Western Sussex Hospitals NHS Foundation Trust

Annual Report and Accounts

2014/15

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Welcome from Chairman and Chief Executive

Welcome to Western Sussex Hospitals NHS Foundation Trust's annual report for 2014/15, a year in which we not only treated more people than ever, but did so to higher standards of care and against a backdrop of ever-increasing pressure on all our resources.

In 2014/15 we achieved a significant reduction in mortality, improved infection control ratings for the sixth year running and achieved the highest possible grades for cleanliness. Our maternity teams and intensive care units are among the best in the country and we are one of only a handful of hospital trusts to have achieved our A&E targets in quarter four.

As with health trusts across the country, we have experienced higher patient numbers, reducing finances, increasing elective referrals and a changing demography of our patients to an older population with more complex health and social care needs.

That meant we saw, diagnosed, treated and discharged 20,000 more patients than in the previous year, with no additional resource – and for that achievement we would particularly like to thank our 6,730 staff. In the face of those growing stresses and demands they have, without exception, stepped up and committed to providing the highest quality of care to ever-greater numbers of patients.

The dedication and innovative thinking behind these successes are central to our ability to continue raising standards and meeting changing patterns of demand, and are at the heart of the important new Patient First initiative we launched during 2014/15.

This new scheme will influence and inform everything we do and how we make decisions. It puts power into the hands of staff at all levels and empowers them to make decisions that will benefit patients. Patient First has informed our corporate objectives for the coming year, is the new name for our staff awards and is at the heart of the ethos we are promoting across the Trust.

One of the first initiatives to embody the principals of Patient First was the Emergency Floor at Worthing Hospital, which opened in December 2014. This new unit enables us to use multi-disciplinary teams to plan and manage care for patients with acute needs. The Ambulatory Care area also enables us to treat more patients as outpatients and avoid unnecessary admissions, which benefits the Trust and our patients. The £6.5 million unit is one of only four in the country to receive the support of the Royal College of Physicians Future Hospitals Programme.

In the coming year, along with embedding Patient First throughout the Trust we will adopt our newly published quality and membership strategies to continue striving for excellence in the care we provide and to use our members to tell us where we need to improve.

The biggest challenge we face is rising patient numbers. We have seen a trend for increasing GP referrals over the last few years and expect that trend to continue. Increasingly, the patients who come to us are older with more complex needs. Providing care for these patients while meeting our waiting time targets will require a transformation of our care pathways and we will need to work closely with our local health and social care partners to achieve that.

We have overcome great challenges in the past. We remain a high-performing health trust and have seen vast improvements in the quality of care we provide in recent years. We will continue to strive for excellence and provide hospitals and services our staff and patients can be proud of now and in the years ahead.

.... 28 May 2015

Marianne Griffiths, Chief Executive
Western Sussex Hospitals NHS Foundation Trust

.... 28 May 2015

Mike Viggers, Chairman
Western Sussex Hospitals NHS Foundation Trust

Strategic Report

Our Trust

Western Sussex Hospitals NHS Foundation Trust was created on 1 July 2013. The Royal West Sussex NHS Trust in the Chichester area and the Worthing and Southlands NHS Trust, serving people living around Worthing and Shoreham-by-Sea, had previously merged in 2009 to form the Western Sussex Hospitals NHS Trust.

In 2014, we celebrated our first full year of working as a Foundation Trust. We serve a population of around 450,000 people, providing a full range of acute hospital services.

Our three main sites are St Richard's Hospital in Chichester and Worthing Hospital, which provide 24hr A&E, acute medical care, maternity and children's services, and Southlands Hospital in Shoreham-by Sea, where we provide patients with a range of day case procedures and diagnostic and outpatient appointments.

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

We employ 6,730 people across all our sites, including nursing and midwifery staff, medical and dental staff and technicians and scientists and are continually looking for highly qualified, personable people to join our dedicated team.

In 2014/15, these staff treated patients at 555,000 outpatient appointments, 198,000 inpatient and day cases and 134,000 patients in A&E.

In 2014 our staff were supported by the activities of around 1,000 volunteers, who help staff serve lunches and teas, make beds, run errands, meet and greet patients, perform clerical duties and provide emotional support, befriending and listening.

Since achieving Foundation Trust status, we have been answerable to our board of Governors, who represent our members. Our Governors represent the views of local people and stand as a "critical friend" for the Trust, holding us to account and monitoring our performance. For more about our Governors and Members, see page 110.

Our budget for 2014/15 was £400 million, and our principal service commissioner was Coastal West Sussex Clinical Commissioning Group. We worked closely with commissioners and other healthcare providers to use our budget to provide high-quality, integrated care for local people.

The Care Quality Commission, responsible for regulating our standards of care, has judged our hospitals to be among the highest performing in the country and has put them in the category of providing the "best and safest care for patients". Across the Trust, we are striving to maintain that rating and continue to improve our care standards.

The headquarters of the Foundation Trust are:
Chief Executive's Office,
Worthing Hospital
Lyndhurst Road
Worthing
West Sussex
BN11 2DH

Our Year

TREATED 555,000 OUTPATIENTS

DELIVERED 5,221 BABIES

SERVED 1,040,250 SQUARE MEALS

OPENED WORTHING'S EMERGENCY FLOOR

TOOK 389,388 X-RAYS AND SCANS

PROVIDED 346,750 OVERNIGHT STAYS

REPLACED 15,060 UNITS OF BLOOD

DISPENSED 820,789 MEDICINES

WERE RECOMMENDED BY 90.3 PER CENT OF A&E PATIENTS, 92 PER CENT OF INPATIENTS AND 97 PER CENT OF MATERNITY PATIENTS

Progress

When we published our 2013/14 annual report, we outlined our business plan in terms of the areas in which we were aiming to improve in 2014/15. These areas were grouped under the seven values, derived from our vision - We Care:

- we care about you, the patient
- we care about quality
- we care about safety
- we care about local people
- we care about being stronger together
- we care about improvement
- we care about the future

Under each of these values we published a set of objectives that we would work towards throughout the year. These objectives formed the basis for measuring our progress as the year went on and the benchmarks by which we measured success.

Across all our objectives we had 28 delivery programmes, some of which related to specific areas, including improving our stroke services and improving the care we provide for dementia patients. Others were relevant to a broader audience, including implementing seven day working and electronic prescribing.

Over the course of the year, we used a traffic light system to represent how we were performing against each programme. At the end of the year, 15 of our programmes had green lights, meaning all milestones were met, including all our programmes under safety, local people and improvement. A further 12 programmes had amber lights, which means most milestones are met while some ongoing work remains outstanding.

We also had one programme of work with a red light: improving access to care by ensuring the Trust meets its 18 weeks and cancer waiting targets.

Our waiting time targets have proved to be particularly challenging this year, in common with many other similar hospital trusts. Our 18 week target is also known as RTT, or "referral to treatment". The clock starts when we receive a referral, and it stops when that patient receives their treatment. In between, there may be outpatient appointments, diagnostic testing, follow-up appointments and pre-surgery appointments.

Over the course of the year, the number of patients referred to us has increased by 9.6 per cent, with an increasingly large proportion requiring urgent treatment. Across the Trust, teams coped admirably with their increased caseload and worked hard to ensure patients received the treatment they needed within that 18 week period.

The number of patients whose care pathways were completed (i.e. received diagnosis and proceeded to treatment) increased by 19.4 per cent, from 107,017 in 2012/13 to 127,801 in 2014/15. Despite this additional work our total elective waiting list increased from 28,090 to 32,484 between April 2014 and March 2015, a growth of 15.6 per cent.

In part, our ability to care for more of these patients within 18 weeks was reduced because of decisions we took to meet emergency demands safely. To cope with an increase in emergency admissions over the winter (6.4% greater between December and March compared to the same period last year), we diverted resources away from outpatients services. This included cancelling selected outpatient clinics, which prolonged the wait for many patients.

This approach did, however, mean that we were able to handle the increase in emergency admissions effectively and helped us avoid declaring a major incident.

Compliance with our 14 day target for patients with urgent cancer referrals was also a challenge. Over the year, cancer referrals increased by 12 per cent, putting pressure on our services, we managed to meet our targets for the first 11 months of the year, but cancer referrals increased by 20 per cent in March and patient numbers outstripped our capacity to see them in that final month of the financial year.

A&E attendances increased by almost 1,000 cases in 2014/15 and the Trust admitted a greater proportion of elderly patients with greater acuity, requiring longer stays in hospital – a trend that continued from the previous year. However, thanks to the extraordinary skill and dedication of teams throughout the hospitals, we were able to meet the national target of seeing, treating, admitting or discharging 95% of patients within four hours, ending the year in the top 20 trusts in the country.

During 2014/15, the Trust continued to provide a range of major general hospital services to our catchment area, including:

- A full emergency service
- Elective and emergency services in surgery and medicine
- Women and Children's services
- Therapeutic, diagnostic and pharmaceutical services

Referrals	2012/13	2013/14	2014/15
Ophthalmology	16833	18910	20806
Other Surgical Specialties	78706	79411	79560
Medicine	80398	78923	82040
Surgical and Medical Specialties Combined	175937	177244	182406
Outpatient Total *	437569	437318	457975
Waiting List Incomplete Pathways	24391	28821	32484
Elective Inpatient Spells	9830	9593	8780
Day Cases	47856	50569	56241
A&E	131866	133826	134711
All Non-Elective Spells	55212	58262	61599

* (Excl Clinical Physiology and Physiotherapy)

Milestones we've met

The milestones we've met relate to the following delivery programmes:

- Developing and delivering the Trust's "customer care" training programme to transform the way staff interact with patients and their carers.
- Delivering a staff, patient and stakeholder engagement programme to enable staff to identify and lead service improvement.
- Delivering the programme of quality improvements specified through CQUINs (commissioning for quality and innovation) programme.
- Improved services to allow early intervention and decision making for patients who are deteriorating to reduce mortality.
- Implementing seven-day working.
- Responding to key themes in the Francis report.
- Developing the Trust's leadership programmes for clinicians, nurses and managers.
- Implementing electronic prescribing and medicines administration.
- Reducing the numbers of healthcare acquired infections with a zero-tolerance target.
- Opening the Emergency Floor at Worthing Hospital.
- Developing and delivering service improvement learning programmes to encourage all staff to adopt and use evidence based service change and improvement tools.
- Implementing improvements in our endoscopy services, including the redevelopment of endoscopy facilities at Worthing Hospital.
- Reducing the number of patients readmitted to hospital through a range of projects including emergency outpatient surgical clinics, post-surgery specialist nurse and end of life care.
- Developing Southlands Hospital including disposing of surplus land and buildings to support our investment in a new ophthalmology department.

The following programmes have milestones outstanding:

PROGRAMME	PROGRESS AND OUTSTANDING ACTIONS
Introducing new technology to manage our outpatient booking system.	We have set up the system and it is ready for full implementation early in 2015/16.
Promoting Telecare across the trust	This has been delayed while we await the outcome of an external funding bid.
Improving and reshaping our cancer services	We have met our milestones and are in discussion with cancer partners to develop a linear accelerator (LINAC) at St Richard's Hospital to provide local radiation treatment.
Reviewing and improving breast cancer service	The Breast Cancer Service Programme has been superseded by the formation of an Integrated Breast Service Board. We are currently developing our delivery plan for breast services.
Improving stroke services	In the last year we have vastly improved our stroke services, which is reflected in our Sentinel Stroke National Audit Programme (SSNAP) rating. We are continuing to work with the CCG to improve our population mapping and options appraisal. Stroke care remains a key priority in the coming year.
Improving dementia care	We have vastly improved our dementia care in the last year and met most of our milestones. We are still implementing our dementia strategy. Dementia remains a key priority in the coming year.
Improving our acute medicine care pathways and reducing length of stay	We have met most of our milestones, including developing better patient flow protocols relating to inpatients and discharge, ambulatory care and operations. We are continuing to implement this workstream.
Further developing our lead provider role within 'One Call, One Team'	We have further developed the 'One Call, One Team' service and as lead provider are finalising our contract negotiations with the CCG.
Reviewing our internal configuration for emergency surgery out of hours	This programme has been superseded by a broader review of surgical services and their configuration across the trust.
Completing the reconfiguration of our pathology services	We have met all milestones except implementing the LIMS2 project. This project will be completed early in the new financial year.
Developing our private patient services	We have produced a marketing strategy and develop a new website for private patients, which will be launched early in the new financial year. Our private patients wards were affected by bed pressures during our busy winter period. We are currently working to ensure capacity and demand are aligned.

Our Successes

We are very proud of our reputation as a high performing health trust. We are consistently found to be in the top bands when being inspected by our regulators and industry bodies. Our award-winning teams give excellent care and that is reflected in feedback from our patients, 92 per cent of whom would recommend us to their friends and family.

Patient First

In November 2014, we introduced our Patient First initiative across the Trust. Patient First means just that, putting our patients at the heart of the things we do and the decisions we make. Our Trust exists for our patients and for no other reason than to continue providing health services to the people that need them, when they need them.

We are keen to empower our staff to make small changes, where necessary, that will lead to better care for patients. We have already established high standards for care across the Trust, but part of having high standards is continuing to strive to be even better.

Patient First has a strong focus on safety, and one of the first things we have introduced is daily "safety huddles", where everyone working on each ward comes together to discuss how they will provide a safe service that day, including ensuring they have the right staff and resources.

We have also developed a ward accreditation programme, to ensure high, consistent standards in all wards across the Trust.

Patient First is based on looking at the pathways our patients take and thinking about how we can redesign our systems to improve quality, take out any waste and reduce the possibility of errors to make the pathway even better.

It is also about standardising our practices so every patient gets a great service every time we see them.

The philosophy behind the programme is centred on:

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

These improvement techniques are aimed at eliminating both waste and error. They include techniques such as rapid improvement events, PDSA (Plan, Do, Study, Act) cycles and collaborative events.

Accolades

As a Trust, we are constantly striving for excellence, and the hard work is paying off. All three of our hospitals have been highly rated by the Care Quality Commission (CQC). This year we exceeded the national average in every category in our PLACE (Patient Led Assessments of the Care Environment), including a 100 per cent score for Cleanliness at St Richard's.

We were "highly commended" in an NHS England report for our major improvement in deaths following hip fractures, with the report's author describing our new care pathway as "a model of what modern care should look like".

The Intensive Care Unit at St Richard's is now ranked the seventh best in the country by the Intensive Care National Audit and Research Centre, our Board was declared Kent Sussex and Surrey NHS Governing Body of the year at the Leadership Recognition Awards in November and the Trust won the Award for outstanding Collaborative Leadership for the One Call One Team initiative at the same ceremony.

Our maternity teams at Worthing and St Richard's have won CNST Level 3 status for safety, achieving 49 out of 50. It's the highest score in the country and means that our hospitals are among the safest places to give birth.

Over the same period, individual colleagues have also been gaining accolades for their commitment to the highest quality of care. St Richard's Midwife, Debbie Harris was named Midwife of the Year for London and the South East and our nurse, Rosemary Campbell was praised by NHS England for her dedication to patient care.

Investment

We're investing heavily in the future of the Trust and ongoing improvements through a series of major building and redevelopment projects. Since the Breast Care Unit opened at Worthing Hospital in January 2014, we have sent out 56,000 invitations for screening and carried out mammograms for 35,000 patients in the unit and on our four breast screening vans.

Worthing Hospital opened the doors of its new £6.5million, state-of-the-art Emergency Floor in December 2014, bringing together a multidisciplinary team to provide consistent care for each individual patient. Each patient is under the care of one consultant, while doctors, surgeons and elderly care specialists work together to provide safe, effective care in one place. The future of the emergency floor will evolve in partnership with the Royal College of Physicians, as part of its Future Hospital Programme.

The Trust has also invested £7million in a new Endoscopy Suite at Worthing Hospital, which will open in 2015. The new unit will be twice the size of the old one with five new treatment rooms replacing the three old ones, single-sex recovery areas, new and improved reception and waiting areas and new, state-of-the-art equipment. The new suite will also offer appointments in the evenings and at weekends.

The new endoscopy facilities at Worthing Hospital follows a £2million investment in improving endoscopy services at St Richard's, helping the Trust prepare for the inevitable increase in demand for these services we expect to see as our population ages.

Patient feedback

We use the "Friends and Family Test" to gauge patient experience. We ask patients whether they would recommend us to their friends and family. Overwhelmingly, patients say yes.

	Percentage of patients recommending		Response rate	
	WSHFT	National average	WSHFT	National average
A&E	90.3%	86.6%	26.7%	19.4%
Maternity (Delivery)	97.0%	95.1%	29.1%	22.1%
Inpatients	92.0%	94.0%	30.7%	36.2%

However, we will continue to work to ensure every patient receives the highest quality care and experience, every time.

Our Challenges

The NHS has dominated the news headlines over the last year and the issues experienced by trusts up and down the country are the same issues we deal with in Western Sussex.

As with elsewhere in England, we are facing increasing demand for services, an ageing population, increasing numbers of patients suffering dementia, obesity and diabetes, and limited budgets.

At the same time, we are committed to a seven-day service philosophy that ensures patients can expect the same standards of service and care if they are admitted at the weekend as they would get on a weekday. Offering evening and weekend appointments for selected clinics and improving the availability of diagnostic imaging and consultant care are steps we are taking toward providing seven-day services.

Business continuity

As with many health trusts, we experienced extremely high demand over the winter months. Thanks to the hard work and dedication of our staff, we were able to avoid declaring a major incident. We did, however, invoke our business continuity plan to focus all available resources towards patient care, emergency admissions and working with social care providers.

Over the period, we experienced a huge increase in emergency admissions, particularly of elderly and frail patients who, by their nature have more complex needs, both in hospital and when being discharged.

In order to minimise the impact on patients, we worked closely with social care providers to ensure we were able to discharge patients as soon as they no longer required hospital care. We cancelled planned training across the Trust to ensure as many people as possible were available to provide front-line services and we drew on resources from our private patients' suites to increase our capacity.

Staffing

There is a national shortage of nurses. Of the 20,000 nursing vacancies across the country, 2,000 of them are in our region. We have maintained staffing levels using bank staff, but have also developed a recruitment strategy to try and fill our vacancies with permanent staff. Permanent staffing contracts are better for the employees and for the Trust. Employees benefit from job security, holiday and sick pay, maternity and paternity leave and a raft of other benefits.

Using permanent staff enables the Trust to offer improved continuity of care for our patients, reduce our costs and plan our services.

Throughout 2015, we are running recruitment drives to attract newly qualified nurses and those who have left the profession. Our one-day recruitment fairs are designed to highlight the attractions of joining Western Sussex with an aim of pairing individual nurses with vacancies by the end of the event.

We are also looking abroad to recruit nurses and have been to the Philippines to find great nurses to add to our team.

Planning for the future

Along with the rest of the country, we are seeing an increase in the numbers of elderly and frail patients, obese patients, dementia cases, diabetes cases and strokes. National trends tell us that the number in each of these categories will continue to increase and we are taking steps to enable us to continue to provide high quality care for all our patients.

In the last year, we saw referrals from GPs increase by three per cent, but admissions of people aged 65 and over increased by 10 per cent. This older category of patients typically has more complex health problems and can be more difficult to discharge, because of ongoing healthcare issues.

Over the coming years, we expect to see the number of GP referrals and emergency admissions continue to increase, without a corresponding funding increase. This means looking at how we do things and finding ways to do them differently. In the last year, our staff have worked exceptionally hard to see and treat more patients within target timescales, but we can't expect that increase in caseload to go on increasing exponentially.
Instead, we need to work with local partners to look at how we can change processes to decrease the burden on our hospitals. We need to encourage more pre-referral and post-treatment care in community settings.

One example we have been investigating is improving the diagnosis of cataracts before a patient is referred to ophthalmologists at the hospitals. Optometrists have the knowledge and technology to be able to diagnose cataracts in a clinic and simply refer the patient for treatment at the hospital. It requires consistency of systems and standards, but will lead to the patient attending fewer appointments and, as a result, help ensure hospital resources are used more efficiently.

Finances

It is no secret that health trusts are under a great deal of financial pressure, and this remains a risk in our Trust. Over the last few years, the Trust has run a four per cent surplus, which has been used to pay down historic debts, totalling £20.5m from before the current Trust was formed. In 2014 we paid off these historic debts.

When developing our plans for the coming year, one of our aims has been to finish the year with a greater financial surplus. We will rigorously review all transactions, expenditure and other opportunities. We have risk assessed our programmes of work for 2015/16 and developed programme improvements where necessary to mitigate those risks and provide greater financial security. Our financial review can be found on page 47.

Our supporters

Our patients and staff benefit enormously from the support of our Love Your Hospital charity and our three Friends organisations, which coordinate appeals and activities, manage funds and approve donations for specific purposes.

Love Your Hospital exists to raise money for Western Sussex Hospitals to use to improve facilities, services and patient care. This year the charity spent £720,000 on a new CT Scanner, installed at St Richard's, which uses the latest technology to scan patients more quickly and more accurately than ever before.

Such investment is only possible due to the generosity and help of local people, both in terms of time and money, or via legacies, which has helped Love Your Hospital raise millions of pounds for our hospitals, patients and staff. To find out more visit *www.loveyourhospital.org.*

Each of our three hospitals is fortunate to have its own Friends organisations too, which have been raising money for the benefit of patients for more than 60 years. The Friends are all run by independent committees of trustees, who co-ordinate activities, manage funds and approve specific donations. There are shops and cafes run by the Friends at all three hospitals.

The Friends of Chichester Hospitals have made a number of significant contributions for patients and staff at St Richard's over the past 12 months, ranging from the refurbishment of the physiotherapy gym to the purchasing of equipment.

One recent purchase is an £80,000 MRI-compatible anaesthetic machine and monitor which enables radiologists to sedate babies and young children while an MRI is carried out. The £54,000 Friends' funded Faxitron machine, which analyses a sample of breast tissue within two minutes in an operating theatre and enables the surgeon to determine if all cancerous tissue has been removed or if more is required, is now in use.

For more information please visit *www.friendsofchichesterhospitals.org.uk*

The **Friends of Worthing Hospitals** opened a new and very popular shop at the Main Entrance at Worthing Hospital in August 2014 and work is underway for a new Friends Coffee Bar at the North Wing Entrance. They provide invaluable funding for equipment and a variety products, such as Dementia Activity Resource Packs which make a very meaningful difference to many of our patients living with dementia.

The League of Friends of Southlands Hospital assisted the Day Surgery Unit at Southlands with the purchase of new theatre trolleys in 2014. Their focus is currently on the exciting expansion and redesign of their shop and tea bar into a new atrium which will cater for hundreds of new customers who will be using their facilities when the Ophthalmology Department opens next year.

The support from all our hospitals' friends and Love Your Hospital charity is vital to the continued improvement of all our services and quality of care we provide to patients. As ever we are enormously grateful to each of the Friends Committee, the Shop and Trolley Volunteers and the army of local volunteers and supporters.

Our patients and staff benefit greatly from this support and we look forward to working with our supporters for a long time to come.

Our Strategy:

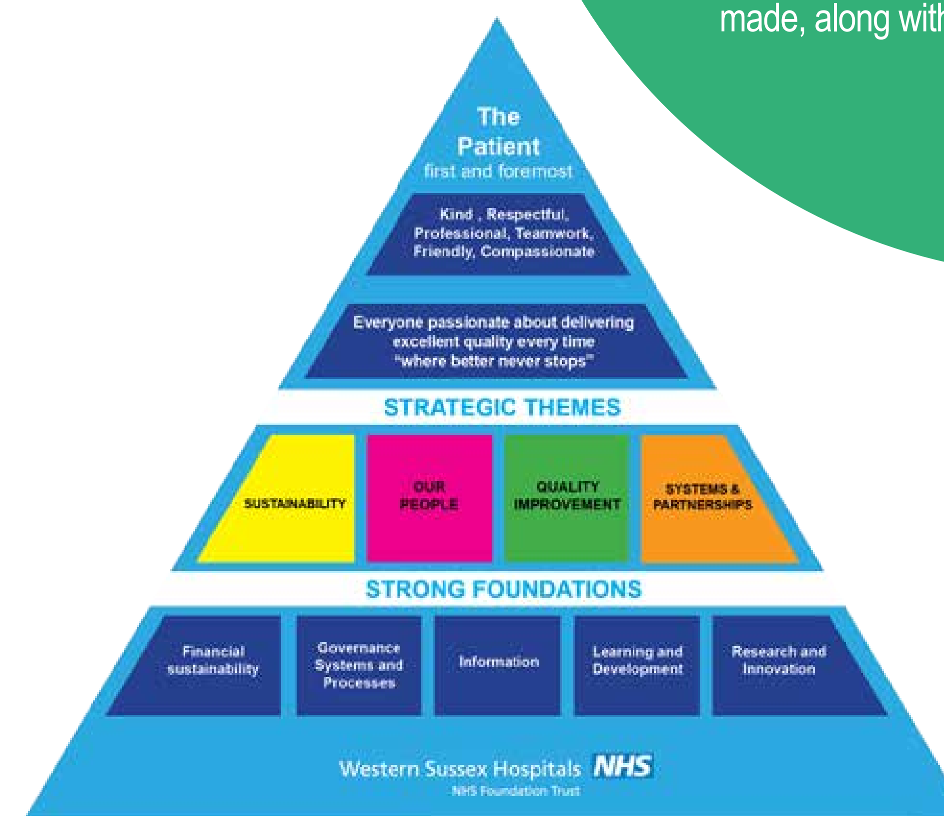
The Patient First Programme

Over the coming year, our business plan is based on the four priorities within Patient First:

- **Our People**
- **Quality Improvement**
- **Systems and Partnerships**
- **Delivery and Sustainability**

These four principles will guide all new initiatives and programmes and everything we do will put the patient first.

This section outlines some of the progress already made, along with our plans for the coming year.



Our People

Western Sussex Hospitals NHS Foundation Trust is the proud employer of 6,730 people. We rely on each and every one of those people to enable us to continue providing high quality care to the people of West Sussex.

Whether nurses, doctors, midwives, consultants, porters, healthcare assistants, radiographers, technicians, researchers, support service providers or the people who run our catering, everyone within the Trust has their role to play.

Our workforce is the single biggest reason that we have become the high performing, high quality organisation we are today. Our people are a credit to the Trust, to the people they serve and to the area as a whole.

In return for their dedication to the Trust, we promise the people who work here the same level of dedication from their employer.

We encourage staff to be involved in the Trust's decision making processes, through a series of surveys and consultations and through a number of groups that seek to involve staff in making decisions about the way the Trust is run, how it is doing in terms of performance targets, finance and quality, and how it will develop. For example, the Trust's Employee Partnership, made up of local and regional union representatives, staff, governors and managers is chaired by the Director of Organisational Development and meets monthly to form the basis of a constructive and co-operative approach towards achieving our goals.

The 'Let's do Lunch' story

Our people have had a tough year, they have treated more patients while maintaining the highest standards of care and still found time to go the "extra mile" to improve the patient experience.

In September we launched our Let's do Lunch initiative and encouraged staff from across the Trust to give up their time to help vulnerable patients who need additional support to eat meals.

The scheme has already attracted 70 volunteers from across the Trust, including our Chief Executive, Marianne Griffiths. At Christmas, several local dignitaries also participated.

One volunteer is Richard Brook, our clinical librarian in St Richard's Hospital, who has been "doing lunch" since the scheme launched in September.

Richard says: "We're all busy in the hospital and we all see things that could be done if we just had more time, but Let's do Lunch is one of those things that makes such a difference to the patients that I really wanted to get involved.

"The Trust provided training, and I was really grateful for it as it gave me the confidence to deal with different situations and taught me when to ask for help.

"For me, it's not just about getting some food inside someone - though that is really important - but spending some time with a patient can really make their day. A lot of our older and more vulnerable patients don't get many visitors, so having a lunch companion can be the only chance they get to just sit and talk to someone.

"The patients who are able to converse really enjoy having someone to talk to, but those who can't still really appreciate having someone there.

"I'll never forget the first patient I helped to eat. He was so glad to have the chance to chat. He told me all about his family and his plans for when he got out of hospital. From that first visit, I knew I was making a difference.

"I know the scheme is designed to help patients, but it has been a great experience for me too. I always come away feeling cheered up."

We have two levels of volunteers within the scheme, the first level distribute trays and stop to chat with patients, volunteers who want to go beyond that are given assisted feeding training.

So far we have only rolled Let's do Lunch out to four wards, but it has been so successful that we are re-launching it across the whole Trust in 2015.

"Let's do Lunch is one of those things that makes such a difference to our patients"

Richard Brook, clinical librarian

As described above, 2014 saw the launch of Patient First and with it, the training that we are rolling out across the Trust. The Programme encourages every member of staff to think about how they can improve the patient experience. It empowers them to highlight opportunities for improvement and suggest and implement changes that will reduce waste, improve efficiency and increase consistency in standards of care. Patient First puts the driver for change into the hands of the people who are delivering front-line care and who have the best understanding of the difference changes will make.

Our focus on Patient First has developed over the course of the year and we hope to see significant improvements in our staff survey next year as a result.

We recognise that most jobs in a hospital trust are physical and can be stressful. In order to support our people and improve their health and wellbeing, we have introduced a number of initiatives, including a staff physiotherapy service, exercise sessions, and stress and emotional wellbeing programmes. This investment in the health and wellbeing of our people was reflected in the small but encouraging increase in the number of staff agreeing that "my organisation takes positive action on health and wellbeing" (43 per cent, up from 40 per cent in 2013) in our 2014/15 staff survey.

We have also held various engagement events within the Medicine, Women and Children and Surgical divisions where staff have had the opportunity to meet their management team, hear the latest news and developments and raise any concerns. The percentage of staff reporting good communication between senior management and staff has, again, shown a slight improvement.

In addition to this, we have built on the steps we took in 2013 to improve engagement with staff. We have improved the level of information available on the intranet, continued to publish our weekly newsletter, Headlines, with a focus on staff recognition, and continued to run our two main staff recognition schemes: Employee of the Month and annual STAR awards. We have also concentrated on nominating individuals, teams and initiatives for industry awards schemes, to help secure the recognition of our peers, regulators and industry bodies.

We have taken significant steps to give staff a voice, both in the development of our strategies and plans and in highlighting concerns and issues. A range of Health and Wellbeing initiatives are gaining traction and the introduction of Schwartz Rounds is providing staff with an opportunity to reflect on the difficult and challenging situations they encounter in the workplace. These areas of focus align with the Freedom to Speak up Review.

The Trust will continue to ensure that staff are encouraged to voice their views and opinions and improvements will be measured throughout the year. This will be done through the real time survey and the Staff Friends and Family Test (SFFT).

Learning and development

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

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

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

Our speciality programmes aim to produce high-quality clinicians with a broad range of skills that will enable them to practice as consultants across the United Kingdom. Some of this training is funded through the Kent Surrey Sussex Deanery. Over the course of the last year, a total of 1,831 courses were delivered by the Trust's Learning and Development Unit - an increase of 412 courses on the previous year. In addition, 449 staff attended external workshops and conferences.

