**5 - 10**	-	-	-	-	5 - 10
Denise Holt Non-Executive Director (July 2021 to Mar-2022)	**5 - 10**	-	-	-	-	5 - 10
Lucy Bloem Non-Executive Director (from September 2021)	**5 - 10**	-	-	-	-	5 - 10
Kirstin Baker Non-Executive Director (April 2021 to August 2021)	**5 - 10**	-	-	-	-	5 - 10
Mike Rymer Non-Executive Director (April 2021 to May-2021)	**0 - 5**	-	-	-	-	0 - 5
Lilian Philip* Associate Non-Executive Director	**5 - 10**	-	-	-	-	5 - 10

* None voting member

Expenses include travel, subsistence and hotel accomodation.

Note: Dr Andy Heeps became Interim CEO from 1st April 2022
Note: Ellis Pullinger joined the Trust Board as Interim Chief Operating Officer on 1st April 2022

Note: Dr George Findlay was seconded to Medway NHS Foundation Trust from May-21
Note: Dr Charlotte Hopkins was seconded from Barts Health NHS Trust from Jan-22

Pension Entitlements as at 31March 2022 (subject to audit)

	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 2022 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2022 (nearest £1,000)	Cash Equivalent Transfer Value at 31 March 2021 (nearest £1,000)	Real increase in Cash Equivalent Transfer Value (nearest £1,000)	Employer's contribution to Stakeholder Pension
Dame Marianne Griffiths Chief Executive	7.5 - 10	27.5 - 30	65 - 70	195 - 200	N/A	N/A	N/A	Nil
Karen Geoghegan Chief Financial Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maggie Davies Chief Nurse	7.5 - 10	15 - 17.5	50 - 55	140 - 145	1,104	926	151	Nil
Carolyn Morrice Chief Nurse	0 - 2.5	2.5 - 5	50 - 55	160 - 165	N/A	1,139	Nil	Nil
Peter Landstrom Chief Delivery & Strategy Officer	2.5 - 5	2.5 - 5	40 - 45	65 - 70	593	523	42	Nil
Dr George Findlay Chief Medical Officer & Deputy Chief Executive	0 - 2.5	Nil	75 - 80	135 - 140	1,438	1,361	Nil	Nil
Prof. William Roche Interim Chief Medical Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Charlotte Hopkins Interim Chief Medical Officer	0 - 2.5	0 - 2.5	35 - 40	60 - 65	555	481	Nil	Nil
David Grantham Chief People Officer	5 - 7.5	7.5 - 10	50 - 55	95 - 100	961	820	91	Nil
Denise Farmer Chief Culture & OD Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dr Andy Heeps Deputy CEO	2.5 - 5	7.5 - 10	40 - 45	75 - 80	637	507	59	Nil
Kate Slemeck Managing Director East	0 - 2.5	0 - 2.5	55 - 60	105 - 110	1,110	1,019	23	Nil
Darren Grayson Chief Governance Officer	Nil	Nil	60 - 65	175 - 180	1,364	1,445	Nil	Nil

Note: Karen Geoghegan and Denise Farmer chose not to be covered by the pensions arrangements during the year.
Note: Kate Slemeck joined the Trust in September 2021 and left February 2022.
Note: The figures above do not include future adjustment to the pension benefits and related CETVs do not allow for a potential future adjustment for some eligible employees arising from the McCloud judgement.
Note: Where members have not been employed by the Trust for the full financial year, the figures above show the pension entitlement earned during the whole year, including roles outside the Trust if eligible for the NHS Pension Scheme.

Remuneration 2020/21 (subject to audit)

	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	270 - 275	14	20 - 25	-	25 - 27.5	**320 - 325**	145 - 150
George Findlay Chief Medical Officer	215 - 220	8	-	45 - 50	57.5 - 60	**325 - 330**	130 - 135
Karen Geoghegan Chief Financial Officer	190 - 195	-	5 - 10	-	82.5 - 85	**280 - 285**	100 - 105
Denise Farmer Chief Workforce Officer	125 - 130	58	5 - 10	-	-	**135 - 140**	65 - 70
Peter Landstrom Chief Delivery and Strategy Officer	160 - 165	39	5 - 10	-	32.5 - 35	**200 - 205**	85 - 90
Maggie Davies Chief Nurse	135 - 140	7	5 - 10	-	20 - 22.5	**160 - 165**	140 - 145
Gethin Hughes Chief Operating Officer (from October 2020)	60 - 65	-	-	-	Not Available	**60 - 65**	60 - 65
Fiona Ashworth Chief Operating Officer - WSHT (April 2020 to September 2020)	125 - 130	1	-	-	N/A	**125 - 130**	125 - 130
Alan McCarthy Chairman	70 - 75	4	-	-	-	**70 - 75**	55 - 60
Patrick Boyle Non-Executive Director	10 - 15	-	-	-	-	**10 - 15**	10 - 15
Joanna Crane Non-Executive Director	10 - 15	-	-	-	-	**10 - 15**	10 - 15
Jonathan Furmsten Non-Executive Director	10 - 15	-	-	-	-	**10 - 15**	10 - 15
Elizabeth Peers Non-Executive Director	10 - 15	-	-	-	-	**10 - 15**	10 - 15
Michael Rymer Non-Executive Director	10 - 15	5	-	-	-	**10 - 15**	10 - 15
Kirsten Baker Non-Executive Director	10 - 15	-	-	-	-	**10 - 15**	10 - 15
Lilian Philip Non-Executive Director (from May 2020)	5 - 10	-	-	-	-	**5 - 10**	5 - 10

The Non-Executive Director remuneration disclosed in this table is that which is incurred and paid directly by Western Sussex Hospitals NHS Foundation Trust. Several Non-Executive Directors were also paid directly by Brighton and Sussex University Hospitals NHS Trust (BSUH) for separate services to BSUH and this is disclosed within the 2020/21 BSUH Annual Report.

Pension Entitlements as at 31 March 2021 (subject to audit)

	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 2021 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2021 (nearest £1,000)	Cash Equivalent Transfer Value at 31 March 2020 (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	7.5 - 10	55 - 60	165 - 170	0	1,288	0	Nil
George Findlay Chief Medical Officer	2.5 - 5	-	70 - 75	135 - 140	1,361	1,249	91	Nil
Karen Geoghegan Chief Financial Officer	2.5 - 5	0 - 2.5	70 - 75	155 - 160	1,377	1,269	86	Nil
Denise Farmer Chief Workforce Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Peter Landstrom Chief Delivery and Strategy Officer	2.5 - 5	-	35 - 40	60 - 65	523	479	37	Nil
Maggie Davies Chief Nurse	0 - 2.5	2.5 - 5	40 - 45	125 - 130	926	856	56	Nil
Gethin Hughes Chief Operating Officer	Not Available	Not Available	35 - 40	60 - 65	531	Not Available	Not Available	Nil
Fiona Ashworth Chief Operating Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Notes:

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.'

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

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

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

“g” *for 2021/22 comparisons* on 1st April 2017, Western Sussex Hospitals NHS Foundation Trust (WSHFT) entered into a long-term agreement with NHS Improvement and Brighton and Sussex University Hospitals NHS Trust (BSUH). This agreement provided 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 WSHFT. Contracts for employment continued 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 WSHFT only. 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 were not able to be split between BSUH and WSHFT roles.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accumulated benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any

pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

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

Total Pension Entitlement

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

Fair Pay Multiple (median pay) (subject to audit)

NHS foundation Trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2021-22 was £290k - £295k (2020-21: £290k - £295k). There is no change between years.

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.

For employees of the Trust as a whole, the range of remuneration in 2021-22 was from £6k to £295k (2020-21: £6k to £295k). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 11%. No employees received remuneration in excess of the highest-paid director in 2021-22.

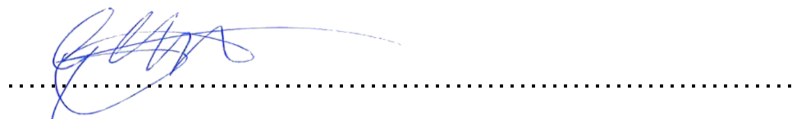
2021/22	% change for highest paid director	% change for employees as a whole
Salary and allowances	0%	11%*
Performance pay/bonuses	1%	8%

**Figure include the impact of the merger by acquisition of Brighton and Susses University Hospitals NHS Trust by Western Sussex Hospitals NHS Foundation Trust, forming University Hospitals Sussex NHS Foundation Trust.*

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2021/22	25th percentile	Median	75th percentile
Salary component of pay	£19,918	£31,534	£40,057
Total pay & benefits excluding pension benefits	£23,485	£31,534	£43,676
Total pay & benefits excluding pension: Pay ratio for highest paid director	12:1	9:1	7:1
Salary : Pay ratio for highest paid director	15:1	9:1	7:1

Prior year total median remuneration ratio was 11:1 noting this related to WSHFT only



………………………………………………………………………… 21 June 2022

Dr George Findlay, Chief Executive

2.5 Regulatory ratings

The Trust has had no regulatory matters raised against it and is within segment 2 of the NHSEI System Oversight Framework and remains compliant with its CQC registration.

2.6 Statement of Accounting Officer's Responsibilities

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

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

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

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

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

legislation, delegated authorities and guidance

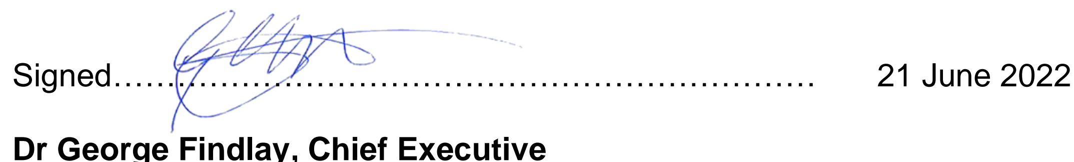
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation Trust's performance, business model and strategy and

- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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…………………………………………………………………… 21 June 2022

Dr George Findlay, Chief Executive

2.7 Annual Governance Statement for the period 1 April 2021 to 31 March 2022

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 and Council of Governors agreed to merge with Brighton and Sussex University Hospitals NHS Trust under section 56a of the NHS Act 2006. As part of the merger preparedness the Board agreed a revised Board Governance structure seeing the Board committees aligned to the Trust's patient first domains of patient, quality, people, sustainability and systems & partnerships. This alignment gave a more efficient route for the flow of assurance from the operational areas of the Trust to the Board over the delivery of the Trust's stated objectives, vision and values. As part of this work revised Committee terms of reference, scheme of delegation, and the Trust's constitution were developed and approved by the Board with the Constitution being also approved by Council of Governors. The development of these revised governance processes was supported by input from KPMG and GGI during the merger planning process.

1.4 The Standing Financial Instructions were also approved having been aligned during 2020 which aided their translation to University Hospitals Sussex for 2021/22.

1.5 The Board receives regular reports from each of the nominated Committee Chairs at each of its Board meetings allowing the Board to assess the operation of its Committees. The Committee terms of reference will be reviewed as part of the Trust's planned review of the Committees effectiveness that will conclude after the full cycle of 2021/22 business has been concluded in June 2022.

1.6 The Trust works in close partnership with other Health and Social Care organisations within the Integrated Care System along with attending both the West Sussex County Council and Brighton and Hove City Council Health and Adult Social Care Scrutiny Committees.

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 University Hospitals Sussex 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 University Hospitals Sussex NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

3.1 *Trust Board*

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

3.3 The Board recognised the continued challenges facing the Trust as it manages the Covid-19 pandemic and maintained its proactive adaptation of its Board and Committee Governance processes which had commenced at the end of 2019/20. These changes have seen the continued provision of updates on Covid-19 and operational pressure at each Board meeting, the maintenance of through the Quality Committee meetings the review of quality in line with the Board's risk appetite. There has been a continued use of technology to deliver both Committee and Board meetings. Supporting the Board meetings there is a regular information flow to all Board members including the Non Executives to ensure they are aware of any issues and actions taken to address these, within the second wave of the pandemic these were enhanced with regular Board (NED) briefings from the Chief Executive complemented by wider Executive updates from the Executive Gold meetings on significant matters from these Gold meetings. The information flow to the Board Members is provided from the bronze, silver and gold command structure established to oversee the development and delivery of the Trust Covid-19 incident response plan.

3.4 *Board Committees*

3.5 The Audit Committee has overall responsibility for ensuring there is effective risk management process employed across the Trust. The Audit Committee receive information annually from the Trust's internal auditors through their work which supports the Board Assurance Framework and through this work the Committee supports the Board to be assured over the robustness of the Trust's application of sound internal control processes. To enable the Audit Committee to fulfil its role its membership is drawn from the Non-Executive Member Chairs of each of the other Board Committees providing a clear link to and from the Audit Committee's oversight of the Board Assurance Framework and the work undertaken in each Committee in respect of the key risks they have assigned oversight for.

3.6 The other key Board Committees of Patient, Quality, People, Sustainability and Systems and Partnerships at each of their meetings receive and consider the strength of assurance reflected within the Board Assurance Framework and the actions being taken to manage risks that are outside the Board's stated risk appetite. Each Committee report the outcome of their review of the Board Assurance Framework to the next Board meeting.

3.7 The Board considers the views of each of its patient first thematic committees when it receives and considers the Board Assurance Framework and makes a positive decision on the strength of control and thus the reported risk scores.

3.8 *Non-Executive Directors*

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

3.10 The Audit Committee maintained an overview of the Trust's systems of internal control through the receipt and consideration of both management assurance and assurance from Internal Audit that the underpinning risk management processes operated within the Trust remained effective.

3.11 *Chief Nurse*

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

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

3.14 *Chief Finance Officer*

3.15 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.

3.16 The Chief Finance Officer and the Trust Finance Director attend the Trust's Audit Committee and both liaise with internal audit, external audit and counter fraud services, who undertake programmes of audit with a risk based approach.

3.17 *Risk Management Training and Learning*

3.18 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.

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

4. The risk and control framework

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

4.2 In support of the Trust's corporate governance processes the Trust has continued to apply its clinical divisional governance processes. Each Clinical Division is led by a triumvirate of a Divisional Director of Operations, a Chief of Service and a Head of Nursing. Each division reports through the Quality Governance Steering Group to the Board's Quality Committee. As part of the post transaction delivery plan the Trust has developed a revised clinical operating model that will see across 2022/23 the alignment of services within the two principal streams of planned and unscheduled care.

4.3 The Trust has a Risk Management Strategy that was reviewed at the start of April 2021, with this review confirming the stated Trust's risk appetite and the Trust's processes for identifying, reporting and managing risk.

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

4.5 Risks are raised and captured to a central risk management database known as Datix. The Trust is set to complete its project to integrate its legacy two Datix risk management databases into one system which will enhance the efficiency of risk reporting through the Trust to the appropriate Board Committees and the Board.

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

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

4.8 The BAF records that the Trust has been managing 13 significant risks, during the year the Trust had seen a number of these risks increase meaning at the year end all of these key risks exceeded their determined target score and 12 of these risks were rated as significant.

4.9 For each of these risks there is a detailed series of mitigations which will continue to be implemented throughout 2022/23. The delivery of these mitigations and their impact on the risks is monitored through the appropriate Committee of the Board.

4.10 The Trust took action during the year in respect of the key sustainability risks given the degree of uncertainty within the 2022/23 financial framework. Further guidance is expected so the risk ratings were not reduced, although the Trust did deliver its planned break-even position.

4.11 The Trust has taken a number of actions to enhance its processes to support the wellbeing of its staff. However, given the relentless pressure the pandemic has placed on the Trust's services and the prolonged period of the national incident the Trust has assessed the long-term risk to staff wellbeing as increasing. The establishment of the People Committee has enabled the Board to track the formulation and delivery of plans to manage these risks alongside receiving direct information from staff feedback / surveys on the efficacy of the wellbeing programmes developed to support the Trust's staff.

4.12 With regard to the key constitutional targets the Trust has prioritised the treatment of patients according to their clinical needs, in line with national guidance. Like the majority of NHS providers, the Trust has taken action to support the NHS and the country with measures to deal with Covid-19 which has impacted on the Trust's ability to reduce this risk. The Quality Committee

maintained a complementary review of the Trust’s processes to manage the quality risks for patients waiting.

4.13 The Quality Committee maintained a focus on the management of the Trust’s key quality risks. Due to operational and workforce pressures the mitigation of the quality risks was less successful than planned and thus these risks remained scored above their target. The work of the Patient Committee complemented the Quality Committee providing assurance to the Board in respect of the Trust’s action to manage risk, especially during their periods of extended waits for treatment and care.

4.14 The Trust has continued to invest time and executive oversight into the enhancement of the Trust’s reporting of its highly scored risks, particularly those linked to the Trust’s corporate projects and strategic initiatives which complement the Trust’s BAF risks. This activity has seen the development of an integrated risk report being provided to the respective Board Committees, which commenced with the Sustainability and Systems and Partnerships Committee in January 2022 with the other three thematic Committees receiving similar reports from 2022/23.