The Trust runs a series of mandatory and statutory training courses, including health and safety training and equality and diversity training. We have one of the highest attendance rates on statutory and mandatory training across the whole of the UK, and despite having to cancel some mandatory training courses during our business continuity incident, have still achieved a 89.5 per cent attendance rate in 2014/15, just shy of our 90 per cent attendance target.

We held our third annual "Aiming for Excellence" staff conference in September 2014 at Fontwell Racecourse. 225 staff attended the one-day event, with a further 85 attending fringe events at Worthing and Chichester.

We used the conference as an opportunity to launch Patient First across the Trust and the whole conference had a strong patient focus. The annual conference enables us to bring together people whose paths might not normally cross to focus on some of the issues that affect us all.

The feedback for the conference was excellent with staff describing the day as "inspirational" and highlighting how much can be achieved when we all work together.

Apprenticeships

During 2014/15 we enrolled 53 apprentices

The Trust was awarded runner up for Apprentice Trust of the year.

In March we started a new joint apprenticeship scheme with West Sussex County Council, offering new apprentices six months on a medical ward and six months in a county council setting. The scheme aims to promote joint working and give individuals skills in both acute and community settings.

We know apprenticeships work. Since 2013, 80 per cent of staff completing apprenticeships have gone on to gain substantive positions within the Trust and 76 per cent of staff who have completed apprenticeships since 2011 have continued working within the Trust for more than three years.

3 of our apprentices won awards at the Health Education Kent, Surrey and Sussex regional apprentice awards

28 of whom are new starters

National Staff Survey

Every year, we encourage our staff to participate in the national staff survey. The survey results give each health trust a picture of how its staff think it's performing as an employer and as a health trust. In 2014, 56 per cent of our people completed the survey (an increase from 55 per cent in the previous year), putting us in the top 20 per cent of acute trusts in England for response rates. The national average response rate is just 42 per cent.

The survey was open from September to December 14, and all staff were encouraged to participate. Free tea and coffee was provided at dedicated survey events to boost participation and the survey featured in various internal communications across the Trust, including the staff newsletter, Headlines and on posters in staff areas.

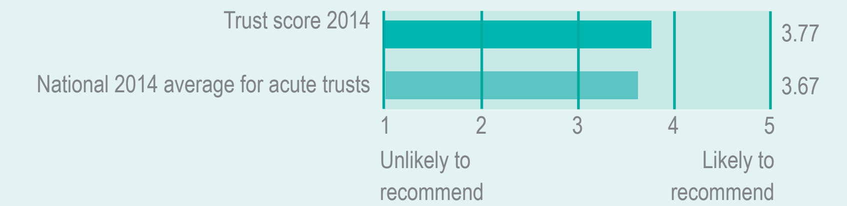
The staff survey results for 2014 are broadly in line with the 2013 results, with a variation of less than one percentage point for most questions. This follows a significant improvement in staff survey feedback from 2012 to 2013.

Given the difficult operating conditions the Trust has faced this year, maintaining consistent scores in the staff survey is a considerable achievement. Of the 28 key findings in the survey results, our Trust remains average or above average for an acute trust in 18 of the 28 key findings and worse than average for the remaining 12 measures.

The "Friends and Family question" asks staff whether they would recommend the Trust as a place to work or receive treatment. The score is out of five. Our staff currently give our Trust a score of 3.77, which is down slightly from 3.81 in 2013, but remains higher than the national average score, which also reduced in 2014.

KF24. Staff recommendation of the trust as a place to work or receive treatment

(the higher the score the better) *Scale summary score*



		Your Trust in 2014	Average (median) for acute trusts	Your Trust in 2013
Q12a	"Care of patients / service users is my organisation's top priority"	73	70	74
Q12b	"My organisation acts on concerns raised by patients / service users"	72	71	73
Q12c	"I would recommend my organisation as a place to work"	63	58	67
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	71	65	73
KF24	Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d)	3.77	3.67	3.81

Source: 2014 NHS Staff Survey

We achieved our best results on the Friends and Family question and on several key questions around training and appraisals, which is in line with our commitment to safety and to developing our people.

Top Five Ranking Scores	2013		2014		Comparison with 2013	Comparison with acute trust national avg
	Trust	National average	Trust	National average		
% receiving health and safety training in last 12 months	93%	93%	26.7%	77%	No change	Top 20%
% having equality & diversity training in last 12 months	77%	60%	72%	63%	5% Down*	Above Avg
% appraised in last 12 months	90%	84%	88%	85%	2% Down	Above Avg
% staff having well-structured appraisals in last 12 months	42%	38%	41%	38%	1% Down	Above Avg
Staff recommendation of the trust as a place to work or receive treatment	3.81	3.68	3.77	3.67	0.04 Down	Above Avg

*The reduction in % of staff having received equality and diversity training in the last 12 months is as expected. Staff had previously received this training on an annual basis however as this is only a 3 yearly requirement the schedule for staff to receive this training has been amended.

One of our disappointing results in the survey was for the percentage of staff experiencing physical violence from patients, relatives or the public. The Trust operates a zero tolerance policy of violence towards its staff and has carried out a series of focus groups to better understand and develop solutions to staff experience of violence.

Bottom Five Ranking Scores	2013		2014		Comparison with 2013	Comparison with acute trust national avg
	Trust	National average	Trust	National average		
% experiencing physical violence from patients, relatives or the public in the last 12 months	15%	15%	18%	14%	3% Increase	Worst 20%
% able to contribute towards improvements at work	68%	68%	64%	68%	4% Reduction	Worst 20%
Fairness and effectiveness of incident reporting	3.48	3.51	3.47	3.54	0.01 Reduction	Below Avg
% reporting errors, near misses or incidents witnessed in the last month	90%	90%	88%	90%	2% Reduction	Below Avg
% agreeing that their role makes a difference to patients	90%	91%	90%	91%	No change	Below Avg

Areas where staff experience has deteriorated the most since the 2013 survey include:

Largest Local Changes since the 2013 Survey	2013		2014		Change
	Trust	National average	Trust	National average	
% able to contribute towards improvements at work	68%	68%	64%	68%	4% reduction
% experiencing physical violence from staff in last 12 months	2%	2%	3%	3%	1% increase
% experiencing physical violence from patients, relatives or the public	15%	15%	18%	14%	3% increase
Staff motivation at work	3.87	3.86	3.82	3.86	0.05 reduction
Staff job satisfaction	3.63	3.60	3.59	3.60	0.04 reduction

Communicating and consulting

We use other consultative bodies to discuss specific areas of joint interest with staff, such as the Local Negotiating Committee, Health and Safety Committee, Diversity Matters Group, the BME (Black, minority and ethnic) Staff Network and the Lesbian Gay and Trans forum.

We engage with staff using a variety of channels including the weekly newsletter, Headlines, our intranet site – StaffNet, social media, surveys, information posters, annual appraisals, an annual staff conference and we recognise individuals and teams through our Employee of the Month awards and our annual Patient First Awards (previously STAR Awards).

Looking ahead to 2015/16

We want our Staff Survey results to be more positive. To achieve that will focus on:

- Sharing the learning from incidents and ensuring staff feel confident and secure in raising concerns about unsafe clinical practice
- Understanding areas of concern regarding violence, abuse and harassment and supporting staff in feeling safe
- Improving opportunities for staff to contribute their ideas and effort towards improvements at work
- Continuing to support improvements in staff health and wellbeing including working long hours

Over the coming year, we will continue to develop the Patient First Programme and will see our first accredited wards. We are also looking at how we train nurses and managers (as well as clinicians) in leadership development. This training will focus on the Patient First principles and result in us having a strong team with the skills to manage the Trust through the challenging future faced by health Trust's all over the country.

We will develop and deliver our "Customer Care" training programme, an innovative approach to training, recruitment, induction and appraisal, which seeks to transform the way Trust staff interact with patients and their carers. We're calling this "The Western Sussex Way".

We are also developing and implementing service improvement learning programmes for the Patient First Transformation Programme (including Lean training) to encourage all staff to adopt and use evidence-based service change and improvement tools to improve the quality of service they deliver.

Concentrating on training and developing our people in this way helps us to improve the overall experience patients receive from our Trust. Patient First empowers our staff at all levels and in all departments to identify areas in which the patient experience could be improved and gives them the support they need to make their idea a reality.

Equality

At the end of the financial year, the breakdown of male and female staff was as follows:

	Female	Male
Non-Executive Directors	2 (33.3%)	4 (66.6%)
Directors	5 (83.3%)	1 (16.7%)
Other senior managers	154 (68%)	72 (32%)
Employees	5,232 (78%)	1,498 (22%)

Our equality and diversity policy is wide ranging and aims to protect employees from discrimination while promoting equality and diversity.

We recognise that in serving diverse communities, we need to recruit and retain the right people with the right skills to deliver high quality care. This can best be achieved through a workforce that reflects the community that it serves.

Staff and patient diversity will be viewed positively and, in recognising that everyone is different, the Trust will value equally the unique contribution that individuals from different backgrounds can make. Support is available for BME staff through the Trust's BME forum and more widely through the SEC (South East Coast) BME network. Additionally the Trust hosts a Disability Forum internally for staff and patients.

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

- gender
- marital status
- pregnancy, maternity or paternity
- race, colour, nationality, national or ethnic origin
- disability
- religion or belief
- sexual orientation
- age
- gender reassignment

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

If staff have a disability or develop a disability during their time working with the Trust, reasonable adjustments will be made to prevent them from being placed at a substantial disadvantage in all aspects of employment including recruitment and selection, training, transfer, career development, retention.

Our recruitment policy adds: No job applicant will receive less favourable treatment than another because of their age, disability, race, nationality, ethnic or national origin, gender, religion, beliefs, sexual orientation, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or Trade Union membership.

All posts will be advertised (including fixed term appointments and secondments which are intended to last longer than three months). If the Recruiting Manager wishes to restrict the numbers of applications the closing date will not be displayed on NHS Jobs. It is the Recruiting Managers responsibility to monitor the number of applications received and inform the relevant HR Recruitment Administrator when sufficient numbers have been reached and the advert needs to be closed. See appendix 1.

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

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

Short listing and selection will be based solely on the extent to which candidates fulfil the criteria for the post as stated in the person specification. This is detailed in the candidate meeting the essential and desirable criteria described. All applicants for positions will have a panel interview as part of the selection process, and all interviews will be conducted face to face unless under exceptional circumstances.

All interview panels will consist of at least two members, one of whom should be the Recruiting Manager. Records of interview panels held are maintained for 1 year by the HR Recruitment Team.

One of the panel members must have had appropriate training in Recruitment and Equality & Diversity training. Equality training must be completed every 3 years.

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

Volunteers

As well as our dedicated staff, the Trust benefits from the generous support of over 1,000 volunteers, who complete various roles around the hospitals. From being the public face of the hospitals by sitting at our reception desks, to helping serve meals and hot drinks on the wards, our volunteers make a huge difference to the “added value” we are able to deliver.

Volunteers have the time to sit and talk with patients while they undergo chemotherapy or help less able patients to eat. They also help us with admin tasks and by carrying out surveys on the wards to help us keep track of patient satisfaction.

Members

As a Foundation Trust, we are answerable to our members who are represented by the Council of Governors (see page 110 for more information about our Governors).

We currently have over 14,000 members, including staff, patients and members of the public. Public members are aged over 16 and live in one of five local council areas; Adur, Arun, Chichester, Horsham and Worthing.

Our members can:

- attend medicine for members events
- participate in surveys and consultations
- vote in governor elections

In 2015/16 we will refresh our membership strategy to improve the way we engage with our members.

Members will be able to choose a level of membership (bronze, silver or gold) that represents how active they wish to be. We will also develop the Foundation 500 - a group of 500 members who are keen to get involved in all kinds of trust activities. The Foundation 500 will be encouraged to respond to surveys and consultations, help us run member events and sit on working groups looking at service delivery.

The initiatives are designed to lead to a more engaged membership, which in turn will add value through identifying issues and areas for improvement that matter to our patients.

Our membership is broadly representative of our local population and MES, which provides our membership database, has indicated that we are performing well at recruiting a diverse membership.

Members wishing to communicate with governors and / or directors can email foundationtrustfeedback@wsht.nhs.uk and their enquiry will be passed on to the appropriate contact.

Quality Improvement

Western Sussex Hospitals is a high performing Trust with a great record on quality. Our latest inspections from the Care Quality Commission (CQC) have ranked us among the best health trusts in the country. When the regulator published the national Intelligent Monitoring ratings for the first time in 2013, it placed our Trust in 'Band 6' - the rating given to NHS organisations deemed most likely to offer safe, high quality care to patients.

Since those rankings were first published, we have continued to strive for quality improvements and in early 2015 published our draft quality strategy for the next three years to 2018. In developing the quality strategy, we consulted with staff, members and partners.

The quality strategy identifies four broad areas in which we will focus our efforts to improve outcomes and experience for patients. These areas are:

- Reducing mortality and improving outcomes
- Delivering safe, harm-free care
- Delivering reliable care
- Improving the staff and patient experience

Within these four broad categories, we have also identified specific projects that will help us achieve those improvements, which include mortality reviews, the Better Births programme, reducing hospital acquired infections, reducing falls, improving stroke and dementia care and a complete redesign of our outpatient care pathways.

Better care for patients with broken hips

Progress in the care for patients with broken hips continued during 14/15. These vulnerable patients are often elderly, frail and have a complex variety of underlying illnesses.

If you are admitted to a Western Sussex Hospital with a hip fracture now, your care will be managed by our team of orthogeriatricians – doctors who specialise in managing care for elderly patients with fractures.

They work with orthopaedic surgeons, anaesthetists, nurses, physical therapists and occupational therapists to ensure your care is tailored to your needs.

This new "care pathway" was recently assessed by a nationally renowned surgeon, who described it as "a model of what modern care should look like".

He went on to say: "The care pathway focuses on the needs of these elderly patients and has produced significant improvements in the quality of care, length of stay and mortality since its introduction."

Better births

Ms Jayes's story

Emma Jayes had her first baby, Felix, in St Richard's Hospital two years ago and gave birth to Henrietta there at Christmas 2014, so has seen first-hand the improvements we have made to the way we treat women. Emma has also been involved in advocating for families and has been involved in several consultation projects to help us deliver the services families want.

Emma had a difficult experience when Felix was born. She struggled to be taken seriously when she developed Symphysis Pubis Dysfunction (SPD) in pregnancy and again when her waters broke. When she was in labour, Emma describes it being very busy on the ward and a room full of staff talking about other patients, which caused undue stress and worry.

When Emma was pregnant with her daughter, she had a bad experience with a sonographer and made a formal complaint. She was so impressed by how seriously she was taken, in contrast with her previous experience, and how willing her midwife was to support her complaint, she accepted an offer to participate in an audit of the maternity unit.

Emma got involved with feedback surveys and since then has described a completely different attitude in the way she was treated.

Emma said: "My pregnancy and birth with my daughter was a completely different experience to the one I had first time around. I felt empowered and taken seriously. I was very well taken care of and was so pleased to see that people did what they said they were going to do. It really restored my confidence in the system.

"I was invited to join the new maternity expert group and it has been fantastic to be involved in helping to shape the services here for other women. The maternity team is really welcoming of patient feedback and wants to be the best they can be. I really feel they are putting their patients first - even to the extent that I was invited to sit on an interview panel when they were recruiting new midwives. I've also had the opportunity to help the hospital improve the complaints procedure and there is now a 'single point of contact' system in place, so the person who takes the initial call is then responsible for all contact with the patient.

"The new triage phone line is a fantastic resource. I've seen it in action. It's one midwife whose only responsibility is to be available to women in labour. They get to sit in a quiet room away from all the business of the labour ward, so they can concentrate on listening and advising their patients. It also relieves the pressure on the ward as midwives don't have to make themselves available to answer the phone. I'm a huge advocate for the maternity team at St Richard's and would like to thank everyone who was involved in my care for all they did for me."

"I really feel they are putting their patients first"

Emma Jayes (left), patient and member of the Trusts maternity expert group

Emma Jayes with Dr Cate Bell

Safe care

Safe care and “harm-free” care are phrases we use constantly across the Trust. For us, they mean providing appropriate, high-quality care in clean, well-staffed hospitals. It means listening to staff and patient feedback and continually improving in all areas, from the way we communicate with people to reducing the opportunities for errors and eliminating hospital acquired infections.

We take great pride in being one of the safest acute hospital trusts in the country. During 2014, teams of local people inspected our hospitals for cleanliness, food and hydration, privacy and dignity and condition, appearance and maintenance. Our hospitals exceeded national average scores in every category and the inspection team gave St Richard’s Hospital a 100 per cent score for cleanliness, with Worthing Hospital achieving 99.83 per cent.

Staff across the Trust have worked hard to achieve these exceptional scores. Catering teams are constantly reviewing and refreshing menus and we implemented a red tray system to highlight patients who need support eating.

We have invested in new cleaning equipment to eliminate bacteria and as well as our daily cleaning, we perform a trust-wide “deep clean” every quarter.

We have one of the best records for providing single sex accommodation, and our new endoscopy suite at Worthing Hospital will provide separate recovery areas for men and women, further improving our privacy and dignity performance.

In the last four years, we have had only one case of hospital-acquired MRSA and achieved a clean record again in 2014. We have also continued to see the number of cases of Clostridium difficile plummet. In the last year there were just 38 cases of Clostridium difficile across the whole Trust - just two thirds of our mandated limit of 57 and within our ambitious, internally-set stretch target.

Strokes

We have worked hard to improve our performance on the way we treat people who have suffered strokes and our efforts are paying off. We have made significant improvements against all key stroke indicators set out at the beginning of the year, which include performing CT scans within 12 hours of stroke patients being admitted and admitting 90 per cent of stroke patients within four hours of arrival at the hospital.

The Sentinel Stroke National Audit Programme (SSNAP) run by the Royal College of Physicians monitors and benchmarks clinical performance and outcomes. Over the course of the year Worthing Hospital improved from a grade D to a grade C stroke unit and St Richard’s Hospital improved from a grade E to a grade C stroke unit.

Dementia

Over the last year, we also prioritised improving the hospital care for patients with dementia. To help staff support patients, we have put together “Knowing Me” documents for dementia patients and we have embedded these across the whole Trust. These documents highlight the health needs, personal history, likes and dislikes and other important patient information to help us provide appropriate and compassionate care and to communicate effectively with relatives and carers.

A typical Knowing Me document will include things such as how a patient likes to take their tea, what music they like and who their family members are.

To help improve consistency and reduce confusion in dementia patients, we have also minimised unnecessary ward moves. In addition, we have made environmental changes to some ward areas. People with dementia will often experience more difficulty in understanding and moving around in their environment. The use of specific colour, lighting, signage, flooring, fixtures and fittings helps maintain their independence and support their dignity.

The changes on two of the wards include replacing internal doors with brightly coloured alternatives to attract patients to accommodation areas. Toilet doors on both wards now have easily distinguishable yellow figures to help patients distinguish bathrooms more easily and service doors now have neutral colours to help blend them into the background.

Other changes include ensuring floors are not finished with a high gloss as this can appear wet and increase the likelihood of falls among dementia patients.

Pressure sores

Pressure sores are widely recognised as being an indicator of insufficient care as a patient developing pressure sores is probably not being monitored and moved enough. Over the last year we have focussed on sharing best skin-care practice across the Trust and embedding good practice in all areas.

To encourage good practice and highlight how well individual wards are performing, we introduced the 365 awards. Gold awards are given to all wards that achieve 365 consecutive days without a patient suffering a pressure sore, silver awards are given for 200 consecutive days and bronze awards are given for 100 consecutive days.

In 2013, 37 wards received gold award certificates, up from 31 in 2012. We also celebrated a whole year without a single patient suffering an unavoidable grade three or four (the most serious) pressure sore.

Looking ahead to 2015/16

Our new Quality Strategy outlines the quality improvements we want to make over the coming three years. We continue to set ambitious targets and the programmes reflect this, including being in the 20% of NHS organisations with lowest risk-adjusted mortality.

Priorities to help us reduce mortality (death rates) and improve outcomes:

The implementation of a set of consistent standards, known as care bundles, to improve the recognition and care of physiologically deteriorating patients including sepsis, acute kidney injury and preventing cardiac arrest

The ‘Better Births’ programme focusing on normalising births and reducing stillbirths

A programme of structured review of every death occurring in the hospitals to ensure learning

Patientrack 2 – better monitoring for better outcomes

In order to give doctors an early warning if a patient’s condition is deteriorating, the Trust has been using Patientrack to record patients’ vital signs (blood pressure, temperature, etc).

Doctors and nurses receive an early warning if a patient’s condition changes and are able to intervene more quickly, ultimately saving more lives.

The Patientrack data also helps prioritise ward rounds, as doctors are able to go to the sickest patients first instead of simply starting at bed number 1.

Patientrack 2 is the new upgrade of the system. It will enable the Trust to record more information about patients, giving doctors an even better picture of each patient’s medical condition. It also provides automatic alerts as soon as a patient’s condition deteriorates and has a “tasks” function to improve handovers and consistency of care.

Better Births

One of the key areas in which we want to improve outcomes is in our maternity services. As a result, we have developed our Better Births programme, which focuses on improvements in five key areas:

Person centred care - ensuring women get to know individual midwives and improving continuity of care.

Engagement and involvement - getting more patients, staff and carers involved in how we improve our services.

Quality and Effectiveness - development of the midwife led unit at Worthing Hospital, increasing electronic and online support for women and learning from best practice elsewhere

“Always Events” - concentrating on the things every midwife should be doing for every patient.

Access and Support - helping patients take control of their care and providing easier access to our services, including self-referrals and booking and the transfer home process.

Better Births builds on the success of various programmes from the previous year, including our social media groups for women.

There has been a significant reduction in hospital mortality in recent years. In order to understand how we can ensure a further reduction, we are introducing a structured programme to review each death in hospital and learn from each event. We already know that we are very good at preventing unnecessary deaths in our hospitals, but we want to get to a point where every patient who can get better and go home gets better and goes home.

Delivering safe, harm-free care

As well as continuing to avoid hospital acquired infections we will also work to reduce falls, and use electronic prescriptions to avoid errors and improve our drug systems. The new electronic prescribing system will roll out across the Trust and help us manage patients’ treatment more reliably, by centralising records, reducing paperwork and eliminating handwriting. The system will also highlight potential drug and allergy conflicts at the point of prescribing.

Delivering more reliable care

We want to build on the successes of last year in stroke and dementia care and continue to improve our scores against our key indicators.

We are also developing our Seven Day Service in line with national NHS targets to improve the outcomes and experience of patients admitted at the weekends, when the hospital has limited staff and services available. We have set up a steering group including members of key groups within the Trust, from consultants and senior nurses to pharmacy, diagnostic imaging and therapies.

We have already taken significant steps to improve shift handovers by piloting and fully implementing an electronic patient handover tool at Worthing Hospital and will be rolling it out across the rest of the Trust in the coming year.

We have also piloted a multi-disciplinary team meeting format throughout the Trust. Bringing together specialists from a range of functions enables us to plan each patient’s care more efficiently and reduce the length of stay for patients.

In the coming year we will focus on how new emergency admissions to hospital are seen by a consultant within 14 hours of admission, which is particularly challenging at weekends. To help us achieve this target we are developing new models for consultant weekend working.

Improving the patient experience

Outpatients are one of our key areas for improvement. In order to drive that improvement, we have set up a transformation programme to review, redesign and implement the end to end pathway in outpatients. This will help us improve the patient experience whilst delivering internal efficiency and productivity improvements.

For our full Quality Report, which goes into more detail about these and other issues and priorities, see page 49.

Systems and Partnerships

As an acute health trust, we only make up one part of the overall “health economy”. Our partners in the local area include GPs, community healthcare providers, the Clinical Commissioning Group (CCG), social care providers, charities, the ambulance service and the mental health trust, among others.

Forming effective partnerships with these various groups and organisations is key to our success. Over the busy winter period, for example, we saw in increase in older patients admitted via A&E. Once these patients were ready to go home, we needed to make sure they had the appropriate care and support available to be able to discharge them. We created a “fit for discharge” list and worked closely with social care providers and community teams to help identify the right setting for some of our more vulnerable patients.

In this way, we were able to move patients through the hospital and free up beds more quickly for patients with more immediate needs, while making sure the patients we were discharging had the ongoing care they needed.

Throughout the last year, we have worked to improve the way we work with partners to ensure our patients have the best chance of ongoing recovery when they leave us.

Jo Lutman (left) with her mum, Irene Norman and senior physiotherapist Mirja Putkonen

Mrs Norman’s story

Jo Lutman works for the Trust. When her mum, Irene Norman (86) had a stroke In November, she was admitted to Worthing Hospital and Jo got to see first-hand how we work with patients and their families to give them the care they need in hospital and when they go home.

Irene’s stroke was severe and early on, it looked as though she would need 24 hour nursing care. The ward doctor referred Irene and her family to social services to agree a discharge plan. A series of further medical complications, including a urinary tract infection and Norovirus, put back Irene’s release date, but after several weeks of therapy on the ward, Irene had regained some of her motor skills and her independence had improved.

Working with the social worker, Irene’s family were told they had three options: home care with a family and support from the Regained Independence Service (RIS); a live in carer or residential care in a care home.

Jo opted to move Irene in with her. It was a big decision and Jo knew that there would be huge implications for her working and personal life, but like so many people, would have done anything to keep her mum safe and well.

Jo said: “When mum had the stroke, it was awful. It was a really severe stroke and we didn’t think there was much chance of her regaining much independence, but as time went by we could all see the benefits of the physiotherapy. We had a couple of setbacks with her health and the Christmas period meant things didn’t run as smoothly as we would have hoped when it came to getting mum out of hospital and back home.

“We started preparing to take mum home and the RIS team got on board very quickly to help prepare mum, while we put things in place at home. We had home visits from the physiotherapists and occupational therapists from the hospital to assess what ability aids we’d need. They arranged for the equipment to be installed then did another visit to the house with mum to see how she moved about and what risks there were.

“We were also referred to the community neuro team, who provided speech therapy, Occupational Therapy and physiotherapy at home. When we were on the ward, we bumped into the Carers West Sussex organisation, who hold a wealth of information on support that’s available. Mum was also referred to the eye clinic and has GP appointments every six weeks.

“It took a while to get all the different bits of the puzzle to fall into place and there were frustrations along the way. At one point, I could really have done with someone to step in and sort it all out for me and an information pack that listed the support and services available would have been a useful resource, but ultimately the outcome has been more positive than we could have hoped.”

To help speed up the diagnosis and treatment process for some of our outpatients, we have developed a "one-stop clinic" format.

This clinic format has been particularly successful in Urology, where patients have benefitted from receiving a raft of tests in one appointment rather than a series of appointments. The Urology one-stop clinic launched in September and patient feedback has been extremely positive.

Mr Riding's story

Pete Riding is a 33 year old father of baby twin boys and lives in Bognor. When he started having pain "down there" his wife persuaded him to go to his GP. When Pete described his symptoms to his doctor he received an immediate referral to the Urology outpatient and investigation (OPI) clinic and was seen at Chichester hospital just three days later.

He saw consultant urologist, Philip Britton, who found a lump in Pete's testicle and sent him off for an ultrasound, where we found enough evidence to suggest that the offending testicle should be removed and an outpatient appointment was made for the following week.

Pete said: "When the pain started I wasn't really that worried, but then everything happened so quickly I didn't have much time to think about it. The service was absolutely fantastic. I'm a great believer in the NHS anyway, but I was really impressed by how slick the whole operation was and really appreciated not having to go backwards and forwards and wait in between. With a young family at home to care for and provide for, I was really glad not to have to mess about."

Philip Britton said: "Patients are busy people and so are we, so finding ways to reduce the number of appointments per patient, while still offering the same high level of care is beneficial to everyone. The one-stop clinics have been extremely successful and provide us with an excellent diagnostic process."

A similar approach is also proving to be effective in gynaecology, where women attending hysteroscopy clinics have given us extremely positive feedback and an average satisfaction score of 9.6 out of ten. We hold five "see and treat" one-stop clinics a week between Southlands and St Richard's Hospitals and see an average of 30 women each week. We now carry out 85 per cent of hysteroscopies as outpatients appointments with just one appointment per patient.

This has partly been possible due to the transformation of outpatient services at Southlands Hospital since 2012. The rate of outpatient procedures increased from 12 per cent in 2012 to 88 per cent in 2014. New technology and the dedication of local teams has greatly improved our ability to provide patients with full-service appointments so they don't need to come back for repeat appointments or return for general anaesthetic. Southlands also supports cancer services and 45 per cent of our patients come from fast track clinic and are seen within two weeks.

Improving cancer services

As an acute health trust, we only make up one part of the overall "health economy". Our partners in the local area include GPs, community healthcare providers, the Clinical Commissioning Group (CCG), social care providers, charities, the ambulance service and the mental health trust, among others.

Forming effective partnerships with these various groups and organisations is key to our success. Over the busy winter period, for example, we saw in increase in older patients admitted via A&E. Once these patients were ready to go home, we needed to make sure they had the appropriate care and support available to be able to discharge them. We created a "fit for discharge" list and worked closely with social care providers and community teams to help identify the right setting for some of our more vulnerable patients.

In this way, we were able to move patients through the hospital and free up beds more quickly for patients with more immediate needs, while making sure the patients we were discharging had the ongoing care they needed.

Throughout the last year, we have worked to improve the way we work with partners to ensure our patients have the best chance of ongoing recovery when they leave us.

Mr Kelly with nurse Nicky Turner

Mr Kelly's story

Sean Kelly lives in Henfield with his wife, Mary. He was diagnosed with renal cancer in 2012 and has since had a kidney removed, two courses of chemotherapy and a course of radiotherapy. His treatment diagnosis and treatment was all done at Brighton hospital until his health deteriorated in April 2015. Sean was admitted to the Emergency Floor at Worthing hospital after a fall at home. He was confused and disoriented.

Acute oncology nurse, Nicky Turner co-ordinated Sean's care and oversaw his transfer from the Emergency Floor to the oncology ward, including getting hold of his patient records from Brighton and co-ordinating with palliative care.

During his stay at Worthing hospital, scans found evidence that further treatment wouldn't help Sean.

Mary said: "Nicky has been invaluable. When someone you love has cancer, sometimes there's so much information coming at you, it can be difficult to make sense of it. Nicky talked through everything with me. She gently explained everything that has happened and it has been Nicky who has sorted appointments with the oncologist, Nicky got all Sean's notes from Brighton and has made an incredibly difficult situation much easier to bear.

"Another thing that has been helpful is that the oncologist who was looking after Sean at Brighton works in Worthing one day a week, so we've had some continuity of care even though Sean's in a different hospital."

The cancer team has also developed an innovative multi-disciplinary team, comprising a radiologist, histopathologist, palliative care, cancer lead and an acute oncology nurse. Working together, this team of people meets weekly to plan the care and treatment for all our acute oncology patients. To ensure these specialists spend as much time as possible caring for patients and as little time as possible travelling to and attending meetings, the team meets via teleconference and uses an online system to be able to share diagnostic images and patient records.

Looking ahead to 2015/16

We are anticipating that the pressure on our services will continue. Our local population will continue to increase and age and with that comes the complex health issues that require acute hospital care; dementia, strokes, heart disease and diabetes, to name but a few. Our challenge for the future is accepting that this increase is the "new normal" and finding ways to adapt to this.