Processes for Managing Cyber Security Risk

4.14 We continue to develop and adopt NHS Digital’s Microsoft Advanced Threat Protection across both the client devices and server estates of the Trust. We now use Microsoft Defender for Endpoint on Trust Client Devices as this give us greater interoperability with the ATP solution. This solution allows us to actively monitor the devices on our network and have very early detection of any malware or other cyber threats that enter our estate. We use the Threat and Vulnerability Management tools within the ATP solution to identify any potential issues across our Estate. We also continue to act on every National CareCERT alert that we receive and update NHS Digital of our actions and progress.

4.15 We regularly hold Cyber Training sessions, both for Trust staff and we provide internal training sessions for our IT Teams. The most recent session for our IT Teams was a ‘table top’ exercise that presented a fictitious scenario, that unfolded and adapted as our team began to work on it. We used our Cyber Event ‘Play Books’ and Business Continuity Plan’s to approach, detect, assess, mitigate and resolve the solution which was a test of not only our plans, but also the knowledge and skills of our IT Team.

4.16 We are currently in the process of developing and improving the Trust’s Cyber defences by upgrading our SIEM (Security Incident and Event Management) solution, ensuring the Trusts Cyber defences are robust and capable to deal with the ever-evolving Cyber threats that exist.

4.17 We are proud to say that our Trust is still seen as a leader in the field of Cyber Security within the NHS. The Trust Board has continued to invest in tool sets that IM&T use to combat threats. However, this is a continually changing landscape so confirmed investment is always required.

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

4.18 There are a number of ways in which the Trust ensures that short, medium and long-term workforce needs and staffing systems are in place which assure the Board that staffing is safe, sustainable and effective. Workforce plans are developed at specialty and divisional level and include recruitment, retention and workforce transformation and efficiency plans, informed by clinical strategies and aligned to operational and financial planning. As for all NHS organisations, staffing to the level of demand that the Trust is experiencing has proved challenging in 2021-22.

4.19 National Quality Board standards, NICE guidance, NHSEI guidance and recommendations from Royal Colleges and the output of national taskforces on workforce (eg Ockenden) are used to inform the staffing levels required to deliver high quality and safe services in acute hospital environments. Changes to staffing profiles (numbers and skills) are subject to Quality Impact Assessment at divisional level and reviewed by the Chief Medical Officer and Chief Nurse prior to implementation. An assessment of the nursing establishment and skill mix is reported to the Board twice a year, in accordance with National Quality Board guidance.

4.19 Through regular reporting to the Board, workforce and safer staffing reports are provided and are triangulated against quality metrics to ensure our staffing processes are safe, sustainable and effective. Workforce risks are identified and monitored in the Board Assurance Framework and risk registers.

4.20 The Trust has an active Guardian for Safe Working Hours who works closely with educational and clinical supervisors to ensure that the health, wellbeing and safety of junior doctors is maintained. Monthly forums are in place to address issues and concerns raised by junior doctors. The Guardian provides a regular report to the joint local negotiating forum and to the People Committee on matters raised and how they are being addressed.

4.21 During 2021/22, the health and wellbeing of staff has remained a key priority with an extensive number of interventions to support the physical, emotional and financial health needs of our workforce. Regular updates to the Board and committees are in place.

4.22 Daily reporting of staffing capacity, including absence, has been in place through the use of e-rostering systems and processes during the pandemic. A workforce hub monitors capacity across all staff groups and can support the rapid re-deployment of staff where required and support return to work and advice to absent staff. Reporting through the incident control structure from Bronze to Gold command, workforce risks were identified and managed.

4.23 There are robust governance structures in place that oversee the efficiency and effectiveness of our staffing systems that ultimately report into

the Quality and People Committees of the Board. Maintaining workforce capacity and capability to ensure it is safe and appropriate is a key feature of risk management at divisional and Trust level supported by daily service safety huddles and processes. The Trust's BAF has been adjusted in 2021-22 to reflect increased risks around staffing.

4.24 The Trust uses electronic systems to capture and collate staffing numbers and skill mix for nursing staff. Similar systems are in use for some medical staff. Electronic systems for managing temporary workforce supply provide an additional level of assurance.

4.25 NHS employment checks standards are applied to recruitment of staff and were audited in 2021-22.

4.26 The Trust uses Patient First to support safe staffing and has a 'True North' of being the best acute Trust for staff engagement. Achieving that Trust North is supported by several programmes of work including a Strategic Initiative on Leadership, Culture and OD over the next 18 months with interventions on training, leadership development, equality and inclusion, culture and staff wellbeing and support. Divisions are also supported to develop their own improvements plans based on staff survey results and local engagement. These programmes are monitored by the Board through its People Committee.

Processes for managing regulatory risk

4.27 Western Sussex Hospitals NHS Foundation Trust received a full CQC inspection report in 2019 which remained valid post the merger. University Hospitals Sussex NHS Foundation Trust has received inspections in relation to its Maternity Services at all four main hospitals and General Surgery at the Royal Sussex County Hospital site only during 2021/22. In response to Warning Notice the Trust implemented a comprehensive set of executive led improvement actions which were monitored through the Quality Committee and reported to the Board. The Trust has been reinspected against these actions in April 2022 and awaits the outcome reports from the CQC. The Trust remains fully compliant with the registration requirements of the Care Quality Commission.

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

4.29 The Quality Committee supported the Board by maintaining a focus on the Trust's actions in respect of the national Ockenden (Maternity) report through the receipt of regular and comprehensive maternity performance dashboards alongside dedicated reports in respect to the Trust's own assessment against the nationally recommended improvements to all NHS Maternity Services.

4.30 During the period of this report the Trust regrettably had three Never Events and received three Prevention of Future Deaths notifications. These three reports all related to coroner inquires in respect of deaths that occurred before the 1 April, two relating to Brighton and Sussex University Hospitals and one relating to Western Sussex Hospitals. Never Events and Serious Incidents are subject to a thorough internal review to identify Root Causes and learning. The Trust applied its serious incident framework processes for undertaking Root Cause Analysis in respect of the three Coroner notifications. A full investigation is undertaken and the outcome and recommendations reported to the Trust Board for each serious incident. All Serious Incidents including Never Events were reported as required to the Clinical Commissioning Group, NHS Improvement and to NHS England.

4.31 The Trust has maintained and published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. This register records the details of the Trust senior decision makers, including Board members and Trust Directors.

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

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

4.34 The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its 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 receives a monthly report from the Chief Financial Officer on financial performance. Financial performance is reviewed at the Trust Executive Committee to ensure that all senior leaders have visibility on the position and the actions required. Financial performance is scrutinised in detail at the Finance and Performance Committee.

5.2 The Trust has maintained a robust structure for the identification and delivery of efficiency programmes. This is supported by a Programme Management Office and oversight provided by an Executive led efficiency and workforce steering group. Reports are also provided monthly to Sustainability

Committee. The Trust in 2021/22 has met its overall financial plan despite having to continue to deploy significant resources in continuing to deal with Covid-19.

5.3 The last external developmental well led review which judged the Trust against the NHSEI well led key lines of enquiry concluded in late 2019/20 that the Board is performing consistently strongly against the NHSE/I expected hall marks of an effective Board. Through the merger process and scrutiny by NHSE/I the Board was judged to be well led leading to their endorsement and support for the merger of Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospitals NHS Trust.

6. Information governance

6.1 In line with standing guidance from NHS Digital on the reporting and classification of Data Protection and Security Incidents, the Trust unfortunately had to report one incident to the Information Commissioner's Office (ICO), whereby copies of two patients' medical records were erroneously sent to each other following them being sent out as a subject access request (SAR) under the Data Protection legislation. As a result of the Trust's robust procedures already in place, along with an appropriate and timely immediate response including an amendment to procedures for dealing with SARs, the ICO closed the incident with no further action required of us.

6.2 Each year the Trust completes and submits the Data Security and Protection Toolkit (DSPT) to demonstrate its compliance against the National Data Guardian's National Data Security Standards. The Trust's 2021 annual submission of its NHS Digital was made earlier than the June 2021 deadline, in March 2021, due to the merger of the two legacy organisations. The Trust is pleased to confirm that all standards were met. The current DSPT is currently being worked on, for submission in June 2022, and the standards are expected to be met again.

7. Data Quality and Governance

7.1 The Trust has a comprehensive suite of near real time daily reports, which allow detailed patient level review at an operational level, allowing for trend analysis. There is an established daily validation process undertaken by clinical leads for patients who exceed four and twelve hours in department and the outcome of this is approved by the Chief Operating Officer each respective day. The Trust captures daily A&E breach information on 4 hourly site reports which are cross referenced against electronic Patient Administration System (PAS) reporting which helps ensure understanding and reconciliation of any discrepancies between daily performance (as reported via the Patient Administration system) and that observed by site management teams.

7.2 As part of Trust merger arrangements in 2022/23, the A&E system has been migrated in March 2022, to align systems for University Hospitals Sussex to the Symphony system. This required comprehensive data quality

checks as part of data migration. Merged systems and processes strengthen data quality and consistency Trust wide. The Trust will merge main Patient Administration Systems in 2022/23, with current migration planned October 2022.

7.3 For Referral to Treatment (RTT) performance, there is a validation process undertaken, underpinned by the patient access policy and RTT Rules Suite, whereby longest waiters are reviewed and 'man-marked' at a patient level for their accuracy, and the validated cohort of patients are updated daily up to the point at which monthly reporting is finalised (approximately 18th of subsequent month). This is supported by divisional and corporate weekly meetings where trends and anomalies are tracked and rectified. The Trust commenced submission to a new National weekly patient level dataset in 2021/22 which has inbuilt quality measures to drive target data quality improvements (the Trust DQ position was 99.3% assured as of 13 March 2022). The Trust also provides weekly 104-week monitoring for regional and ICS colleagues, which has further enhanced DQ review for this cohort of patients. Additional clerical validation support has been outsourced in Q4 2021/2 to ensure patient's listed for elective care still require treatment which has further improved the accuracy of the waiting list, whilst the Trust has also successfully bid for and begun to recruit to additional central validation resource, to support enhanced systematic waiting list validation.

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

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

7.6 The Trust's developed maternity performance dashboards were subject to an Internal Audit Review which identified a number of areas to improve their overall data quality including developing robust data definitions to support the effective reporting of the various maternity performance. At the Audit Committee in April 2022 management provided assurance over the implementation of the identified improvements which will be applied to the dashboards including the prior reported data.

7.7 The Trust developed a data quality kite marking process in 19/20 which visually showed the quality of the underlying data across a number of elements, including the timeliness of the data, the strength of internal

independent validation etc. This process was applied to the key performance indicators reported to the Trust's Committee. This process has been suspended through the last 2 years, due to focus for Covid-19 reporting, but the Trust intend to re-launch this process in 2022/23.

7.8 The Trust adopted a Gold command business continuity plan as part of the Covid-19 response which continued to operate in periods of surge in 2021/22. This required a wealth of daily and weekly information to be gathered both Covid related and the indirect impact of Covid-19 on constitutional performance, with scrutiny by Silver and Gold commanders each day. This provided an extra layer of data quality assurance, triangulated with clinical services. There have also been a range of additional mandated central detailed situation reports, which provide a granular breakdown of the latest daily covid-19 and urgent care position. This has helped inform the Trust, and wider health economy re latest pressures at the Trust, to guide focussed improvements. Daily scrutiny has led to refinement, alignment and improvements in data quality.

7.9 As part of Trust merger, the Trust has reviewed current information relating to key constitutional standards, so as to be able to provide an aggregated view of the planned new Trust from April 2021. This has provided a further opportunity to review definitions and align methods of collection to improve consistency. Development of a data warehouse as a repository for combined information allows efficient and direct comparison of performance and key drivers across Trust sites, across various dimensions.

7.10 The Trust undertook Strategy Deployment Reviews at a divisional level in 2020/21 which allowed executive level scrutiny of performance trends which provides another layer of assurance in terms of performance (and its associated data quality). The process adopts a review of key performance metrics, whereby a drop in performance trend elicits a structured stratification of reasons for performance slippage, and mitigation and recovery actions to recover performance. This is an opportunity to cover data quality concerns alongside key operational constraints, or demand pressures. This is part of the Trust True North/Patient First governance arrangements all of which prioritise patient care, and allow the core operational priorities to be aligned and understood from board to floor. The Trust PFIS programme reviews data on a granular level to establish baselines, and monitor improvement, the scrutiny of which contributes to maintained high quality data.

7.11 Each of the five Board Thematic Committee's also undertook a series of Strategy Deployment meetings. These meetings allow the Non-Executive Directors with a series of opportunities to receive complementary assurance to that that which flow through the formal Committee meetings.

8. Review of effectiveness

8.1 As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit

and the executive managers and clinical leads within the NHS foundation Trust who have responsibility for the development and maintenance of the internal control framework.

8.2 *Head of Internal Audit Opinion*

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

8.4 Based on work undertaken during 2021/22 the Head of Internal Audit has stated in their Head of Internal Audit Opinion that they “are able to provide moderate assurance that there is a sound system of internal control, designed to meet the Trust’s objectives and that controls are being applied consistently”.

8.5 In forming their opinion they took into account that, the Trust had delivered its commitment to deliver a breakeven position, that management had been proactive in directing internal audit to review areas of known risk and therefore through the recommendations made been able to progress with the control improvements. The majority of audits provided moderate assurance including the key audits of key financial systems, divisional governance and data quality. Internal Audit concluded that through their work on key audits including key financial systems that in the areas of core assurance the Trust continues to perform strongly. Internal Audit, however, provided four limited assurance opinions in the year and internal audit recognised that in a number of these cases the limited opinions related to processes delayed by the merger but with mitigating actions. For this area specifically, as well as in respect of all recommendations made, actions to address their findings were confirmed by Internal Audit to be underway.

8.6 Internal Audit also reflected that the Trust has a good record in implementing internal audit recommendations and at the year-end where action had not been completed Internal Audit have confirmed action was in progress and these did not pose any unaddressed significant risk.

8.7 *External Audit*

8.8 External Audit report to the Trust on the findings from their audit work, in particular their audit of the financial statements and the Trust’s arrangements to secure economy, efficiency and effectiveness in its use of resources (the Value for Money Commentary). For 2021/22 an unqualified audit opinion has been issued in respect of the financial statements and have no matters to report by exception in respect of their Value for Money Commentary.

8.9 *Counter-fraud*

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

8.11 The Local Counter Fraud Specialist (LCFS) adopts a risk-based approach to counter fraud work, identifying areas of potential vulnerability. Relevant local proactive exercises (LPEs) are consequently built into the Trust's annual counter fraud work plan, which includes activity relating to the four main NHS Counter Fraud Authority (CFA) standards: Strategic Governance, Inform and Involve, Prevent and Deter, and Hold to Account and which is overseen by the Audit Committee. The LCFS helps to foster an anti-fraud culture within the Trust through delivery of an ongoing training programme across a wide range of staff groups. This features regular presentations on counter fraud and on compliance with the UK Bribery Act 2010. The LCFS attends each meeting of the Audit Committee to present a report on their work. The maintenance of strong systems of financial control and stewardship of public funds remains critical during the NHS response to Covid-19. The Trust has continued with its established separate coding processes for Covid-19 costs and their recovery has also been subject to review by NHSE/I.

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

8.13 *HSE Inspections*

8.14 The HSE undertook one planned inspection at the Royal Sussex County Hospital in relation to nuclear medicine in March 2022 undertaken by the HSE Radiation Team. The HSE Specialist inspector made four recommendations for improvements within their letter of contravention with the expected improvements to be made by the end of May 2022. The Trust developed an action plan to address each of these recommendations with oversight of their delivery provided by the Trust's Health and Safety Committee who report to the Board's Audit Committee. The Trust has provided evidence to the HSE of the delivery of these actions.

8.15 *Board Committees*

8.16 The Board and its Committees form an important aspect of control and I have been advised during my review by the work of the Audit Committee where the results of the work of the Trust's auditors are received along with the work of the five Patient First thematic Committee of Patient, Quality, People, Sustainability and Systems and Partnership during 2021/22 under the Board's revised governance framework.

8.17 *Patient First Thematic Committees*

8.18 Each of the patient first thematic committees, covering Patient, Quality, People, Sustainability and Systems and Partnership is chaired by a Non-Executive Director each provide me and the Board with a flow of assurance over the effectiveness of the established systems of internal control, risk management and operational performance delivery and reporting.

8.19 During the year the Patient Committee received reports on the Trust's patient experience improvements and the Quality Committee has received regular reports on the Trust's quality performance and quality risks, learning from complaints and investigations into untoward incidents along with regular maternity performance dashboards including those relating to Maternity. The Quality Committee has supported the assurance flow to the Board that quality key risks have been managed during the year especially that there have been no significant patient safety matters arising during the year.