Musculoskeletal services

Historically there are a great many care providers involved in musculoskeletal services, including hip replacements and fracture care. As a result the consistency of care we want to provide isn't always possible. Patient records, different contact phone numbers and having to visit different sites are some of the problems that come as a result of this multi-supplier system.

In the coming year, we will work with Coastal West Sussex Clinical Commissioning Group to design an integrated musculoskeletal service, linking from primary to acute care. Once it is up and running, the new service will aim to provide patients with a single point of contact and a vastly improved care pathway. Working with partners in this way should also eliminate duplication, reduce error and improve efficiency.

Cancer services

We have invested significantly in cancer services in recent years and are able to offer a better range of services than ever before, but we can still go further. We will reshape our cancer services to improve accessibility for patients, no matter where in West Sussex they live. We are also working with partners to design and deliver a new radiotherapy treatment facility at St Richard's Hospital.

Delivery and Sustainability

In order to operate successfully as a health trust, we need to constantly review the way we are doing things and make sure they are as efficient and effective as they can be.

Patient First is key to this as it encourages a culture of continuous improvement, while prioritising efficiency and effectiveness.

We also find ourselves in a time of rapid improvement in medicine and surgery. As technology improves and new treatments become available we are able to throw out some of the tired old ways of doing things and replace them with new treatments that work better, have fewer risks, reduce hospital stays and improve patient's lives. In turn, this reduces waiting times and waiting lists and reduces our costs.

2014/15

In order to continue providing high quality hospital treatments to the residents of West Sussex, we need to fundamentally transform the way we do some things and look at the entire process from beginning to end. We call these "pathways".

In some cases, transforming patient pathways requires capital investment, and we have invested heavily in the Trust and will continue to do so. The new Breast Screening Unit at Worthing has been up and running for over a year, our Emergency Floor at Worthing opened in December, Our new endoscopy suite at Worthing will open early in the new financial year.

Our own clinicians are pioneering new techniques and treatments for better patient outcomes.

Mr Jones's story

When 74 year old Frank Jones started having bladder problems he put it down to his age, but as his symptoms got worse he told his GP, who put him on drugs to shrink his prostate. All was well for a while, but a few months later, Frank's bladder seized up and he was unable to pass urine for 18 hours.

Frank came to Worthing hospital where he had a catheter fitted and four litres of urine drained. After that, Frank had to wear a catheter all the time.

A few weeks later, Frank met Simon Woodhams for the first time. Simon is a consultant urologist at Worthing who suggested Frank would benefit from a new procedure he was trialling.

In October 2014, Frank became one of the first patients in West Sussex to undergo a TURis procedure to pare away some of his prostate.

Frank's two hour operation was carried out under general anaesthetic and he was able to go home the same day without any pain. Within days, he was back to his old self, playing bowls and sleeping through the night.

Frank said: "I thought having an enlarged prostate was just part and parcel of getting older and something I'd have to live with for the rest of my life. When Mr Woodhams said that he could treat me and that I wouldn't even have to stay in hospital, I couldn't believe it.

"Before the operation I was on medication, had a catheter permanently fitted and could only see things getting worse, but I've left all that behind me. No drugs, no catheter, no side-effects...and I don't have to worry about where the nearest public loos are when I'm out!"

Simon Woodhams added: "This new treatment is a vast improvement on its predecessor. Before we started using TURis, we used a similar treatment called TURP, but recovery times were longer, patients had to be admitted into hospital for several days and because it used glycine, it often left patients feeling unwell and drowsy. TURis doesn't have any of those negative side effects and our experience with the procedure is helping the National Institute of Health and Care Excellence determine whether to recommend this procedure for wider use in the NHS."

Frank and Beryl Jones

If you live locally, the chances are you will have cause to visit one of our hospitals sooner or later, but requiring hospital treatment doesn't have to mean a protracted stay in hospital. Increasingly, we have been working towards providing the treatment patients need without admitting them for inpatient care where possible.

As the technology for diagnosis and treatment improves, we are able to treat more patients as outpatients, giving you more control of your care and fitting your treatment around your life.

Our new Emergency Floor is helping us achieve just that. The new unit uses teams comprised of consultants, doctors, nurses and therapists working together to give you the best, most appropriate care. Within the Emergency Floor, we have an Ambulatory Care Area, where patients who would typically have been admitted as inpatients can receive the same standard of care as outpatients.

Ms Armstrong's story

One patient who has already benefitted from the new set-up is Laura Armstrong who lives in Littlehampton and has a two year old daughter. Laura came to A&E at Worthing hospital on a Sunday night in February 2015 with back pain and jaundice.

We took a blood test and Laura saw a consultant and was given the choice of being admitted or going home with pain relief medication and coming back the following day. Laura wanted to be at home with her family overnight, so was booked in to come back at 8:30 the following morning.

More blood tests and an ultrasound scan confirmed a "gall bladder full of stones", but doctors were particularly concerned about Laura's jaundice and blood test results, as they suggested her bile duct may be blocked, even though the ultrasound did not appear to show this. Laura was asked to come back for an MRI scan a couple of days later to try and clarify things further.

On the third day, doctors confirmed to Laura that the MRI did indeed show gallstones had caused a blocked bile duct, which was causing the jaundice. She was offered a straightforward outpatient procedure to remove the gallstones and headed to St Richard's hospital on the Friday of the same week. Laura arrived at St Richard's at 1pm and was on her way home again by 4pm.

Laura said: "Like a lot of people, I don't really like being in hospital so being given the option of going home was fantastic. Being at home meant I could be around for my daughter and didn't have to explain to her why I wasn't around - it's not the kind of conversation you want to have with a two year old.

"Being an outpatient meant I could eat my own food, sleep in my own bed and stick to my own routines. If I'd had to be admitted, I'd probably have been in hospital for the best part of a week, when I didn't really need to be."

Joe Wileman, a consultant in acute medicine added: "Laura's case is fairly typical of the kind of patients our ambulatory care ward was designed for, patients who need fairly swift diagnosis and treatment, but whose conditions aren't severe enough that they can't leave the hospital. Laura's not alone in wanting to avoid a stay in hospital and we're keen to avoid keeping patients over night when they don't need to be here, so it's a win for everyone."

Laura Armstrong with her daughter

Looking ahead to 2015/16

Transforming services

Over the last year we have taken great strides in transforming services and we want to continue doing so in the coming year. This will include a transformation programme to review the end-to-end pathway in elective (planned) care to help us adapt to increasing numbers of referrals from GPs while continuing to meet our 18 week referral to treatment target and our cancer waiting targets.

We are also reviewing the pathway for non-elective (emergency) patients. Part of this is realising the benefits of Worthing's new emergency floor, while looking at how we can introduce an emergency floor model of care at St Richard's.

This year we will also be able to improve our endoscopy service as we take back the newly refurbished endoscopy suite at Worthing Hospital. When the new suite is fully functioning, we will be able to seek accreditation from the Joint Advisory Group (JAG) for Worthing and will aim to maintain our accreditation at St Richard's.

Ophthalmology at Southlands

One of our key developments over the coming year is the development of a brand new ophthalmology department at Southlands Hospital in Shoreham. We are fully committed to the development of this state-of-the-art facility, and have sold off some of the old, unused buildings that were part of Southlands Hospital. The money we've generated from the sale has been ring-fenced for the new development at Southlands and building of the new unit is scheduled to start this year, subject to final business case approval.

Our investment at Southlands should be taken as a sign of our ongoing commitment to developing outpatient and ambulatory care services on the site. Southlands is an important part of the fabric of our trust and we are continuing to look at ways we can develop our service provision there to ease pressure on our acute sites.

Private patients

In order to offer a choice of services for patients, we're committed to supporting two suites for private patients, the Downlands Suite in Worthing Hospital and the Chichester Suite at St Richard's Hospital. Any surplus generated by these units is reinvested into the Trust to improve services for all patients. In the coming year we will look at how our private patient services can help support our NHS core business and will develop a business case for the development of a new unit at Worthing.

Waiting times

In 2015 we will achieve primary quality measures of referral to treatment (RTT), cancer and A&E waiting times.

Our financial challenge

Last year, the Trust saved £18.3m by being smarter, more organised and reducing waste. The Efficiency and Transformation Programme continues in 2015/16, looking to achieve a further £20m. Dozens of workstreams are transforming the way we work at every level of the organisation, improving quality and safety, while at the same time ensuring we get the best value for every pound we spend.

The central aim of our Patient First programme is to continually improve all that we do as an organisation and the Efficiency and Transformation programme is key constituent to this journey.

It is designed to help us enhance the quality and safety of services we provide by ensuring we are smarter and more organised as a Trust. We are investing in our people, driving quality by standardising the way we work, and reducing waste wherever possible.

Over the next financial year we aim to deliver a further £20m of savings – but why do we need to this? Like all other NHS organisations, the income we earn for the procedures we carry out, known as the tariff, is being reduced in line with an expectation that we will become more efficient.

So, over time we will be paid less for the services we deliver while, at the same time, also serving a growing demand. Meanwhile, national pay awards mean staff salaries will cost an additional £8m, and inflation is increasing the cost of the equipment and supplies we must buy.

In order to help meet this challenge, we have established a new Programme Management Office (PMO), which is providing the support and knowhow to teams right across the Trust. This is very much clinically lead and supported by the Trust's finance and operational teams working together.

At present there are 53 work streams taking place, supporting improvements and positive transformation at every level of the organisation. The schemes have been risk assessed and where required there is a continuous programme of improvement to mitigate those risks and ideally create further headroom.

The key highlights for the Trust's financial performance during the period from 1st April 2014 – 31st March 2015 were:

- Delivery of an income and expenditure outturn consistent with the forecast advised to Monitor
- A financial risk rating of 3 at year end, out of a possible top rating of 4
- Cost improvement programme savings of £18.31m
- Expenditure on capital schemes of £15.1m, including the aforementioned Emergency Floor and Endoscopy schemes

Financial Performance

The Trust Board approved the financial plan for the Trust in March 2015

As the year proceeded the Trust experienced:

- non-elective activity, A&E attendances and outpatient procedures being significantly higher than planned,
- improvements to the patient pathway and reduction in length of stay for short stay patients being offset by a rise in the proportion of admissions from the over 85 years age group, who have a longer average stay and an increase in acuity levels,
- a significant increase in referrals for elective treatment in certain specialties,

The impact of these activity pressures required the Trust to open additional bed capacity. This restricted the Trust's ability to deliver planned capacity reduction savings that were part of the cost improvement programme.

As a result, the Trust reassessed its financial forecasts and agreed a revised out-turn of £300k for the full year, after adjustment for technical items.

As at the end of March 2015, the Trust is reporting a surplus of £307k after adjustment for impairments and donated assets as summarised in the table below.

Financial Performance for 2014/15	
Net Surplus / (Deficit)	£9,666
Add back:	
Donated Asset Income	(£1,385)
Donated Asset Depreciation and Amortisation	£906
Impact of Donated Asset Accounting	(£479)
Impairment of Fixed Assets	(£8,880)
Performance against Control Total	£307

The Trust undertakes an annual revaluation of its estate on a Modern Equivalent Asset basis for land and buildings. Any movements in the value of the estate are reflected in either the revaluation reserve or the income and expenditure account depending on the nature of the change and any previous changes in respect of that asset. The net impairments of £4,885k relates to changes in asset value following the annual revaluation.

Financial Review

Long-term Liabilities

During the period the Trust repaid the final legacy loans from the legacy organisations which were originally £20.3m, amounting to £2.4m in the accounting period.

The affordability of long-term loans is considered by the Trust Board prior to approval. The loans drawn down during the period were included in the Trust's financial plan for the year. Further information on the Trust's long-term borrowings is available within Note 24 to the accounts.

Cash

During the year the Trust experienced delays in receipt of contract income from its main commissioners. These issues were resolved by year end but did impact on payments to suppliers over several months. The Trust's measure of performance in paying suppliers is the Better Payment Practice Code. 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. The results are set out in Note 5.4 to the accounts and the value of late payment interest is disclosed in Note 5.5.

Financial Outlook

The Trust has published its operational plan for 2015/16, including its financial plans. The Trust forecasts maintaining a score of 3 on its Continuity of Services Risk Rating and delivering a surplus of £1.0m, after adjustment for technical items.

The Cost Improvement Programme for the next financial year amounts to £19.0m.

Going Concern

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

Governance Ratings

The Trust is assessed under Monitor's Risk Assessment Framework. Financial risk is covered under the Continuity of Services Risk Rating which is driven by assessments on liquidity and capital service cover. The highest rating that can be achieved is a score of 4. A score of 3 indicates no significant financial concerns. The Trust scored 3 in each quarter.

	Q1	Q2	Q3	Q4
Continuity of service rating	3	3	3	3
Donated Asset	Green	Under review	Under review	No formal notification from Monitor

There were no formal interventions by the regulator during the year 2014/15

The Trust's Governance Rating has been set by Monitor as 'Under Review' from Quarter 2 due to failing to meet Referral to Treatment targets for two consecutive quarters. This has been referenced in the Trusts Annual Governance Statement and continue to work closely with local and national partners to mitigate this position as effectively as possible.

Other financial information

Accounting policies for pensions and other retirement benefits are set out in Note 1.3 to the accounts.

Details of senior employees' remuneration can be found within the remuneration report commencing on page 117.

There are no post balance sheet events.

Income disclosures

The income from the provision of goods and services for the purposes of the health service in England is greater than 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 minimum cover the full cost of delivery of the goods and services. Any surplus from these activities is reinvested and supports the provision of goods and services for the purposes of the health service in England.

In the period there were 5 individuals who retired early on ill-health grounds. The estimated additional pension liabilities for these individuals was £328k.

Note 36 to the accounts sets out, in relation to the use of 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.

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, is fair, balanced 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

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PART ONE: STATEMENT FROM OUR CHIEF EXECUTIVE

Welcome to our Quality Report 2015/16 which details our priorities for improvement over the next 12 months and highlights some of our key achievements in the past year.

At Western Sussex Hospitals NHS Foundation Trust we strive to continually improve all that we do, which is why I am particularly pleased to introduce in this report our new Patient First programme.

As Chief Executive of the Trust I am extremely proud of the care our patients receive, and through our Patient First programme I am confident the safety and quality of all our services will continue to improve.

Patient First is our long-term approach to transform the way we deliver our services, using standardisation, system redesign and the improvement of patient pathways.

It is premised on a philosophy of incremental and continuous improvement, led by front-line staff empowered to initiate and lead positive change in the best interests of our patients.

This is an exciting third phase for the Trust, following merger in 2009 and our achievement of Foundation Trust status in 2013.

Our three hospitals in West Sussex serve a population 450,000 and our Patient First programme will ensure the quality of care and services we provide remains focused on the changing health needs of our patients.

I am incredibly proud of the Trust's 6,500 staff members who against a back-drop of ever-increasing demand for our services and extraordinary winter pressures in 2014/15 continued to deliver against the goals we set for quality improvement last year.

We have made great strides in infection control in recent years, and greatly improved care for stroke patients and for those with a dementia.

However, we recognise there is more we can do, which is why, along with reducing avoidable mortality and improving clinical outcomes, these goals remain constituents of the four key priorities we have set ourselves for 2015/16.

Following a month long engagement exercise with our staff, patients, members, partners and stakeholders we determined four key priorities in order:

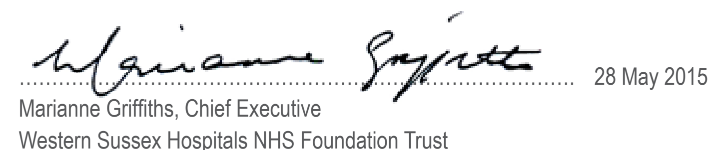
- Reducing mortality and improving outcomes
- Safe care
- Reliable care
- Improved patient and staff experience

We have set ourselves ambitious targets for measurable improvement against each goal which will improve the quality thousands of our patients experience over the next 12 months.

The Patient First programme provides the philosophy, new organisational structure and methodologies to relentlessly pursue continuous improvement against each of these goals.

We hope that this Quality Report provides you with a clear picture of what we have achieved over the past year and how we will continually build upon these foundations and deliver against our 2015/16 quality improvement priorities.

We have written the report in plain English wherever possible to ensure it is widely accessible for all interested parties, and will continue to refine all our literature to meet this ambition.
The information contained within the Quality Report is, to the best of my knowledge, accurate.



28 May 2015

Marianne Griffiths, Chief Executive
Western Sussex Hospitals NHS Foundation Trust

1.1 KEY ACHIEVEMENTS 2014/15

Last year Western Sussex Hospitals NHS Foundation Trust committed to a number of key quality improvement priorities, our achievements in relation to these priorities, and other areas of achievement in improving the quality of the care we provide, are highlighted below. A more detailed review of quality performance over 2014/15 is set out in part three of this report.

Priority 1 - Improving the hospital care of patients suffering a stroke or high risk transient ischaemic attack (TIA)

Key achievements:

- Improvement against all key stroke indicators set out in 2013/14 Quality Account (however further improvements still required).
- Worthing Hospital improved from a grade D to grade C stroke unit (SSNAP data[1])
- St Richard's Hospital improved from a grade E to grade C stroke unit (SSNAP data)

Priority 2 - Improving the hospital care of patients with dementia

Key achievements:

- Achieved all three national dementia screening targets[2] consistently throughout the year.
- Embedded 'Knowing Me'[3] documentation throughout the trust.
- Launched carers' feedback questionnaire.
- Pilot of dementia cohort areas within elderly care wards: Two ward areas have been used as pilot areas to cohort patients with dementia. To facilitate this the ward environment was reviewed and changes made to make it easier for patients with dementia to navigate themselves around.

Priority 3 - Reducing avoidable mortality and improving clinical outcomes

Key achievements:

- The Trust continues to reduce its Hospital Standardised Mortality Ratio (HSMR)[4]. The value for the most recent 12 months is 92.61 (12 months to December 2014), i.e. is below the level predicted by Dr Foster (100 = the expected value).
- Reduction in Acute Kidney Injury crude mortality from 24.1% to 21.1%.
- The Summary Hospital Mortality Indicator (SHMI)[5] continues to fall to below 1.00 for the first time since the launch. The latest value is 0.99 (12 months to June 2014) (1.00 is expected value predicted by the SHMI model).

Priority 4 - Infection control

Key achievements:

- MRSA bacteraemia: The Trust has only one 'trust acquired' cases of MRSA bacteraemia during 2014/15, following a full investigation this was considered to be unavoidable.
- Clostridium difficile: Both Worthing Hospital and St Richard's Hospital have had lower levels of Clostridium difficile in 2014/15 than previous years. The Trust has achieved the national set target and our internally set stretch target for Clostridium difficile levels.

Other key achievements:

- Emergency floor opened

The Trust has opened a £6.5M new Emergency Floor in partnership with the Royal College of Physicians (RCP) - an organisation representing 29,000 physicians dedicated to improving patient care nationwide.

The multi-million pound project at Worthing Hospital is one of only four in the country to receive prestigious support from the Royal College of Physicians (RCP) and its Future Hospital Programme.

The 67-bed unit caters for most adult patients referred for emergency treatment by GPs or direct from A&E, and is located immediately adjacent to the new department.

The RCP's Future Hospital report (September 2013) concluded care should come to patients, but it noted it is not unusual for patients – particularly older people – to move beds several times during a single hospital stay.

The Emergency Floor aims to address this concern by focusing care around the patient, who will receive treatment led by one consultant, from a multi-disciplinary team, in a single setting. The department is designed so patients benefit from the expertise of medical doctors, surgeons and elderly care specialists working together – staff who previously operated more independently in different departments. The aim is to provide better safer care which through early intervention will help reduce hospital stays - most people should be discharged in less than 72 hours. Indeed, a significant proportion will be admitted and treated without the need for an overnight stay in the Emergency Floor's custom-designed ambulatory care area (ACA). The ACA is designed to give patients the same access to investigation, treatment and specialists that in-patients receive, but enabling them to go home at the end of the day - something patients say they prefer.

When the Emergency Floor opened in November 2014, urgent care for the elderly became co-located with the hospital's acute medical unit and surgical assessment centre. It is this aspect of the patient-centred design that the RCP's Future Hospital Commission are particularly interested in, and hope will have transformative effects upon patient experience and outcomes.

As one of the four initial projects selected by the RCP, Worthing Hospital will now benefit from specialist support from the College, which will provide access to quality improvement and evaluation expertise. The lessons learned by the Future Hospital Programme team will be collated and shared to spread good practice and foster system-wide improvement in the care of medical patients nationwide.

[1] Stroke data is captured as part of the Sentinel Stroke National Audit Programme (SSNAP). [2] http://www.england.nhs.uk/wp-content/uploads/2013/02/cquin-guidance.pdf [3] 'Knowing Me' documentation is used for patients that may not always be able to tell staff themselves what they like and dislike. The details within the document ensure that we can provide reassurance and support to vulnerable patients whilst reflecting their preferences in how care is delivered. Every person is an individual and whether it is knowing how many sugars someone likes in their tea, or what music they like it all helps to improve their experience in an acute hospital setting. [4] The Hospital Standardised Mortality Ratio (HSMR) is a tool available to the NHS to risk adjust mortality rates, it is produced by Dr Foster Intelligence. [5] The Summary Hospital Mortality Indicator (SHMI) is a tool available to the NHS to risk adjust mortality rates, it is produced by the Health and Social Care Information Centre.

1.1 KEY ACHIEVEMENTS 2014/15 - continued

Other key achievements - continued :

- Maternity excellence

The Trust was awarded the prestigious 'level three' award for the Clinical Negligence Scheme for Trusts (CNST) – effectively recognition that staff deliver a service for mums which is considered to pose the lowest possible risk.

Only twelve other Trusts in the country have achieved this status, which recognises that staff are consistently performing to a high and safe standard. Level two, which the Trust gained last year, simply demonstrates that plans and policies are in place to ensure that women and babies get safe care. The Trust has risen to the top of the rankings in just three years.

- Inpatient survey and PLACE scores

This year the Trust was again awarded high scores for cleanliness, dignity, a good environment, and nutrition in the PLACE scores (Patient-Led Assessments of the Care Environment) published by the Health & Social Care Information Centre. The ratings were provided following local inspections teams, made up of patient representatives from Healthwatch West Sussex and members of the Trust's Council of Governors.

The findings in full were:

PLACE scores

	Cleanliness	Food and hydration	Privacy and dignity	Condition, appearance, maintenance
St Richard's	100%	94.31%	89.24%	98.08%
Worthing	99.83%	95.21%	89.61%	97.44%
Trust combined	99.9%	94.83%	89.45%	97.71%
National average	97.25%	88.79%	87.73%	91.97%

Both St Richard's and Worthing outperformed the national scores on every measure, often by a wide margin and included a perfect score for cleanliness. The Trust has invested heavily in recent years to improve the overall experience of people needing care, and those who visit them.

The improvements include:

Food and hydration

Patient menus are continually reviewed and changed following input from patients themselves and specialist dieticians. We consistently ask patients for their views and feed these back to our cleaning, nutrition and facilities teams who in turn make changes to what is provided. Visiting times are organised so that they do not coincide with mealtimes, although carers and relatives are encouraged to help out if that is what they want to do. A 'red tray' system is in place to identify people who need assistance at mealtimes, and volunteers are available to support people who cannot easily feed themselves.

Cleanliness

In addition to the cleaning teams visiting each area several times a day, in the last year the Trust has invested in new 'Bioquell' machines, which use high concentrations of hydrogen peroxide vapour to eliminate bacteria to help with the reduction of infections.

Condition, appearance, maintenance

Worthing and St Richard's hospitals have seen major investments to ensure that the physical environment is good. A new £9m breast unit opened this year at Worthing and follows the addition of the clinical block in 2012, where elderly patients are cared for in two inpatient wards. Thousands of outpatients every month are also visiting a purpose-built facility and an extra cardiac treatment lab is also now in operation. New ophthalmology facilities are also in use at St Richard's, along with improvements to the intervention room,

Endoscopy and the Outpatients Department.

Privacy and dignity

The investment in new facilities has produced more modern patient areas, with more side rooms, and greater scope to avoid having to place male and female patients together.

- Musculoskeletal (MSK) anaesthetist double finalist for NHS awards - Hip and knee pathway outcomes

An anaesthetist who played a leading role dramatically improving the experience of patients undergoing hip and knee surgery at St Richard's and Worthing hospitals is a double finalist for a prestigious awards scheme.

Dr Cathryn Eitel, one of our Consultant Anaesthetists, has made the final three in two categories of the NHS Kent Surrey and Sussex Leadership Awards 2014 - NHS Innovator of the Year and NHS Emerging Leader of the Year.

Dr Eitel has been a consultant anaesthetist for less than four years but in that time she has made an extraordinary difference to patients undergoing routine orthopaedic / elective-MSK surgery.

She has been a driving force in the development and implementation of an enhanced recovery programme for hip and knee surgery patients in Chichester and Worthing, known as CWERP, which has significantly enhanced patient experience and outcome.

In the past, people undergoing such procedures normally spent about seven days in hospital, and often suffered side effects following surgery, like feeling sick, which delayed their overall speed of recovery. However, CWERP has led to the average length of stay reducing from seven days (6.9) to less than four days (3.8) over the period June 2012 to June 2014.

The new programme - which includes the founding of a new multidisciplinary joint school as well as a change in anaesthetic procedure - has also seen the post-operation nausea and vomiting rate fall from 38% to just 6.2%; average blood transfusion rate drop from 16.5% to 3.1%; need for urinary catheterisation halve; and hypotension (low blood pressure) issues have reduced from 40% to 12.1%.

1.1 KEY ACHIEVEMENTS 2014/15 - continued

Other key achievements - continued :

- Proud to care awards

The care and compassion that our staff demonstrate has been reflected in a number of awards including the 2014 Proud to Care Awards – recognising the best, most caring NHS nursing staff across the region. The awards are open to nurses (including students), health visitors, midwives and care staff – both teams and individuals are eligible. There is a 'Public Choice' award, and then other categories which are open for NHS staff to nominate the colleagues who they feel go above and beyond the call of duty to look after the people they care for. Staff from Western Sussex Hospitals NHS Foundation Trust took three awards and seven runners-up spots at the high-profile awards ceremony, recognising their tremendous work for their patients. They were up against the very best staff from hospitals, community teams, GP practices and care homes from across Surrey and Sussex.

- Western Sussex Hospitals Ambassadors

Over 50 staff have become 'ambassadors', to act as exemplars of best practice and guides to others. The Western Sussex Way is the Trust's commitment to ensuring a great experience for everyone who uses our hospital services. In order to help us make this a reality, the Trust has begun to identify and recruit committed colleagues from across the organisation who share a similar enthusiasm and passion to help us achieve this aim. These individuals are known as Ambassadors.

Ambassadors are employees of the Trust from across all directorates, departments and at all levels who have demonstrated a commitment and enthusiasm towards creating positive experiences for the people that they meet whether it's patients, visitors, members of the public or colleagues. Ambassadors stand out among their colleagues in their positive attitude and behavior, being proactive in their offers to help others and facilitate. An Ambassador is a person who demonstrates a problem solving approach in their work, not waiting for someone to come and ask for help but instead being forward in offering assistance to others.

Ambassadors come from a wide range of backgrounds and job roles. We currently have Ambassadors from facilities and estates, nursing and medicine, human resources and learning and development, access and service change, midwifery and children's services, core services, patient experience, communication, patient liaison and many others.

As well as being outstanding role models and helping people in their everyday work, Ambassadors have been extremely active in supporting the trust to raise the profile of creating a culture of positive experiences. Ambassadors have been represented both at the WSHFT STARs Awards where they shared information with colleagues about the trusts' commitment to customer care and at the staff conference where they facilitated on tables promoting engagement and involvement around key learning activities for the trust.

Ambassadors have also been actively involved in supporting initiatives around improving patient experiences including volunteering for the Meet and Greet Host roles and volunteering for the 'Let's do lunch' Dining Companion project. Ambassadors have also helped in the design and delivery of the Western Sussex Way Training programme which has met with huge success and interest across the organisation. Ambassadors have actively been involved both with the design of resources and also with facilitating during the training itself.

This has been an extremely busy year for the Trust delivering significant improvements in the quality of care and services provided.

PART TWO: PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

2.1 PRIORITIES FOR IMPROVEMENT IN 2015/16

2.1.1 Introduction

Western Sussex Hospitals NHS Foundation Trust (WSHFT) is developing a new Quality Strategy that sets out a programme of work over the next three years (2015-2018) to support continuous improvement in the quality of care we provide.

We aim to provide 'the best care every time'. We will focus our attention on programmes of work that will ensure that we continuously improve the safety and reliability of the care that we give to patients, but also improve their experience of that care.

Key goals:

- Reducing mortality and improving outcomes
- Safe care
- Reliable care
- Improved patient and staff experience

We will build on the strong foundations we have in place in delivering high quality care. The delivery of our ambition to provide the best care every time will be underpinned by significant investment in our 'Patient First' programme.

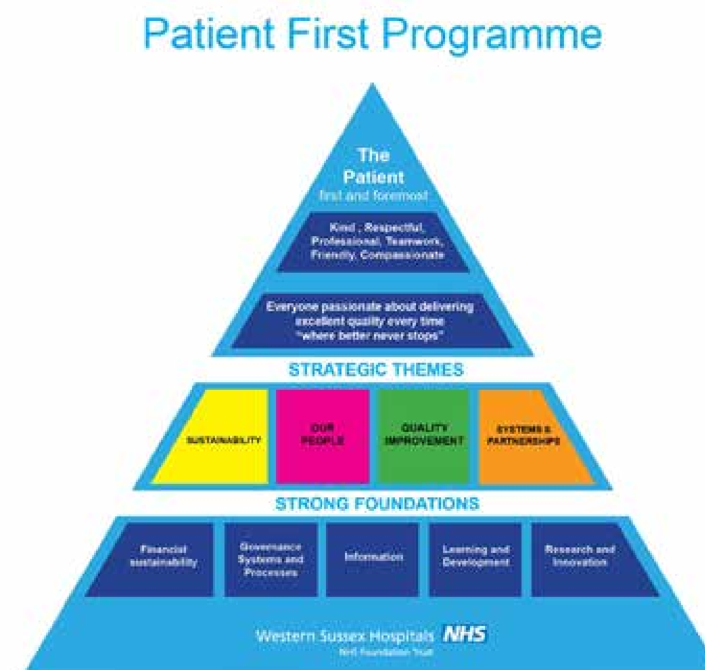
Patient First

The Trust has recently launched its 'Patient First' programme, a long term programme which has as its aim a transformation in the way we deliver services to patients. Patient First is based on standardisation, system redesign and the improvement of patient pathways to eliminate error and waste and improve quality.

The philosophy behind the programme is centred on:

- The patient being at the heart of every element of change
- The need for cultural change across the organisation
- Continuous improvement of our services through incremental change
- Constant re-testing of the patient pathway
- Redesign processes led by frontline staff
- Equal voices for all

The structure and approach of the programme is represented by the triangle below.



In simple terms, the main aim of our Patient First Programme is to empower and enable everyone to be passionate about delivering excellent care every time.

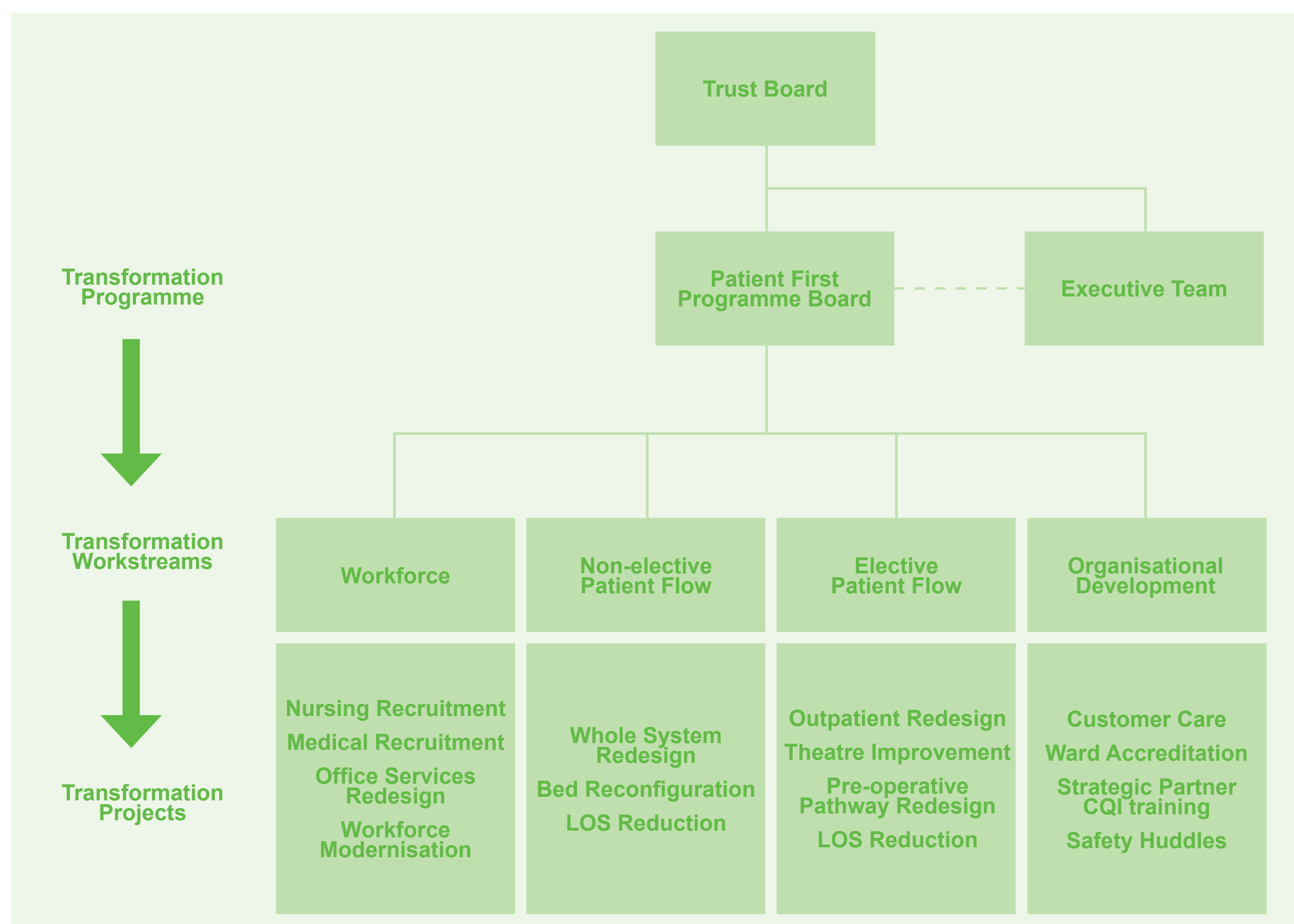
2.1 PRIORITIES FOR IMPROVEMENT IN 2015/16 - continued

2.1.1 Introduction - continued

Transformation Programme

The Patient First Programme Board will be overseeing major transformational projects aimed at improving the care and services the Trust provides. These will include projects aimed at improving elective and non-elective patient flow[6] through the hospital services, including a significant programme of work redesigning outpatient services.

The Patient First programme will be visible throughout the trust in 2015/16 as initiatives such as safety huddles and the ward accreditation scheme are rolled out; both these schemes are described in more detail on section 2.1.3. Patients and visitors will see ward performance information displayed on screens in each ward. Staff will be supported by Patient First Ambassadors, an extension to the trust ambassador programme, and new leadership and quality improvement development programmes.



[6] Elective care is care that is scheduled in advance because it does not involve a medical emergency; non–elective care is care that cannot be scheduled in advance because it involves a medical emergency.
[7] 'LOS' refers to reduction in the length of stay, reducing the number of days a patient stays in the hospital.

2.1 PRIORITIES FOR IMPROVEMENT IN 2015/16 - continued

2.1.1 Introduction - continued

Enabling quality improvement

We believe that to improve the quality of care in a sustainable and affordable way we have to understand what our patients and our community want and need from us. We must harness the talents of all our staff to deliver it. We are building a culture in which patients and staff can be confident that their views matter and will be heard and where all staff have what they need to provide the best possible care for patients whether through direct patient care or in the supporting services .

In order to create this change in culture we are reviewing and revising our Leadership Strategy and the way in which we judge and develop leaders. It is increasingly recognised that developing a coaching and supportive approach, leads to a more engaged workforce.

As part of the Trust's Patient First programme we are embarking on an ambitious training and development programme for staff, which will equip them with the skills to undertake quality improvement projects. The eighteen-month programme will involve a strategic partner to help train staff directly and to 'train the trainer' so that at the end of the programme the Trust can be self-sustaining. The Trust will focus on the consistent use of robust quality improvement methodologies to drive measurable and sustained quality improvement. These methodologies will support the delivery of the programmes of work outlined in this report and the Trust Quality Strategy for 2015-18.

In addition to this the Trust will be working closely with NHS Quest Foundation Trust partners, and the Kent Surrey, Sussex Academic Health Sciences Network (AHSN) to develop our quality improvement programmes through collaborative learning and peer review. Collaborative work is already underway, currently focused on managing deteriorating patients with objectives to reduce cardiac arrest and reduce sepsis. Other areas of work include falls prevention and medication safety.

Measurement for quality improvement

Measurement is a key element of improving quality both in terms of indicating that levels are improving, but also as a driver for improvement itself. In order for the aspirations set out in this report to be realised it is necessary to ensure the availability of accurate, timely and well presented data. As well as data at hospital and trust level, this also includes data at ward, specialty and in some cases individual clinician level to ensure that teams know whether they are improving or not. In addition to presenting credible and timely data back to clinical teams, over the life-time of the Quality Strategy there will also be a commitment to identify new ways of sharing this information with patients and carers, this will ensure transparency and establish greater confidence in the quality of local healthcare services.

2.1 PRIORITIES FOR IMPROVEMENT IN 2015/16 - continued

2.1.2 Reducing mortality and improving outcomes

GOAL: To be in the 20% of NHS organisations with lowest risk adjusted mortality

We aim to reduce avoidable mortality and improve the clinical outcomes of patients receiving care at our hospitals. We will benchmark ourselves against other NHS organisations with a goal to be one of the NHS organisations with the lowest risk adjusted mortality rates.

Why is this important?

About half of all deaths in the UK take place in hospital. The overwhelming majority of these deaths are unavoidable. The person dying has received the best possible treatment to try to save his or her life, or it has been agreed that further attempts at cure would not be in the patient's best interest and the person receives palliative treatment.

We know, however, that in all healthcare systems things can and do go wrong. Healthcare is very complex and sometimes things that could be done for a patient are omitted or else errors are made which cause patients harm. Sometimes this means that patients die who might not have, had we done things differently. This is what we mean by 'avoidable mortality'. More often, if things go wrong with care, patients fail to achieve the optimal level of recovery or improvement. By concentrating on this area we will end up with safer hospitals, save lives, and ensure the best possible clinical outcomes for patients.

How do we monitor it?

Hospital mortality refers to the number of patients who die while in hospital. The simplest way of measuring this is to look at the crude rate; that is the number of deaths in hospital as a percentage of the total number of patients discharged. Given the very low mortality for elective care (care that is scheduled in advance because it does not involve a medical emergency); this is usually done for non-elective patients only.

However, in order to compare mortality rates between different NHS Trusts it is necessary to consider the mix of patients treated. For example a trust with a very elderly, complex patient group might have a higher crude rate than one that had younger or less acutely ill patients. To adjust for this it is necessary to standardise the mortality rate for trusts, thereby taking into account the patient mix. This is usually done by calculating an 'expected' mortality rate based on the age, diagnosis and procedures carried out on the actual patients treated by each trust. A mortality ratio is then calculated by dividing the actual number of deaths at a trust by the expected number and multiplying by 100. A rate greater than 100 suggests a higher than average standardised mortality rate and a rate less than 100 a better than average mortality rate.

There are two main tools available to the NHS to risk adjust mortality in this way: 1. The Hospital Standardised Mortality Ratio (HSMR) produced by Dr Foster Intelligence and 2. The Summary Hospital Mortality Indicator (SHMI) produced by the Health and Social Care Information Centre. These two tools both work in similar ways but the HSMR includes only the 56 diagnosis groups (medical conditions) with the highest mortality, whereas the SHMI includes all diagnosis groups. The SHMI also includes deaths occurring in the 30 days following hospital discharge whereas the HSMR includes only in-hospital deaths. The SHMI calculation also does not include the final stage of multiplying by 100 (a trust with exactly as many deaths as predicted by each of the respective models would have an HSMR of 100, but a SHMI of 1.00).

At WSHFT both these tools are used to measure mortality, however a greater focus is placed on the HSMR as this is available monthly (approximately three to four months after discharge) whereas the SHMI is only produced quarterly (approximately six to nine months after discharge). The crude non-elective mortality rate is also used as a more immediate indicator of progress or to identify areas of concern and to sense check that improvements are real and not the result of changes in coding or recording.

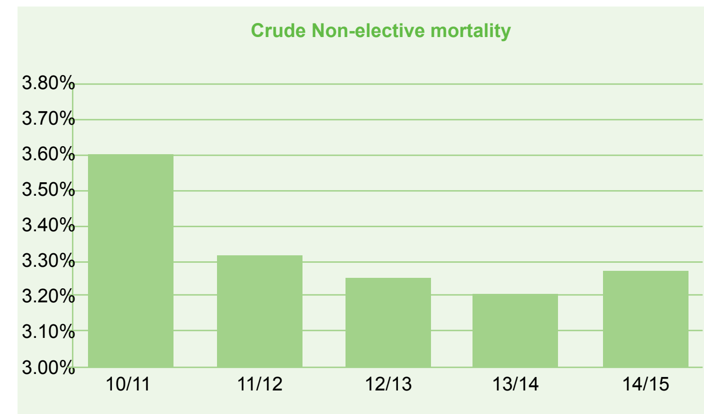
How do we report on it?

The Dr Foster HSMR, SHMI, and crude mortality figures are reported to the Trust Board every month as part of a regular quality report. Senior clinical leaders also review the crude mortality numbers monthly.

Where are we now?

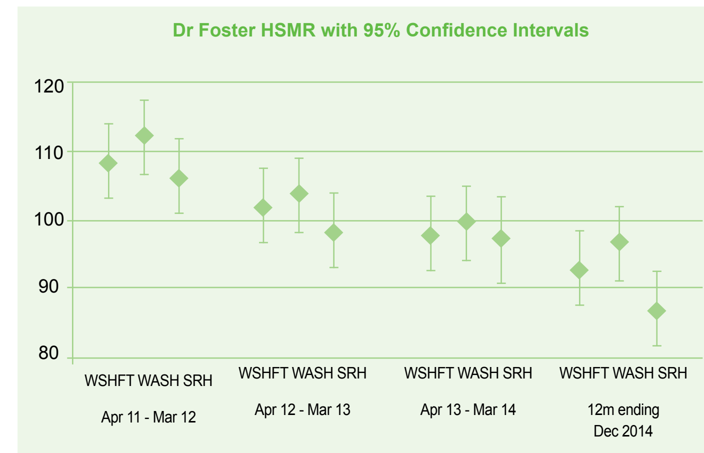
Over the last few years crude non-elective mortality at WSHFT has fallen year on year from 3.60% in 2010/11 to 3.22% in 2013/14. During the first eight months of 2014/15 (April to November), crude mortality continued to fall compared to the same months the previous year. From December onwards, however, there has been an increase compared to the previous year. This increase has occurred nationally, however initial analysis suggests that the increase at WSHFT is not as significant as that occurring nationally. The overall crude-mortality for the year 2014/15 shows an increase to 3.27%. Five years' crude non-elective mortality data combined for all WSHFT hospitals is shown in Table 2.

Table 2. Crude non-elective mortality



Over the same period the Trust's risk adjusted mortality rate has also fallen. Each year Dr Foster rebase their figures to account for reducing mortality in the country as a whole (effectively resetting the benchmark to the most recent year). As such showing improvement is difficult. Nonetheless the Trust's Dr Foster HSMR improved from 107.48 in 2011/12 to 98.81 in 2013/14 (the last full financial years' worth of data). Due to the delay for Dr Foster data (to allow for coding and processing), table 3 below shows the 12 months to December 2014 as the most recent data point, where a further improvement to 92.61 can be seen.

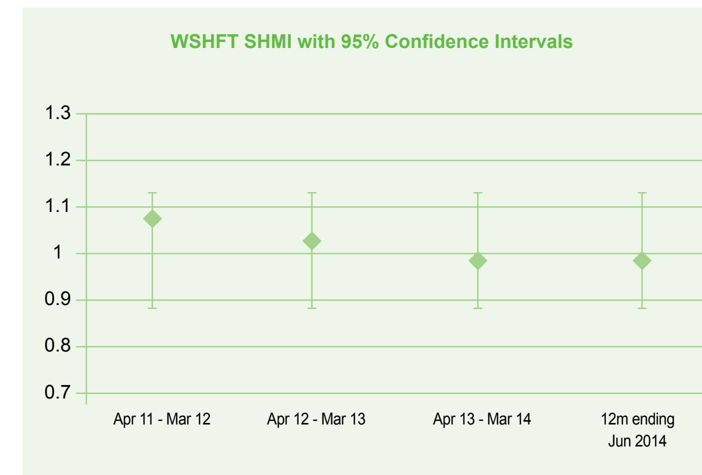
Table 3. Dr Foster HSMR



2.1 PRIORITIES FOR IMPROVEMENT IN 2015/16 - continued
2.1.2 Reducing mortality and improving outcomes

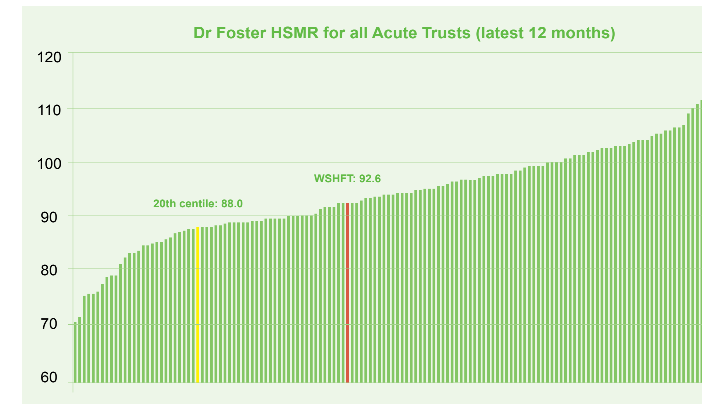
A similar improvement can be seen in the SHMI score (the HSCIC do not publish SHMI data broken down by site so the results shown are for the whole Trust) shown in Table 4.

Table 4. SHMI



The improvement in the Trust's mortality rate can be seen in the position of its HSMR score in relation to other acute trusts. In 2011/12 the Trust's HSMR of 107.5 was ranked 112 of 141 acute trusts (the 79th centile), whereas for the latest data (12 months to December 2014) the Trust's HSMR of 92.6 is now ranked 60 of 141 (the 43rd centile), see table 5. As described in our Quality Strategy over the next three years we would like to push this further and try to get into the top 20% of trusts with the lowest HSMR.

Table 5. Dr Foster HSMR for all Acute Trusts



Over the next year and the course of the new Quality Strategy we propose to continue to focus on key areas such as fractured neck of femur and acute kidney injury where we have previously delivered improvement (in particular on acute kidney injury, where we have not yet seen the level of reduction that we would like). In addition to this we will focus on reducing mortality in the following disease groups.

- Fluid and electrolyte disorders
- Genito-urinary bleeding

For both these areas the Trust has seen raised levels of risk adjusted mortality in the past. Although during the detailed reviews that took place no significant failings of care were noted, these were felt to be an important areas for the Trust to continue to monitor.

We have introduced 'care bundle' systems of care for patients with these conditions. Care bundles are small sets of evidence-based interventions which, when used together consistently by a single healthcare team, have been shown to significantly improve patient outcomes.

We have also continued to use 'Patientrack software', an advanced observation and assessment system that gives our nurses and doctors early warning if a sick patient's condition is deteriorating, and thereby helps early and effective intervention to get things back on course. Patientrack increases patient safety and we expect it to help in reducing avoidable mortality.

We have continued our emphasis on best practice for our patients who have suffered hip fracture using the care bundle approach described below and ensuring that patients who are medically fit for operations receive surgery within 36 hours. As a result our standardised mortality rate has fallen to below the level expected for our patient group: WSHFT = 90.0 where 100 is the expected (Dr Foster data for the 12 months to December 2014).

In addition to reducing mortality and improving outcomes the Trust will also be focusing on the quality of care in maternity services through the 'Better Births Programme' and the quality of end of life care through the delivery of the End of Life Care Strategy.

2.1 PRIORITIES FOR IMPROVEMENT IN 2015/16 - continued

2.1.2 Reducing mortality and improving outcomes

Better Births

This Programme has been developed with the engagement of staff and patients and focuses on:

- Person centred care focused on continuity of care in all care settings and how this might be improved,
- Engagement and Involvement focused on improving staff, patient and carer involvement in service improvement,
- Always Events focused on the things we should always aim to do,
- Quality and effectiveness focused on the development of midwifery led unit at Worthing Hospital, increasing electronic/web based support for women, and learning from best practice in other units with multi-disciplinary working groups.
- Access and Support focused on improving information for self-referral and booking, and ways to enhance the transfer home process and avoid delays.

End of Life Care

End of life care is one of the core services of Western Sussex Hospitals NHS Foundation Trust. There are approximately 2000 deaths per year across the hospital sites, and whilst there are concerted efforts taking place to reduce the number of deaths in hospital, approximately half of all expected and unavoidable deaths occur in acute care settings. It is therefore essential that we do everything we can to ensure and enable excellent quality of care for patients and their families at the end of life.

Priorities for Care of the Dying Person

1. The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the persons needs and wishes and these are regularly reviewed.
2. Sensitive communication takes place between staff and the dying person, and those identified as important to them.
3. The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
4. The needs of families and others identified as important to the dying person are explored, respected and met as far as possible.
5. An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

The Trust is implementing an End of Life Care Strategy aimed at improving the quality of care for patients and their families at the end of life focused on these key priorities.

Key Quality Improvement Priorities for 2015-16

We will deliver further continuous improvement in mortality rates across the organisation through a number of focused quality improvement programmes including:

- Implementation of care bundles to improve the recognition and care of physiologically deteriorating patients including sepsis, acute kidney injury and preventing cardiac arrest.
- Further development of a programme of structured review of every death occurring in the hospital to ensure learning.
- Implementation of the 'Better Births' programme.
- Delivery of the End of Life Care Strategy.

2.1 PRIORITIES FOR IMPROVEMENT IN 2015/16 - continued

2.1.3 Safe Care

GOAL: 100% of patients receiving safe, harm-free care as measured by the following six harms:

- Hospital acquired pressure ulcers
- Catheter associated urinary tract infection
- Avoidable venous thromboembolism (VTE)
- Harm from falls
- Hospital acquired infection
- Medication errors

WSHFT is committed to providing safe, high quality services. We aim to provide safe, harm -free care for all patients. Whilst we recognise that this is a challenging goal; we are committed to reviewing all harms to ensure that we learn and continuously improve care.

What is harm?

Hospital acquired infections, pressure sores and other complications are examples of harm which are sadly commonplace across hospitals in the UK. Despite the extraordinary hard work of healthcare professionals patients are harmed in hospitals every day. Most harm experienced by patients is minor or very minor but in some cases it can be life-changing for the patient and their family or can even tragically result in death.

Harm is defined in many ways but a common belief in healthcare terms is that harm is 'unintended physical or emotional injury resulting from, or contributed to by clinical care (including the absence of indicated treatment or best practice) that requires additional monitoring, treatment or extended stay in hospital'. Simply put, harm is suboptimal care which reaches the patient either because of something that should not have happened or as a result of something that should have happened but did not.

How do we monitor harm?

The Trust has an electronic reporting system for recording clinical incidents and identifying patterns to help ensure that lessons are learned from both individual incidents and general themes. The Trust uses this system to report to the Trust Board the levels of incidents, medication errors, falls and pressure ulcers. In addition to this, one day every month there is a trust-wide audit of every patient currently on an inpatient ward to identify whether they have suffered one or more of four potential harms: pressure ulcers, falls, venous thromboembolism events (VTE) such as deep vein thrombosis or pulmonary embolisms and urinary tract infections (UTI) for patients with catheters. This tool – the NHS Patient Safety Thermometer – is used nationally. It distinguishes between harms that have occurred prior to admission such as falls in care homes and those that have occurred since admission, known as 'new harms'

Health Care Acquired Infections such as Methicillin-resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C.difficile) are not currently included on the NHS Safety Thermometer but are nonetheless closely monitored. Errors in prescription and administration of drugs, although a significant cause of serious incidents nationally, is also not currently included in the NHS Patient Safety Thermometer. However the Trust plans to participate in the use of the national Medication Safety Thermometer to support the data captured by the main Safety Thermometer.

We participate in several mandatory and non-mandatory national surveillance programmes. We count and report all cases of MRSA bacteraemia (where MRSA is found on blood sampling). Only those cases that develop the infection after 48 hours of admission are considered to be hospital acquired.

We also count and report all cases where C.difficile toxin is detected in stool samples. Those patients who are positive 72 hours after admission are considered to be hospital acquired cases.

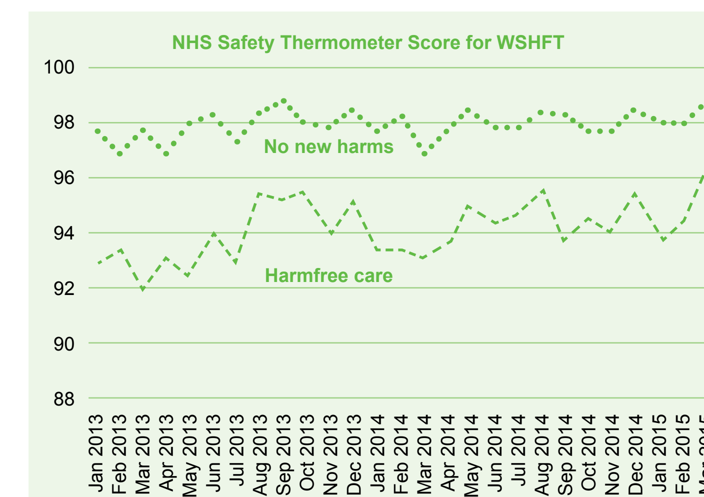
Surgical patients who are operated on in the categories for which we are undertaking Surgical Site Infection (SSI) surveillance are all monitored for signs of infection both during their initial admission and up to 30 days afterwards for bowel and breast surgery and one year post surgery for hip and knee surgery. These data sets are collated quarterly through the national programme.

How do we report on it?

The numbers are reported each month to our public Board meeting. In addition, a full investigation is made into all MRSA bacteraemia and C.difficile cases and the results of the investigation reviewed at a meeting with the Chief Executive, Director of Nursing and Medical Director. This ensures that swift corrective action can take place, and the learning from each event is shared Trust-wide.

Where we are now?

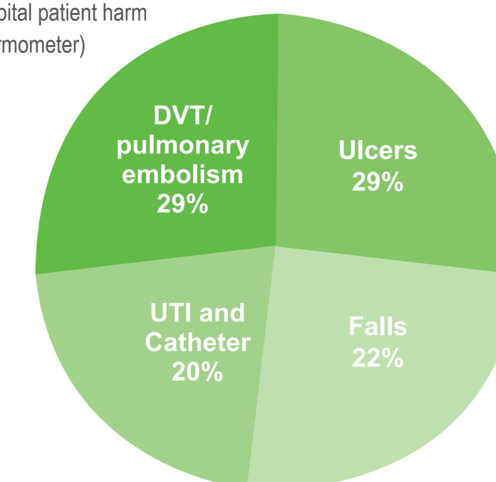
Figure 1. NHS Safety Thermometer Score.



Each month between 4% and 6% of patients experience a harmful event (a fall, pressure ulcer, VTE event or UTI with catheter). Of these, 2% occur after admission to WSHFT. Of the four types of harm currently measured by the patient safety thermometer, all four occurred at WSHFT during 2014/15 (Fig.2). Future work streams will continue to focus on all four of these areas as well as other aspects of ward safety.

Fig.2 Breakdown of in-hospital patient harm

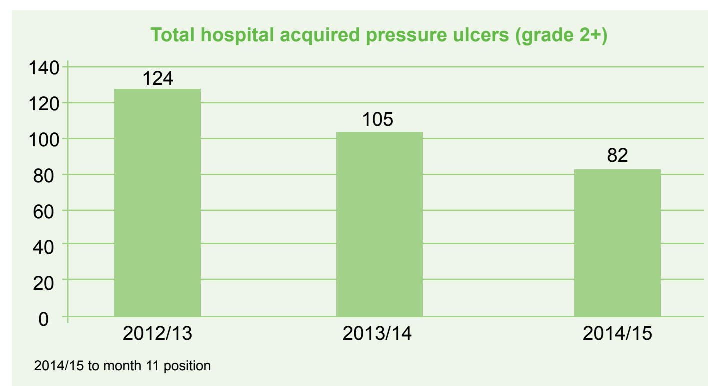
Breakdown of in-hospital patient harm (2014/15 Safety Thermometer)



We have made significant progress in relation to infection control in recent years. Numbers of MRSA infections are now down to minimal levels, with four cases reported in 2013/14, of which only one was considered avoidable. Similarly the level of C. difficile infections has also fallen from well over 100 per year prior to 2011/12 to 57 in 2013/14 to 38 in 2014/15.

We have made significant progress in reducing hospital acquired pressure ulcers over recent years. The following data (fig.3) is taken from our ongoing monitoring of all pressure ulcers.

Fig.3 Total hospital acquired pressure ulcers (grade 2+) (2014/15 to month 11 position)



Falls are one of the most challenging harms to address with a complexity of factors contributing to an individual's risk of falling. It is nationally recognised that interventions to reduce falls in one area are often difficult to replicate in others.

The Trust monitors its falls incidence closely every month and reports and reviews through the Quality report and Trust Board. The Trust has aimed to have no more than 41 harmful falls each month and is currently above this trajectory. Nevertheless expressed as a rate of 1.6 falls per 1000 occupied bed days, this is well below the national benchmark of 2.5 (Royal College of Physicians Report of the 2011 Inpatient Falls Pilot Audit).The national safety thermometer is also used to monitor where we stand against the national picture. The safety thermometer shows WSHFT as being in line with the national and regional levels for the total number of falls reported, but better than average for the number of falls resulting in harm.

It is recognised that approximately 1/3 patients who sustain harm from falling have already fallen in our care. We have started to monitor this through the quality report each month; we aim to achieve a 10% reduction from baseline in 2015/16. From October the Trust has used the safety thermometer to review our delivery of best practice in falls prevention. Every patient who has fallen is reviewed against strict criteria (falls assessment, intentional rounding[1], wards moves, staffing) and falls classified as preventable and non- preventable. A proposed target of 10% reduction (compared to our 2013/14 performance) in preventable falls has been set. This goal has not yet been met - with accuracy of assessments, intentional rounding and staffing levels being prime contributing factors. These reviews will continue in 2015/16 with a 10% target for improvement.

As part of the Trust's membership of NHS QUEST (a network of Foundation Trusts who wish to focus relentlessly on improving quality and safety), the Trust is engaged in the Breakthrough Series Collaborative: Falls Programme. This programme has the overarching aim of delivering a 50% reduction in falls in pilot wards by June 2015. Our Trust joined this collaborative in September 2014 and we have two pilot wards which are working towards this ambitious goal for their first year. Initial improvement work has already delivered a breakthrough in reducing the number of falls seen at lunchtime on one pilot ward by over 50%. A Trust internal falls collaborative was set up in February in order to support the project and to ensure that successful interactions have a platform for delivery across all areas. A phased roll out of this pilot will be delivered through the year.

Developing our safety culture

The Trust is proud of its achievements in continuing to improve our quality improvement and safety culture. National recommendations and commitments in the wake of a number of national reports that highlighted how a poor safety culture impacts on patients have supported us in being able to identify how we can continue to take a proactive approach in improving safe care for patients.

During the year we have piloted safety huddles; a multidisciplinary approach to flagging concerns at the beginning of the day. These will be rolled out further during 2015/16.

We have been using patient stories to feedback to staff in our monthly Trust Brief, an update for staff on how incidents have impacted on a patient and the steps we have taken to prevent any reoccurrence. Feedback to staff following incidents is important and during 2015/16 we will be upgrading our incident reporting system so that we can easily provide feedback to staff who have reported incidents. We will also be reviewing our approach to provide broader organisational feedback.

The senior managers of the trust are keen to support improvements in care and they have been attending safety huddles, and supported the launch of the Patient First programme.

In recognition of the importance of delivering safe care we have signed up to the national 'Sign up to Safety' campaign and our pledges are described later in this report.

Other programmes include the roll out of a ward accreditation scheme that will see wards seeking to move through bronze, silver and gold accreditation levels to be recognised as consistently delivering outstanding care.

The ward accreditation process provides an objective assessment tool to review the safety and quality of care delivered in every ward in the Trust. This will help to develop a strong culture of continuous improvement within the Trust. The ward accreditation framework is based upon the CQC fundamental standards. The framework is designed to incorporate elements from care, environment and leadership, enabling the ward/department to be performance managed in a holistic manner. The standards will include an assessment of: organisation and management of the clinical area; compliance with appraisal and mandatory training; safeguarding patients; pain management; patient safety; environmental safety; nutrition and hydration; end of life care; medicines management; person centred care; tissue viability; elimination; communication; staff safety; infection control; and documentation standards. Ward Accreditation reflects the trusts vision and values by re-enforcing the importance of patient safety. By displaying each ward's performance we will demonstrate that corporately we take pride in our performance.

Some of the feedback for ward assessments will come from established ventures such as 'Sit and See' (described further in section 2.1.5) and executive walk-abouts and clinical working.

[8] 'Intentional rounding' is the term used to describe carrying out regular checks of the patient to ensure that all their essential care needs are met and that they are safe and comfortable.