8.20 During the year the Sustainability Committees has received regular reports on the Trust's financial position, the management of its cash position and the delivery of the Trust's capital programme, along with the delivery of the Trust's efficiency programme and reports covering workforce, procurement, IM&T and the Trust's environmental sustainability strategy. The Systems and Partnership Committee received regular reports on the delivery of the Trusts performance measures and received a series of more in depth reports covering specific aspects of performance.

8.21 The People Committee across the year received regular reports on the Trust's people key performance indicators, staff wellbeing initiatives and the Trust's developed leadership and organisational development programme. This Committee has supported the Board with its assurance flow that the Trust's key people risks are being managed during the year whilst recognising the operational pressures have impacted on the Trust key people risks.

8.26 *Board Assurance Framework*

8.27 During the year covered by this report the Board Assurance Framework reporting framework has been maintained which has seen the structured flow of assurance reporting to the Board on the controls managing the Trust's key risks to the delivery of the Trust's identified True North and associated breakthrough objectives. This process plays a key role in articulating where gaps in control exist and the tracking of devised actions to mitigate these. Recognising that the risk reporting enhancements made to two of the five thematic committees needs to be rolled out to the other three committees during 2022/23.

8.28 *Wider processes*

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

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

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

8.31 I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee, the patient, quality, people, sustainability and systems and partnerships committees. Where improvements have been highlighted then and a plan to address weaknesses and ensure continuous improvement of the system is in place.

9. Conclusion

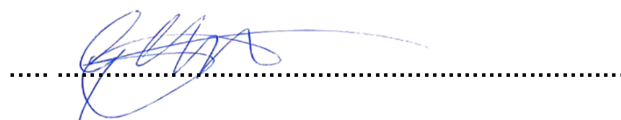
9.1 I have considered the factors described in the NHS Improvement guidance on the 2021/22 annual governance statement in respect of significant issues.

9.2 Whilst during the period 1 April 2021 to 31 March 2022 and up to the time of signing the accounts I have identified challenged areas with respect to the consistent achievement of Trust priorities I have not identified any significant internal control issues as defined as such within the FT Annual Reporting Manual.

9.3 Oversight of the Trust's management of these challenges continues at the Board and through its Committees with each being assured that the Trust has established and applied its resources to address the significant operational challenges and especially the impact of these on our workforce and their wellbeing. The Board and Committees have ensured across the year there are adequate systems of internal control and where control improvements are identified that these are delivered in line with agreed action plans.

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

Signed (by order of the Board of Directors)



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Dr George Findlay, Chief Executive   21 June 2022

University Hospitals Sussex NHS Foundation Trust

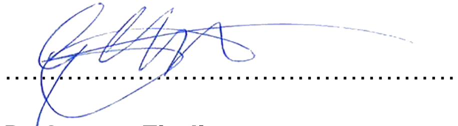
Annual Accounts for the year ended 31 March 2022

Foreword to the Accounts

University Hospitals Sussex NHS Foundation Trust

These accounts, for the year ended 31 March 2022, have been prepared by University Hospitals Sussex NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed ……………………………………………………



Name	**Dr George Findlay**
Job title	**Chief Executive**
Date	**21st June 2022**

Consolidated Statement of Comprehensive Income

	Note	Group 2021/22 £000	Group 2020/21 £000	Trust 2021/22 £000	Trust 2020/21 £000
Operating income from patient care activities	3	1,233,683	478,000	1,233,683	478,000
Other operating income	4	116,557	59,587	117,584	59,587
Operating expenses	6, 8	(1,352,241)	(538,668)	(1,352,575)	(538,668)
Operating surplus/(deficit) from continuing operations		**(2,001)**	**(1,081)**	**(1,308)**	**(1,081)**
Finance income	11	362	6	30	6
Finance expenses	12	(4,429)	(604)	(4,429)	(604)
PDC dividends payable		(16,480)	(7,401)	(16,480)	(7,401)
Net finance costs		**(20,547)**	**(7,999)**	**(20,879)**	**(7,999)**
Other gains / (losses)	13	1,600	(3)	336	(3)
Share of profit / (losses) of associates / joint arrangements	23	-	-	-	-
Gains / (losses) arising from transfers by absorption	47	607,092	-	592,749	-
Corporation tax expense		(309)	-	-	-
Surplus / (deficit) for the year from continuing operations		**585,835**	**(9,083)**	**570,898**	**(9,083)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	15	-	-	-	-
Surplus / (deficit) for the year		**585,835**	**(9,083)**	**570,898**	**(9,083)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	7	(14,518)	(2,388)	(14,518)	(2,388)
Revaluations	21	56,609	9,049	56,609	9,049
Share of comprehensive income from associates and joint ventures	23	-	-	-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI	24	-	-	-	-
Other recognised gains and losses		-	-	-	-
Remeasurements of the net defined benefit pension scheme liability / asset	40	-	-	-	-
Gain / (loss) arising from on transfers by modified absorption	47	-	-	-	-
Other reserve movements*		-	2,834	-	-
May be reclassified to income and expenditure when certain conditions are met:					
Fair value gains/(losses) on financial assets mandated at fair value through OCI	24	-	-	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	13	-	-	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-	-	-
Total comprehensive income / (expense) for the period		**627,926**	**412**	**612,989**	**(2,422)**
Surplus/ (deficit) for the period attributable to:					
Non-controlling interest, and		-	-	-	-
University Hospitals Sussex NHS Foundation Trust		585,835	(9,083)	570,898	(9,083)
TOTAL		**585,835**	**(9,083)**	**570,898**	**(9,083)**
Total comprehensive income/ (expense) for the period attributable to:					
Non-controlling interest, and		-	-	-	-
University Hospitals Sussex NHS Foundation Trust		627,926	412	612,989	(2,422)
TOTAL		**627,926**	**412**	**612,989**	**(2,422)**

*Note that the Group Accounts for 2021/22 include the consolidation of Western Sussex Hospitals Charity, which operates as Love Your Hospital Charity (Registered charity No. 1049201), Brighton and Sussex University Hospitals NHS Trust Charitable Fund (Registered charity No. 1050864) (wholly owned subsidiary) and Pharm@Sea Limited (wholly owned subsidiary).

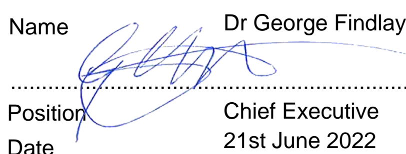
Statements of Financial Position

	Note	Group 31 March 2022 £000	Group 31 March 2021 £000	Trust 31 March 2022 £000	Trust 31 March 2021 £000
Non-current assets					
Intangible assets	16&17	27,382	16,490	27,382	16,490
Property, plant and equipment	18&19	1,067,527	286,209	1,067,418	286,209
Investment property	22	-	-	-	-
Investments in associates and joint ventures	23	-	-	-	-
Other investments / financial assets	24	16,929	1,603	1,101	-
Receivables	28	7,707	1,276	7,707	1,276
Other assets	29	-	-	-	-
Total non-current assets		**1,119,545**	**305,578**	**1,103,608**	**303,975**
Current assets					
Inventories	27	18,290	8,194	17,348	8,194
Receivables	28	37,315	23,493	36,501	23,239
Other investments / financial assets	24	-	-	-	-
Other assets	29	-	-	-	-
Non-current assets held for sale	30.1	-	-	-	-
Cash and cash equivalents	31	114,379	45,012	111,189	43,877
Total current assets		**169,984**	**76,699**	**165,038**	**75,310**
Current liabilities					
Trade and other payables	32	(162,821)	(48,146)	(159,736)	(47,988)
Borrowings	34	(6,679)	(1,839)	(6,679)	(1,839)
Provisions	36	(4,777)	(851)	(4,777)	(851)
Other liabilities	33	(4,761)	(2,494)	(4,761)	(2,494)
Liabilities in disposal groups	30.2	-	-	-	-
Total current liabilities		**(179,038)**	**(53,330)**	**(175,953)**	**(53,172)**
Total assets less current liabilities		**1,110,491**	**328,947**	**1,092,693**	**326,113**
Non-current liabilities					
Trade and other payables	32	-	-	-	-
Borrowings	34	(69,585)	(15,155)	(69,585)	(15,155)
Provisions	36	(8,958)	(4,268)	(8,931)	(4,268)
Other liabilities	33	-	-	-	-
Total non-current liabilities		**(78,543)**	**(19,423)**	**(78,516)**	**(19,423)**
Total assets employed		**1,031,948**	**309,524**	**1,014,177**	**306,690**
Financed by					
Public dividend capital		944,765	256,732	944,765	256,732
Revaluation reserve		152,157	68,930	152,157	68,930
Financial assets reserve		-	-	-	-
Other reserves		-	-	-	-
Merger reserve		-	-	-	-
Income and expenditure reserve		(81,829)	(18,972)	(82,745)	(18,972)
Non-controlling Interest		-	-	-	-
Charitable fund reserves	26	16,855	2,834	-	-
Total taxpayers' equity		**1,031,948**	**309,524**	**1,014,177**	**306,690**

Note that the Group Accounts for 2021/22 include the consolidation of Western Sussex Hospitals Charity, which operates as Love Your Hospital Charity (Registered charity No. 1049201), Brighton and Sussex University Hospitals NHS Trust Charitable Fund (Registered charity No. 1050864) (wholly owned subsidiary) and Pharm@Sea Limited (wholly owned subsidiary).

The notes on pages 9 to 59 form part of these accounts.

Name Dr George Findlay



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Position Chief Executive

Date 21st June 2022

Consolidated Statement of Changes in Equity for the year ended 31 March 2022

Group	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Charitable fund reserves	Non-controlling interest	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**256,732**	**68,930**	**-**	**-**	**-**	**(18,972)**	**2,834**	**-**	**309,524**
Surplus/(deficit) for the year	-	-	-	-	-	583,249	2,586	-	**585,835**
Gain/(loss) arising from transfers by modified absorption	-	-	-	-	-	-	-	-	**-**
Transfers by absorption: transfers between reserves*	593,535	45,787	-	-	-	(652,879)	13,557	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	-	-	**-**
Other transfers between reserves	-	(4,535)	-	-	-	4,535	-	-	**-**
Impairments	-	(14,518)	-	-	-	-	-	-	**(14,518)**
Revaluations	-	56,609	-	-	-	-	-	-	**56,609**
Revaluations and impairments - charitable fund assets	-	-	-	-	-	-	-	-	**-**
Transfer to retained earnings on disposal of assets	-	(116)	-	-	-	116	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	-	-	**-**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	-	-	**-**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	-	-	**-**
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly through OCI	-	-	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	-	-	**-**
Public dividend capital received	94,498	-	-	-	-	-	-	-	**94,498**
Public dividend capital repaid	-	-	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	2,122	(2,122)	-	**-**
Taxpayers' and others' equity at 31 March 2022	**944,765**	**152,157**	**-**	**-**	**-**	**(81,829)**	**16,855**	**-**	**1,031,948**

*Absorption transfers are recorded based on the book values of assets and liabilities transferring.

Consolidated Statement of Changes in Equity for the year ended 31 March 2021

Group	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Charitable fund reserves	Non-controlling interest	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**244,259**	**62,269**	**-**	**-**	**-**	**(9,889)**	**-**	**-**	**296,639**
Prior period adjustment	-	-	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2020 - restated	**244,259**	**62,269**	**-**	**-**	**-**	**(9,889)**	**-**	**-**	**296,639**
Surplus/(deficit) for the year	-	-	-	-	-	(9,083)	-	-	**(9,083)**
Gain/(loss) arising from transfers by modified absorption	-	-	-	-	-	-	-	-	**-**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	-	-	**-**
Impairments	-	(2,388)	-	-	-	-	-	-	**(2,388)**
Revaluations	-	9,049	-	-	-	-	-	-	**9,049**
Revaluations and impairments - charitable fund assets	-	-	-	-	-	-	-	-	**-**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	-	-	**-**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	-	-	**-**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	-	-	**-**
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly through OCI	-	-	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	-	-	**-**
Public dividend capital received	12,513	-	-	-	-	-	-	-	**12,513**
Public dividend capital repaid	(40)	-	-	-	-	-	-	-	**(40)**
Public dividend capital written off	-	-	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	2,834	-	**2,834**
Taxpayers' and others' equity at 31 March 2021	**256,732**	**68,930**	**-**	**-**	**-**	**(18,972)**	**2,834**	**-**	**309,524**

Note that the Group Accounts for 2020/21 include the consolidation of Western Sussex Hospitals Charity, which operates as Love Your Hospital Charity (Registered charity No. 1049201), Brighton and Sussex University Hospitals NHS Trust Charitable Fund (Registered charity No. 1050864) (wholly owned subsidiary) and Pharm@Sea Limited (wholly owned subsidiary).

Statement of Changes in Equity for the year ended 31 March 2022

Trust	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**256,732**	**68,930**	**-**	**-**	**-**	**(18,972)**	**306,690**
Surplus/(deficit) for the year	-	-	-	-	-	570,898	**570,898**
Gain/(loss) arising from transfers by modified absorption	-	-	-	-	-	-	**-**
Transfers by absorption: transfers between reserves*	593,535	45,787	-	-	-	(639,322)	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	(4,535)	-	-	-	4,535	**-**
Impairments	-	(14,518)	-	-	-	-	**(14,518)**
Revaluations	-	56,609	-	-	-	-	**56,609**
Transfer to retained earnings on disposal of assets	-	(116)	-	-	-	116	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	**-**
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	94,498	-	-	-	-	-	**94,498**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2022	**944,765**	**152,157**	**-**	**-**	**-**	**(82,745)**	**1,014,177**

*Absorption transfers are recorded based on the book values of assets and liabilities transferring.

Statement of Changes in Equity for the year ended 31 March 2021

Trust	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**244,259**	**62,269**	**-**	**-**	**-**	**(9,889)**	**296,639**
Prior period adjustment							**-**
Taxpayers' and others' equity at 1 April 2020 - restated	**244,259**	**62,269**	**-**	**-**	**-**	**(9,889)**	**296,639**
Surplus/(deficit) for the year	-	-	-	-	-	(9,083)	**(9,083)**
Gain/(loss) arising from transfers by modified absorption	-	-	-	-	-	-	**-**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(2,388)	-	-	-	-	**(2,388)**
Revaluations	-	9,049	-	-	-	-	**9,049**
	-	-	-	-	-	-	
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	**-**
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	12,513	-	-	-	-	-	**12,513**
Public dividend capital repaid	(40)	-	-	-	-	-	**(40)**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2021	**256,732**	**68,930**	**-**	**-**	**-**	**(18,972)**	**306,690**

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.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Charitable funds reserve
This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 26.

Statements of Cash Flows

		Group		Trust	
		2021/22	2020/21	2021/22	2020/21
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus / (deficit)		(2,001)	(1,081)	(1,308)	(1,081)
Non-cash income and expense:					
Depreciation and amortisation	6.1	38,115	16,513	38,097	16,513
Net impairments	7	23,359	9,116	23,359	9,116
Income recognised in respect of capital donations	4	(686)	(564)	(2,729)	(564)
Amortisation of PFI deferred credit		-	-	-	-
Non-cash movements in on-SoFP pension liability		-	-	-	-
(Increase) / decrease in receivables and other assets		1,995	10,837	2,410	10,837
(Increase) / decrease in inventories		(235)	85	(172)	85
Increase / (decrease) in payables and other liabilities		40,182	14,681	39,415	14,681
Increase / (decrease) in provisions		3,149	1,367	3,146	1,367
Movements in charitable fund working capital		708	-	-	-
Tax (paid) / received		(309)	-	-	-
Operating cash flows from discontinued operations		-	-	-	-
Other movements in operating cash flows		-	1,135	-	-
Net cash flows from / (used in) operating activities		**104,277**	**52,089**	**102,218**	**50,954**
Cash flows from investing activities					
Interest received		30	6	30	6
Purchase and sale of financial assets / investments		-	-	-	-
Purchase of intangible assets		(5,767)	(3,837)	(5,767)	(3,837)
Sales of intangible assets		435	-	435	-
Purchase of PPE and investment property		(148,783)	(25,093)	(148,783)	(25,093)
Sales of PPE and investment property		-	19	-	19
Receipt of cash donations to purchase assets		196	227	2,239	227
Prepayment of PFI capital contributions		-	-	-	-
Net cash flows from charitable fund investing activities		332	-	-	-
Investing cash flows from discontinued operations		-	-	-	-
Cash from acquisitions / disposals of subsidiaries		-	-	-	-
Net cash flows from / (used in) investing activities		**(153,557)**	**(28,678)**	**(151,846)**	**(28,678)**
Cash flows from financing activities					
Public dividend capital received		94,498	12,513	94,498	12,513
Public dividend capital repaid		-	(40)	-	(40)
Movement on loans from DHSC		(4,741)	(1,772)	(4,741)	(1,772)
Movement on other loans		-	-	-	-
Other capital receipts		-	-	-	-
Capital element of finance lease rental payments		(138)	(4)	(138)	(4)
Capital element of PFI, LIFT and other service concession payments		(1,857)	-	(1,857)	-
Interest on loans		(1,386)	(463)	(1,386)	(463)
Other interest		(1)	-	(1)	-
Interest paid on finance lease liabilities		(157)	(158)	(157)	(158)
Interest paid on PFI, LIFT and other service concession obligations		(2,919)	-	(2,919)	-
PDC dividend (paid) / refunded		(13,187)	(8,289)	(13,187)	(8,289)
Financing cash flows of discontinued operations		-	-	-	-
Net cash flows from charitable fund financing activities		-	-	-	-
Cash flows from (used in) other financing activities		-	-	-	-
Net cash flows from / (used in) financing activities		**70,112**	**1,787**	**70,112**	**1,787**
Increase / (decrease) in cash and cash equivalents		**20,832**	**25,198**	**20,484**	**24,063**
Cash and cash equivalents at 1 April - brought forward		**45,012**	**19,814**	**43,877**	**19,814**
Prior period adjustments			-		-
Cash and cash equivalents at 1 April - restated		**45,012**	**19,814**	**43,877**	**19,814**
Cash and cash equivalents transferred under absorption accounting	47	48,535	-	46,828	-
Unrealised gains / (losses) on foreign exchange		-	-	-	-
Cash and cash equivalents at 31 March	31.1	**114,379**	**45,012**	**111,189**	**43,877**

Note that the Group Accounts for 2021/22 include the consolidation of Western Sussex Hospitals Charity, which operates as Love Your Hospital Charity (Registered charity No. 1049201), Brighton and Sussex University Hospitals NHS Trust Charitable Fund (Registered charity No. 1050864) (wholly owned subsidiary) and Pharm@Sea Limited (wholly owned subsidiary).