Key Quality Improvement Priorities for 2015-16

We will deliver further continuous improvement in the safety of care provided across the organisation through a number of focused quality improvement programmes aimed at:

- Reducing the incidence of hospital acquired infection through:
    - Root cause analysis of every post 72 hours case of hospital acquired infection to ascertain whether there was a lapse of care,
    - Programme of maintaining infection control standards including hospital hygiene, hand hygiene, isolation practice, antimicrobial stewardship,
    - On-going surveillance of surgical procedures through Surgical Site Infection Committee.
- Reducing the number of falls within hospitals through:
    - Review of every fall in hospital against best practice in falls prevention,
    - Participation in QUEST Collaborative Falls Programme. This programme has the overarching aim of delivering a 50% reduction in falls.
- Implementation of a Medicines Optimisation Strategy, including the introduction of electronic prescribing.
- Further development the safety culture of the organisation through:
    - Roll out of 'Safety huddles',
    - Roll out of a programme of ward accreditation,
    - Improving the feedback to staff on actions taken following incident investigations,
    - Audit of the organisations approach to risk and incident reporting,
    - Actions taken in line with our 'Sign up to Safety Pledges' Pledges' (for further information please see section 2.1.6).

The Trust is committed to maintaining a multi-faceted approach measuring improvements across a broad spectrum of indicators and will continue to work with partner organisations to drive down the overall percentage of patients suffering harm in all healthcare settings. Our priority is to ensure that no patients suffer harm while under our care and we have set an ambitious initial target of having 99% of patients suffering no new harms after admission to hospital.

To supplement this the trust will continue to closely monitor its performance in relation to healthcare acquired infections and, once established on the wards, use the Medication Safety Thermometer and the forthcoming electronic prescribing system to drive improvements in the safety of prescription and administration of medicines.

GOAL: Achieve 95% reliability in compliance with the following care bundles:

- Stroke or high risk transient ischaemic attack (TIA) care bundle
- Sepsis care bundle
- Acute Kidney Injury care bundle
- Achieve 100% reliability in the recording of patient observations (at frequency determined for specific patients), and appropriate escalation to promote early recognition of deteriorating patients

Studies have shown that there is inconsistency in the delivery of high quality care and that patients often only receive a fraction of the care that is recommended. 'Reliability science' can help health care providers redesign systems to make sure that more patients receive all the elements of care they need.

Traditionally healthcare has monitored care given to patients by looking at individual aspects of that care. An example of this might be the number of patients who have had a stroke who are given aspirin within 24 hours of the event. Often hospitals would report their performance against these aspects of care individually. We know however, that best practice tells us there are a series of interventions that should be given within 24 hours of a stroke, and unless the patient receives all of them then their chance of the best possible outcome is reduced. These series of interventions are known as bundles. The Institute for Healthcare Improvement developed the concept of "bundles" to help health care providers to reliably deliver the best possible care for patients undergoing particular treatments with inherent improvements in outcome if the bundle is delivered reliably.

Over the next three years we will use the principles of care 'bundles' to improve care in the following areas: Stroke or high risk TIA, Sepsis, and Acute Kidney Injury (AKI).

How do we monitor it?

Stroke data is captured as part of the Sentinel Stroke National Audit Programme (SSNAP). We utilise the reports published by SSNAP, but to ensure our clinical teams have sufficiently timely data in order to make improvements we supplement this with unpublished data in a local Stroke performance dashboard.

Unlike stroke, where national arrangements are in place for data capture, for sepsis and AKI local processes are required for data capture. In both cases there is currently a sticker for recording all elements of the bundle in patient notes, however the plan to launch the AKI bundle electronically at Worthing will allow for more automated data collection in the future.

How do we report it?

The Trust Quality Board has responsibility for delivery of improvement in these priority areas; however key metrics will continue to be reported to the Trust Board.

Where we are now?

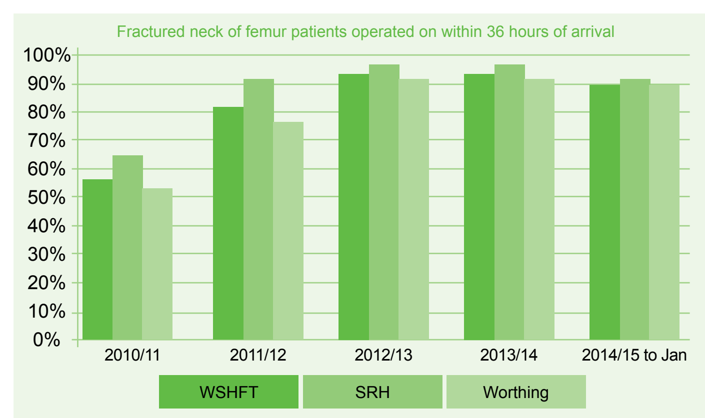
Over the last few years the Trust has introduced 'care bundle' systems of care for patients with a number of conditions including: pneumonia, chronic obstructive pulmonary disease, acute kidney injury and chronic heart failure. This in addition to the deployment of 'Patientrack' (the electronic observation and assessment system) improves patient safety and help to reduce avoidable mortality.

Over the last year we have also led significant developments in the pathways for patients with hip fracture and patients with dementia.

Improvements in our ortho-geriatric pathway

An important area of focus over the last year has been the pathway for patients admitted with hip fracture. One of the key elements of the ortho-geriatric pathway is ensuring timely surgery for patients admitted with hip fracture. Performance is monitored very closely with updates on the proportion of appropriate patients operated on within this timeframe reported to the Chief Executive on a daily basis and to the Trust Board every month. Focus on this pathway has resulted in significant improvements in the timeliness of treatment for patients with hip fracture (see fig. 4).

Fig.4 Patients with hip fracture operated on within 36 hours



Improvements in reliability of dementia screening

We use an electronic assessment in our 'Patientrack' system to undertake dementia screening assessments[9], which form part of a set of national standards. One of the benefits of this system is that it ensures reliability and timeliness for the final part of this target - communicating the result to the GP – as this communication is made automatically, via email upon the patient's discharge. During 2014/15 over 8500 assessments were carried out and over 500 emails sent to GPs identifying patients who would benefit from follow-up.

The Enhancing Quality and Recovery Programme

Now in its fifth year, the Enhancing Quality and Recovery (EQR) Programme is delivering sustainable transformational change. The programme continues to support quality improvement for existing pathways and the development of new work streams. The programme's overarching aim is to support clinical teams to get it right for every patient every time.

Clinicians who have been involved in the EQR programme feel strongly that it has been a significant benefit to patients and to the clinical teams providing their care. They report that the process has facilitated other improvements that are not captured as part of the programme.

The programme is now part of the service improvement work being overseen by the local Academic Health Science Network (AHSN), and is increasingly linking to key strategic priorities for development and improvement in Surrey, Sussex and Kent.

[9] http://www.england.nhs.uk/wp-content/uploads/2013/02/cquin-guidance.pdf. [10] The British Thoracic Society and the National Institute for Health and Care Excellence guidance on pneumonia make specific recommendations regarding the timing of X-rays and the assessment and prescription of oxygen. These have been added to the EQ care bundle in order to align the programme with these national recommendations.

The Trust has continued to actively participate in both the strategic development of the programmes and the work streams with clinicians from Western Sussex Hospitals providing strategic clinical leadership across Surrey, Sussex and Kent for the Enhanced Recovery programmes.

Although no local statistical significance can currently be applied to the programme's effect on outcomes, it is clear that since the Trust has been involved in the pneumonia pathway and heart failure work risk adjusted mortality and readmission for these groups has continued to reduce.

EQ Community Acquired Pneumonia

In 2014 the pneumonia programme has undergone some changes in order to align itself with the British Thoracic Society/NICE guidance[10]. The Trust has therefore been collecting an adjusted dataset in order to set a new baseline for performance in 2015/16 whilst maintaining the key elements that transferred from the previous care bundle.

EQ Heart Failure

The Trust has continued to work hard to maintain the significant improvements that were made in 2013/14 delivering the heart failure care bundle. The heart failure teams have also been making a significant contribution to the further development of the programme in preparation for a transition to using the national heart failure database as the source of benchmarking data for the 2015/16 programme.

Acute Kidney Injury (AKI)

The Trust has continued to collect and submit data to the AHSN AKI programme which has now moved to the patient safety arm of the AHSN. The Trust has also played a very active role in programme development and is represented on the national AKI programme work groups. This part of the programme is now fully aligned with the wider programme of AKI work related to the 'deteriorating patient' highlighted elsewhere in the quality account.

Enhanced Recovery Programmes

The Trust has continued to maintain and monitor enhanced recovery programmes in three clinical pathways. The clinical lead for the hip and knee pathway has received a leadership award for her role in the programme and the team have presented a poster of their work on reducing blood transfusion rates at the AHSN awards annual event.

Work in 2015/16 will include:

- Continuation of the existing pathways with some significant changes in methodology,
- Full implementation of the work that has already commenced on chronic obstructive pulmonary disease (COPD) and bone health,
- Proposed enhanced recovery pathways for Caesarean Section, Breast Surgery and Emergency Laparotomy,
- New programme development including Atrial Fibrillation.

Seven Day Services

GOAL: Achieve 95% reliability in compliance with the following care bundles:

The delivery of seven day services is a priority for WSHFT. We are developing a significant programme of work aimed at ensuring equity in care for patients regardless of the day of the week in line with national developments (Keogh - NHS Improvement 2012)[11]. This is a challenging, yet key area of work as there is now compelling case for appropriate healthcare services to be accessible seven days a week, to avoid compromising patient care, safety, and patient experience. There will be a number of key goals associated with this programme; we have chosen access to timely consultant review as an overarching indicator of progress in this area.

How do we monitor it?

We are undertaking a number of audits to identify how far we have to go to achieve this target and to establish a baseline for improvement. Ultimately, however, we would like to establish systems whereby performance against these targets can be monitored routinely, without resorting to the additional work that audit entails.

How do we report it?

Currently we have an internal seven day working programme steering group that monitor progress against all the seven day recommendations[12]. To achieve all the recommendations within the Keogh report requires a whole system approach across the health economy and we are, therefore working with commissioners and partner organisations to ensure this approach is adopted.

Key Quality Improvement Priorities for 2015-16

We will deliver further continuous improvement in the reliability of care provided across the organisation through a number of focused quality improvement programmes including:

- Implementation of Stroke or high risk TIA care bundle
- Implementation of Sepsis care bundle
- Implementation of Acute Kidney Injury care bundle
- Improvement in referral and discharge information:
    - Linking electronic prescribing to increase the accuracy and reliability of discharge information,
    - Working with primary care partners to improve the quality and reliability of discharge information available to GPs.
- Implementation of new enhanced recovery programme for Atrial Fibrillation.
- Implementation of first stage of seven day services programme Specific improvement projects for 2015/16 include:
    - Real time patient satisfaction monitoring, incorporating both 'in' and 'out of hours' periods,
    - The development and piloting of an electronic tool to improve handover between day time and night time care teams. This will be available to all clinical areas by October 2015,
    - Conducting a gap analysis against Keogh standard two[13] 'Time to first consultant review'. Development of strategic options for managing increased workforce requirements with a view to compliance in quarter 4 (Jan –March 2016),
    - The development and piloting of a multi-disciplinary board round framework.
- Implementation of first stage of care pathway for frail elderly patients – including building on dementia care pathway:
    - Medical bed reconfiguration project,
    - Implementation of Dementia Strategy,
    - Participation and collaborative learning from regional Frailty Network membership.

[11] NHS Improvement (2012) Equity for All: Delivering safe care – seven days a week. http://www.nhsiq.nhs.uk/resource-search/publications/nhs-imp-seven-days.aspx. [12] NHS Improvement (2012) Equity for All: Delivering safe care – seven days a week. http://www.nhsiq.nhs.uk/resource-search/publications/nhs-imp-seven-days.aspx [13] NHS Improvement (2012) Equity for All: Delivering safe care – seven days a week. http://www.nhsiq.nhs.uk/resource-search/publications/nhs-imp-seven-days.aspx

GOAL: Achieve top 20% for patient and staff experience surveys:

Patient experience

Improving the patient experience is at the heart of the Trust's vision and values, and is a central aspect of our Patient First Programme.

The opportunity to hear the voice of the patient through the Friends and Family test gives staff the opportunity to listen to patients experience and to make improvements. The feedback is responded to on a regular basis and immediate and longer term actions taken to improve the experience for patients. Wards use the information to feedback within their area using the 'you said…..we did' principle. Examples of immediate action taken from Friends and Family Test feedback during 2014/15 include; making newspapers available in Accident and Emergency Departments (A&E), providing clocks in areas so people are aware of the time, additional information leaflets in A&E, refreshments in areas where people were waiting i.e. A&E and Outpatients Department. Other examples include; increasing our volunteers, asking our estates team to address noisy doors and temperature concerns, changes to our night time settling routine and ensuring that there is food available on the wards outside of normal mealtimes for patients.

The Trust has invested heavily in staff training to improve the experience of patients through its customer care programme. This has included:

- Induction and recruitment have been radically redesigned to ensure all staff are fully focused on delivering great care, this extends to the Induction Day and implementation of Welcome Day,
- Successful pilot for delivery of Western Sussex Way training programme, aimed at groups of staff to improve customer care,
- Over 50 staff have become 'ambassadors', to act as exemplars of best practice and guides to others,
- Employee of the month recognising exemplary - this is awarded to staff or teams who are nominated by either other staff or patients who recognise that someone has gone over and above in providing care or in delivering their role.

How do we monitor it?

The Friends and Family Test is described in detail below and is one of the Trust's key measures for monitoring patient experience. While the Friends and Family test is important, however, it is not the only means through which the Trust can assess the experience of its patients and carers. The Trust supplements the information from Friends and Family with a more detailed inpatient survey carried out by patients shortly before discharge on hand-held tablets, this survey includes a number of questions directed specifically for carers of patients and assesses experience of patients admitted both in working hours and at night-times and weekends. There are also a number of more specific surveys looking at experience of patients in particular services and departments.

Other means of monitoring experience include feedback from complaints and PALs enquiries and comments placed on social media and the NHS choices website, feedback via Healthwatch West Sussex.

How do we report it?

Feedback, both from the Friends and Family Test and other patient experience measures, are routinely provided directly to wards and departments, both at aggregate level and individual comments as appropriate. Aggregate measures are reviewed at ward, site, and divisional level and key metrics included in the Quality Scorecard provided to the Trust Board. Each ward is encouraged to display the Friends and Family Test score for that ward for patients to see.

Where are we now?

Friends and Family Test and local patient experience feedback

National Inpatient Survey

The National Inpatient Survey conducted on behalf of the care quality commission (CQC) provides a detailed picture of how patients view us across a number of dimensions and includes measures that relate strongly to the care and compassion shown by individual staff and the organisation as a whole. This survey is a snap shot at one point in time conducted in one month, August, with the results being reviewed by the Trust Quality Board to support the planning of our improvement goals. The results for 2014/15 show that we are performing within the expected range for the majority of areas. Whilst it is disappointing that we are not performing above expectations for any measures, we have scored highly in the following areas:

- Cleanliness of ward, toilets and bathrooms
- Communication with and confidence in nurses
- Treating patients with dignity and respect

We have also shown significant improvement of 5 points or more in the following areas:

- Taking the home situation into account
- Noise at night from patients
- Information about how to complain

Where we need to do better:

The only measure where we have scored worse than the majority of other organisations is the question relating to the provision of clear, written information about medicines. Our score of 7.2 (down from 7.9 in 2013/14) indicates this is a key area for improvement. We have also seen a 5 point drop in scores about explanation of medications and their side effects.

Other areas identified in this survey for improvement include:

- Noise at night from patients (although have shown a positive improvement scoring 5.8 compared to the previous year's score of 5.1)
- Staff contradicting each other
- Pre-operative information
- Discharge process including communication with family members

The Trust has also received results this year for the National Accident and Emergency (A&E) department survey based on patients attending our departments in March 2014. We are pleased that we scored very well for the following areas

- Privacy at reception
- Communication,
- Cleanliness
- Information at discharge.
- Pain control

We were one of the top ranking trusts for pain control. An area identified for improvement is information on waiting times.

We also use the information we gather from a range of other methods to monitor the patient experience, to help us understand where we can make improvements and to monitor our progress towards our goals.

The Friends and Family Test

From 1 April 2013, all organisations providing acute NHS services have been required to implement the Friends and Family Test across adult inpatients (who have stayed at least one night in hospital) and adult patients who have attended A&E and left without being admitted.

Each patient must be surveyed at discharge or within 48 hours of discharge and the standardised question format must be as follows:

"How likely are you to recommend our ward (or department) to friends and family if they needed similar care or treatment?"

The maternity areas implemented the Friends and Family Question in October 2013, asking this question of mothers at four key points of their maternity journey: antenatal care (at 36 weeks pregnancy), delivery, postnatal ward and community care.

A new scoring system for satisfaction was adopted by NHS England in September replacing the net promoter score with the much clearer system of the 'percentage patients who would recommend' the service to their friends and family.

Our aim for 2014/15 was to increase the return rate and to be above the national average scores across all areas. It should be noted that the national results for maternity only allow for comparison of the question asked at delivery.

The tables and graphs below show that both A&E and maternity are well above the national average for both response rates and satisfaction. It is of note however that the maternity results for the Worthing site are just below the national figures.

Table 6. Friends and Family Test A&E recommend rate

	2013/14	2014/15	National average (2014/15)	National position (2014/15)
WSHFT	91.0%	90.3%	86.6%	48th of 144 (33rd centile)
WORTHING	90%	90.5%	86.6%	NA
SRH	91.3%	90.1%	86.6%	NA

Table 7. Friends and Family Test A&E survey response rate

	2013/14	2014/15	National average (2014/15)	National position (2014/15)
WSHFT	18.9%	26.7%	26.7%	16th of 144 (11th centile)
WORTHING	16.2%	27.5%	19.4%	NA
SRH	22.1%	25.9%	19.4%	NA

Figure 5. Friends and family Test - A&E % of patients who would recommend WSHFT

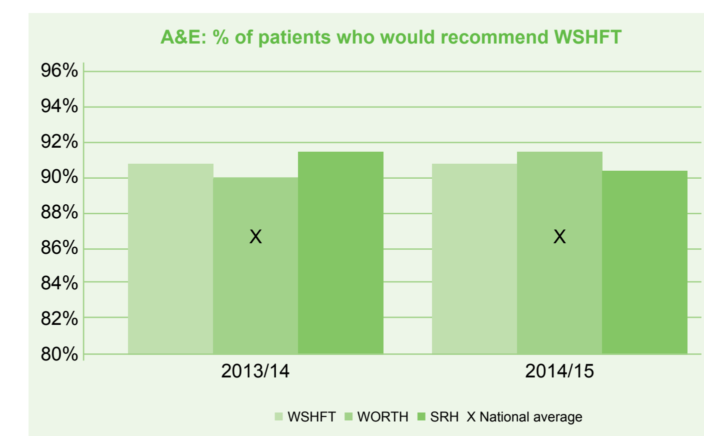


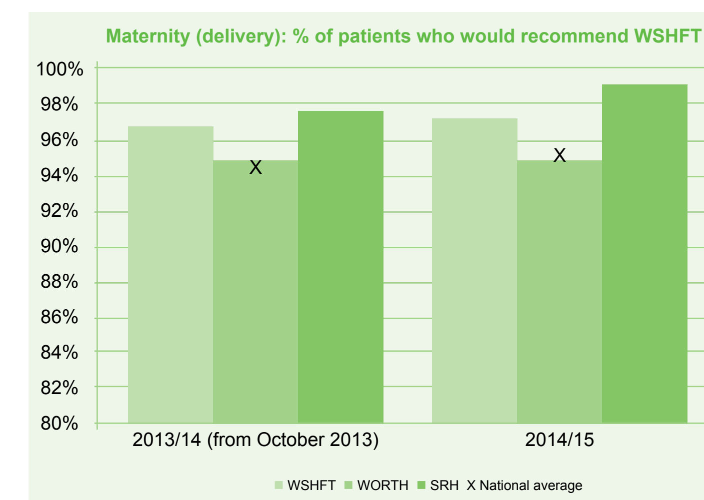
Table 8. Friends and Family Test Maternity Delivery recommend rate

	2013/14 (from October 2013)	2014/15	National average (2014/15)	National position (2014/15)
WSHFT	96.6%	97.0%	95.1%	57th of 141 (40th centile)
WORTHING	97.6%	94.8%	95.1%	NA
SRH	91.3%	98.5%	95.1%	NA

Table 9. Friends and Family Test Maternity Delivery survey response rate

	2013/14 (from October 2013)	2014/15	National average (2014/15)	National position (2014/15)
WSHFT	17.0%	29.1%	22.1%	38th of 141 (27th centile)
WORTHING	13.6%	25.4%	22.1%	NA
SRH	20.4%	32.3%	22.1%	NA

Figure.6 Friends and Family Test – Maternity Delivery % of patients who would recommend WSHFT



While the Trust is currently exceeding the minimum response rate requirement for inpatients further work is required if we are to achieve our ambition for excellence. We have delivered a significant increase in response rates compared to 2013/14 but this has not compared strongly with the national picture. Our recommendation score is also static and well below the national average. Whilst it must be acknowledged that the national figures compare us to a number of specialist centres there are district general hospitals who achieve well above the national average. We want to be an excellent Trust and therefore we must set a clear plan to improve our current below average position.

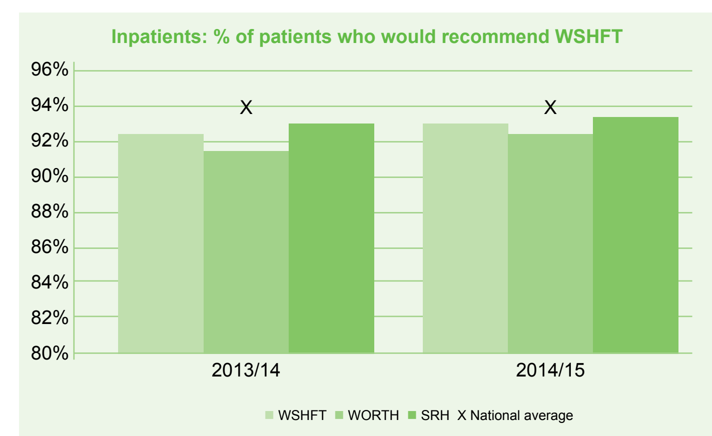
Table 10. Friends and Family Test Inpatient recommend rate

	2013/14	2014/15	National average (2014/15)	National position (2014/15)
WSHFT	92.2%	92.0%	94.0%	123rd of 157 (78th centile)
WORTHING	91.5%	91.9%	94.0%	NA
SRH	92.9%	92.1%	94.0%	NA

Table 11. Friends and Family Test Inpatient survey response rate

	2013/14	2014/15	National average (2014/15)	National position (2014/15)
WSHFT	21.4%	30.7%	36.2%	123rd of 157 (78th centile)
WORTHING	20.9%	30.8%	36.2%	NA
SRH	21.9%	30.6%	36.2%	NA

Figure 7. Friends and Family Test – Inpatients % of patients who would recommend WSHFT



Outpatients and Day Cases: The Trust has extended the survey with the aim of ensuring that all areas of the organisation allow patients to provide their feedback using the Friends and Family test questions. It is early days and there are no national results for comparison but to date 919 patients have responded in outpatient areas with an overall 89.23% recommendation (4.57% would not recommend) and 435 day attenders have responded with 95.86% recommendation (1.83% would not recommend).

Our goals for 2015/16:

A&E: to maintain our current excellent position in the top 20 in terms of the response rates. To achieve top 30 position for recommendation.
Maternity: to improve our current very positive position aiming for excellent with top 30 ranking for both return rates and satisfaction on both sites.
Inpatient: to improve return rates and recommendation score to be in line with the national average.

Outpatient and Day Surgery: To improve response rates and achieve satisfaction rates in line with national average.

How will we do this?

We will streamline our survey and reporting approaches to ensure that the Friends and Family Test is embedded in all appropriate feedback collection mechanisms. We will improve our scores by putting in place positive actions to address the issues that patients tell us about. We will use the information we gather from the Friends and Family comments and also the detailed information from our real-time survey system (RTPE) and the national patient survey to monitor our improvements in the key areas identified by patients as causing concern. We will also use the ward accreditation scheme to ensure all areas are using the patient feedback to make positive changes to improve the patient experience.

Real time Survey

Our real-time survey system (RTPE) enables us to undertake a frequent review of the experiences of our patients in more detail than is provided by the Friends and Family Test. From April 2014 to (beginning) March 2015, 4665 surveys have been completed by patients in many different areas including inpatient wards, outpatients, children's and a number of specialist services. There were some 2434 responses to the adult inpatient real-time survey between April and December, when we changed to the new survey to establish baselines in the key questions for next year. There are five board measures for which we set goals through the year: hospital environment, assistance, compassion, communication and overall experience. These were monitored by the Trust Board through the quality scorecard each month and it is noteworthy that we achieved targets for improvements in all five measures.

We changed our survey following feedback from our patients that the survey was too long. We undertook a "bedside conversation" project in the summer, where we held detailed conversations with patients about the things that were most important to them while they were in hospital.

The new survey is now much shorter but includes additional questions to reflect these important areas of care.

The difference in care across the days of the week is something that is often highlighted in the national press. There are national standards about this issue (the Keogh standards)1 one of which is to ensure that patient experience is reviewed dependant on their day and time of admission. We have put in place this year an adjustment to the survey that allows us to do this. Our wards will display this data every month and we will provide regular updates to the quality board through the year.

Our Aim: to show overall patient satisfaction of > 84% and to score > 84 % for the question "Do you feel confident and safe in our care?" regardless of day and time of day of admission.

Outpatient Survey

The number of surveys completed for outpatients has not been as high as we would like this year with 785 returns. This currently relates to less than 1% of all attendances; however it is it is expected that this will significantly improve in 2014/15 following investment in hand held devices to support real-time collection of data. The overall satisfaction is 80%, with very little variation between sites: 80% St Richard's, 80% Worthing and 79% Southlands. It is positive that there is 90% satisfaction with the kindness of nurses and doctors. The Trust

has introduced a customer care programme this year and it is encouraging to note that satisfaction with the welcome by reception staff is 86%. Areas for improvement include information about what would happen in the appointment which has scored 65% although explanation of results of tests scores highly at 84%. The wait for appointments has a satisfaction score of 68% however the information about the waiting time scores very low at 31%, this is a key areas for improvement in the coming year.

Other Sources of Feedback

As part of our work to ensure that we are meeting the needs of patients who are unable to express their views we launched a carer's questionnaire in April this year. This has allowed us to review our progress towards improving the care and support we give to vulnerable groups and also their carers. We have also continued to use our end of life survey to gather feedback from the relatives of those patients who have died in our care.

We have also continued to expand our Care and Compassion programme (called sit and see). This involves staff and volunteers who have received training in use of the tool visiting ward areas and observing patient - visitor and staff interactions, scoring every interaction as positive, passive or poor. We have trained 55 members of staff and governors since April, conducted 82 ward / department visits and observed 1882 interactions. We have embedded the sit and see training within our educational programmes and extended the programme as planned to outpatient areas. We aim to extend to theatre and paediatric areas in 2015/16.

Whilst we did not conduct an external sit and see review in 2014/15 we did conduct an external learning disability review in July. This involved members of the Community Health Trust together with service users with learning disabilities visiting wards and departments on both sites and reviewing our compliance against key standards. Themes from the visits included lack of picture menus, challenges with signage and way finding and understanding of the mental capacity act. The external review will be repeated in the summer of 2015. We have launched new picture menus across our wards this year and expect full compliance with this at the next review. We have improved our internal ward signage and are looking at how are general signage can be improved around the trust; however one immediate action we have put in place is to ensure we have clear toilet signs across all areas of the Trust. We have also plans for a programme for mental capacity act training for all staff groups for 2015/16.

Summary of Key Ares for improvement for 2015/16

Meal- time Support

Following the 2012 national patient survey where we were told that too many patients hadn't received enough help to eat their meals we introduced a dining companion's scheme which led to a substantial increase in the satisfaction score for the 2013/14 survey. We expected that this improvement would continue however our 2014/15 national patient survey shows a drop in the score to 71% (from 75%). This was also reflected in the carer's survey scores and 'sit and see' observations that were conducted at mealtimes. We have put further measures in place, launching our Let's Do Lunch Campaign in November where staff volunteers assist with mealtime support on our wards. The pilot for this campaign has shown some positive improvements with carer's satisfaction about meal time support rising from 78% to 92%. This area will continue to be a focus in the coming year.

Our Aim: We aim to improve our performance in the national patient survey. We will monitor this using our r real-time surveys and aim to score consistently above 90% each month. .

How we will do it: Expansion of the Let's Do Lunch Campaign, increasing numbers of mealtime volunteers to include coverage for supper time across key wards.

Privacy

Our national patient survey results for privacy have shown a further improvement for 2014/15 with 95% satisfaction for privacy during physical examination compared to 91% in 2013/14. The score for privacy during discussions however had dropped slightly to 85% compared to 86% in 2013/14. Our real time survey shows a slight increase for this question with 81.5% compared to 79% in 2013/14. The end of life survey and sit and see reviews also shows privacy as being a concern with lack of available side rooms and privacy at the bedside being common themes.

Our aim: We aim to be a top performing Trust for privacy in 2015/16 We will monitor this using our real time survey system aiming for scores for privacy above 85%.

How we will do it: We are conducting a privacy awareness campaign in April 2015 with the launch of trust wide Do Not Disturb curtains pegs. The matrons together with end of life care leads are conducting a review of wards provision for end of life care and will identify areas for difficult conversations and the breaking of bad news to take place. Our sit and see programme will continue to monitor the protection of privacy and highlight opportunities for wards to make improvements.

Night time care

The 2013/14 national patient survey showed our trust as an outlier for noise at night caused by patients with a score of 52%. The feedback we get from our real time surveys and through the bedside conversations also shows this as an area for concern with patient noise and worry about staffing levels being commonly mentioned. We have put a number of measures in place including the night time care study days, improving the care of patients with delirium and monitoring of night time moves. We are pleased that the 2014/15 national patient survey showed an improvement to 58% satisfaction which has brought us in line with other trusts however we know we can do better and need to go further.

Our Aim: to improve satisfaction score as measured using the real-time patient experience survey to 70% (baseline = 36.7% of patients reporting they are disturbed at night) and to reduce night time ward moves for patients with dementia by 10% as monitored by the dementia CQUIN[13].