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.0 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the NHS foundation trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC Group Accounting Manual 2021-22, issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC 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. These have been applied consistently in dealing with items considered material in relation to the accounts.

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.

Note 1.1 Transfer of functions

As public sector bodies are deemed to operate under common control, business reconfigurations within the DHSC group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the GAM requires the application of 'absorption accounting'. Absorption accounting requires that entities account for their transactions in the period in which they took place. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive (SOCI) and is disclosed separately from operating costs.

For functions that have been transferred to the trust from another NHS Trust, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within income expenses, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

On 1 April 2021, Brighton and Sussex University Hospitals NHS Trust was acquired by Western Sussex Hospitals NHS Foundation Trust, as approved by NHS Improvement in March 2021.

This transfer by absorption has been transacted through the Statement of Comprehensive Income (SOCI) accounting statement in line with the DHSC Group Accounting Manual (GAM).

The net assets of the trust were transferred to Western Sussex Hospitals NHS Foundation Trust (which was renamed on 1 April 2021 to University Sussex Hospitals NHS Foundation on 1 April 2021 by means of a Deed of Transfer, as approved by the Secretary of State for Health.

All of the services previously provided by Brighton and Sussex University Hospitals NHS Trust continue to be provided as part of the acquisition.

Analysis of balances transferred to successor organisation (£000)			
Amounts transferred from:		**Amounts transferred to:**	
Brighton and Sussex University Hospitals Trust		**University Hospitals Sussex NHS Foundation Trust (formerly Western Sussex Hospitals NHS Foundation Trust)**	
Non-Current Assets	667,026	Non-Current Assets	667,026
Current Assets	76,375	Current Assets	76,375
Current Liabilities	(84,539)	Current Liabilities	(84,539)
Non-Current Liabilities	(65,327)	Non-Current Liabilities	(65,327)
Net Assets	**593,535**	**Net Assets**	**593,535**
Public dividend capital	882,837	Public dividend capital	882,837
Revaluation reserve	45,787	Revaluation reserve	45,787
Income and expenditure reserve	(335,089)	Income and expenditure reserve	(335,089)
Taxpayers' equity	**593,535**	**Taxpayers' equity**	**593,535**
Net Assets from BSUH Charity	**13,557**	**Net Assets from BSUH Charity**	**13,557**
Total	**607,092**	**Total**	**607,092**

Note 1.2 Going concern

The 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.

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

With regards the going concern conclusion for the wider group, the Covid-19 pandemic has had an impact on the charities (Brighton and Sussex University Hospitals NHS Charitable Fund and Western Sussex Hospitals Charity, which operates as Love Your Hospital Charity) fundraising income although this is partially offset by income from the NHS Charities Together national appeal. As grant making charities with few on-going commitments, this will impact on the new grants that can be made in the short term rather than affecting the respective charities ability to continue as a going concern.

Pharm@Sea has remained operational throughout the Covid-19 pandemic, quickly implementing a secure working regime that protects both staff and patients. The financial year 2021/22 has seen the volume of patients and prescriptions increase week on week. This remains closely monitored and supply chains planned accordingly. Pharm@Sea has been able to generate a profit throughout the pandemic. The directors are confident these measures mitigate the threat of the global pandemic enough, so it does not cast material uncertainty over the ability of the company to continue as a going concern.

Note 1.3 Consolidation

The entities included in these accounts are University Hospitals Sussex NHS Foundation Trust (Parent entity), Brighton and Sussex University Hospitals NHS Trust Charitable Fund (Registered charity No. 1050864) (wholly owned subsidiary), Western Sussex Hospitals Charity, which operates as Love Your Hospital Charity (Registered charity No. 1049201) (wholly owned subsidiary) and Pharm@Sea Limited (wholly owned subsidiary).

All four organisations have a coterminous year end of 31 March 2022 with aligned accounting policies.

Any intra group balances have been eliminated on consolidation.

Comparator balances are that of Western Sussex Hospitals NHS Foundation Trust.

NHS Charitable Funds

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 is the Corporate Trustee to Brighton and Sussex University Hospitals NHS Charitable Fund and Western Sussex Hospitals Charity, which operates as Love Your Hospital Charity. The trust has assessed its relationship to the charitable funds and determined them both to be a subsidiary because the trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable funds and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities, and transactions to:

- recognise and measure them in accordance with the trust's accounting policies; and
- eliminate intra-group transactions, balances, gains, and losses.

Other 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 income, expenses, assets, liabilities, equity, and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. Any intra group balances have been eliminated on consolidation.

The amounts consolidated are drawn from the published financial statements of Pharm@Sea Limited for the year.

Associates

Associate entities are those over which the trust has the power to exercise a significant influence. The trust has no associates.

Joint arrangements

Joint ventures are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. The trust has no joint ventures.

Joint operations

Joint operations are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the assets, and obligations for the liabilities relating to the arrangement. The trust does not have joint operations.

Note 1.4 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

• The trust is not required to disclose information regarding performance obligations that are part of a contract that has an original expected duration of one year or less,
• The trust is not required to disclose information where revenue is recognised in line with the practical expedient offered in the Standard, where the right to consideration corresponds directly with value of the performance completed to date;
• The FReM has mandated the exercise of the practical expedient offered in the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of revenue for the trust is contracts with commissioners in respect of healthcare services. Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transaction price allocated to that performance obligation. At the year end, the trust accrues income relating to performance obligations satisfied in that year. Where a patient care spell is incomplete at the year end, revenue relating to the partially complete spell is accrued in the same manner as other revenue.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Revenue from contracts with customers

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

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

Revenue from NHS contracts

The main source of income for the trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The trust receives block funding from its commissioners, where funding envelopes are set at a Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases, it is assessed that the trust's interim performance does not create an asset with alternative use for the trust, and the trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants are used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met and is measured as the sums due under the sale contract.

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

There are no material contracts for which the performance obligation has not been satisfied as at 31 March 2022.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages, and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees, including non-consolidated performance pay earned but not yet paid. The cost of 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 two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The schemes are not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

No employees are members of the Local Government Superannuation Scheme.

Note 1.7 Expenditure on other goods and services

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.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations. Neither the group nor trust have discontinued operations.

Note 1.9 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 will be supplied to the trust;
• it is expected to be used for more than one financial year;
• the cost of the item can be measured reliably;
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their individual useful economic lives.

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.

Measurement

Valuation

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

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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 (DRC), modern equivalent asset (MEA) basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. 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.

Under the MEA approach, the Trust has assumed VAT will be recovered on a new build at a similar rate to the 3Ts project.

Valuation guidance issued by the Royal Institute of Chartered Surveyors (RICS) states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

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 the assets 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.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13 if it does not meet the requirements of IAS 40 or IFRS 5.

Depreciation

Freehold land, assets under construction or development, and assets held for sale are not depreciated/amortised. Freehold land is considered to have an infinite life and is not depreciated.
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.
Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Property, plant, and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

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

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

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

Impairments

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, in accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

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

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant, and equipment.

This includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

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 which 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. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant, and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant, and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:
• Payment for the fair value of services received
• Repayment of the finance lease liability, including finance costs, and
• Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

PFI assets, liabilities, and finance costs

The PFI assets are recognised as property, plant, and equipment when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Group's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Useful lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives is shown in the table below:

	Min life	**Max life**
	Years	**Years**
Land	-	-
Buildings, excluding dwellings	-	88
Dwellings	5	71
Plant & machinery	1	35
Transport equipment	1	10
Information technology	1	10
Furniture & fittings	1	15

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of being sold separately from the rest of Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

Software

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant, and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Internally generated intangible assets

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred.

Internally-generated assets e.g. goodwill, brands, mastheads, publishing titles, customer lists and similar items are recognised if, and only if, all of the following have been demonstrated:

• The technical feasibility of completing the intangible asset so that it will be available for use;
• The trust intends to complete the intangible asset and use it;
• The trust has the ability to sell or use the intangible asset;
• How the intangible asset will generate probable future economic benefits or service potential;
• The availability of adequate technical, financial, and other resources to complete the intangible asset and sell or use it; and
• The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Revaluations and impairments are treated in the same manner as for property, plant, and equipment.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	**Max life**
	Years	**Years**
Information technology	1	35
Development expenditure	-	-
Websites	-	-
Software licences	1	10
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	1	7
Goodwill	-	-

Note 1.11 Inventories

Inventories are valued at the lower of cost and net realisable value, using the First In, First Out (FIFO) cost formula.

In 2020/21 and 2021/22, the trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Investment properties

Neither the group nor trust have investment properties.

Note 1.13 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 trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.14 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On de-recognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the trust recognises an allowance for expected credit losses.

The trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled, or expires.

Note 1.15 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.

The trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Operating lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.16 Provisions

Provisions are recognised when the 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.

HM Treasury's discount rates effective from:

		Nominal rate	
		31 March 2022	31 March 2021
Short-term	Up to 5 years	0.47%	0.51%
Medium-term	After 5 years up to 10 years	0.70%	0.55%
Long-term	After 10 years up to 40 years	0.95%	1.99%
	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from:

	Inflation rate	
	31 March 2022	31 March 2021
Year 1	4.00%	1.90%
Year 2	2.60%	2.00%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 37.3 but is not recognised in the trust’s accounts.

Non-clinical risk pooling

The 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 Resolution 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.

Note 1.17 Contingencies

A contingent liability is a:

• Possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the trust; or
• Present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably.

A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

Note 1.18 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, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financiang-available-to-nhstrusts-and-foundation-trusts.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health and Social Care (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.

Note 1.19 Value added tax

Most of the activities of the NHS foundation trust are outside the scope of value added tax (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 non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.20 Corporation tax

Corporation tax disclosed in the group accounts relates to tax on the activities of the wholly owned subsidiary, Pharm@Sea Limited. Tax is charged at 20% on the taxable profits of Pharm@Sea Limited. Deferred tax has been provided on the remaining unwound capital allowances.

The trust has determined that it has no corporation tax liability as it does not operate any commercial activities that are not part of core health care delivery.

Note 1.21 Climate change levy

Expenditure on the climate charge levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.22 Foreign exchange

The functional and presentational currencies of the trust are pounds sterling and figures are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the spot exchange rate on the date of the transaction. The trust has not entered into any material foreign exchange transactions and has no assets or liabilities held in foreign currencies.

Note 1.23 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 in accordance with the requirements of HM Treasury's FReM.

Note 1.24 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.

Note 1.25 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

As at 31 March 2022 no gifts were made.

Note 1.26 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	33,929
Additional lease obligations recognised for existing operating leases	(33,929)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(4,385)
Additional finance costs on lease liabilities	(306)
Lease rentals no longer charged to operating expenditure	4,557
Other impact on income / expenditure	(49)
Estimated impact on surplus / (deficit) in 2022/23	**(183)**
Estimated increase in capital additions for new leases commencing in 2022/23	**5,527**

From 1 April 2022, the principles of IFRS 16 will also be applied to the trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred. This is expected to increase the PFI liability on the statement of financial position upon transition to IFRS 16. The effect of this has not yet been quantified.

IFRS 17 Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted. IFRS 17 on insurance contracts (replacing IFRS 4) is expected to apply to the public sector from 2023.
https://www.england.nhs.uk/financial-accounting-and-reporting/financial-reporting/ [8th August 2019]

Critical accounting judgements and key sources of estimation uncertainty

In the application of trust's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

Note 1.28 Sources of estimation uncertainty

The following is a key source of estimation uncertainty at the end of the reporting period that presents significant risk of causing a material adjustment to the carrying amount of assets or liabilities within the next financial year.

Asset valuation

The total balance of intangible and tangible fixed assets for the Group as at 31 March 2022 is £1,094.9m of which £510.2m relates to revalued estate assets.

Where non-estate assets are of low value and/or have short useful economic lives, such as operational equipment, they are carried at depreciated historical cost (cost less any accumulated depreciation) as this is not considered to be materially different from fair value. The lives of equipment assets are estimated using historical experience of similar equipment lives with reference to national guidance and consideration of the pace of technological change. Intangible software licences are depreciated over the shorter of the term of the licence and the useful economic life. These are types of estimation, but they are less likely than the valuation of estate assets to present a significant risk of causing material misstatement.

The value and remaining useful lives of estate assets are estimated by the Trust's valuer, Gerald Eve LLP. Valuations are carried out annually and are performed in accordance with the Royal Institute of Chartered Surveyors' RICS Valuation – Global Standards ('Red Book Global Standards') and other relevant RICS guidance notes, primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property. In particular, land and building assets are valued as a single combined hospital facility ('single alternative site model'), as described in the previous section. The composition of this alternative replacement model requires the operation of significant levels of professional estimation by the valuer.

The valuer has highlighted to the Trust that any significant future changes in pandemic conditions may rapidly affect market conditions and future valuations.

The performance of the 31 March 2022 full valuation was not compromised by pandemic-related access restrictions. It was based on a RICS Building Cost Information Service All-in Tender Price Index (BCIS TPI) published on 31 March 2022 and no significant correction to this is anticipated. If the RICS-provided BCIS TPI had been 2.9% higher, in line with forecasts for periods beyond 31 March 2022, the valuer's estate valuation would have been over £12m higher. The Trust's valuation also depends on the BCIS Location Factor applied, and an estimation of external / economic obsolescence levels. These would also generate similar changes in the valuation if varied by 2 - 3%.

Because the Trust undertakes annual revaluations of estate assets, estimation uncertainty relating to asset lives and depreciation does not present significant risk of causing material adjustments.

However, as in previous years, the Trust's reliance on valuation methods does present a risk of causing a material adjustment to the carrying amount of non-current assets.

Buildings valuation

Department of Health guidance specifies that the Group's land and buildings should be valued on the basis of depreciated replacement cost, applying the Modern Equivalent Asset (MEA) concept. The MEA is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore, the MEA is not a valuation of the existing land and buildings that the trust holds, but a theoretical valuation for accounting purposes of what the trust could need to spend in order to replace the current assets. In determining the MEA, the trust has to make assumptions that are practically achievable; however, the trust is not required to have any plans to make such changes.

The Group is satisfied that the assumptions underpinning the MEA valuation are practically achievable, would not change the services provided by the trust, and would not impact on service delivery or the level and volume of service provided. The Group does not intend to implement any of the theoretical assumptions that underpin the MEA valuation.

For the purpose of the MEA valuation, the Group has defined all of the Royal Sussex County Hospital, The Royal Alexandra Children's Hospital, the Sussex Eye Hospital, the Royal Princess Royal Hospital, St Richards Hospital in Chichester and Worthing Hospital as buildings that provide specialist health care services. The MEA valuation in the accounts assumes that the Chichester and Worthing based hospitals could theoretically be provided from a location on the outskirts of Chichester (to the north of Bognor Regis) and Worthing (to the north of Littlehampton); and that the Brighton based hospitals could theoretically be provided from a location on the outskirts of Brighton (on the A27 ring road towards Portslade).

The MEA valuations used by the Group have been provided to the Group by the external valuers, Gerald Eve LLP. The Group has used component lives based upon contractual information provided by Gerald Eve LLP to depreciate buildings and dwellings on a component basis.

Under the MEA approach, trust sites will be multi-story hospital blocks built to a smaller footprint compared to the existing estate (similar to the 3Ts development).

Under the MEA approach, the Trust has assumed VAT will be recovered on a new build at a similar rate to the 3Ts project. The value without the VAT adjustment is £528.6m.

Depreciation

The reported amounts for depreciation of property, plant and equipment and amortisation of non-current intangible assets can be materially affected by the judgements exercised in determining their estimated economic lives. Economic lives are determined in a number of different ways such as valuations (external professional opinion) and physical asset verification exercises. Also the lives of the buildings is contingent of the opening of 3Ts.
The estimated economic lives of each class of asset are disclosed in notes 9, and the carrying values of property, plant and equipment and intangible assets in notes 16 to 17.

Note 2 Operating Segments

Consistent with previous years, the group and trust take the view that there is a single operating segment - the provision of healthcare.

Note 3 Operating income from patient care activities (Group and Trust)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)

	Group and Trust	
	2021/22	**2020/21**
	£000	**£000**
Acute services		
Block contract / system envelope income	1,011,067	397,075
High cost drugs income from commissioners (excluding pass-through costs)	126,466	28,724
Other NHS clinical income	3,379	12,674
Mental health services		
Block contract / system envelope income	1,891	1,580
Services delivered under a mental health collaborative	-	-
Income for commissioning services in a mental health collaborative	-	-
Clinical partnerships providing mandatory services (including S75 agreements)	-	-
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	-	-
Ambulance services		
A & E income	-	-
Patient transport services income	-	-
Other income	-	-
Community services		
Block contract / system envelope income	17,428	17,093
Income from other sources (e.g. local authorities)	8,133	4,606
All services		
Private patient income	8,041	2,093
Elective recovery fund	23,169	-
Additional pension contribution central funding*	32,697	13,536
Other clinical income	1,412	619
Total income from activities	**1,233,683**	**478,000**

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2021/22	**2020/21**
Income from patient care activities received from:	**£000**	**£000**
NHS England	304,185	74,676
Clinical commissioning groups	889,295	395,116
Department of Health and Social Care	22	-
Other NHS providers	545	890
NHS other	45	-
Local authorities	8,133	4,606
Non-NHS: private patients	8,041	2,093
Non-NHS: overseas patients (chargeable to patient)	400	29
Injury cost recovery scheme	1,357	553
Non NHS: other	21,660	37
Total income from activities	**1,233,683**	**478,000**
Of which:		
Related to continuing operations	1,233,683	478,000
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider) (Group and Trust)

	2021/22	2020/21
	£000	£000
Income recognised this year	400	29
Cash payments received in-year	212	66
Amounts added to provision for impairment of receivables	351	197
Amounts written off in-year	100	334

Note 4 Other operating income (Group)

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	6,215	-	**6,215**	1,134	-	**1,134**
Education and training	53,654	744	**54,398**	14,076	-	**14,076**
Non-patient care services to other bodies	11,720		**11,720**	12,894		**12,894**
Reimbursement and top up funding	7,007		**7,007**	20,132		**20,132**
Income in respect of employee benefits accounted on a gross basis	6,805		**6,805**	120		**120**
Receipt of capital grants and donations		686	**686**		564	**564**
Charitable and other contributions to expenditure		5,846	**5,846**		7,852	**7,852**
Support from the Department of Health and Social Care for mergers		-	**-**		-	**-**
Rental revenue from finance leases		-	**-**		-	**-**
Rental revenue from operating leases		1,443	**1,443**		532	**532**
Amortisation of PFI deferred income / credits		-	**-**		-	**-**
Charitable fund incoming resources		2,227	**2,227**		-	**-**
Other income*	20,080	130	**20,210**	2,283	-	**2,283**
Total other operating income	**105,481**	**11,076**	**116,557**	**50,639**	**8,948**	**59,587**
Of which:						
Related to continuing operations			116,557			59,587
Related to discontinued operations			-			-

*Other operating income includes revenue streams such as; Car parking income, staff accomodation rental income, non NHS Pharmacy sales & Clinical Excellence Awards income.

	2021/22	2020/21
Car Parking income	1,576	488
Catering	519	-
Pharmacy sales	6,304	896
Property rental (not lease income)	25	9
Staff accommodation rental	1,146	690
Estates recharges (external)	66	-
IT recharges (external)	108	-
Staff contribution to employee benefit schemes	29	-
Crèche services	831	-
Clinical tests	2,548	-
Clinical excellence awards	2,079	192
Grossing up consortium arrangements	-	-
Other income generation schemes (recognised under IFRS 15)	-	8
Other income not already covered (recognised under IFRS 15)	4,928	-
Other	130	
Total before consolidation of charitable funds	20,289	2,283
Elimination of 'other income' on consolidation of charitable funds	(79)	-
Total after consolidation of charitable funds	**20,210**	**2,283**

The increase in other income is the direct result of the transfer by absorption.

Note 4.1 Other operating income (Trust)

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	6,215	-	**6,215**	1,134	-	**1,134**
Education and training	53,654	744	**54,398**	14,076	-	**14,076**
Non-patient care services to other bodies	11,849		**11,849**	12,894		**12,894**
Reimbursement and top up funding	7,007		**7,007**	20,132		**20,132**
Income in respect of employee benefits accounted on a gross basis	6,805		**6,805**	120		**120**
Receipt of capital grants and donations		2,729	**2,729**		564	**564**
Charitable and other contributions to expenditure		5,846	**5,846**		7,852	**7,852**
Support from the Department of Health and Social Care for mergers		-	**-**		-	**-**
Rental revenue from finance leases		-	**-**		-	**-**
Rental revenue from operating leases		1,489	**1,489**		532	**532**
Amortisation of PFI deferred income / credits		-	**-**		-	**-**
Charitable fund incoming resources		-	**-**		-	**-**
Other income*	19,966	1,280	**21,246**	2,283	-	**2,283**
Total other operating income	**105,496**	**12,088**	**117,584**	**50,639**	**8,948**	**59,587**
Of which:						
Related to continuing operations			117,584			59,587
Related to discontinued operations			-			-

*Other operating income includes revenue streams such as; Car parking income, staff accomodation rental income, non NHS Pharmacy sales & Clinical Excellence Awards income.

	2021/22	2020/21
Car Parking income	1,576	488
Catering	519	-
Pharmacy sales	6,111	896
Property rental (not lease income)	25	9
Staff accommodation rental	1,146	690
Estates recharges (external)	66	-
IT recharges (external)	108	-
Staff contribution to employee benefit schemes	29	-
Crèche services	831	-
Clinical tests	2,548	-
Clinical excellence awards	2,079	192
Grossing up consortium arrangements	-	-
Other income generation schemes (recognised under IFRS 15)	-	8
Other income not already covered (recognised under IFRS 15)	4,928	-
Other	1,280	
Total	**21,246**	**2,283**

The increase in other income is the direct result of the transfer by absorption.

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period (Group and Trust)

	2021/22	2020/21
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,481	97
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	(325)

Note 5.2 Transaction price allocated to remaining performance obligations (Group and Trust)

There were no transaction price allocations to remaining performance obligations in 2021/22 or 2020/21.

Note 5.3 Income from activities arising from commissioner requested services (Group and Trust)

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 licence and are services that commissioners believe would need to be protected in the event of provider failure. Neither the group nor the trust has any commissioner requested services.

Note 5.5 Fees and charges (Group and Trust)

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2021/22	2020/21
	£000	£000
Income	1,572	-
Full cost	(515)	-
Surplus / (deficit)	**1,057**	**-**

The income relates to patient car parking charges.

Note 6.1 Operating expenses

	Group		Trust	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,637	3,066	5,637	3,066
Purchase of healthcare from non-NHS and non-DHSC bodies	38,331	3,095	38,214	3,095
Purchase of social care	-	-	-	-
Staff and executive directors costs	826,697	352,346	825,945	352,346
Remuneration of non-executive directors	243	167	243	167
Supplies and services - clinical (excluding drugs costs)	121,708	44,653	121,708	44,653
Supplies and services - general	11,845	4,026	11,845	4,026
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	136,044	45,958	138,632	45,958
Inventories written down	354	94	354	94
Consultancy costs	-	1,235	-	1,235
Establishment	11,126	3,149	11,064	3,149
Premises	44,569	18,144	44,550	18,144
Transport (including patient travel)	3,191	1,367	3,179	1,367
Depreciation on property, plant and equipment	34,781	15,864	34,763	15,864
Amortisation on intangible assets	3,334	649	3,334	649
Net impairments	23,359	9,116	23,359	9,116
Movement in credit loss allowance: contract receivables / contract assets	559	214	559	214
Movement in credit loss allowance: all other receivables and investments	682	614	682	614
Increase/(decrease) in other provisions	-	292	-	292
Change in provisions discount rate(s)	77	281	77	281
Fees payable to the external auditor				
audit services- statutory audit*	223	193	180	193
other auditor remuneration (external auditor only)	-	-	-	-
Internal audit costs	149	82	149	82
Clinical negligence	44,799	15,890	44,799	15,890
Legal fees	573	1,578	573	1,578
Insurance	1,044	433	1,034	433
Research and development	7,011	2,280	7,011	2,280
Education and training	24,147	7,408	24,144	7,408
Rentals under operating leases	5,187	1,923	5,187	1,923
Early retirements	-	11	-	11
Redundancy	-	-	-	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	1,101	-	1,101	-
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-	-	-
Car parking & security	1,232	735	1,232	735
Hospitality	1	-	1	-
Losses, ex gratia & special payments	134	71	134	71
Grossing up consortium arrangements	-	-	-	-
Other services, eg external payroll	433	2,526	433	2,526
Other NHS charitable fund resources expended	1,215	-	-	-
Other	2,455	1,208	2,452	1,208
Total	**1,352,241**	**538,668**	**1,352,575**	**538,668**
Of which:				
Related to continuing operations	1,352,241	538,668	1,352,575	538,668
Related to discontinued operations	-	-	-	-

*The audit fee payable to Grant Thornton is £150k plus VAT

Note 6.2 Other auditor remuneration (Group and Trust)

	2021/22	2020/21
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**-**	**-**

Note 6.3 Limitation on auditor's liability (Group and Trust)

The limitation on auditor's liability for external audit work is:

For the Trust only (Grant Thornton): £2 million (2020/21: £2 million)
For Love Your Hospital (LYH) (Kreston Reeves): Unlimited
For BSUH Charity (Cardens): £2m
For Pharm@Sea (Cardens): £2m

Note 7 Impairment of assets (Group and Trust)

	2021/22	2020/21
	£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	23,359	10,454
Impairments of charitable fund assets	-	-
Other	-	(1,338)
Total net impairments charged to operating surplus / deficit	**23,359**	**9,116**
Impairments charged to the revaluation reserve	14,518	2,388
Total net impairments	**37,877**	**11,504**

The impairment due to changes in market price relates to a change in the value of the trust's estate following the annual review carried out by the external valuer Gerald Eve LLP.

Note 8 Employee benefits

	Group		Trust	
	2021/22	2020/21	2021/22	2020/21
	Total	Total	Total	Total
	£000	£000	£000	£000
Salaries and wages	644,830	275,164	644,093	275,164
Social security costs	67,806	28,848	67,806	28,848
Apprenticeship levy	3,216	1,343	3,216	1,343
Employer's contributions to NHS pensions	107,445	44,491	107,445	44,491
Pension cost - other	-	-	-	-
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff (including agency)	27,813	11,028	27,798	11,028
NHS charitable funds staff	-	-	-	-
Total gross staff costs	**851,110**	**360,874**	**850,358**	**360,874**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**851,110**	**360,874**	**850,358**	**360,874**
Of which				
Costs capitalised as part of assets	2,646	780	2,646	780

Senior staff salary and pension disclosures have been included within the Remuneration Report.

Head count disclosures have been included within the Staff Report.

Note 8.1 Retirements due to ill-health (Group)

During 2021/22 there were 7 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2021). There were £403k additional pension liabilities (£125k in 2020/21).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

c) NEST

The Pensions Act 2008 and 2001 Automatic Enrolment Regulations required all employers to enrol workers meeting certain criteria into a pension scheme and pay contributions toward their retirement. Employees who are unable to join the NHS Pensions Scheme are covered by the National Employers Savings Trust ("NEST").

The auto enrolment "staging" date for the trust compliance was 1 July 2013. This was followed by a re-enrolment date of 1 July 2016 and then again on the 1 July 2019. For those staff not entitled to join the NHS Pension Scheme, the trust utilised an alternative pension scheme called NEST to fulfil its automatic enrolment obligations. NEST is a defined contribution pension scheme established by law to support the introduction of auto enrolment.

Contributions are taken from qualifying earnings, which are currently from £6,240 up to £50,270 but are reviewed every year by the government. The initial contribution was 1% of qualifying earnings, with an employer contribution of 1%. This has been increased by the stages below which were set by the government.

Date	Employee Contribution	Employer Contribution	Total Contribution
1st March 2013	1%	1%	2%
6th April 2018	3%	2%	5%
6th April 2019	5%	3%	8%

Note 10 Operating leases (Group)

Note 10.1 University Hospitals Sussex NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where University Hospitals Sussex NHS Foundation Trust is the lessor.

The Trust leases space to third parties to provide food, beverages and newspapers, the swimming pool on the St Mary's Hall site in Brighton, office space and use of sites for the location of aerials. The Trust also leases space to the wholly owned subsidiary, Pharm@Sea Limited, Hyperbaric unit to Qinetiq and Nursery/childcare facility to The Co-operative Nursery. The terms of these leases vary between one and fifteen years.

	2021/22	2020/21
	£000	£000
Operating lease revenue		
Minimum lease receipts	1,443	532
Contingent rent	-	-
Other	-	-
Total	**1,443**	**532**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	1,413	605
- later than one year and not later than five years;	4,769	2,045
- later than five years.	6	448
Total	**6,188**	**3,098**

Note 10.2 University Hospitals Sussex NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where University Hospitals Sussex NHS Foundation Trust is the lessee.

The trust has leasing arrangements including building leases, vehicle leases, and implicit equipment leases within Managed Equipment Services (MES) contracts.

The trust leases the following properties;

Sussex House, Brighton
Freshfield, Brighton
Preston Road, Brighton
Radiotherapy centre, Eastbourne
Ridgeworth House, Worthing
74 - 80 Park Road, Worthing

In addition, the trust entered into a sublease arrangement with Coastal West Sussex CCG for office buildings in 2019/20.

	2021/22	2020/21
	£000	£000
Operating lease expense		
Minimum lease payments	5,503	2,283
Contingent rents	-	-
Less sublease payments received	(316)	(360)
Total	**5,187**	**1,923**

	Land	Buildings	Other	31 March 2022	31 March 2021
	£000	£000	£000	£000	£000
Future minimum lease payments due:					
- not later than one year;	126	3,611	830	4,567	2,008
- later than one year and not later than five years;	158	10,860	1,390	12,408	3,205
- later than five years.	-	19,250	2	19,252	980
Total	**284**	**33,721**	**2,222**	**36,227**	**6,193**
Future minimum sublease payments to be received		(679)		(679)	(1,260)

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	Group		Trust	
	2021/22	**2020/21**	**2021/22**	**2020/21**
	£000	**£000**	**£000**	**£000**
Interest on bank accounts	30	6	30	6
Interest income on finance leases	-	-	-	-
Interest on other investments / financial assets	-	-	-	-
NHS charitable fund investment income	332	-	-	-
Other finance income	-	-	-	-
Total finance income	**362**	**6**	**30**	**6**

Note 12.1 Finance expenditure (Group and Trust)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2021/22	**2020/21**
	£000	**£000**
Interest expense:		
Loans from the Department of Health and Social Care	1,372	458
Other loans	-	-
Overdrafts	-	-
Finance leases	157	158
Interest on late payment of commercial debt	1	-
Main finance costs on PFI and LIFT schemes obligations	1,400	-
Contingent finance costs on PFI and LIFT scheme obligations	1,519	-
Total interest expense	**4,449**	**616**
Unwinding of discount on provisions	(20)	(12)
Other finance costs	-	-
Total finance costs	**4,429**	**604**

The table above pertains to the group and the trust as neither the Charitable funds nor Pharm@Sea Limited have any borrowings.