How we will do it

We will:

- Launch a Trust wide welcome pack to include eye mask, ear plugs and patient night time leaflet,
- Conduct programme of night time sit and see visits gathering patient and staff feedback,
- Provide delirium training for all staff groups,
- Review of night time staffing levels,
- Put actions in place to address the causes of night time moves.(monitoring and challenging night time moves as part of the dementia CQUIN)

[14] Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at: http://www.westernsussexhospitals.nhs.uk/wp-content/uploads/2014/08/CQUIN-Goals-2014-15.pdf

2.1 PRIORITIES FOR IMPROVEMENT IN 2015/16 - continued

2.1.5 Improved patient and staff experience - continued

Information and communication

The national patient survey, real-time surveys and comments from our Friends and Family Test results show communication and information continues to be a challenge. The areas of concern for inpatients relate to pre-operative information, involvement in decisions about their care, discharge planning and medication. We scored 72% (74% in 2013/14) for involvement in decisions about care, We have shown little improvement in patients being involved in discharge decisions (70%% satisfaction for 2013/14 and 68% for 2014/15) and a reduction in explanation about how to take medicines (79% in 2014/15, 81% in 2013/14) There has been a significant drop in the score for written information about medicines to 72% compared to 79% in 2014/15. We have conducted a pilot in December 2014 and through January to March 2015 for post discharge phone calls to carers of patients with dementia to try to improve their experience and help us understand our challenges about discharge arrangements. Whilst still in the early stages this has shown a very positive impact with a 100% recommendation response to the Friends and Family Question from this pilot group. The adult inpatient real time survey has now been adjusted to include questions about discharge and medication.

Our Aim: to improve satisfaction scores for these 3 key measures, monitoring our results using our real time survey system. We aim to deliver satisfaction scores as follows:

- Involvement in decision making: above 85%
- Involvement in discussion about discharge: above 70%
- Explanations about medications: above 90%

We also aim to improve our satisfaction for preoperative information to above 90% in the 2015/16 national survey.

How we will do it: We plan a programme for improvement of:

- Provision of written information in the key areas of preoperative care, medication and discharge.
- The patient first ward accreditation scheme will ensure patient involvement in all decisions.
- Further roll out of the discharge phone call to carers.
- Volunteer programme to include discharge support across key areas.

Out -patient Experience

Our Aims:

- to improve satisfaction with information about waiting times by 10%,
- to improve satisfaction with the welcome by reception staff by 10%,
- to improve the satisfaction with information about what would happen in the appointment by 10%

How we will do this:

We plan a focussed programme of work to include:

- Improvement in the welcome by reception staff
- Improved information about waiting times
- Improvement in information about what will happen in the appointment.

We will monitor this primarily through the Friends and Family Test scores which we plan to expand through the year. We will also conduct focussed patient experience reviews about the key themes in conjunction with our stakeholders.

PALs and Complaints Service

The Customer Relations team (Patient Advice and Liaison Service (PALS) and complaints team) provide advice on how and where to complain, investigate matters of concern and help facilitate a resolution when things have gone wrong. PALS carry out signposting, provide information, advice or reassurance and manage issues that can be resolved quickly, assisting patients/relatives who need time to discuss concerns and operate a triage service for telephone and face to face enquiries. The complaints team investigate more complex and serious concerns that require a formal investigation about past events.

- The Customer Relations team has dealt with 13,140 patients, relatives, visitors, carers and other service users during the year to date.
- In 28% of cases, we helped put things right via our PALS service within one working day.
- 68% of enquiries were on the spot general advice and information requests.
- 4% of all enquiries required a formal investigation under the NHS Complaints Procedure.
- 3% of the formal complaints investigated were referred to the Parliamentary Health Service Ombudsman (PHSO) for independent review by the complainant and to date, 71% of these cases have not been upheld by the PHSO.

Positive outcomes/lessons learnt

We are aware that the number of issues around appointments has risen over the recent years, some of this is related to a significant increase in specialties such as ophthalmology where the criteria for referral has changed and our capacity to see patients has not grown at the same rate. We have identified a stream of work within our transformation projects for 2015/16 around improving our outpatient services and would hope to see the number of complaints drop during 2015/16.

In addition the trust is implementing a number of further improvements as a result of PALS enquiries and formal complaints throughout the year:

- Work is being undertaken to improve communication and the accuracy of handover information, particularly involving staff from other NHS organisations. The pharmacy dispensing team has also been reminded to query any ambiguities over medication and is looking at introducing a one stop pharmacy service. A West Sussex integrated policy on managing hospital discharge has also been introduced.
- Staff have received further training in dysphagia to improve the care to patients with swallowing difficulties.
- A review has taken place of the information provided to patients regarding expectations during the recovery period following shoulder surgery.
- Additional specialist training has been provided to Radiologists around reporting of chest x-rays.
- A manual system has been introduced to ensure that ultrasound scan results are followed up and verified by the manager on a weekly basis and in the longer term different use of technology will allow for instant reporting.
- The Deputy Director of Nursing is now the trust's key liaison with POWhER[15] for all future IMCA cases (Independent Mental Capacity Advice) to improve communications and case management.
- Additional pressure relieving cushions are available for patients and tissue viability education has been increased.
- Consideration is being given to the possibility of extending opening times of the pediatric area at night.

[15] IMCA is a new type of statutory advocacy introduced by the Mental Capacity Act 2005. The Act gives some people who lack capacity a right to receive support from an Independent Mental Capacity Advocate (IMCA). IMCA services are provided by organisations that are independent from the NHS and local authorities. POhWER is the trust's current provider of Independent Mental Capacity Advocates.

2.1 PRIORITIES FOR IMPROVEMENT IN 2015/16 - continued
2.1.5 Improved patient and staff experience - continued

- Simulation training has been developed to provide structured teaching and reflection on individual cases and specific areas relating to communication styles, behaviors, team working and knowledge.
- The trust has introduced a new policy to prevent the sickest patients and those receiving end of life care from being moved between wards. Where a move is unavoidable, it will be done as early in the day as possible to avoid a move late at night.
- A new telephone triage has been introduced to improve management of calls to the maternity department. A number of postnatal clinics have also been set up in the community.
- The Ophthalmology service is being reviewed in a number of areas looking at workforce redesign, increased engagement with staff and users, communication around the appointment process and review of demand and capacity.

Further detail

Table 12. New and closed cases

	2014-15	2013-14	2012-13
PALS cases	3,627	3,149	2,807
Informal enquiries	8,939	5,110	4,089
New formal complaints	574	522	565
Praise	4,385	4,574	5,010

Table 13. Formal complaints received by site

	2014-15	2013-14	2012-13
Worthing	349	337	336
Southlands	11	7	19
St Richard's	214	178	210
Total	574	522	565

Table 14. PALS Enquiries received by site

	2014-15	2013-14	2012-13
Worthing	1,597	1,443	1,100
Southlands	67	36	63
St Richard's	1,963	1,674	1,643
Not site related	-	-	2
Total	3,627	3,153	2,808

Table 15. Top 5 enquiries (PALS & complaints) received by category

	2014-15	2013-14	2012-13
Communication	993	834	789
Clinical Treatment	769	832	791
Appointments	1092	882	605
Attitude of Staff	269	222	183
Date of Admission	245	174	285

Table 16. Formal complaints referred to the Parliamentary Health Service Ombudsman

	2014-15	2013-14	2012-13	2011-12
Declined/not upheld	5	13	12	13
Further local resolution taken by trust	-	2	4	1
Upheld/recommendations (partially or in full)	2	2	-	1
Decision awaited	10	-	-	-
Total	17	17	16	15

Staff experience

It is well recognised that engagement of staff is a factor in job performance. Borrill, West, Shapiro and Rees (2000)[16]; Harter, Schmidt and Hayes (2002)[17]; Boorman (2009)[18]; West and Dawson (2012)[19] demonstrate that good engagement leads to improved quality, mortality and safety measures including improved infection rates, productivity, staff absence and turnover, patient and staff satisfaction.

The national NHS Staff Survey assesses the quality of staff experience through a number of questions, linked to the NHS Constitution. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their Trust) and 5 indicating that staff are highly engaged.

For 2014/15, the Trust's staff engagement score was similar to the national average of 3.74 at 3.73.
The key themes we will focus on with our staff are:

- Facilitating and enabling them to contribute towards improvements at work,
- Ensuring job roles and responsibilities that are stimulating, rewarding and motivating,
- Creating an organisational culture where staff satisfaction is high,
- Maintaining working environments where effective teamwork is in place and good working relationships exist at all levels.

We know from the findings of the National staff survey and also from the Medical Engagement Scale[20] that we need to pay particular attention to our medical and dental staff, and facilities & estates staff.

The outcome of the monthly Family and Friends tests for staff will be used to measure success of initiatives so that early interventions can take place.

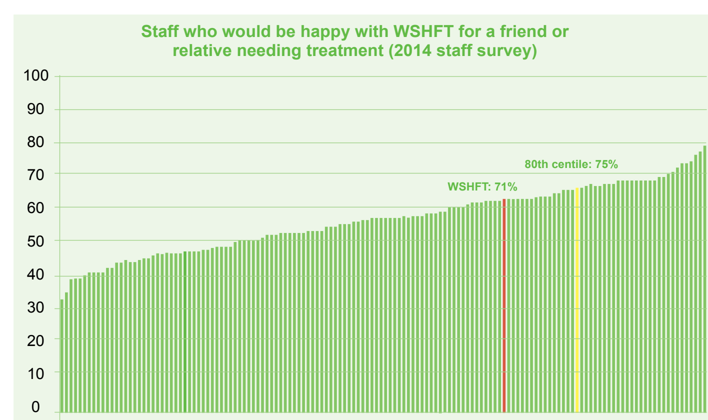
Table 17. 2014 NHS Staff Survey results WSHFT

		Your Trust in 2014	Average (median) for acute trusts	Your Trust in 2013
Q12a	"Care of patients / service users is my organisation's top priority"	73	70	74
Q12b	"My organisation acts on concerns raised by patients / service users"	72	71	73
Q12c	"I would recommend my organisation as a place to work"	63	58	67
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	71	65	73
KF24	Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d)	3.77	3.67	3.81

Source: 2014 NHS Staff Survey

Over the next three years, we will seek to improve our overall engagement score annually so that we are in the top 20% of acute trusts. Engagement scores for each Division will inform where our attention needs to be focused and inform our improvement plans.

Figure 8. 2014 Staff Survey – Staff who would be happy with WSHFT for a friend or relative needing treatment



Staff health and wellbeing

It is recognised that caring about staff health and wellbeing is a fundamental component of staff engagement, with mental health and stress related absence as a major contributor to sickness absence in the NHS. We understand that for staff to deliver high-quality care they must be healthy and emotionally resilient themselves and they must be supported to cope with the demands of their work.

Our health and wellbeing strategy includes the development of annual improvement plans. During 2014/15 we have successfully implemented a number of programmes including:

- Strengthening our arrangements with our Occupational Health provider,
- Increasing the number of hours available for staff from our counselling service,
- Introducing a staff physiotherapy service to reduce musculoskeletal injury,
- Designing and implementing Mindfulness and stress management training for staff and managers to improve emotional resilience,
- Annual flu vaccination programme,
- Delivering a range of wellbeing events for staff – exercise tasters – yoga, Pilates and 'Zumba', try-a-bike sessions, healthy eating and lifestyle roadshows, sing-a-long stress busters, massage.

It is recognised that caring about staff health and wellbeing is a fundamental component of staff engagement, with mental health and stress related absence as a major contributor to sickness absence in the NHS. We understand that for staff to deliver high-quality care they must be healthy and emotionally resilient themselves and they must be supported to cope with the demands of their work.

During 2015/16 we will be measuring our progress as part of our pledged commitment to the Public Health Responsibility Deal[21].

We will also be piloting the NHS Employers' Creating Mentally Healthy Workplaces programme[22] and evaluating its impact and success through nationally designed measures.

[16] Borrill, C.S., West, M.A., Shapiro, D. and Rees, A. (2000). Team Working and Effectiveness in Health Care.British Journal of Health Care Management. Vol 6, No 8. [17] Harter J.K.,Schmidt F.L., Hayes T.L (2002) Business-unit level relationship between Employee satisfaction, employee engagement and business outcomes – a meta analysis (2002) Journal of Applied Psychology Text. Vol 87 No 2. [18] Boorman, S. (August 2009) NHS Health and Wellbeing Review, Interim Report. Department of Health. Boorman, S (November 2009) NHS Health and Wellbeing Review, Final Report. Department of Health. [19] http://www.kingsfund.org.uk/sites/files/kf/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf (accessed: 31 October 2014) [20] http://www.medicalengagement.co.uk/# [21] https://responsibilitydeal.dh.gov.uk/ [22] http://www.nhsemployers.org/news/2014/08/mentally-healthy-workplace Creating a Mentally Healthy workplace training programme has been developed by Zeal Solutions for NHS Employers to help increase capability and confidence in creating a mentally healthy workplace looking specifically at the emotional wellbeing of staff and how that impacts within the workplace.

A key area of focus of our health and wellbeing plans for 2015/16 will be reducing the number of staff experiencing harassment, violence and aggression. Staff feeling safe whilst at work is very important to us but at 18% the findings of the national Staff Survey show that we are above the 14% average for NHS Trusts.

A Security Operational Group has now been established to ensure that the 7 key principles of security as outlined by NHS Protect are developed and in place. Areas of high risk or increased prevalence of incidents will be identified with appropriate actions and interventions put in place. We will also ensure that staff have appropriate training and development to diffuse difficult and challenging situations.

We will continue to support the management of sickness absence through professionally recognised best practice. This will include early identification and intervention by managers when there are changes in behaviour, return to work interviews for every episode of sickness absence and formal action when an absence trigger is reached.

Our aim is reduce sickness absence from 3.9% (at 30.11.14) to 3.3% by the end of March 2016 with a reduction in the proportions of staff off with a stress-related or musculoskeletal (MSK) condition.

The Trust has piloted its first Schwartz Round this year, staff from St Richard's Hospital and from across the Trust came together to listen to three different colleagues share powerful and moving stories of things they had seen and experienced while working for the Trust, all under the title for the Round, 'You see a lot in this job…'

'A very powerful experience which should continue' was how one colleague described the Trusts first ever Schwartz Round which was held on Wednesday 25th February at St Richard's.

Supported by the facilitators many of the audience gathered, and then shared how the stories had made them feel, shared some of their own experiences as well as empathising with the colleagues who had shared their stories.

The purpose of Schwartz Rounds is to allow all staff clinical and non-clinical a safe place in which to share the impact of, challenges and experiences of delivering services in a hospital setting. The rounds are open to all staff, there is no need to book and they are completely confidential. Lunch is also provided so that no one misses out on theirs by attending the round.

Schwartz Rounds will take place on alternate months on the Chichester and Worthing Hospitals sites. Schwartz Rounds are expected to be an ongoing provision that becomes part of hospital life with the programme being rolled out across the trust in 2015/16.

The Trust is committed to maintaining safe staffing levels and developing the skills we need to deliver our services effectively. Consequently, we are actively pursuing a range of initiatives, working with partner organisations and local schools and colleges, to recruit and develop our staff.

The Patient First programme includes a workforce sustainability work stream with key initiatives aimed at the recruitment and retention of our clinical and non-clinical workforce to meet the current and future needs of our services.

Key Quality Improvement Priorities for 2015-16

We will deliver further continuous improvement in patient and staff experience through a number of focused quality improvement programmes including:

- Improving patient experience focusing on: meal time support, privacy, night time care, information and communication.
- A series of staff engagement roadshows and events will be rolled out across Divisions. The Surgery Division with support from NHS Elect1, will pilot a number of initiatives during early 2015/16.
- Within the Facilities and Estates Division, a Steering Group, with representation from all levels of staff, is being established to oversee improvements in staff engagement. Initially focusing within the domestic and housekeeping teams, the group will oversee progress on a number of key projects including leadership development, health and wellbeing and recognition and reward. Successful initiatives will be rolled out across the Division.
- Workshops with medical staff have been established to identify and agree actions required to improve medical engagement, particularly amongst our experienced and longer serving consultant workforce. Learning from specialties where engagement is high will be built into the resulting projects. The programmes of work will focus on the findings of the medical engagement survey carried out in 2014.
- Extending staff health and wellbeing programmes throughout 2015/16.
- Roll out of Schwartz Rounds.

2.1.6 Sign up to Safety

The Trust's commitments to delivering safe, harm free care are reflected in our 'Sign up to Safety' pledges. 'Sign Up to Safety - Listen, Learn, Act' is an NHS England campaign to encourage NHS organisations to listen to patients, carers and staff, learn from what they say when things go wrong and take actions to improve patients' safety. Our Sign up to Safety commitment forms a core part of the Trust's new Quality Strategy; the delivery of these pledges will be overseen by the Trust Quality Board.

These are our pledges:

Putting Safety First - we will:

- Publicise and promote our ambition to be identified locally and nationally as a leader in high quality health care,
- Embed within the organisation the expectation that the safety of patients is a central pillar of our core business and that we report, learn and respond when there are unexpected or unintended poor outcomes for patients,
- Commit to improving the recognition of patients at risk of acute kidney injury and provide early intervention to prevent deterioration,
- Develop an educational programme to improve the timely recognition and treatment of sepsis and use our electronic early warning system score to support this,
- Develop a medicines improvement strategy focusing on high risk medicines and e-prescribing.

Continually Learning – we will:

- Publish our quality data monthly and use this to inform our quality improvement work streams,
- Share the stories of individual patients with all staff via the monthly Trust Brief,
- Follow through to completion any actions required as a result of investigations or audit,
- Share learning across our organisation and with collaborative partners regionally and nationally,
- Have visible Trust leadership in the clinical areas talking to patients, their families and staff to hear their concerns.

Honesty – we will:

- Foster an open and honest culture and clearly demonstrate this through visibility and openness with patients and staff,
- Improve the skills of senior nurses and clinicians in communicating with patients and their families when something goes wrong and create a culture where clinicians feel supported and unafraid to do the right thing,
- Develop a structural process for staff to feedback candidly their concerns regarding patient safety with particular focus on the observations made by junior doctors and nurses in training,
- Fully implement the Duty of Candour[23] and work with staff to build skills to disclose.

Collaboration – we will:

- Be an active participant in the establishment of the regional Patient Safety Collaborative,
- Actively engage with local and national partners to collaboratively improve care including NHS QUEST, AHSN Patient Safety Collaborative,
- Improve communication between hospital and primary care recognizing that transition between services can present high levels of risk to patients,
- Work in partnership with patients in preventing harm by introducing a new patient safety briefing for patients to encourage their engagement and involvement,
- Engage and share with nursing and care homes regarding evidence based practice on improving patient safety.

Support – we will:

- Commit to supporting our staff in striving for continuous quality improvement,
- Provide support for trainees to learn about safety and improvement,
- Support our staff during the significant change process that may be required to make our organisation safer,
- Listen to our staff, demonstrating that we are open to new ideas and encouraging forward thinking, personal development and education by: offer a variety of courses to build improvement skills, develop a pool of improvement coaches, Implement Schwartz Rounds, Use collaborative technologies to engage and share.

[23] http://www.cqc.org.uk/content/regulation-20-duty-candour. The Statutory Duty of Candour was introduced in November 2014. The duty sets standards of openness and transparency with patients that NHS organisations must comply with. Failure to achieve the standards could leave Trusts at risk of criminal charges. The statutory duty applies to organisations and not to individuals but healthcare professionals must individually also uphold the professional duty to be honest with patients and this is regulated by the professional statutory bodies such as the GMC for doctors and the NMC for nurses.

2.1 PRIORITIES FOR IMPROVEMENT IN 2015/16 - continued

2.1.7 Developing our Quality Priorities 2015-18 and monitoring progress against priorities for quality improvement

Developing our Quality Priorities 2015-18

Western Sussex Hospitals has a proud history of involving patients, the public, its foundation trust members and staff in the development of the services we provide. This includes the planning, designing, delivering and improvement of services to ensure they are of high quality and responsive to the needs of the diverse community that we serve.

This has been achieved through our well established Stakeholder Forum, a range of patient participation groups, our Patient Advice and Liaison team as well as our patient feedback programme.

We wanted to build on this success and ensure that through our Quality Strategy 2015-2018, we continually improve the quality of the service we provide, in line with the standards laid out for us both nationally and, importantly by our patients. Therefore we developed the following engagement goals:

- We will provide the opportunities, information and support people need to contribute to the conversation regarding the trust's clinical priorities. This will include patients, public, members and staff.
- We will promote equality by ensuring we engage with people who represent the diverse communities we work within; and in particular making sure we are engaging effectively with those facing health inequalities due to their background.
- Engagement will be continuous, accessible and transparent.

In developing our Quality Strategy 2015-18, the Trust has been keen to involve as broad an audience as possible in the development of the strategy including the following key groups:

- Patients
- Patients' families and visitors
- Patient groups
- Staff
- Members
- Wider public (potential patients/ visitors)
- Healthwatch and other public health groups
- League of Friends charities and other supporters groups
- Local partners and interested parties, including local authorities, MPs and community associations

Initial draft overarching quality improvement goals and supporting programmes of work were worked up through engagement with clinical Divisions, and review of progress against current quality priorities and strategic goals by the Trust Quality Board.

In February 2015 stakeholders were invited to comment on the Trust's draft strategy document. The document included information about how the trust is currently performing along with four "goals" for the next three years, stories about how care has improved in recent years and plans to go on improving as well as a survey for participants to give their feedback and highlight their concerns and priorities.

The document was made available in hard copy and on the Trust's website. The Trust has been keen to make the consultation a genuine opportunity for stakeholder engagement and input in to the strategy.

The primary way in which people can give their views is to complete an online survey and this was promoted in a number of ways to encourage as many people as possible to participate. These include:

- Social media – Facebook/Twitter.
- Traditional media – Local press, radio
- Postcard/ leaflet distribution
- Governor engagement
- Staff briefings
- Staff newsletter/intranet/email
- Posters in key public places
- Feet on the ground promotions
- Public meetings
- Stakeholder briefing
- Third party organisations' internal communications

The results were then fed back to the Trust Quality Board and used to inform the next stage of the Quality Strategy development. The results were also shared with stakeholders and staff and public.

The Quality Priorities for 2015-16 set out in this Quality Report (2014/15) reflect those supported by the engagement exercise to establish Trust quality priorities for 2015-18. The programmes of work to support the delivery of the Trust's strategic quality improvement goals will develop over the three years with year one programmes set out in this Quality Report.

In addition, in drafting this Quality Report early meetings were held with representative from Healthwatch West Sussex, Coastal West Sussex Clinical Commissioning Group (CCG), and Health and Adult Social Care (HASC) Select Committee, West Sussex County Council to discuss feedback on last year's Quality Report and agree expectations for draft content and review of the trust Quality Report for 2014/15.

Ensuring delivery of our quality priorities

The delivery of key quality priorities will be monitored by the Trust Executive Board through the regular Quality Report and Score Card. The Trust Quality Board will monitor the delivery of detailed quality improvement work programmes set out in the Trust Quality Strategy.

The following statements of assurance are made from the Trust Executive Board.

2.2.1 Relevant Health Services and Income

During 2014/15 Western Sussex Hospitals NHS Foundation Trust provided and/or sub-contracted 140 relevant health services.

The Western Sussex Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 140 of these relevant health services.

The income generated by the relevant health services reviewed in 2014/15 represents 100% of the total income generated from the provision of relevant health services by The Western Sussex Hospitals NHS Foundation Trust for 2014/15.

2.2.2 Participation in National Clinical Audits and National Confidential Enquiries

Clinical audit is the process by which clinical staff measure how well we perform certain tests and treatments against agreed standards and then develop plans for improvement. It is a key part of continuous quality improvement. Western Sussex Hospitals NHS Foundation Trust, like other NHS organisations, participates in national audits - where care across the country is assessed (and sometimes organisations are compared with each other) - as well as locally organised audits. The National Confidential Enquiries are similar but use in depth reviews of what occurred in order to develop new recommendations for better care of patients.

During 2014/15, 40 national clinical audits and 4 national confidential enquiries covered relevant health services that Western Sussex Hospitals NHS Foundation Trust provides.

The above national clinical audits and confidential enquiries are those listed by the National Clinical Audit Advisory Group and made available at the Department of Health website. They are shown in Appendix 1.

During that period Western Sussex Hospitals NHS Foundation Trust participated in 97.5% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Western Sussex Hospitals NHS Foundation Trust was eligible to participate in during 2014/15 are as follows: shown in Appendix 1.

The national clinical audits and national confidential enquiries that Western Sussex Hospitals NHS Foundation Trust participated in during 2014/15 are as follows: shown in Appendix 1.

The national clinical audits and national confidential enquiries that Western Sussex Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2014/15, are listed below in Appendix 1 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 25 national clinical audits were reviewed by the provider in 2014/15 and Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Reports of National Clinical Audits are disseminated to the Trust's Clinical Divisions for their actions. Main points of action for national clinical audits listed by the National Clinical Audit Advisory Group are shown in Appendix 2.

The reports of 123 local clinical audits were reviewed by the provider in 2014/15 and Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Reports of local clinical audits are disseminated to the Trust's Clinical Divisions for their actions. Main points of action for a sample of local clinical audits are shown in Appendix 3.

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

The number of patients receiving relevant health services provided or sub-contracted by Western Sussex Hospitals NHS Foundation Trust in 2014-15 that were recruited during that period to participate in research approved by a research ethics committee was 1339.

We have continued to invest in and support our major research specialties of cardiology and haematology. Treatment options for patients diagnosed with blood or blood related cancers are often limited, but as a research active trust we have increased the opportunity for patients to receive novel medicines through multi-centre research studies. Our patients receiving treatment for myeloma, high risk polycythaemia vera or essential thrombocythaemia through the research pathway have been able to access new drugs as a first line treatment option.

During the year we have increased research in anaesthetics, age and ageing and dermatology.

In just 14 days from R&D approval, we recruited the first patient nationally to the CALORIES study – a study looking at the clinical and cost-effectiveness of two types of early nutritional support in critically ill patients. We are collaborating with a local health care partner on a tool to help identify patients over the age of 65 who are at risk of experiencing medicines related harm and readmission to hospital; our patients are benefiting from real-time focused attention on medicine review and associated risk.

Our local portfolio of research also continues to grow, with notable highlights in the prediction and management of acute kidney injury, shoulder impingement syndrome, lipomodelling skin contour abnormalities around stoma sites and bariatric surgery. Our researchers have been successful in receiving grants from the Royal College of Surgeons, British Renal Society and the National Institute for Health Research.

2.2.4 Incentives for Improved Quality

A proportion of Western Sussex Hospitals NHS Foundation Trust income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between Western Sussex Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at:

http://www.westernsussexhospitals.nhs.uk/wp-content/uploads/2014/08/CQUIN-Goals-2014-15.pdf

The income dependent on achieving Commissioning for Quality and Innovation and associated payments are shown below:

Table 18. CQUIN total income 2014/15

	2013/14	2014/15
Total income dependent on CQUIN	£7,692,183	£8,513,422
Associated payment	£7,692,183	£8,513,422

2.2.5 External Regulation

Western Sussex Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "registered without conditions". The Care Quality Commission has not taken enforcement action against Western Sussex Hospitals NHS Foundation Trust during 2014/15.

Western Sussex Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2014/15.

The trust took part in a Looked after Children's review in February 2015, feedback from this visit is awaited. The review was part of a wider routine multiagency review of pathways of care for this group of children.

2.2.6 Data Quality

Western Sussex Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "registered without conditions". The Care Quality Commission has not taken enforcement action against Western Sussex Hospitals NHS Foundation Trust during 2014/15.

Western Sussex Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2014/15.

The trust took part in a Looked after Children's review in February 2015, feedback from this visit is awaited. The review was part of a wider routine multiagency review of pathways of care for this group of children.

Western Sussex Hospitals NHS Foundation Trust submitted records during 2014/15 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records[24] in the published data:

which included the patient's valid NHS number was:
- 99.7% for admitted patient care;
- 99.9% for outpatient care; and
- 98.0% for accident and emergency care

which included the patient's valid General Medical Practice Code was:
- 100.0% for admitted patient care;
- 100.0% for outpatient care; and
- 100.0% for accident and emergency care.

Western Sussex Hospitals NHS Foundation Trust's Information Governance Assessment Report overall score for 2014/15 was 75% and was graded green.

Western Sussex Hospitals NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period 2014/15 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) has not yet been agreed and the final report is still pending.

[24] Information for April 2014 to November 2014 as accessed on 10th February 2015.

Western Sussex Hospitals NHS Foundation Trust was subject to a Payment by Results clinical coding audit during the reporting period 2013/14 by the Audit Commission. Percentage correct rates for the Trust's clinical coding audits for 2013/14 for diagnoses and treatment coding (clinical coding) were:

Primary diagnoses correctly coded:	84%
Secondary diagnoses correctly coded:	88.5%
Primary procedures correctly coded:	90%
Secondary procedures correctly coded:	93%

These results should not be extrapolated further than the actual sample audited. Western Sussex Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

1. Continue to undertake checks to ensure that improvements to patient case notes are maintained.
2. Continue to drive up the use of electronic discharge summaries. The process for the production and monitoring of discharge summaries will continue to be developed. This will include the introduction of a link to the trust's Electronic Prescribing and Medicines Administration solution to provide a direct link for 'to take home drugs'. Including discharge summaries and outpatient letters, the trust is now sending out over 42,000 items of electronic correspondence each month.
3. Continue to build on work already completed with our training provider and further extend the internal audit programme. Our Clinical Coding Manager is an Accredited Coding Trainer and is already producing internal training programmes on a regular basis – based specifically on Audit results.
4. Continue to provide data quality workshops, targeting services where problems are identified through audits and spot checks.

2.2.7 Core Quality Indicators

The following core quality indicators are relevant to Western Sussex Hospitals NHS Foundation Trust. They relate to the NHS Outcomes Framework. For each indicator1, data for 2014/15 and previous years, and data to allow comparison with national averages, are provided in the tables.

Summary Hospital-level Mortality Indicator (SHMI)

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: Mortality rates over the past 12 months have been around the national average, and within the expected range. The mortality rate has steadily reduced for the last two years.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by: (a) maintaining monthly reporting of mortality statistics to Divisions and the Board; (b) continuing to focus on the implementation of care pathways in key mortality areas; and (c) strengthening arrangements for identifying and treating patients who deteriorate suddenly.

Table 19. Summary Hospital-level Mortality Indicator (SHMI)

	Jul 2011 to Jun 2012	Jul 2012 to Jun 2013	Jul 2013 to Jun 2014	National average (range)*
SHMI	1.07 (as expected)	1.02(as expected)	0.99 (as expected)	1.00 (0.54 to 1.20)
Percentage of patient deaths palliative care coded at either diagnosis of specialty level	14.0%	17.8%	21.1%	24.6% (0.0 % to 49.0%)

*National average is based on July 2013 to June 2014.

Patient Reported Outcome Measures[25]

The Western Sussex Hospitals NHS Foundation Trust considers that the outcome scores are as described for the following reasons: These data, which are based on quality of life measures[26], show that our treatments are effective in improving the health of our patients.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve these outcome scores, and so the quality of its services, by: (a) ensuring regular feedback of PROMs data to clinical teams; and (b) working with commissioners to ensure that treatments are offered to those groups of patients most likely to benefit from the particular treatment.

Table 20. PROMS data

Patient Reported Outcome Measures	Apr 2011 to Mar 2012 (finalised)	Apr 2012 to Mar 2013 (finalised)	Apr 2013 to Mar 2014 (provisional data*)	National average (range)**
Groin hernia surgery: EQ 5D Index (casemix adjusted health gain)	0.099	0.075	0.072	0.085 (0.008 to 0.139)
Hip replacement (primary): EQ 5D Index (casemix adjusted health gain)	0.387	0.435	0.419	0.436 (0.342 to 0.545)
Knee replacement (primary): EQ 5D Index (casemix adjusted health gain)	0.292	0.320	0.305	0.323 (0.215 to 0.416)

*Provisional data relates to the February 2015 publications by the HSCIC. Although some data for April 2014 to September 2014 has been published by the HSCIC this does not yet contain cases for WSHFT.
**National average based on April 2013 to March 2014 (provisional data).
WSHFT does not carry out sufficient numbers of varicose vein procedures to be included in PROMS data.

28 day readmissions

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

The Western Sussex Hospitals NHS Foundation Trust intends to take/has taken the following actions to improve this rate, and so the quality of its services: by continuing to work closely with commissioners and other health organisations to identify patients at risk of readmission and putting in place services to prevent them requiring further immediate hospital care. In particular we will identify those cases where readmissions could have been prevented by organising care differently and make the appropriate changes to reduce the level of readmissions.

Table 21. 28 day readmissions

28 day readmissions	2010/11	2011/12[27]	National average for large acute hospital (range)*
Patients 0 to 15 readmitted to a hospital which forms part of the trust within 28 days of being discharged	10.76% (as expected)	11.72% (higher than expected)	10.02% (6.40% to 14.94%)
Patients 16 and over readmitted to a hospital which forms part of the trust within 28 days of being discharged	10.45% (lower than expected)	11.36% (as expected)	11.44% (9.34% to 13.80%)

These figures are based on the indirectly age, sex, method of admission, diagnosis and procedure standardised percentages produced by the Health and Social Care Information Centre.
*National average based on 2011/12 data.

The latest performance (for 2014/15) based on local data is 11.86% for patients 0 to 15 and 11.79% for patients aged 16 or over. However, given the risk adjustment applied by the HSCIC, these numbers cannot be compared directly to those in the table above.

[25] Patient Reported Outcome Measures (PROMs) collect information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. The data adds to the wealth of information available on the care delivered to NHS-funded patients to complement existing information on the quality of services. Since 1 April 2009, hospitals providing four key elective surgeries for the English NHS have been inviting patients to complete questionnaires before and after their surgery The PROMs programme covers four common elective surgical procedures: groin hernia operations, hip replacements, knee replacements and varicose vein operations. [26] All NHS patients having certain types of surgery are invited to fill in questionnaires about their health and quality of life before and after their operation.
[27] 2011/12 data is the most recent available nationally from the Health and Social Care Information Centre (HSCIC).

Responsiveness to patient needs

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

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this data, and so the quality of its services, by: (a) using results from real time patient experience tracking to constantly identify areas for improvement; and (b) identifying areas for further improvement from the care and compassion peer review programme.

Table 22. Responsiveness to patient needs

Responsiveness to patient needs	2011	2012	2013	2014 (based on local data)	National average (range)*
Responsiveness to the personal needs of patients	64.4	65.7	69.4	67.0	67.0 68.7 (57.4 to 84.2)

* National average based on 2013.

Proportion of staff who would recommend the Trust to Friends and Family

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

The Western Sussex Hospitals NHS Foundation Trust intends to take/has taken the following actions to improve this percentage, and so the quality of its services, by: using regular feedback opportunities to capture staff views about how we can improve. We have also reviewed staffing ratios, particularly in ward areas and have improved our staff engagement (including communications) such that staff feel more able to contribute to, and be aware of, service improvements.

Table 23. Percentage of staff who would recommend the Trust as a provider of care to their friends or family

	2012	2013	2014	National average: Acute Trusts (range)
Percentage of staff who would recommend the Trust as a provider of care to their friends or family	64%	73%	71%	65% (38% to 89%)*

*National average relates to 2014.

Venous Thromboembolism (VTE) Risk Assessments

The Western Sussex Hospitals NHS Foundation Trust considers that this percentage is as described for the following reasons: The trust has focused on this area and made good progress on embedding it into normal practice with a sustained increase in the proportion of patients screened.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by: (a) a continued focus in this area; and (b) an increased emphasis on improving outcomes such as reducing rates of harm from VTE.

Table 24. Percentage of patients admitted to hospital who were risk assessed for venous thromboembolism

	2012/13	2013/14	2014/15 (to Feb)	National average*
Percentage of patients admitted to hospital who were risk assessed for venous thromboembolism	93.4%	96.0%	96.0%	96.1%*

* National average based on April 2014 to January 2015.

The link provided by the HSCIC is no longer valid. The data above are taken from the NHS England website (accessed 8 April 2015).

C.difficile

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

The Western Sussex Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by: (a) enhancements to our antibiotic prescribing policies; (b) heightened environmental cleaning; and (c) targeted review of the patient pathway for these patients.

Table 25. Number of C difficile cases

	2011/12	2012/13	2013/14	2014/15 (local data)	National average (range)*
Number of C difficile cases (patients aged 2 or over)	76	72	57	38	NA
Rate of C difficile per 100,000 bed days (patients aged 2 or over)	24.4	23.7	18.9	12.6	14.7 (0 to 37.1)

*National average based on 2013/14.

2.2 STATEMENTS OF ASSURANCE REGARDING CLINICAL QUALITY - continued

Patient Safety Incidents

The Western Sussex Hospitals NHS Foundation Trust considers that this number and/or rate is as described for the following reasons: The Trust is a high reporter of patient safety incidents in the South East Coast Region for large acute Trusts, signifying a positive reporting culture for learning and improving from when things have gone wrong, with effective systems in place to minimise the risks of significant harm to patients.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number and/or rate, and so the quality of its services, by: The Trust will continue to promote the reporting of patient safety incidents across the organisation in order to learn and improve. Themes, trends and learning from incidents will continue to be discussed and analysed through a variety of forums including the divisional clinical governance sessions, Triangulation Group, the Trust Brief newsletter and Divisional Governance Reviews.

Table 26. Patient safety incidents

	Apr 2012 to Sep 2012	Oct 2012 to Mar 2013	Apr 2013 to Sep 2013	Oct 2013 to Mar 2014	Apr 2014 to Sep 2014	Apr 2014 to Sep 2014
Number of patient safety incidents	3996	4097	4099	3995	3549	4493 (787 to 8015)
Rate of patient safety incidents per 1,000 bed days	No data	No data	No data	25.6	22.73	7.2 (1.7 to 12.4)
Number of patient safety incidents resulting in severe harm or death	3	6	9	1	12	25.7 (1 to 103)
Severe harm or death incidents as a percentage of the total incidents	0.1%	0.1%	0.2%	0.0%	0.3%	0.6%

*Based on all 'Large Acute' organisations for October 2013 to March 2014.

There is a discrepancy between the data required by statute for this indicator (which requires the rate of severe harm or death to be reported as a percentage of the total incidents) and the form this data is reported by the HSCIC. The above table reports the former.

PART THREE: OTHER INFORMATION

3.1 IMPROVEMENT PRIORITIES FROM PREVIOUS QUALITY REPORT - continued

3.1.1 Introduction

Last year Western Sussex Hospitals NHS Foundation Trust committed to a number of key quality improvement priorities, a detailed review of performance against these priorities is set out below. It is to be noted that some of these areas remain key priorities for 2015/16 therefore some data has also been reflected in Part two of this report.

Key Quality Improvement Priorities for 2015-16

- Priority 1 - Improving the hospital care of patients suffering a stroke or high risk transient ischaemic attack (TIA)
- Priority 2 - Improving the hospital care of patients with dementia
- Priority 3 - Reducing avoidable mortality and improving clinical outcomes
- Priority 4 - Infection control

Last year Western Sussex Hospitals NHS Foundation Trust committed to a number of key quality improvement priorities, a detailed review of performance against these priorities is set out below. It is to be noted that some of these areas remain key priorities for 2015/16 therefore some data has also been reflected in Part two of this report.

3.1.2 Priority 1: Improving the hospital care of patients suffering a stroke or high risk transient ischaemic attack (TIA)

Why is this important?

Stroke represents a substantial burden both upon NHS services and society as a whole. There is clear evidence that taking appropriate measures to minimise the risk of stroke in patients at high risk, for example patients suffering Transient Ischaemic Attack (TIA), and ensuring best practice for patients admitted suffering to hospital with a completed stroke significantly improves outcomes. This requires the careful co-ordination of medical, and sometimes surgical, treatment pathways.

How do we monitor and measure progress?

The Trust engages in the Sentinel Stroke National Audit Programme (SSNAP) run by the Royal College of Physicians. This programme monitors and benchmarks clinical performance and outcomes against a range of key targets including:

- Timely access to CT scanning in patients admitted to hospital with suspected stroke,
- Direct admission (within 4hrs) to a stroke unit, following arrival at hospital,
- Incidence of thrombolysis for appropriate stroke cases,
- Key pathway metrics including timely assessment by Consultants, Physiotherapists and Occupational Therapists and access to Speech and Language Therapy Services.

How do we report progress in achieving this priority?

SSNAP reports more than 40 outcome and performance measures – which are grouped into 'Domains'; Trusts are assigned scores for each domain. SSNAP reports are issued quarterly, illustrating benchmarked performance for the service, and identifying areas for improvement.

What were our goals for 2014/15?

We set ourselves a number of specific goals for 2014/15. These were that:

- All CT scans for patients admitted to hospital with a likely diagnosis of acute stroke will be undertaken within 12 hours of admission and all patients that may benefit from stroke thrombolytic treatment will be scanned immediately and treated within 60 minutes of hospital arrival.
- All stroke patients will have a swallow screen within 4 hours of admission.
- At least 90% of stroke patients will be admitted to the stroke unit within 4 hours of arrival at hospital.

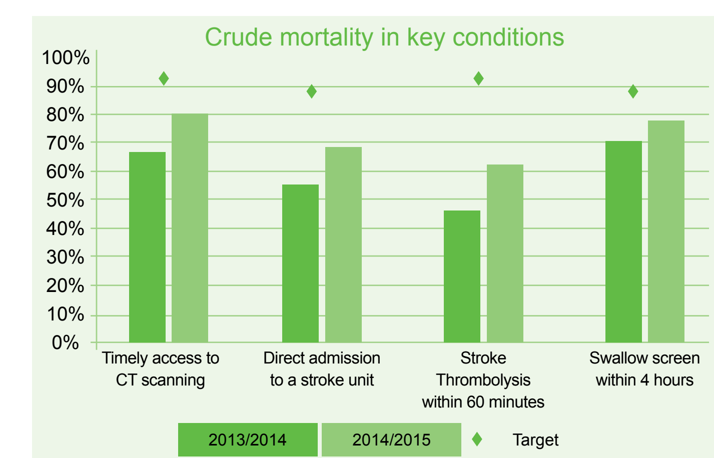
What have we achieved?

Nationally stroke care is measured by the Sentinel Stroke National Audit Programme (SSNAP). Trusts are measured at site level for compliance against six domains (acute care; specialist roles; interdisciplinary services; TIA / neurovascular clinic; quality improvement, training and research; and planning and access to specialist support). Each trust site is given an overall score: a letter from A to E (with A being the highest).

In the last published national data (October to December 2014) both Trust sites were graded C (an improvement from D in the case of Worthing and E in the case of St Richard's Hospital at the beginning of the year). For context, of the 204 Trust sites in England and Wales 86 (42%) were graded C or above, 89 (44%) were graded D and the remaining 29 (14%) were graded E.

The measures outlined as priorities in the last Trust Quality Account are a subset of the measures collected by SSNAP and use the same data (although supplemented by unpublished data for the most recent months). Performance for each of the priorities is shown in figure 9.

Figure 9. Indicators of stroke management 2014/15



As can be seen from the graph, the Trust has made considerable progress against each of these metrics over the past year. We remain, however, short of the targets proposed last year. While these targets are stretch targets that reflect a gold-standard service that few providers currently achieve, they remain our ultimate aim and therefore Stroke care remains a key priority for 2015/16, with the Trust seeking to make further progress towards attaining these levels

3.1 IMPROVEMENT PRIORITIES FROM PREVIOUS QUALITY REPORT

3.1.3 Priority 2: Improving the hospital care of patients with dementia

Why is this important?

The prevalence of dementia is steadily increasing throughout the UK and the impact of this is greatest in areas with a very high elderly population - such as West Sussex. Although dementia is generally an inexorably progressive disorder, early identification and carefully targeted therapeutic intervention can slow the rate of progression and enhance the quality of life of patients.

As an acute trust provider, we play an important role in managing the increasing burden of dementia care in West Sussex. We screen for the early symptoms or signs of dementia in all of the elderly patients admitted with other another illness to our acute sites. We also ensure that all of our patients in whom dementia has been previously diagnosed, and who require hospital treatment because of other illnesses, are carefully and holistically managed, providing safe and dignified care at all times. This includes specific measures to best manage any cognitive and behavioural needs, in addition to treatment of the physical condition causing their admission. Dementia patients in hospital are likely to be disorientated and frightened and may only display their anxiety through their behaviour. For patients with dementia, dealing effectively and kindly with behavioural disturbance is of paramount importance to us – reducing the risk of both complications and prolonged hospital stay.

What were our goals for 2014/15?

- To meet the key target of screening at least 90% of patients aged 75 and over admitted as emergencies for symptoms and signs of dementia, and communicating the need for additional follow up to their GPs throughout the entire year 2014/15.
- To embed the use of the 'Knowing Me' documentation throughout the whole trust as assessed by repeated clinical audit measures, and to receive regular audit feedback from the carers and relatives of patients with dementia, to ensure that they feel supported and satisfied with the care provided.
- To evaluate the impact on care of dementia cohort areas within elderly care wards, reviewing their effectiveness in relation to length of stay, complications, and ward moves. Depending on the results of this review, we will consider whether this model, which has proved to be very successful in other trusts, needs to be continued and/or extended.
- To develop a dementia pathway that promotes a smooth transition from the acute setting to the community, and reduces discharge delays.
- To introduce a Sema Helix flag1 for dementia patients to reduce ward moves.

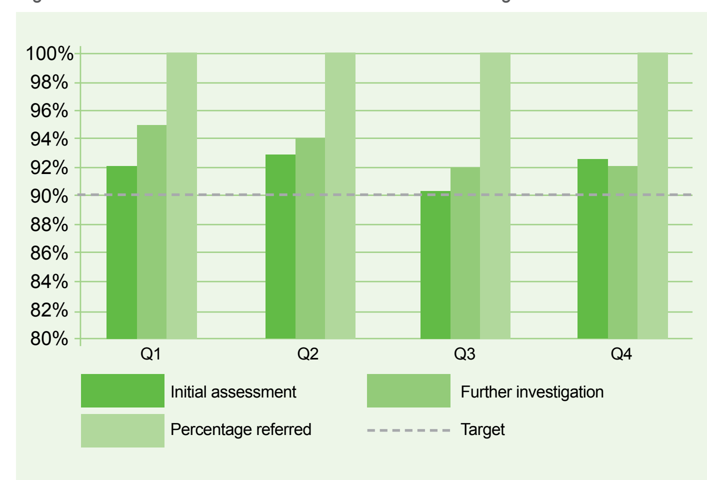
Key achievements:

SSNAP reports more than 40 outcome and performance measures – which are grouped into 'Domains'; Trusts are assigned scores for each domain. SSNAP reports are issued quarterly, illustrating benchmarked performance for the service, and identifying areas for improvement.

What were our goals for 2014/15?

National Target: Last year (2013/14) we implemented an electronic dementia assessment for emergency patients 75 and over and began to achieve the national target of assessing 90% of patients during the final months of that year. There are also national targets of 90% for conducting further investigations where the initial assessment suggests dementia or is inconclusive and informing the GP of the need to refer patients with suspected dementia on to tertiary services. During 2014/15 we consolidated this improvement achieving all three elements of this target for every quarter in isolation as well for the year as a whole. By using an electronic assessment we ensure the GP is always informed of the results of the screen in a timely way and any possible need for onward referral, without requiring clinicians to take time to write a letter, hence the 100% achievement throughout the year for the final element of this target. For context, in nationally published data for April 2014 to January 2015 the average performance for initial assessment was 88.0%, for further investigations 93.2% and for referral was 95.6%.

Figure 10. Indicators for dementia assessment and management 2014/15



Knowing Me Documentation and Carers Survey: We have undertaken a comprehensive audit programme to ensure compliance with this key piece of documentation.

The Knowing Me document is used for patients that may not always be able to tell staff themselves what they like and dislike. The details within the document ensure that we can provide reassurance and support to vulnerable patients whilst reflecting their preferences in how care is delivered. Every person is an individual and whether it is knowing how many sugars someone likes in their tea, or what music they like it all helps to improve their experience in an acute hospital setting.

Monthly reviews of between 70 and 95 patients are undertaken and overall compliance for the year to date is 72%. During 2015/16 we would like to maintain this audit programme and push compliance above 75%.

The carers' survey was launched at the beginning of the year. Although relatively small numbers (80 responses to date), this gives valuable feedback ensuring both the quality of care offered to this vulnerable patient group and that sufficient support is offered to their carers. Results of both the documentation audits and carers survey are fed back routinely to the wards as part of an integrated dementia dashboard.

Dementia cohort areas within elderly care wards: Two ward areas have been used as pilot areas to cohort patients with dementia. To facilitate this the ward environment was looked at and changes made to make it easier for patients with dementia to navigate themselves around. Bays have been painted in different colours, toilet doors are now a bright yellow and picture symbols used for toilet doors and on single rooms. All of these allow patients to more easily orientate themselves within the ward area. Additional seating has also been provided so that patients seating is not only provided at the bedside. The use of the ward areas has also impacted on the number of ward moves these patients under went.

Our Dementia Specialist Nurses have worked closely with the ward staff to ensure they have had additional training to support the care delivered to these patients. These nurses have also under taken the carer surveys and as a result of feedback from these a number of new initiatives have been introduced. To promote good nutrition a pilot of the use of finger food was introduced, this allows patients to

3.1 IMPROVEMENT PRIORITIES FROM PREVIOUS QUALITY REPORT - continued

more ably feed themselves and supports small amounts of food often which many older patients find more manageable. This pilot has been very successful and it is proposed to make this available to other areas and other patient groups. To further support nutrition the specialist nurse worked with our dementia volunteers to enhance the quality of our patients' experiences. Volunteers now come and socialise with patients looking at reading material and talking with them. Additionally they support lunchtime eating and a 'Let's do lunch' initiative that now sees dementia volunteers and WSHFT staff helping with socialisation and eating at lunchtime and this is now being extended with support from local students who are joining patients for dinner.

Dementia pathway: A pathway document has been written that highlights the best practice for patients with dementia, this is due to go live on our intranet during 2015 and there are plans to share this with local GP's. It is hoped that this will support the admission and discharge of patients with dementia.

A Sema Helix flag for patients with confirmed diagnoses of dementia: A Sema Helix flag for patients with confirmed diagnoses of dementia was launched at the beginning of the year. This has proved helpful in avoiding unnecessary ward moves and in particular night-time moves for patients suffering from dementia. It has also supported collaboration with the Community Proactive Care Team, who are provided with updates relating to admissions for patients flagged as suffering from dementia.

During 2015/16 we plan to continue to collect information on dementia assessments and have committed to this within our Quality Strategy. In addition we will continue to monitor the use of the Sema Helix flag, ward moves, completion and use of the 'Knowing Me' document and our carers' surveys. Further information we intend to collect that supports understanding our care of patients with dementia is the number of applications made under the Deprivation of Liberty as a part of the Mental Capacity Act (2005)[28]. This aims to ensure that patients are looked after in a way that does not inappropriately restrict their freedom and supports the patient's care where their mental capacity is affected.

Further plans for 2015/16 include a review of nationally available guidance to assess whether there are further actions we could take to improve the pathway and experience for patients with dementia. To develop the role of dementia champions within our workforce, expand our finger food pilot and seek to address how dining together for patients can be achieved.

3.1.4 Priority 3: Reducing avoidable mortality and improving clinical outcomes

Why is this important?

About half of all deaths in the UK take place in hospital. The overwhelming majority of these deaths are unavoidable.

We know, however, that in all healthcare systems things can and do go wrong. Healthcare is very complex and sometimes things that could be done for a patient are omitted or else errors are made which cause patients harm. Sometimes that means that patients die who might not have done had we done things differently. This is what we mean by 'avoidable mortality'. More often, if things go wrong with care, patients fail to achieve the optimal level of recovery or improvement. By concentrating on reducing avoidable mortality and improving clinical outcomes we will end up with safer hospitals, save lives, and ensure the best possible clinical outcomes for patients.

[28] http://www.legislation.gov.uk/ukpga/2005/9/contents

How do we monitor it?

Methods for measuring and comparing hospitals' mortality are described fully in section 2.1.2.

How do we report on it?

The Dr Foster HSMR, SHMI, and crude mortality figures are reported to the Trust Board every month as part of a regular quality report. Senior clinical leaders also review the crude mortality numbers monthly.

What was our goal for 2014/15?

In 2014/15, we wished to maintain our Dr Foster HSMR at a level below 100, i.e. better than similar NHS Trusts. We also aimed to maintain or reduce further our SHMI score in 2014/15.

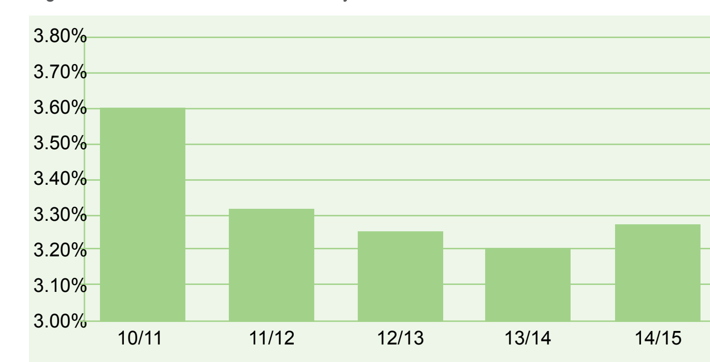
We continued to seek further reductions in crude mortality and to focus especially carefully on mortality in patients admitted with acute kidney injury.

A key element of our approach to reducing avoidable mortality and improving clinical outcomes has been to get even better at recognising as early as possible when the condition of very unwell patients is deteriorating. Patientrack is an essential tool that is helping us to do this, but we needed to review how the system is being used and ensure that this and other interventions are applied systematically to maximise their benefits to patients.

What have we achieved?

Over the last few years crude non-elective mortality at WSHFT has fallen year on year from 3.60% in 2010/11 to 3.22% in 2013/14. During the first eight months of 2014/15 (April to November), crude mortality continued to fall compared to the same months the previous year. From December onwards, however, there has been an increase compared to the previous year. This increase has occurred nationally and initial analysis suggests that the increase at WSHFT is not as significant as that occurring nationally. The overall crude-mortality for the year 2014/15 shows an increase to 3.27%.

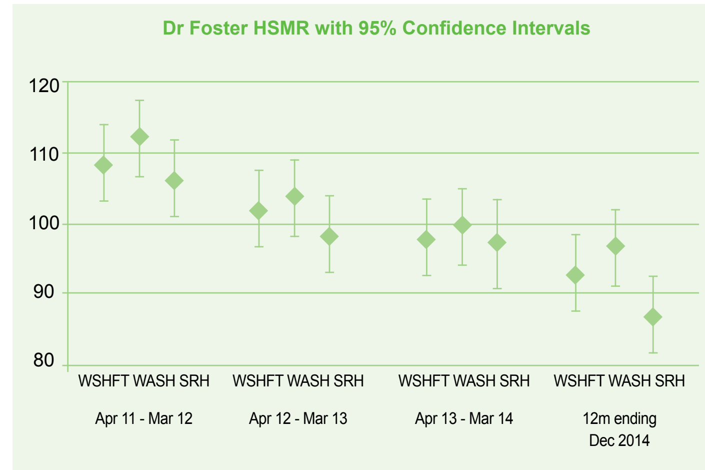
Figure 11.Crude non-elective mortality



Over the same period the Trust's risk adjusted mortality rate has also fallen. Each year Dr Foster rebase their figures to account for reducing mortality in the country as a whole (effectively resetting the benchmark to the most recent year). As such showing improvement is difficult. Nonetheless the Trust's Dr Foster HSMR improved from 107.48 in 2011/12 to 98.81 in 2013/14 (the last full financial years' worth of data). Due to the delay for Dr Foster data (to allow for coding and processing), the graph below shows the 12 months to December 2014 as the most recent data point, where a further improvement to 92.61 can be seen.

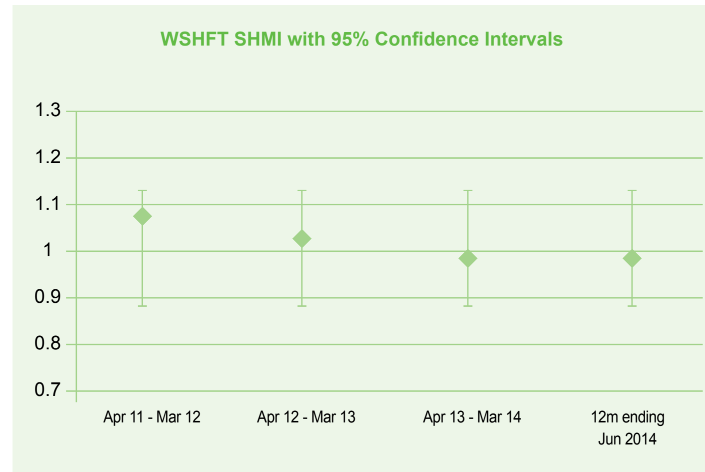
3.1 IMPROVEMENT PRIORITIES FROM PREVIOUS QUALITY REPORT - continued

Figure 12. Dr Foster HSMR



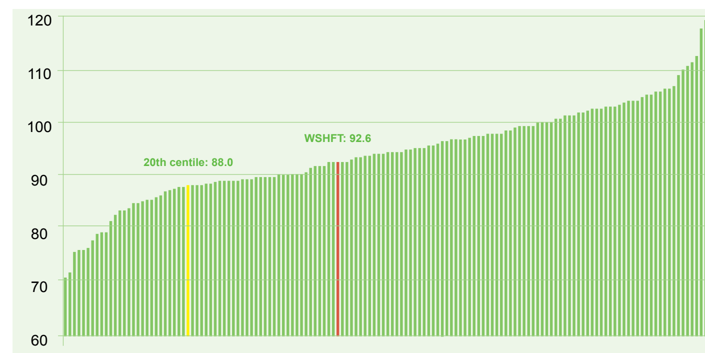
A similar improvement can be seen in the SHMI score (the HSCIC do not publish SHMI data broken down by site).

Figure 13. SHMI



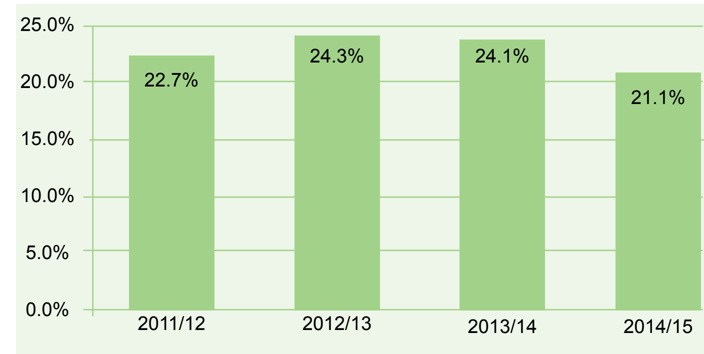
The improvement in the Trust's mortality rate can be seen in the position of its HSMR score in relation to other acute Trusts. In 2011/12 the Trust's HSMR of 107.5 was ranked 112 of 141 acute Trusts (the 79th centile), whereas for the latest data (12 months to December 2014) the Trust's HSMR of 92.6 is now ranked 60 of 141 (the 43rd centile). As described in our Quality Strategy over the next three years we would like to push this further and try to get into the top 20% of Trusts with the lowest HSMR.

Figure 14. Dr Foster HSMR for all acute trusts



Over 2014/15 the trust has achieved a reduction in Acute Kidney Injury crude mortality from 24.1% to 21.1%.

Figure 15. Acute kidney injury mortality rate



Nationally all Trusts are required to implement an electronic system to ensure that clinicians are aware of patients who have developed acute kidney injury. WSHFT are seeking to go further and during the first part of 2015/16 are launching a system that identifies patients who are at risk of developing kidney injury, alerting clinicians so that they might avoid the injury occurring. As part of this work and extensive awareness and training programme across ward areas is taking place along with the launch of an electronic learning package for doctors.

3.1.5 Priority 4: Infection control

Why is this important?

Serious infections acquired by patients while they are in hospital became an increasingly recognised problem in the last 20 years or more. Increased use of antibiotics around the world has led to the development of bacteria that are resistant to antibiotics; the best known of these is MRSA (Meticillin-resistant Staphylococcus aureus). This organism is found not only in hospitals, but also in the community as a whole. In most people it causes no harm, but if their normal defences are weakened by other illness or injuries then the bacterium can get into their bodies and cause blood stream and other infections that are very serious and difficult to treat. In recent years, serious infections with MRSA have become less frequent through multiple different interventions. We screen all patients entering hospital for MRSA in their nose (the commonest place to find it) and for those who have it we prescribe decolonisation treatment. Good cleaning and good hand hygiene and other infection control practice on the part of staff, patients and visitors also help to reduce rates of infection.

Simply relying on new antibiotics to cure infections like MRSA and other drug resistant organisms is not enough, partly because soon the bacteria become resistant to the new antibiotics too but also because new antibiotics are not being developed. The emergence of multi-resistance in many different organisms is an increasing concern.

Another problem that has emerged and is associated with the widespread use of antibiotics is C.difficile associated diarrhoea. C.difficile is a bacterium that lives in the gut of a few healthy people alongside many other bacteria, and causes no problems at all. When antibiotics are prescribed, this may upset the relative proportions of bacteria in favour of C.difficile, enabling it to multiply. C.difficile produces a toxin that can cause diarrhoea which is occasionally severe. The organism or its spores (a dormant form of the bug which is extremely resistant to disinfection) may spread from person to person. That in itself may not immediately

PART THREE: OTHER INFORMATION **- continued**

3.1 IMPROVEMENT PRIORITIES FROM PREVIOUS QUALITY REPORT - continued

cause the next patient harm, but if that person then receives a course of antibiotics in the future, it may then precipitate C. difficile diarrhoea.

There are two main actions we use to prevent C.difficile diarrhoea. First, we have strict antibiotic prescribing policies to reduce the chances of it developing. Secondly, in order to prevent spread from one patient to another, we isolate patients who develop diarrhoea, and adopt particularly scrupulous hygiene measures when caring for these patients. All areas that have had patients with C.difficile diarrhoea are deep cleaned after the patient recovers.

From 2011/12, the Chief Executive has chaired the Root Cause Analysis meetings of hospital acquired C.difficile and MRSA bacteraemia cases.

Another area of increasingly recognised concern is post-operative infection at the site of a surgical wound. This is known as Surgical Site Infection (SSI) and is an important cause of slow recovery or poor outcome. Whilst this is a concern in all types of surgery, over the last year we have been monitoring infections in Large Bowel surgery, Hip and Knee Replacement surgery and Breast surgery.