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group and Trust)

	2021/22	**2020/21**
	£000	**£000**
Total liability accruing in year under this legislation as a result of late payments	2,100	428
Amounts included within interest payable arising from claims made under this legislation	1	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)

	Group		Trust	
	2021/22	**2020/21**	**2021/22**	**2020/21**
	£000	**£000**	**£000**	**£000**
Gains on disposal of assets	339	-	339	-
Losses on disposal of assets	(3)	(3)	(3)	(3)
Gains / losses on disposal of charitable fund assets	-	-	-	-
Total gains / (losses) on disposal of assets	**336**	**(3)**	**336**	**(3)**
Gains / (losses) on foreign exchange	-	-	-	-
Fair value gains / (losses) on investment properties	-	-	-	-
Fair value gains / (losses) on financial assets / investments	-	-	-	-
Fair value gains / (losses) on charitable fund investments & investment properties	1,264	-	-	-
Fair value gains / (losses) on financial liabilities	-	-	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-	-	-
Other gains / (losses)	-	-	-	-
Total other gains / (losses)	**1,600**	**(3)**	**336**	**(3)**

Note 14 Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The trust's surplus/(defict) for the period was £571 million (2020/21: (£9) million). The trust's total comprehensive income/(expense) for the period was £613 million (2020/21: (£2) million).

On 1 April 2021, Brighton and Sussex University Hospitals NHS Trust was acquired by Western Sussex Hospitals NHS Foundation Trust, as approved by NHS Improvement in March 2021. For functions that have been transferred to the Trust from another NHS Trust, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within income expenses, but not within operating activities. The net assets transfered to the trust were £594 million. See Note 1.30.

Note 15 Discontinued operations (Group and Trust)

There were no discontinued operations in 2021/2022.

Note 16 Intangible assets - 2021/22

Group and Trust	Software licences £000	Licences & trademarks £000	Patents £000	Internally generated information technology £000	Development expenditure £000	Goodwill £000	Websites £000	Intangible assets under construction £000	Other (purchased) £000	Charitable fund intangible assets £000	Total £000
Valuation / gross cost at 1 April 2021 - brought forward	**12,501**	**-**	**-**	**9,135**	**-**	**-**	**-**	**-**	**1,112**	**-**	**22,748**
Transfers by absorption	6,036	-	-	2,752	-	-	-	-	-	-	**8,788**
Additions	1,617	-	-	1,919	-	-	-	4,318	-	-	**7,854**
Impairments	-	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition*	(5,737)	-	-	(946)	-	-	-	-	-	-	**(6,683)**
Valuation / gross cost at 31 March 2022	**14,417**	**-**	**-**	**12,860**	**-**	**-**	**-**	**4,318**	**1,112**	**-**	**32,707**
Amortisation at 1 April 2021 - brought forward	**6,258**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**6,258**
Transfers by absorption	974	-	-	1,442	-	-	-	-	-	-	**2,416**
Provided during the year	1,588	-	-	637	-	-	-	-	1,109	-	**3,334**
Impairments	-	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	(226)	-	-	223	-	-	-	-	3	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition*	(5,737)	-	-	(946)	-	-	-	-	-	-	**(6,683)**
Amortisation at 31 March 2022	**2,857**	**-**	**-**	**1,356**	**-**	**-**	**-**	**-**	**1,112**	**-**	**5,325**
Net book value at 31 March 2022	**11,560**	**-**	**-**	**11,504**	**-**	**-**	**-**	**4,318**	**-**	**-**	**27,382**
Net book value at 1 April 2021	**6,243**	**-**	**-**	**9,135**	**-**	**-**	**-**	**-**	**1,112**	**-**	**16,490**

*The trust has undertaken a full review of Intangibles with a Nil Net Book Value and no longer in use, and updated the asset register accordingly to reflect the status of those assets.

Note 17 Intangible assets - 2020/21

Group and Trust	Software licences £000	Licences & trademarks £000	Patents £000	Internally generated information technology £000	Development expenditure £000	Goodwill £000	Websites £000	Intangible assets under construction £000	Other (purchased) £000	Charitable fund intangible assets £000	Total £000
Valuation / gross cost at 1 April 2020 - as previously stated	**10,854**	**-**	**-**	**-**	**-**	**-**	**-**	**7,119**	**1,112**	**-**	**19,085**
Prior period adjustments	-	-	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2020 - restated	**10,854**	**-**	**-**	**-**	**-**	**-**	**-**	**7,119**	**1,112**	**-**	**19,085**
Transfers by absorption	-	-	-	-	-	-	-	-	-	-	**-**
Additions	1,531	-	-	2,306	-	-	-	-	-	-	**3,837**
Impairments	-	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	116	-	-	6,829	-	-	-	(7,119)	-	-	**(174)**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 31 March 2021	**12,501**	**-**	**-**	**9,135**	**-**	**-**	**-**	**-**	**1,112**	**-**	**22,748**
Amortisation at 1 April 2020 - as previously stated	**5,609**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**5,609**
Prior period adjustments	-	-	-	-	-	-	-	-	-	-	**-**
Amortisation at 1 April 2020 - restated	**5,609**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**5,609**
Transfers by absorption	-	-	-	-	-	-	-	-	-	-	**-**
Provided during the year	649	-	-	-	-	-	-	-	-	-	**649**
Impairments	-	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	-	-	**-**
Amortisation at 31 March 2021	**6,258**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**6,258**
Net book value at 31 March 2021	**6,243**	**-**	**-**	**9,135**	**-**	**-**	**-**	**-**	**1,112**	**-**	**16,490**
Net book value at 1 April 2020	**5,245**	**-**	**-**	**-**	**-**	**-**	**-**	**7,119**	**1,112**	**-**	**13,476**

Note 18.1 Property, plant and equipment - 2021/22

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	**21,464**	**207,189**	**7,891**	**4,022**	**90,536**	**282**	**32,361**	**2,519**	**-**	**366,264**
Transfers by absorption	26,057	221,649	575	345,724	142,498	217	59,609	4,322	-	**800,651**
Additions	-	23,820	-	99,836	11,292	-	7,354	-	-	**142,302**
Impairments charged to operating expenses	(1,837)	(22,861)	-	-	-	-	-	-	-	**(24,698)**
Impairments charged to the revaluation reserve	(1,223)	(13,214)	(81)							**(14,518)**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	15,204	23,022	2,584	-	-	-	-	-	-	**40,810**
Reclassifications	-	-	-	(10,323)	8,069	-	2,254	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition*	-	-	-	-	(120,353)	(482)	(45,499)	(6,062)	-	**(172,396)**
Valuation/gross cost at 31 March 2022	**59,665**	**439,605**	**10,969**	**439,259**	**132,042**	**17**	**56,079**	**779**	**-**	**1,138,415**
Accumulated depreciation at 1 April 2021 - brought forward	**-**	**-**	**0**	**-**	**57,428**	**274**	**20,117**	**2,236**	**-**	**80,055**
Transfers by absorption	-	-	-	-	100,979	217	39,973	4,318	-	**145,487**
Provided during the year	-	16,721	417	-	10,335	3	7,267	38	-	**34,781**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Impairments charged to operating expenses	-	(1,339)	-	-	-	-	-	-	-	**(1,339)**
Revaluations	-	(15,382)	(417)	-	-	-	-	-	-	**(15,799)**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition*	-	-	-	-	(120,254)	(482)	(45,499)	(6,062)	-	**(172,297)**
Accumulated depreciation at 31 March 2022	**-**	**-**	**0**	**-**	**48,488**	**12**	**21,858**	**530**	**-**	**70,888**
Net book value at 31 March 2022	**59,665**	**439,605**	**10,969**	**439,259**	**83,554**	**5**	**34,221**	**249**	**-**	**1,067,527**
Net book value at 1 April 2021	**21,464**	**207,189**	**7,891**	**4,022**	**33,108**	**8**	**12,244**	**283**	**-**	**286,209**

*The trust has undertaken a full review of Property, Plant and Equipment (PPE) with a Nil Net Book Value and no longer in use, and updated the asset register accordingly to reflect the status of those assets.

Note 18.2 Property, plant and equipment - 2020/21

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**21,464**	**206,070**	**7,720**	**678**	**81,177**	**282**	**27,049**	**2,519**	**-**	**346,959**
Prior period adjustments	-	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2020 - restated	**21,464**	**206,070**	**7,720**	**678**	**81,177**	**282**	**27,049**	**2,519**	**-**	**346,959**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Additions	-	495	-	16,929	9,138	-	4,453	-	-	**31,015**
Impairments	-	(19,833)	(139)	-	-	-	-	-	-	**(19,972)**
Reversals of impairments	-	2,514	-	-	-	-	-	-	-	**2,514**
Revaluations	-	5,286	310	-	-	-	-	-	-	**5,596**
Reclassifications	-	12,657	-	(13,585)	243	-	859	-	-	**174**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(22)	-	-	-	-	**(22)**
Valuation/gross cost at 31 March 2021	**21,464**	**207,189**	**7,891**	**4,022**	**90,536**	**282**	**32,361**	**2,519**	**-**	**366,264**
Accumulated depreciation at 1 April 2020 - as previously stated	**-**	**-**	**0**	**-**	**53,017**	**271**	**18,121**	**2,189**	**-**	**73,598**
Prior period adjustments	-	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2020 - restated	**-**	**-**	**0**	**-**	**53,017**	**271**	**18,121**	**2,189**	**-**	**73,598**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	9,295	112	-	4,411	3	1,996	47	-	**15,864**
Impairments	-	(5,179)	(25)	-	-	-	-	-	-	**(5,204)**
Reversals of impairments	-	(750)	-	-	-	-	-	-	-	**(750)**
Revaluations	-	(3,366)	(87)	-	-	-	-	-	-	**(3,453)**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 31 March 2021	**-**	**-**	**0**	**-**	**57,428**	**274**	**20,117**	**2,236**	**-**	**80,055**
Net book value at 31 March 2021	**21,464**	**207,189**	**7,891**	**4,022**	**33,108**	**8**	**12,244**	**283**	**-**	**286,209**
Net book value at 1 April 2020	**21,464**	**206,070**	**7,720**	**678**	**28,160**	**11**	**8,928**	**330**	**-**	**273,361**

Note 18.3 Property, plant and equipment financing - 2021/22

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022										
Owned - purchased	57,723	401,234	7,678	438,109	75,663	5	34,146	110	-	**1,014,668**
Finance leased	1,280	-	3,291	-	-	-	-	-	-	**4,571**
On-SoFP PFI contracts and other service concession arrangements	-	30,109	-	-	-	-	-	-	-	**30,109**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-	**-**
Owned - donated/granted	662	8,262	-	1,150	7,891	-	75	139	-	**18,179**
NBV total at 31 March 2022	**59,665**	**439,605**	**10,969**	**439,259**	**83,554**	**5**	**34,221**	**249**	**-**	**1,067,527**

Note 18.4 Property, plant and equipment financing - 2020/21

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021										
Owned - purchased*	20,993	196,803	5,406	4,022	30,018	8	12,137	129	-	**269,516**
Finance leased*	-	-	2,485	-	264	-	-	-	-	**2,749**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-	**-**
Owned - donated/granted*	471	10,386	-	-	2,826	-	107	154	-	**13,944**
NBV total at 31 March 2021	**21,464**	**207,189**	**7,891**	**4,022**	**33,108**	**8**	**12,244**	**283**	**-**	**286,209**

*Values in note 18.4 for 2020/21 should be £200,975k for Owned - purchased (Buildings excluding dwellings), and £6,214k for Owned - donated/granted (Buildings excluding dwellings); £1,110k for Finance leased (Land) , and £19,883k for Owned - purchased (Land).

Note 19.1 Property, plant and equipment - 2021/22

Trust	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 2021 - brought forward	**21,464**	**207,189**	**7,891**	**4,022**	**90,536**	**282**	**32,361**	**2,519**	**366,264**
Transfers by absorption	26,057	221,649	575	345,724	141,999	217	59,609	4,322	**800,152**
Additions	-	23,820	-	99,836	11,292	-	7,354	-	**142,302**
Impairments charged to operating expenses	(1,837)	(22,861)	-	-	-	-	-	-	**(24,698)**
Impairments charged to the revaluation reserve	(1,223)	(13,214)	(81)						**(14,518)**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	15,204	23,022	2,584	-	-	-	-	-	**40,810**
Reclassifications	-	-	-	(10,323)	8,069	-	2,254	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition*	-	-	-	-	(120,353)	(482)	(45,499)	(6,062)	**(172,396)**
Valuation/gross cost at 31 March 2022	**59,665**	**439,605**	**10,969**	**439,259**	**131,543**	**17**	**56,079**	**779**	**1,137,916**
Accumulated depreciation at 1 April 2021 - brought forward	**-**	**-**	**0**	**-**	**57,428**	**274**	**20,117**	**2,236**	**80,055**
Transfers by absorption	-	-	-	-	100,607	217	39,973	4,318	**145,115**
Provided during the year	-	16,721	417	-	10,317	3	7,267	38	**34,763**
Impairments	-	-	-	-	-	-	-	-	**-**
Impairments charged to operating expenses	-	(1,339)	-	-	-	-	-	-	**(1,339)**
Revaluations	-	(15,382)	(417)	-	-	-	-	-	**(15,799)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition*	-	-	-	-	(120,254)	(482)	(45,499)	(6,062)	**(172,297)**
Accumulated depreciation at 31 March 2022	**-**	**-**	**0**	**-**	**48,098**	**12**	**21,858**	**530**	**70,498**
Net book value at 31 March 2022	**59,665**	**439,605**	**10,969**	**439,259**	**83,445**	**5**	**34,221**	**249**	**1,067,418**
Net book value at 1 April 2021	**21,464**	**207,189**	**7,891**	**4,022**	**33,108**	**8**	**12,244**	**283**	**286,209**

*The trust has undertaken a full review of Property, Plant and Equipment (PPE) with a Nil Net Book Value and no longer in use, and updated the asset register accordingly to reflect the status of those assets.

Note 19.2 Property, plant and equipment - 2020/21

Trust	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 2020 - as previously stated	**21,464**	**206,070**	**7,720**	**678**	**81,177**	**282**	**27,049**	**2,519**	**346,959**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2020 - restated	**21,464**	**206,070**	**7,720**	**678**	**81,177**	**282**	**27,049**	**2,519**	**346,959**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	-	495	-	16,929	9,138	-	4,453	-	**31,015**
Impairments	-	(19,833)	(139)	-	-	-	-	-	**(19,972)**
Reversals of impairments	-	2,514	-	-	-	-	-	-	**2,514**
Revaluations	-	5,286	310	-	-	-	-	-	**5,596**
Reclassifications	-	12,657	-	(13,585)	243	-	859	-	**174**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(22)	-	-	-	**(22)**
Valuation/gross cost at 31 March 2021	**21,464**	**207,189**	**7,891**	**4,022**	**90,536**	**282**	**32,361**	**2,519**	**366,264**
Accumulated depreciation at 1 April 2020 - as previously stated	**-**	**-**	**0**	**-**	**53,017**	**271**	**18,121**	**2,189**	**73,598**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2020 - restated	**-**	**-**	**0**	**-**	**53,017**	**271**	**18,121**	**2,189**	**73,598**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	9,295	112	-	4,411	3	1,996	47	**15,864**
Impairments	-	(5,179)	(25)	-	-	-	-	-	**(5,204)**
Reversals of impairments	-	(750)	-	-	-	-	-	-	**(750)**
Revaluations	-	(3,366)	(87)	-	-	-	-	-	**(3,453)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 31 March 2021	**-**	**-**	**0**	**-**	**57,428**	**274**	**20,117**	**2,236**	**80,055**
Net book value at 31 March 2021	**21,464**	**207,189**	**7,891**	**4,022**	**33,108**	**8**	**12,244**	**283**	**286,209**
Net book value at 1 April 2020	**21,464**	**206,070**	**7,720**	**678**	**28,160**	**11**	**8,928**	**330**	**273,361**

Note 19.3 Property, plant and equipment financing - 2021/22

Trust	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 2022									
Owned - purchased	57,723	401,234	7,678	438,109	75,554	5	34,146	110	**1,014,559**
Finance leased	1,280	-	3,291	-	-	-	-	-	**4,571**
On-SoFP PFI contracts and other service concession arrangements	-	30,109	-	-	-	-	-	-	**30,109**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - donated / granted	662	8,262	-	1,150	7,891	-	75	139	**18,179**
NBV total at 31 March 2022	**59,665**	**439,605**	**10,969**	**439,259**	**83,445**	**5**	**34,221**	**249**	**1,067,418**

Note 19.4 Property, plant and equipment financing - 2020/21

Trust	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 2021									
Owned - purchased*	20,993	196,803	5,406	4,022	30,018	8	12,137	129	**269,516**
Finance leased*	-	-	2,485	-	264	-	-	-	**2,749**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - donated / granted*	471	10,386	-	-	2,826	-	107	154	**13,944**
NBV total at 31 March 2021	**21,464**	**207,189**	**7,891**	**4,022**	**33,108**	**8**	**12,244**	**283**	**286,209**

*Values in note 19.4 for 2020/21 should be £200,975k for Owned - purchased (Buildings excluding dwellings), and £6,214k for Owned - donated/granted (Buildings excluding dwellings); £1,110k for Finance leased (Land) , and £19,883k for Owned - purchased (Land).

Note 20 Donations of property, plant and equipment

The value of assets donated by the Brighton and Sussex University Hospitals NHS Trust Charitable Funds and Love Your Hospital Charity during the year was £2,239k. There are no restrictions or conditions imposed by the donations.

There is no difference between the cash provided and the fair value of the assets acquired.

The value of medical equipment donated by DHSC as part of the coronavirus pandemic response in 2021/22 was £490k.

Note 21 Revaluations of property, plant and equipment

The trust undertakes an estates revaluation annually. This year a full inspection valuation was carried out as at 31 March 2022 by the external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was carried out in accordance with the requirements of the RICS valuation - Global Standard 2022 and the national standards and guidance set out in the UK national supplement (November 2018 edition), and the International Valuation Standards and IFRS as adapted and interpreted by the Financial Reporting Manual (FReM).

Assets which are held for their service potential (i.e. operational assets) and are in use were measured at Current Value in Existing Use, which is defined in the RICS Red Book as Existing Use Value. For specialised operational assets, current value in existing use is derived using the Depreciated Replacement Cost method subject to the assumption of continuing use.

Most of the trust's assets qualify as specialised operational assets and therefore fall to be assessed using the Depreciated Replacement Cost method and have been valued on an optimal site modern equivalent asset basis. That is the current cost of replacing an asset with its modern equivalent asset less deductions for physical deterioration and all relevant forms of obsolescence and optimisation.

Non-operational assets, including surplus land, are valued on the basis of Fair Value as the property is no longer required for existing operations, which have ceased. Fair value is determined as the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between participants at the measurement date.

For the avoidance of doubt, the valuation is not reported as being subject to ‘material valuation uncertainty’ as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

The estimated remaining lives of the buildings have been adjusted in line with the Gerald Eve's valuation. The estimated remaining lives of the trust's assets are shown in accounting policies note 1.9.

The Group and Trust revaluation value for 2021/22 £56,609k (2020/21 £9,049k) is shown within section "Other comprehensive income, will not be reclassified to income and expenditure" on the Consolidated Statement of Comprehensive Income.

Note 22.1 Investment Property

There is no investment property held by the group or trust.

Note 22.2 Investment property income and expenses

There are was no investment property income or expenses received or paid by the group or trust during the year.

Note 23 Investments in associates and joint ventures

Neither the group nor trust has any investments in unconsolidated subsidiaries, joint ventures, associates or unconsolidated entities.

Note 24 Other investments / financial assets (non-current)

	Group		Trust	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**1,603**	**-**	**-**	**-**
Prior period adjustments		-		-
Carrying value at 1 April - restated	**1,603**	**-**	**-**	**-**
Transfers by absorption	14,062	-	1,101	-
Acquisitions in year	-	1,603	-	-
Movement in fair value through income and expenditure	1,264	-	-	-
Movement in fair value through OCI	-	-	-	-
Net impairments	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-
Amortisation at the effective interest rate	-	-	-	-
Current portion of loans receivable transferred to current financial assets	-	-	-	-
Disposals	-	-	-	-
Carrying value at 31 March	**16,929**	**1,603**	**1,101**	**-**

£1,101k represents the cost of investment in Pharm@Sea Limited, the wholly owned subsidiary of the trust. The company is registered in the UK, company no. 08842973 with a share capital of 1,101,000 of £1 each. The company trades as an outpatients dispensary service at the Royal Sussex County Hospital site. The figures in the note below are based on the audited accounts to the 31 March 2022.

£16,929k represents the investment in unit trusts held by the Brighton and Sussex University Hospitals NHS Trust Charitable Funds and Love Your Hospital Charity.

Note 25 Disclosure of interests in other entities

The trust's investment of £1,101k represents the cost of investment in Pharm@Sea Limited, the wholly owned subsidiary of the Trust. The company is registered in the UK, company no. 08842973 with a share capital of 1,101,000 of £1 each. The company trades as an outpatients dispensary service at the Royal Sussex County Hospital site.

Note 26 Analysis of charitable fund reserves

The trust has consolidated the Brighton and Sussex University Hospitals NHS Charitable Funds and Love Your Hospitals Charity draft accounts as at 31 March 2022 as part of these accounts. The analysis of funds is noted below.

	31 March 2022 £000	31 March 2021 £000
Unrestricted funds:		
Unrestricted income funds	14,970	2,578
Revaluation reserve	-	-
Other reserves	-	-
Restricted funds:		
Endowment funds	471	-
Other restricted income funds	1,414	256
	16,855	**2,834**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 27 Inventories

	Group		Trust	
	31 March 2022 £000	**31 March 2021 £000**	**31 March 2022 £000**	**31 March 2021 £000**
Drugs	6,669	3,150	5,727	3,150
Work In progress	-	-	-	-
Consumables	11,375	4,896	11,375	4,896
Energy	203	56	203	56
Other	43	92	43	92
Charitable fund inventory	-	-	-	-
Total inventories	**18,290**	**8,194**	**17,348**	**8,194**
of which:				
Held at fair value less costs to sell	-	-	-	-

Inventories recognised in expenses for the year were £241,036k (2020/21: £37,493k). Write-down of inventories recognised as expenses for the year were £354k (2020/21: £94k).The write down of inventories relates primarily to expired and damaged drugs.

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £3,687k of items purchased by DHSC (2020/21: £7,780k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 28.1 Receivables

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Current				
Contract receivables	35,693	20,291	36,806	20,291
Contract assets	-	-	-	-
Capital receivables	-	-	-	-
Allowance for impaired contract receivables / assets	(8,401)	(886)	(8,401)	(886)
Allowance for other impaired receivables	(1,503)	(821)	(1,503)	(821)
Deposits and advances	82	-	82	-
Prepayments (non-PFI)	5,785	2,769	5,775	2,769
PFI prepayments - capital contributions	-	-	-	-
PFI lifecycle prepayments	-	-	-	-
Interest receivable	-	-	-	-
Finance lease receivables	-	-	-	-
PDC dividend receivable	-	903	-	903
VAT receivable	4,481	983	3,742	983
Corporation and other taxes receivable	-	-	-	-
Other receivables	-	-	-	-
NHS charitable funds receivables	1,178	254	-	-
Total current receivables	**37,315**	**23,493**	**36,501**	**23,239**
Non-current				
Contract receivables	-	-	-	-
Contract assets	-	-	-	-
Capital receivables	-	-	-	-
Allowance for impaired contract receivables / assets	-	-	-	-
Allowance for other impaired receivables	-	-	-	-
Deposits and advances	-	-	-	-
Prepayments (non-PFI)	5,275	-	5,275	-
PFI prepayments - capital contributions	-	-	-	-
PFI lifecycle prepayments	-	-	-	-
Interest receivable	-	-	-	-
Finance lease receivables	-	-	-	-
VAT receivable	-	-	-	-
Corporation and other taxes receivable	-	-	-	-
Other receivables	2,432	1,276	2,432	1,276
NHS charitable funds receivables	-	-	-	-
Total non-current receivables	**7,707**	**1,276**	**7,707**	**1,276**
Of which receivable from NHS and DHSC group bodies:				
Current	15,956	13,857	15,956	13,857
Non-current	2,432	1,276	2,432	1,276

Note 28.2 Allowances for credit losses - 2021/22

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2021 - brought forward	**886**	**821**	**886**	**821**
Transfers by absorption	6,956	-	6,956	-
New allowances arising	488	19	488	19
Changes in existing allowances	71	663	71	663
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	-	-	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2022	**8,401**	**1,503**	**8,401**	**1,503**

Note 28.3 Allowances for credit losses - 2020/21

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2020 - as previously stated	**1,006**	**207**	**1,006**	**207**
Prior period adjustments	-	-	-	-
Allowances as at 1 Apr 2020 - restated	**1,006**	**207**	**1,006**	**207**
Transfers by absorption	-	-	-	-
New allowances arising	214	614	214	614
Changes in existing allowances	-	-	-	-
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	(334)	-	(334)	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2021	**886**	**821**	**886**	**821**

Note 28.4 Exposure to credit risk

In accordance with IFRS 9, the trust is required to measure the loss allowance of lifetime expected credit losses at initial recognition of the debt being raised.

The expected credit loss is only applied to Non NHS debt. NHS organisations are excluded from the calculation as NHS transactions are considered to be part of DHSC group accounts eliminated on consolidation.

The trust has used the ageing profile to assess the level of risk. The percentages applied to each class derives from both historic data accumulated as well as current and future projections.

Note 29 Other assets

Neither the group nor the trust has any other assets.

Note 30.1 Non-current assets held for sale and assets in disposal groups

The Board has not declared that any assets are surplus to requirements in 2021/22.

Note 30.2 Liabilities in disposal groups

Neither the group nor the trust have any liabilities in disposal groups.

Note 31.1 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.

	Group		Trust	
	2021/22	**2020/21**	**2021/22**	**2020/21**
	£000	**£000**	**£000**	**£000**
At 1 April	**45,012**	**19,814**	**43,877**	**19,814**
Prior period adjustments		-		-
At 1 April (restated)	**45,012**	**19,814**	**43,877**	**19,814**
Transfers by absorption	48,535	-	46,828	-
Net change in year	20,832	25,198	20,484	24,063
At 31 March	**114,379**	**45,012**	**111,189**	**43,877**
Broken down into:				
Cash at commercial banks and in hand	1,288	1,388	222	253
Cash with the Government Banking Service	113,091	43,624	110,967	43,624
Deposits with the National Loan Fund	-	-	-	-
Other current investments	-	-	-	-
Total cash and cash equivalents as in SoFP	**114,379**	**45,012**	**111,189**	**43,877**
Bank overdrafts (GBS and commercial banks)	-	-	-	-
Drawdown in committed facility	-	-	-	-
Total cash and cash equivalents as in SoCF	**114,379**	**45,012**	**111,189**	**43,877**

Note 31.2 Third party assets held by the trust

University Hospitals Sussex NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2022	**31 March 2021**
	£000	**£000**
Bank balances	-	-
Monies on deposit	2	-
Total third party assets	**2**	**-**

Note 32.1 Trade and other payables

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Current				
Trade payables	31,270	13,548	29,955	13,548
Capital payables	17,989	7,319	17,989	7,319
Accruals	77,798	14,749	78,636	14,749
Receipts in advance and payments on account	-	-	-	-
PFI lifecycle replacement received in advance	-	-	-	-
Social security costs	10,115	4,058	10,100	4,058
VAT payables	-	-	-	-
Other taxes payable	10,298	3,900	9,992	3,900
PDC dividend payable	1,125	-	1,125	-
Other payables	11,908	4,414	11,939	4,414
NHS charitable funds: trade and other payables	2,318	158	-	-
Total current trade and other payables	**162,821**	**48,146**	**159,736**	**47,988**
Non-current				
Trade payables	-	-	-	-
Capital payables	-	-	-	-
Accruals	-	-	-	-
Receipts in advance and payments on account	-	-	-	-
PFI lifecycle replacement received in advance	-	-	-	-
VAT payables	-	-	-	-
Other taxes payable	-	-	-	-
Other payables	-	-	-	-
NHS charitable funds: trade and other payables	-	-	-	-
Total non-current trade and other payables	**-**	**-**	**-**	**-**
Of which payables from NHS and DHSC group bodies:				
Current	11,933	2,750	11,933	2,750
Non-current	-	-	-	-

Note 32.2 Early retirements in NHS payables above

The Trade and other payables note above does not include amounts in relation to early retirements.

Note 33 Other liabilities

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	2,367	2,481	2,367	2,481
Deferred grants	-	-	-	-
Deferred PFI credits / income	-	-	-	-
Lease incentives	-	-	-	-
Other deferred income	2,394	13	2,394	13
NHS charitable funds: other liabilities	-	-	-	-
Total other current liabilities	**4,761**	**2,494**	**4,761**	**2,494**

Note 34 Borrowings

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Current				
Bank overdrafts	-	-	-	-
Drawdown in committed facility	-	-	-	-
Loans from DHSC	4,911	1,801	4,911	1,801
Other loans	-	-	-	-
Obligations under finance leases	1	38	1	38
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	1,767	-	1,767	-
NHS charitable funds: other current borrowings	-	-	-	-
Total current borrowings	**6,679**	**1,839**	**6,679**	**1,839**
Non-current				
Loans from DHSC	45,011	12,984	45,011	12,984
Other loans	-	-	-	-
Obligations under finance leases	2,070	2,171	2,070	2,171
Obligations under PFI, LIFT or other service concession contracts	22,504	-	22,504	-
NHS charitable funds: other current borrowings	-	-	-	-
Total non-current borrowings	**69,585**	**15,155**	**69,585**	**15,155**

Note 34.1 Reconciliation of liabilities arising from financing activities

Group and Trust - 2021/22	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2021	**14,785**	**-**	**2,209**	**-**	**16,994**
Cash movements:					
Financing cash flows - payments and receipts of principal	(4,741)	-	(138)	(1,857)	**(6,736)**
Financing cash flows - payments of interest	(1,386)	-	(157)	(1,400)	**(2,943)**
Non-cash movements:					
Transfers by absorption	39,892	-	-	26,128	**66,020**
Additions	-	-	-	-	**-**
Application of effective interest rate	1,372	-	157	1,400	**2,929**
Change in effective interest rate	-	-	-	-	**-**
Changes in fair value	-	-	-	-	**-**
Early terminations	-	-	-	-	**-**
Other changes	-	-	-	-	**-**
Carrying value at 31 March 2022	**49,922**	**-**	**2,071**	**24,271**	**76,264**

Group and Trust - 2020/21	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2020	**16,562**	**-**	**2,213**	**-**	**18,775**
Prior period adjustment	-	-	-	-	**-**
Carrying value at 1 April 2020 - restated	**16,562**	**-**	**2,213**	**-**	**18,775**
Cash movements:					
Financing cash flows - payments and receipts of principal	(1,772)	-	(4)	-	**(1,776)**
Financing cash flows - payments of interest	(463)	-	(158)	-	**(621)**
Non-cash movements:					
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	458	-	158	-	**616**
Change in effective interest rate	-	-	-	-	**-**
Changes in fair value	-	-	-	-	**-**
Early terminations	-	-	-	-	**-**
Other changes	-	-	-	-	**-**
Carrying value at 31 March 2021	**14,785**	**-**	**2,209**	**-**	**16,994**

Note 35 Finance leases (Group and Trust)

Note 35.1 University Hospitals Sussex NHS Foundation Trust as a lessor

There are no future lease receipts due under finance lease agreements where the group or trust is the lessor.

Note 35.2 University Hospitals Sussex NHS Foundation Trust as a lessee

Obligations under finance leases where the group or trust is the lessee.

The trust only has one finance lease; being for Horton Court which is classified under buildings.

	Group and Trust	
	31 March 2022	31 March 2021
	£000	£000
Gross lease liabilities	**11,033**	**11,336**
of which liabilities are due:		
- not later than one year;	157	200
- later than one year and not later than five years;	633	735
- later than five years.	10,243	10,401
Finance charges allocated to future periods	(8,962)	(9,127)
Net lease liabilities	**2,071**	**2,209**
of which payable:		
- not later than one year;	1	38
- later than one year and not later than five years;	5	105
- later than five years.	2,065	2,066
Total of future minimum sublease payments to be received at the reporting date	-	-
Contingent rent recognised as expense in the period	(157)	(152)

Note 36.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Charitable fund provisions	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2021	**736**	**1,329**	**276**	**-**	**-**	**-**	**2,777**	**-**	**5,119**
Transfers by absorption	-	2,013	336	1,097	-	-	2,041	-	**5,487**
Change in the discount rate	8	69	-	-	-	-	-	-	**77**
Arising during the year	784	251	373	21	-	-	3,502	-	**4,931**
Utilised during the year	(122)	(181)	-	-	-	-	(344)	-	**(647)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-	**-**
Reversed unused	(57)	-	(356)	-	-	-	(799)	-	**(1,212)**
Unwinding of discount	15	(35)	-	-	-	-	-	-	**(20)**
Movement in charitable fund provisions								-	**-**
At 31 March 2022	**1,364**	**3,446**	**629**	**1,118**	**-**	**-**	**7,177**	**-**	**13,735**
Expected timing of cash flows:									
- not later than one year;	1,364	181	629	1,118	-	-	1,485	-	**4,777**
- later than one year and not later than five years;	-	749	-	-	-	-	5,665	-	**6,414**
- later than five years.	-	2,516	0	-	-	-	27	-	**2,544**
Total	**1,364**	**3,446**	**629**	**1,118**	**-**	**-**	**7,177**	**-**	**13,735**

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.
The provision for Injury Benefits is for the reimbursement of injury benefit allowances to the NHS Pensions Agency and the timing of these payments is based the on age of the recipients.

Clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in this tax year (2019/20) face a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold will be able to have this charge paid by the NHS Pension Scheme (by completing and returning a 'Scheme Pays' form before 31 July 2021). The Trust estimates that all consultants will take advantage of this offer. NHS England has used information provided by the Government Actuaries Department and NHS Business Services Authority to calculate an 'average discounted value per nomination'. A provision broadly equal to the tax charge owed by clinicians who want to take advantage of the 2019/20 Commitment. This will be offset by the commitment from NHS England and the Government to fund the payments to clinicians as and when they arise. This has been disclosed under other provisions.

The provision for Legal Claims provides for the Liability to Third Party Schemes (LTPS) and Public & Employers Liability Scheme (PES). This provision covers the excess amount payable by the Trust and not the full liability of claims which is covered by NHS Resolution under the non-clinical risk pooling scheme. The timings of the cash flows are based on estimated dates for the finalisation of the claims.

Note 36.2 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2021	**736**	**1,329**	**276**	**-**	**-**	**-**	**2,777**	**5,119**
Transfers by absorption	-	2,013	336	1,097	-	-	2,017	**5,463**
Change in the discount rate	8	69	-	-	-	-	-	**77**
Arising during the year	784	251	373	21	-	-	3,499	**4,928**
Utilised during the year	(122)	(181)	-	-	-	-	(344)	**(647)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	**-**
Reversed unused	(57)	-	(356)	-	-	-	(799)	**(1,212)**
Unwinding of discount	15	(35)	-	-	-	-	-	**(20)**
At 31 March 2022	**1,364**	**3,446**	**629**	**1,118**	**-**	**-**	**7,150**	**13,708**
Expected timing of cash flows:								
- not later than one year;	1,364	181	629	1,118	-	-	1,485	**4,777**
- later than one year and not later than five years;	-	749	-	-	-	-	5,665	**6,414**
- later than five years.	0	2,516	0	-	-	-	-	**2,517**
Total	**1,364**	**3,446**	**629**	**1,118**	**-**	**-**	**7,150**	**13,708**

Note 36.3 Clinical negligence liabilities (Group and Trust)

At 31 March 2022, £817,288k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of University Hospitals Sussex NHS Foundation Trust (31 March 2021: £281,569k).

Note 37 Contingent assets and liabilities

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Value of contingent liabilities				
NHS Resolution legal claims	(102)	(60)	(102)	(60)
Employment tribunal and other employee related litigation	-	-	-	-
Redundancy	-	-	-	-
Other	-	-	-	-
Gross value of contingent liabilities	**(102)**	**(60)**	**(102)**	**(60)**
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	**(102)**	**(60)**	**(102)**	**(60)**
Net value of contingent assets	**-**	**-**	**-**	**-**

The contingent liability for Legal Claims represents the Liability to Third Party Schemes (LTPS) and Public & Employers Liability Scheme (PES) notified to the Trust by NHS Resolution. The timings of the cash flows are based on estimated dates for the finalisation of the claims.

Note 38 Contractual capital commitments

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Property, plant and equipment	36,310	5,764	36,310	5,764
Intangible assets	4,148	-	4,148	-
Total	**40,458**	**5,764**	**40,458**	**5,764**

Note 39 Other financial commitments

The group and trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
not later than 1 year	393	-	393	-
after 1 year and not later than 5 years	1,571	-	1,571	-
paid thereafter	-	-	-	-
Total	**1,964**	**-**	**1,964**	**-**

Note 40 Defined benefit pension schemes

Neither the group nor the trust has any defined benefit pension schemes.

Note 41 On-SoFP PFI arrangements (Group and Trust)

PFI scheme details

Contract start date	10-Jun-04
Contract end date	08-Jun-34
Length of project	30 years

The PFI Scheme relates to the Royal Alexandra Children's Hospital. The trust is entitled to provide healthcare services within the facility for the period of the PFI arrangement. The contract contains payment mechanisms providing for deductions in the unitary payment made by the Trust for poor performance and unavailability. The unitary charge for the scheme is subject to an annual uplift for future price increases. The operator Kajima is responsible for providing a managed maintenance service for the length of the contract, after such time these responsibilities revert to the Trust. During the reported period there were no changes to the contractual arrangements of the scheme.

Note 41.1 On-SoFP PFI arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Gross PFI, LIFT or other service concession liabilities	**33,363**	**-**	**33,363**	**-**
Of which liabilities are due				
- not later than one year;	3,067	-	3,067	-
- later than one year and not later than five years;	10,782	-	10,782	-
- later than five years.	19,514	-	19,514	-
Finance charges allocated to future periods	(9,092)	-	(9,092)	-
Net PFI, LIFT or other service concession arrangement obligation	**24,271**	**-**	**24,271**	**-**
- not later than one year;	1,767	-	1,767	-
- later than one year and not later than five years;	6,592	-	6,592	-
- later than five years.	15,912	-	15,912	-

Note 41.2 Total on-SoFP PFI arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**88,591**	**-**	**88,591**	**-**
Of which payments are due:				
- not later than one year;	6,294	-	6,294	-
- later than one year and not later than five years;	26,789	-	26,789	-
- later than five years.	55,508	-	55,508	-

Note 41.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group		Trust	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
Unitary payment payable to service concession operator	**6,373**	**-**	**6,373**	**-**
Consisting of:				
- Interest charge	1,400	-	1,400	-
- Repayment of balance sheet obligation	1,856	-	1,856	-
- Service element and other charges to operating expenditure	1,052	-	1,052	-
- Capital lifecycle maintenance	546	-	546	-
- Revenue lifecycle maintenance	-	-	-	-
- Contingent rent	1,519	-	1,519	-
- Addition to lifecycle prepayment	-	-	-	-
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	49	-	49	-
Total amount paid to service concession operator	**6,422**	**-**	**6,422**	**-**

Note 42 Off-SoFP PFI, LIFT and other service concession arrangements

Neither the group not trust has any off-SoFP PFI, LIFT and other service concession arrangements.

Note 43 Financial instruments

Note 43.1 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 2022 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 43.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	28,221	-	-	**28,221**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	113,313	-	-	**113,313**
Consolidated NHS Charitable fund financial assets	1,272	-	16,818	**18,090**
Total at 31 March 2022	**142,806**	**-**	**16,818**	**159,624**

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	19,860	-	-	**19,860**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	43,877	-	-	**43,877**
Consolidated NHS Charitable fund financial assets	-	-	-	**-**
Total at 31 March 2021	**63,737**	**-**	**-**	**63,737**

Note 43.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	29,334	-	-	**29,334**
Other investments / financial assets	-	-	1,101	**1,101**
Cash and cash equivalents	111,189	-	-	**111,189**
Total at 31 March 2022	**140,523**	**-**	**1,101**	**141,624**

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	19,860	-	-	**19,860**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	43,877	-	-	**43,877**
Total at 31 March 2021	**63,737**	**-**	**-**	**63,737**

Note 43.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	49,922	-	**49,922**
Obligations under finance leases	2,071	-	**2,071**
Obligations under PFI, LIFT and other service concessions	24,271	-	**24,271**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	138,965	-	**138,965**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Consolidated NHS charitable fund financial liabilities	-	-	**-**
Total at 31 March 2022	**215,229**	**-**	**215,229**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	14,785	-	**14,785**
Obligations under finance leases	2,209	-	**2,209**
Obligations under PFI, LIFT and other service concessions	-	-	**-**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	35,693	-	**35,693**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Consolidated NHS charitable fund financial liabilities	-	-	**-**
Total at 31 March 2021	**52,687**	**-**	**52,687**

Note 43.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	49,922	-	**49,922**
Obligations under finance leases	2,071	-	**2,071**
Obligations under PFI, LIFT and other service concessions	24,271	-	**24,271**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	138,519	-	**138,519**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2022	**214,783**	**-**	**214,783**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	14,785	-	**14,785**
Obligations under finance leases	2,209	-	**2,209**
Obligations under PFI, LIFT and other service concessions	-	-	**-**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	35,693	-	**35,693**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2021	**52,687**	**-**	**52,687**

Note 43.6 Fair values of financial assets and liabilities

The fair value for obligations under PFI contracts as at 31 March 2022 is £33,363k (31 March 2021 £0k).

Note 43.7 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
In one year or less	147,427	38,087	146,981	38,087
In more than one year but not more than five years	29,501	6,559	29,501	6,559
In more than five years	64,676	20,462	64,676	20,462
Total	**241,604**	**65,108**	**241,158**	**65,108**

Note 44 Losses and special payments

	2021/22		2020/21	
Group and Trust	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	-	-	-
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	15	100	56	334
Stores losses and damage to property	4	354	-	-
Total losses	**19**	**454**	**56**	**334**
Special payments				
Compensation under court order or legally binding arbitration award	1	1	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments*	99	133	37	844
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**100**	**134**	**37**	**844**
Total losses and special payments	**119**	**588**	**93**	**1,178**
Compensation payments received		-		-

*2020/21 Restated to include Flowers payments

Note 45 Gifts

As at 31 March 2022 no gifts were made (31 March 2021, £Nil).

Note 46 Related parties

Group
There were no related party transactions with individuals reported during the year.

The Department of Health and Social Care is regarded as the parent Department of the trust and is therefore a related party. During the year University Hospitals Sussex NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

For example:

NHS England
Eastbourne Hailsham & Seaford CCG
Health Education England
High Weald Lewes & Haven CCG
NHS Brighton & Hove City CCG
Horsham & Mid Sussex CCG
NHS West Sussex CCG
East Sussex Healthcare NHS Trust
Crawley CCG
NHS Hampshire, Southampton and Isle of Wight CCG
Sussex Community NHS Foundation Trust
Sussex Partnership NHS Foundation Trust
Portsmouth Hospitals University NHS Trust
NHS Litigation Authority

On 1st April 2017, the trust entered into a long-term agreement with NHS Improvement and Brighton and Sussex University Hospitals NHS Trust (BSUH). This agreement provided for collaboration between the Trusts, including arrangements for board membership and governance in common, as well as the provision of management support to BSUH. The initial term of this agreement was for three years which was extended for a further year. On 1st April 2021 Western Sussex Hospitals NHS Foundation Trust acquired the assets & liabilities of BSUH under section 56A of the NHS Act 2006. The newly merged trust is known as University Hospitals Sussex NHS Foundation Trust from this date.

In addition, the trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Brighton and Hove City Council, East Sussex County Council and West Sussex Council in respect of clinical services.

The Group comprises the Trust, Pharm@Sea Limited, BSUH Charity and Western Sussex Hospitals Charity.
The Trust has £94k receivables with Western Sussex Hospitals Charities and Other Related Charities. It has share capital of £1,101k, receivables of £1,150k and payables of £2,158k with Pharm@Sea Limited, and receivables of £2,369k with BSUH Charity.
Transactions with related parties are on a normal commercial basis and outlined below.

	Income	Expenditure
	2021/22	2021/22
	£000	£000
Pharm@Sea	174	23,921
BSUH Charity	2,730	-
Western Sussex Hospitals Charities and Other Related Charities	781	-
Total	**3,685**	**23,921**

Note 47 Transfers by absorption

The net assets of the trust were transferred to Western Sussex Hospitals NHS Foundation Trust (which was renamed on 1 April 2021 to University Sussex Hospitals NHS Foundation on 1 April 2021 by means of a Deed of Transfer, as approved by the Secretary of State for Health.

All of the services previously provided by Brighton and Sussex University Hospitals NHS Trust continue to be provided as part of the acquisition.

Brighton and Sussex University Hospitals NHS Trust Financial Statements for 2020/21

Consolidated Statement of Comprehensive Income	**BSUH & Pharm@Sea 2020/21**	**Group 2020/21**
Operating income from patient care activities	609,527	609,527
Other operating income	121,779	122,141
Operating expenses	(728,557)	(729,696)
Operating surplus from continuing operations	**2,749**	**1,972**
Finance income	6	287
Finance expenses	(4,036)	(4,036)
PDC dividends payable	(5,993)	(5,993)
Net finance costs	**(10,023)**	**(9,742)**
Other (losses)	(509)	1,945
Corporation tax expense	(196)	(196)
(Deficit) for the year from continuing operations	**(7,979)**	**(6,021)**
(Deficit) for the year	**(7,979)**	**(6,021)**

Statement of Financial Position	**BSUH & Pharm@Sea 31 March 2021**	**Group 31 March 2021**
Non-current assets		
Intangible assets	6,372	6,372
Property, plant and equipment	655,164	655,164
Other investments / financial assets	-	14,062
Receivables	5,490	5,490
Total non-current assets	**667,026**	**681,088**
Current assets		
Inventories	9,861	9,861
Receivables	18,002	18,113
Cash and cash equivalents	48,512	48,535
Total current assets	**76,375**	**76,509**
Current liabilities		
Trade and other payables	(76,760)	(77,399)
Borrowings	(4,981)	(4,981)
Provisions	(1,199)	(1,199)
Other liabilities	(1,599)	(1,599)
Total current liabilities	**(84,539)**	**(85,178)**
Total assets less current liabilities	**658,862**	**672,419**
Non-current liabilities		
Borrowings	(61,039)	(61,039)
Provisions	(4,288)	(4,288)
Total non-current liabilities	**(65,327)**	**(65,327)**
Total assets employed	**593,535**	**607,092**
Financed by		
Public dividend capital	882,837	882,837
Revaluation reserve	45,787	45,787
Income and expenditure reserve	(335,089)	(335,089)
Charitable fund reserves	-	13,557
Total taxpayers' equity	**593,535**	**607,092**

Analysis of balances transferred to successor organisation (£000)

Amounts transferred from:		**Amounts transferred to:**	
Brighton and Sussex University Hospitals Trust & Subsidiary		**University Hospitals Sussex NHS Foundation Trust (formerly Western Sussex Hospitals NHS Foundation Trust)**	
Non-Current Assets	667,026	Non-Current Assets	667,026
Current Assets	76,375	Current Assets	76,375
Current Liabilities	(84,539)	Current Liabilities	(84,539)
Non-Current Liabilities	(65,327)	Non-Current Liabilities	(65,327)
Net Assets	**593,535**	**Net Assets**	**593,535**
Public dividend capital	882,837	Public dividend capital	882,837
Revaluation reserve	45,787	Revaluation reserve	45,787
Income and expenditure reserve	(335,089)	Income and expenditure reserve	(335,089)
Taxpayers' equity	**593,535**	**Taxpayers' equity**	**593,535**
Net Assets from BSUH Charity	**13,557**	**Net Assets from BSUH Charity**	**13,557**
Total	**607,092**	**Total**	**607,092**

Note 48 Prior period adjustments (Group and Trust)
There were no prior period adjustments.

Note 49 Events after the reporting date (Group and Trust)
There were no events after the reporting date.

Independent auditor's report to the Council of Governors of University Hospitals Sussex NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of University Hospitals Sussex NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2022, which comprise the Consolidated Statement of Comprehensive Income, the Statements of Financial Position, the Consolidated Statement of Changes in Equity, the Statements of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2022 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- have been prepared in accordance with the requirements 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, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and 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 we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group's and the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the group or the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group accounting manual 2021 to 2022 that the group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and Trust and the group and Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the

Trust’s ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Accounting Officer’s use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Accounting Officer with respect to going concern are described in the ‘Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements’ section of this report.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, other than the financial statements and our auditor’s report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2021/22 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a 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 an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2021/22, for being satisfied that they give a true and fair view, and for such internal control as the Accounting 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 Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the group and Trust's financial reporting process.

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.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022).
- We enquired of management and the Audit Committee, concerning the group and Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

- We assessed the susceptibility of the group and Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, fraudulent expenditure recognition and significant accounting estimates. We determined that the principal risks were in relation to:

  - improper revenue recognition

  - management override of controls

  - revaluation of land and buildings

  - existence and accuracy of accruals.

- Our audit procedures involved:
  - Testing of income and year end receivables to invoices and cash payment or other supporting evidence;
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on journals meeting a rsnge of criteria defined as part of our risk assessment;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations**;**
  - testing of liabilities recorded in the ledger, to gain assurance that accruals are accurate and not understated;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to land and building valuations.
- Our assessment of the appropriateness of the collective competence and capabilities of the group and Trust's engagement team included consideration of the engagement team's;
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the group and Trust operates
  - understanding of the legal and regulatory requirements specific to the group and Trust including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The group and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.

- The group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of University Hospitals Sussex 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.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. 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 audit work, for this report, or for the opinions we have formed.

Darren Wells,

Darren Wells, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Crawley

21 June 2022

University Hospitals Sussex
NHS Foundation Trust