How do we monitor it?

We participate in several mandatory and non-mandatory national surveillance programmes. We count and report all cases of MRSA bacteraemia (where MRSA is found on blood sampling). Only those cases that develop the infection after 48 hours of admission are considered to be hospital acquired.

We also count and report all cases where C.difficile toxin is detected in stool samples. Those patients who are positive 72 hours after admission are considered to be hospital acquired cases.

Surgical patients who are operated on in the categories for which we are undertaking SSI surveillance are all monitored for signs of infection both during their initial admission and up to 30 days for bowel and breast surgery and one year for hip and knee surgery. These data are collated quarterly through the national programme.

How do we report on it?

The numbers are reported each month to our public Board meeting. In addition, a full investigation is made into all MRSA bacteraemia and C.difficile cases and the results of the investigation reviewed at a meeting with the Chief Executive, Director of Nursing and Medical Director. This ensures that swift corrective action can take place, and the learning from each event is shared Trust-wide.

What was our goal for 2014/15?

In 2014/15, we committed to maintaining our continuous programme of measures to control and reduce hospital acquired infection, and investigate any cases using Root Cause Analysis. We have a 'zero tolerance' approach when applying and monitoring our infection control policy. The focus is moving away from MRSA toward the more recently recognised multi-resistant Gram negative bacteria. These are a global concern and whilst numbers in the UK are relatively low, they are increasing. For some of these bacteria, there are NO available antibiotics to treat what can be severe and rapidly life-threatening infections.

The limits we were set for the past year for hospital acquired infection were zero avoidable cases of MRSA bacteraemia and 56 hospital acquired cases of C.difficile. NHS England guidance for 2014/151 required all cases of C.difficile to be subject to a full local health economy root cause analysis and if the outcome of this review does not highlight any lapse of care, the case will not form part of the trajectory. Further to this we proposed an internal 'stretch' target with a limit of 21 potentially avoidable cases (i.e. cases where we identify lapses in care).

Surgical site infections are receiving increasing media focus and the trust aimed to improve on the current infection rates. Our programme is based on published NICE (National Institute for Health and Care Excellence) quality standards and requires a whole trust multi-disciplinary team approach.

What have we achieved?

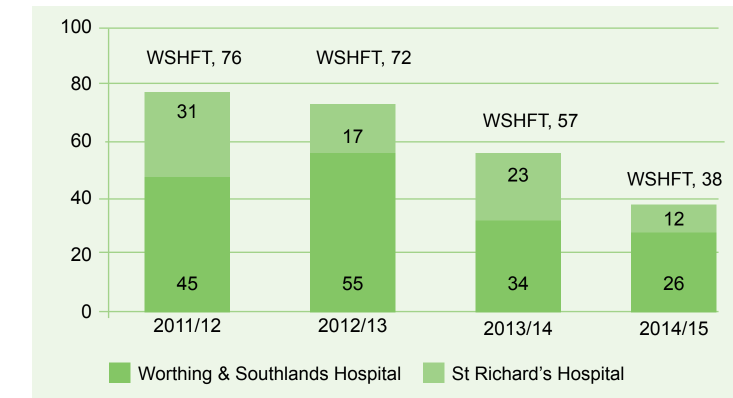
Table 27. Hospital acquired infections

	MRSA	Total hospital C diff	C diff with a lapse in care
2011/12	0	76	Not reported
2012/13	1	72	Not reported
2013/14	4	57	Not reported
2014/15	1*	38	20

*Based on all 'Large Acute' organisations for October 2013 to March 2014.

- MRSA bacteraemia: We had one trust acquired cases of MRSA bacteraemia in 2014/15, following a full investigation this was considered to be unavoidable.
- C. difficile: Both Worthing Hospital and St Richard's Hospital have had lower levels of C. difficile in 2014/15 than previous years. We have achieved our national target and our internal stretch target for levels of C.difficile infection.

Figure 16. Cases of hospital attributable C.difficile per year by site



Surgical site infections (SSIs)

Reduction in all surgical site infections for all four areas measured (see table below). Table.28 Surgical site infections (SSIs)

	WSHFT baseline (April to Dec 2013	WSHFT rate (January to December 2014)*	National rate (rolling 5 year)
Total hip replacement	1.2%	1.1%	0.8%
Total knee replacement	2.4%	0.8%	0.9%
Large bowel surgery	16.6%	14.9% (SRH: 15.2% / Worthing: 14.6%)	10.9%
Breast surgery	4.8%	4.2% (SRH: 2.6% / Worthing 5.4%)	4.4%

*Surgical site infections are not reported at site level for total hip replacement and total knee replacement. For both large bowel surgery and breast surgery the difference between the site figures reflects the nature of the surgery carried out at each site.

3.2 LOCAL QUALITY INDICATORS – CLINICAL EFFECTIVENESS; PATIENT SAFETY; AND PATIENT EXPERIENCE

The following indicators are drawn from the Trust Quality Scorecard which is reviewed by the Trust Board each month. They relate to the three domains of quality: patient safety, clinical effectiveness, and patient experience. Quality indicators reported to the board are selected to provide a comprehensive picture of clinical quality in areas identified through our clinical quality strategy and the priorities for quality improvement set out in our quality reports. We consult with external stakeholders and patient representatives, as well as our own staff, about quality, ensuring that a broad range of interests are reflected in the planning of quality developments and reporting of quality indicators.

Where available, in the following tables, we provide historical and national performance data to demonstrate our progress over time and our performance compared to other healthcare providers.

Every year, the Trust reviews the set of key metrics that it provides to the Trust Board to ensure that they remain appropriate to providing assurance about the high quality and safety of patient care. New metrics, such as the Patient Safety Thermometer (rolled out in 2012/13) and the Friends and Family Test (also implemented in 2012/13 for inpatients and A&E and expanded to include Maternity during 2013/14), offer additional scope for benchmarking and comparison with other trusts. As such this year's list of local quality indicators is slightly different from that contained in our previous Quality Reports. Metrics that are no longer reported formally to the Trust Board may continue to be measured, reported and reviewed by other groups within the trust.

To avoid duplication, indicators which have been reported earlier in this report have not been repeated in this local indicators section.

Patient Safety

Table 29. Patient safety indicators

Indicator	2012/13	2013/14	2014/15 to Feb	Target
Safety thermometer: Percentage patients harm-free	94.0%	94.0%	94.4%	92.2%
Safety thermometer: Percentage patients suffering no new harms	97.5%	98.0%	98.1%	97.1%
Falls resulting in harm*	587	502	508 (year-end estimate)	498
Falls resulting in severe harm or death	2	5	2 (year-end estimate)	2
Pressure ulcers (grade 2)	120	105	(82 (year-end estimate)	100
Pressure ulcers (grade 3 and 4)	4	0	5 (year-end estimate)	2
Never events	3	1	0 (year-end estimate)	0

*The way this is reported has changed and therefore figures are slightly different from those reported in the last Quality Report

Clinical Effectiveness

Standardised mortality ratios (SMR) for Hip Fracture (based on 2013/14 Dr Foster rebased data)

Table 30. Standardised mortality ratios (SMR) for Hip Fracture

Indicator	2012/13	2013/14	12 months ending Dec 2014	Target
Trust-wide Standardised Mortality Ratio (SMR)* for Hip Fracture	125.4	132.7	90.0	100 or less
SMR for Hip Fracture Worthing Hospital	114.8	135.2	118.9	100 or less
SMR for Hip Fracture St Richard's Hospital	141.9	128.9	53.4	100 or less

*The Standardised Mortality Ratio (SMR) is the Dr Foster measure described under Priority 3 above but measured at lower than Hospital level, in this case for only patients with a hip fracture diagnosis(i.e. SMR = HSMR without the H). Data is shown by financial years plus the most recent 12 months available (even though this overlaps with the previous period) (this is a slight change from previous years). Dr Foster rebase their data to take account of improvements in mortality levels nationally. The figures in the table above are based on the 2013/14 rebasing and therefore the 2013/14 value here will not match previously reported values.

We have significantly improved standardised mortality rations for hip fracture; however improvements at St Richard's Hospital have exceeded those achieved at Worthing Hospital. The Trust has reviewed the difference between sites at Board level. The Trust has found that compliance with the pathway (and all key interventions) was similar on both sites and no concerns were raised regarding patients who had died. All deaths after fractured NOF undergo a detailed root cause analysis. There are some differences in resources that the Trust is exploring but this unlikely to explain differences in outcome as all the process measures are similar. The Trust considers that the case mix is very different between sites and that the SMR does not fully account for this. The Board will keep these outcomes under review.

Maternity indicators

Table 31. Maternity indicators

Indicator	2013/14	2014/15 (to Feb)	Target
C-Section rate	26.1%	27.1	24.7% or less
% Mothers requiring forceps	11.9%	11.7%	15% or less
% deliveries complicated by post-partum haemorrhage (i.e. blood-loss)	0.8%	0.6%	1% or less
% unexpected admission of term babies to neonatal care	3.2%	2.4%	10% or less

Patient experience

Table 32. Patient experience indicators

Indicator	2013/14	2014/15 (to Feb)	Target
Breaches of mixed sex accommodation	0.0%	0%	0.0%
Nutritional assessments undertaken in 24 hours	86.2%	82.0	80% or more
Nutritional assessments undertaken in 7 days	97.2%	95.0	95% or more
Total complaints	522	574	522or less
Internal Patient Led Assessments of Care Environment (PLACE): Worthing Hospital	95%	95%	85%
Internal Patient Led Assessments of Care Environment (PLACE): St Richard's Hospital	97%	98%	85%

3.3 ACCESS AND OUTCOME INDICATORS RELEVANT TO OUR TRUST (AS DESCRIBED BY MONITOR'S RISK ASSESSMENT FRAMEWORK)

Monitor is the sector regulator for health services in England and works closely with the Care Quality Commission, the quality and safety regulator. As a foundation hospital, we report to Monitor our performance against a limited set of national measures of access and outcome. Monitor uses performance against these indicators as a trigger to detect potential governance issues in foundation hospitals.

Table 33 shows performance against the relevant indicators in Monitor's Risk Assessment Framework. These are key national targets. The Trust is given an overall weighted score based on the number of indicators that it has not met. An overall score of 0 is coded green; 1 amber/green; 2 amber; 3 amber/red; and 4 or more red. Compliance is judged on a quarterly basis, but on based upon monthly submissions. A trust is judged non-compliant for a particular metric for any quarter in which it submits a non-compliant position. Monitor suggests the inclusion in this report of an aggregate position for the year based on arithmetic averages for each month.

Performance Against the Monitor Risk Assessment Framework

Table 33. Performance against the Monitor Risk Assessment Framework

	Target	Q1	Q2	Q3	Q4 TBC	Aggregate position (tbc)
ACCESS						
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	90%					88.24%
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	95%	⌛	⌛	⌛	⌛	87.44%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%					90.72%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/discharge	95%	🗐	🗐	⌛	🗐	95.02%
All cancers : 62-day wait for first treatment following urgent GP Referral*	85%	🗐	🗐	🗐	🗐	87.26%
All cancers : 62-day wait for first treatment following consultant screening service referral*	90%					92.61%
All cancers : 31-day wait for second or subsequent treatment - surgery treatments*	94%	🗐	🗐	🗐	🗐	99.65%
All cancers : 31-day wait for second or subsequent treatment - drug treatments*	98%					100%
All cancers : 31-day wait from diagnosis to first treatment*	96%	🗐	🗐	🗐	🗐	99.31%
Cancer : two week wait from referral to date first seen - All patients*	93%	🗐	🗐	⌛	🗐	96.07%
Cancer : two week wait from referral to date first seen - Symptomatic breast patients*	93%					95.86%
OUTCOMES						
Clostridium difficile – meeting the Clostridium difficile objective	56	🗐	🗐	🗐	🗐	38
Certification against compliance with requirements re access to healthcare for people with a learning disability	🗐	🗐	🗐	🗐	🗐	
Overall monitor compliance framework score		**2.0**	**2.0**	**3.0**	**3.0**	**3.0**

Validation for Quarter 4 cancer targets is not due to be completed until June 2015. As such the table above uses the validated position for quarter 1, 2 and 3 plus the provision position for quarter 4.

APPENDICES AND ANNEX

Appendix 1:
National Clinical Audits including Patient Outcomes Programme (listed by the National Clinical Audit Advisory Group)

Appendix 2:
Actions resulting from reviews of national clinical audits

Appendix 3:
Actions resulting from reviews of local clinical audits

Annex 1:
Statements from our commissioners, local Healthwatch organisation and Overview and Scrutiny Committee

Annex 2:
Statement of directors' responsibility for the quality report

Report from our external auditors

Appendix 1 NATIONAL CLINICAL AUDITS LISTED BY THE NATIONAL CLINICAL AUDIT ADVISORY GROUP, AND NATIONAL CONFIDENTIAL ENQUIRIES LISTED 2014/15

Audit Title	National Clinical Audit and patient Outcomes (NCAPOP)	Was the trust eligible to take part	Did the trust take part	Percentage of data completed
Bowel cancer (NBOCAP)	Y	Y	Y – Trust wide	Ongoing
Head and neck oncology (DAHNO)	Y	Y	Y– Trust wide	Ongoing
Lung cancer (NLCA)	Y	Y	Y– Trust wide	Ongoing
Oesophago-gastric cancer (NAOGC)	Y	Y	Y– Trust wide	Ongoing
Prostate cancer	Y	Y	Y– Trust wide	100%
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Y	Y	Y– Trust wide	92%
Cardiac arrhythmia (NICOR)	Y	Y	Y– Trust wide	Ongoing
Coronary angioplasty (NICOR)	Y	Y	Y – Worthing only	Ongoing
Heart failure (NICOR)	Y	Y	Y	91%
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Y	Y	Y– Trust wide	Ongoing
Falls and Fragility Fractures Audit Programme, includes National Hip Fracture Database (RCP)	Y	Y	Y– Trust wide	100%
Inflammatory bowel disease (RCP) Biological therapies: Inpatient: Organisational	Y Y Y	Y Y Y	Y - Trust wide Y - Trust wide Worthing only	Ongoing
Sentinel Stroke National Audit Programme (SSNAP), includes SINAP	Y	Y	Y – Trust wide	90%
Rheumatoid and early inflammatory arthritis	Y	Y	Worthing – SRH not eligible	100%
Chronic Obstructive Pulmonary Disease	Y	Y	Y – Trust wide	100%
National Joint Registry (NJR)	Y	Y	Y – Trust wide	Ongoing
National emergency laparotomy audit (NELA)	Y	Y	Y – Trust wide	Ongoing
National audit of dementia (care in general hospitals)	Y	Y	Y – Trust wide	100%
Maternal, Newborn and Infant Clinical Outcome Review (MBRRACE-UK)	Y	Y	Y – Trust wide	100%
Ophthalmology [TBC nationally]	Y	Y	TBC	TBC
Diabetes (Paediatric PNDA)	Y	Y	Y – Trust wide	Ongoing
Diabetes – pregnancy part of National Diabetes audit	Y	Y	Y – Trust wide	Ongoing
Epilepsy 12 audit (Childhood Epilepsy)	Y	Y	Y – Trust wide	100%
Neonatal intensive and special care	Y	Y	Y – Trust wide	Ongoing
Medical and surgical: clinical outcome review programme: National confidential enquiry into patient outcome and death	Y	Y	Y – Trust wide	Please see table below
Paediatric intensive care (PICANet)	Y	N	n/a	n/a
National Vascular Registry	Y	N	n/a	n/a
Congenital heart disease (paediatric surgery) CHD	Y	N	n/a	n/a
National Adult Cardiac Surgery Audit	Y	N	n/a	n/a
Chronic kidney disease in primary care	Y	N	n/a	n/a
National Cardiac Arrest Audit (NCAA)	N	Y	N	0%
Adult community acquired pneumonia - British Thoracic Society	N	Y	Y – Trust wide	Still in progress
Pleural procedures - British Thoracic Society	N	Y	Y – Trust wide	100%
Non-invasive ventilation – adults - British Thoracic Society (TBC nationally)	N	TBC	TBC	TBC
Severe trauma (Trauma Audit & Research Network, TARN)	N	Y	Y – Trust wide	Ongoing
National Comparative Audit of Blood Transfusion programme - NHS Blood and Transplant	N	Y	Y – Trust wide	100%
Fitting child (care in emergency departments) (CEM)	N	Y	Y – Trust wide	100%
Mental health (care in emergency departments) (CEM)	N	Y	Y – Trust wide	100%

Appendix 1 NATIONAL CLINICAL AUDITS LISTED BY THE NATIONAL CLINICAL AUDIT ADVISORY GROUP, AND NATIONAL CONFIDENTIAL ENQUIRIES LISTED 2014/15

Audit Title	National Clinical Audit and patient Outcomes (NCAPOP)	Was the trust eligible to take part	Did the trust take part	Percentage of data completed
Older people (care in emergency departments) (CEM)	N	Y	Y – Trust wide	100%
National Adult Cardiac Surgery Audit	N	N	n/a	n/a
Pulmonary hypertension Audit	N	N	n/a	n/a
Renal Replacement therapy	N	N	n/a	n/a
National Confidential Inquiry into suicide and homicide for people with mental illness	N	N	n/a	n/a
Prescribing observatory for mental health	N	N	n/a	n/a
Elective surgery (National PROMs Programme)	N	Y	Y– Trust wide	Ongoing
National Audit of Intermediate Care	N	N	n/a	n/a
Adherence to British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS)	N	N	n/a	n/a
Case Mix Programme (CMP)	N	Y	Y	Ongoing

National Confidential Enquiries listed 2014/15

National Confidential Enquiries	Was the trust eligible to take part	Did the Trust take part	Percentage case notes submitted
Sepsis	Yes	Yes	100%
Gastro-intestinal Haemorrhage	Yes	Yes	100%
Lower Limb Amputation	Yes	Yes	100%
Tracheostomy Care	Yes	Yes	100%

Appendix 2 ACTIONS RESULTING FROM REVIEWS OF NATIONAL CLINICAL AUDITS 2014/15

Audit Title	Main points of action
National Joint Registry	Continue to audit results and enter data into NHFD. Operation space/capacity - monitor efficiency of list as no facility to increase availability of surgeon and theatre currently. Consider more patients for IM nailing of Sub trochanteric fractures. Consider more patients for a total hip replacement for intracapsular fractures as per NICE guidelines.
National Comparative audit of the use of blood in adult medical patients	WSHFT has increased compliance regarding adult medical patients having a post-transfusion haemoglobin (hb) concentration greater than 120g/l. The compliance has improved from 93% in 2011 to 100% In 2014.
Paediatric Asthma BTS / SIGN	Areas of good practice identified: Correct use of medications; use of inhalers with spacers rather than nebulisers (static vs last year's results; there is a robust system of referral for specialist nurse; there was a low incidence of chest X-ray and antibiotic prescribing; the use of written discharge advice and inhaler device checks markedly higher than 2012 and excellent when compared to the national average. Follow up arrangements were difficult to assess due to the design of the audit but it is clear that number of children either receiving follow up or being advised to seek it in a primary care setting is still not high enough (As per the BTS guidelines).
Epilepsy 12	Previous audit identified there was no database or register of children with epilepsy this has now been established. Previous audit also found there were no first seizure clinics – these have now been introduced.
NNAP	NNAP is centred on the outcomes and care of babies admitted to NNU. A proforma has been designed to ensure the completeness of data within WSHFT.
BTS Pneumonia	Use of investigations, such as sputum sampling help identify the causative organism and guide treatment there was agreement to obtain samples when appropriate.
Paediatric Diabetes	Divisional agreement to review diagnosis of all diabetics at annual review to see if they could have Type 2 or other diabetes.
Hip fracture data	Previous audit identified a need for a member of staff for data collection and submission – this post has been secured.
Fractured neck of femur audit CEM	The parameters for the College of Emergency Medicine fractured neck of femur data is now being collected by the fractured neck of femur coordinator to include care in the ED. The data is reported monthly to the multidisciplinary team thereby making it more timely and relevant.
TARN	Monthly meetings take place to review all TARN cases.
BTS Community Acquired Pneumonia	Following the BTS results a further audit on antibiotic within four hours was undertaken. The reasons for delay were identified and an action plan developed to address the issues.
BTS Emergency oxygen	Physiotherapists to flag up if titration is needed on wards. Future audit to include titration. Continue to do regular mini audits.
National Audit of Seizure Management in Hospitals (NASH)	Both the first seizure flow chart and seizure management proforma have been amended to prompt good practice and better record care given.

Appendix 3 ACTIONS RESULTING FROM REVIEWS OF LOCAL CLINICAL AUDITS 2014/15

Title of audit	Recommendations/Actions
Paediatric Neutropenic Sepsis	Re-education and on-going awareness amongst staff of good practice guidance around time to have first antibiotic dose. There is ongoing regular teaching (lunch/learn sessions) for new juniors.
Management of adult Neutropenic Sepsis	All staff to be educated the importance of sending blood cultures at every spike in temperature and the importance of sending urine for culture regardless of urine dip results. Re-design stickers to include updated WSHFT antibiotic guidelines and space to document if adjuvant or metastatic. Assess the triaging of suspected neutropenic sepsis patients during out of hours.
Parenteral Nutrition incompliance with NCEPOD Guidance	Aim to reduce the amount of Parenteral Nutrition (PN) commenced out of normal working hours (8-4pm Mon-Friday). Ensure that an adequate nutritional and biochemical review with reason for therapy has been clearly documented by a nutritional support team (including a dietician, pharmacist and consultant). Always consider enteral nutrition before commencing parenteral nutrition. Reduce the amount of PN given without additional micro-nutrients. Ensure the prescription is written fully and correctly. Ideally written by the nutrition support team (including a dietician, pharmacist and consultant) at time of review.
Metastatic spinal cord compression (MSCC)	There are ongoing discussions at present regarding the MSCC policy, rehabilitation pathway and flowcharts. Work with radiology manager regarding one hour reporting post MRI. To be finalised in May 2015.
Gentamicin Prescribing	The results were presented to the prescribers in order to highlight the audit results. The trust is soon to get electronic prescribing initiated cross hospital site its and therefore timely to ensure that there is a reminder present to alert doctors to prescribe gentamicin correctly. In terms of education all newly qualified and employed doctors should be up to date and made aware how to prescribe gentamicin correctly. It would be beneficial for newly qualified prescribers to work with a pharmacist for a short period of time to ensure that they are comfortable in prescribing gentamicin and that they understand how to calculate the correct doses.
Trust Wide Bed Rails Audit	The results of the audit were presented at the Heads of Nursing meeting to facilitate dissemination. Bed rail assessment tool to be reviewed to require staff to update the risk assessment when the condition of the patient changes. Trust wide review of beds for replacement programme. Awareness rising to be disseminated to wards via Matrons. Bed rail useage is now included in the Matrons round audit tool. Matrons to review with the Ward Sisters the availability of bed rails protectors and the awareness of their teams when these are indicated. Matrons and Ward Sisters to monitor the Datix reports for injuries relating to bed rails. ITU and A&E Matrons to review the paperwork. All Matrons are to ensure that the bedrail assessment changes are included in specialist pathways.
The management of diabetic ketoacidosis in adults (DKA)	Results of the audit were presented to the diabetes team and medical ward sisters. Guidelines have been revised. In terms of education ensure delivery of 15 minutes education sessions for wards on the management of DKA guidelines (to include education on ketone testing). The audit identified it would be good practice to write a policy for blood ketone monitoring and establish current numbers of staff trained in ketone testing.
Management of chest drain insertion in a dedicated pleural procedure room	The audit identified it would be good practice to develop a pre procedure and procedure checklist. New nursing guidelines have been introduced.
Endoscopy Unit Patient Satisfaction Survey	The audit identified that there was a need to improve pre-procedure paperwork, this is currently being updated. Patients to receive a copy of their endoscopy report or a patient centred report as recommended by Joint Advisory Group (J AG). Review the wording of the questions about blood thinning medications and diabetes. Flexible sigmoidoscopy leaflet to include no need to starve instructions.
Inpatient prescribing in Parkinson's disease.	Further education is required for nursing staff to increase their knowledge of these drugs and their ability to detect and question prescribing errors. Encourage self-medication where patient is able to manage this.
Do Not Attempt CPR (DNACPR) Documentation	Results of the audit were presented at the Joint Site Resuscitation Committee agenda for discussion and dissemination. Resuscitation officer to liaise with lead for grand round and Clinical Governance to disseminate results to medical colleagues. Resuscitation officer to liaise with Matron for Acute and Cardiology to access Sisters and Matron's meetings to disseminate results.
Treating Cutaneous Squamous Cell Carcinoma re-audit.	If a Squamous Cell Carcinoma is suspected clinically and it is located at a high risk site formal excision should be considered in the first instance.
Audit of melanoma excision	To carry on the excellent dermatology service delivery for treatment/management for patients with malignant melanomas – follow a holistic approach and the BAD/NICE IOG guidelines. The audit results were presented at the annual skin business and Educational meeting December 2014.
Outcomes of patients seen in the high risk obstetric anaesthetic clinic	The BMI referrals have been changed regarding from > 35 to >40. Access has been obtained from IT department to 'letter finder' on obstetric office computer. A sticker system has been introduced –women seen in the Obstetric Anaesthetic Clinic now have a sticker placed on the front of their notes.
IV Fluid Prescription and Administration	Nurse coordinators to attend every post take ward round. Fluid prescriptions to be completed for a 24 hour period. Time to be made prior to the departure of the doctors from the ward to communicate with the ward co-coordinator/nurse responsible for the patients. Consultant Surgeon to state the requirement for drug chart assessment during each patient review or designate a team member to do so at the beginning of the days ward round.
Diabetes Foot Examination Snapshot Audit	The findings of the re- audit show that the foot sticker overall was successful at prompting Drs to complete a foot exam, therefore increasing the number of foot exams carried out. 42% patients had a foot assessment on clerking and after a foot sticker was added to patients notes this number increased to a total of 76%. Also noted was the recording of improved quality of the foot exam in those patients who had a foot sticker completed, demonstrated by recording sensory, pulses and skin condition.
Assessment of hyperemesis management prior to introduction of new guideline	Much improved management of hyperemesis from 25% in the original audit to 50% in this re-audit. Much improved VTE prophylaxis – an improvement in medication form 44% to 64% regarding the use of Fragmin and 38% to 64% with the use of TED stockings. 100% had a scan/ screened or one was arranged. Successful introduction of local protocol.

Annex 1: STATEMENTS FROM OUR COMMISSIONERS, LOCAL HEALTHWATCH ORGANISATION AND OVERVIEW AND SCRUTINY COMMITTEE

Statement from Coastal West Sussex Clinical Commissioning Group
14 May 2015

Dear Marianne,
Thank you for sending Coastal West Sussex CCG a copy of your 2014/15 Quality Account.

The Quality Account has been reviewed and Coastal West Sussex CCG confirms that the account demonstrates progress against the priorities identified for 2014/15. It provides information across the three areas of quality: patient safety; patient experience, and clinical effectiveness and demonstrates an on-going commitment to improving quality of care. Overall Coastal West Sussex CCG finds that the account meets the national guidance and framework issued by the Department of Health letter Quality Accounts: reporting arrangements for 2013/14 (dated 9th January 2014).

The Quality Account 2014/15 outlines priorities for improvement in 2015/16 as well as how success will be measured in future. The Quality Account clearly highlights the need to continue progress in the priority areas outlined.

It is acknowledged that Western Sussex Hospitals NHS Foundation Trust has achieved many successes in challenging circumstances and continues to work hard to improve quality. The aspiration to be in the top 20% of NHS Trusts with lowest risk adjusted mortality is particularly notable. We acknowledge your plans to continue to build on and further develop the quality improvements that contributed to the better mortality rates in 2013/14.

The achievement of level 3 award for CNST in Maternity services is a considerable achievement and a positive recognition of the commitment of all staff to provide a maternity service that minimises risk. We look forward to hearing about the continued development of programmes that will sustain and further embed this excellent practice.

Specifically noted were improvements in Stroke and Dementia services. The continued improvement in Infection control rates is to be commended. We note the commitment of the Chief Executive and Executive team to the prevention and control of infection and the positive effect of this Board to Ward approach. The CCG particularly wishes to acknowledge the Trusts support in developing a system wide approach to the prevention and control of C.Difficile infections. We look forward to continuing to work with you to further develop this collaborative approach.
Furthermore the CCG looks forward to working with the Trust and sharing the transformative effects of co-locating services for older people. Additionally your emergency floor Development Site model with care from one Consultant in a single setting has the potential to radically change patient's experience of care. The challenges surrounding this major cultural shift are noted, however the rewards in better coordinated care and outcomes makes this a worthwhile development. Reassuring patients that standards of care elsewhere in the organisation will not be compromised as a consequence might be considered within the document. A short synopsis of how a patient journey might look and how it interacts with Pro-active care and community services would be welcome.

Workforce and recruitment is a challenge throughout the NHS and it would be helpful to have a short paragraph on how the organisation plans on growing its own workforce locally.

The Quality Account acknowledges the on-going work required in order to continue to improve the quality of services, and the key goals of:

- Reducing mortality and improving outcomes
- Safe Care
- Reliable Care
- Improved patient and staff experience is commended

Coastal West Sussex CCG looks forward to working collaboratively with Western Sussex Hospitals NHS Trust in the attainment of these objectives over the coming year.

The Patients First Strategy with its emphasis upon Culture Change and Leadership as prerequisites for major transformational change is ambitious. It would be helpful for readers of the Quality Account to have some practical examples of how this might work in practice, and how and where early results might be witnessed.

Coastal West Sussex CCG considers the published priorities appropriate for this organisation, and will actively review these throughout the coming year.

Thank you for giving the CCG the opportunity to comment on your Quality Account.
Yours sincerely,

Marie Dodd
Chief Operating Officer
NHS Coastal West Sussex Clinical Commissioning Group

Statement from Healthwatch West Sussex
18th May 2015

Introduction

The Trust has again provided a thorough account of many dimensions of performance in the past year. The structure, prescribed nationally for multiple purposes, leads to confusing repetition and fragmentation, and difficult reading. Cross-referencing between sections would be aided by consistent numbering of headings, figures and tables, and self-explanatory captions. The greater use of graphics to describe variations over time and between Trust sites, and national comparative data, is appreciated but could be more consistently applied throughout the document.

Patient experience

The Trust has launched a 'Patient First' programme of system redesign and adaptation of patient pathways to eliminate error and waste and to improve quality; this should have a measurable impact on waiting times, length of stay and continuity of care for reporting next year. National concerns about variability of NHS care at nights and weekends are being addressed, starting with attention to communication between staff shifts and how long patients wait to be seen by a consultant.

PLACE scores (Patient-Led Assessments of the Care Environment) at St Richard's and Worthing were consistently above the national average. Feedback from Friends and Family Test during 2014/15 resulted in additional facilities for patients and visitors, including provision of newspapers, clocks and refreshments in waiting areas.

The National Inpatient Survey, on behalf of the Care Quality Commission, showed high performance in many areas but patient concern over noise at night, pre-operative information and delays in discharge procedures. The National Accident and Emergency (A&E) department survey in March 2014 scored the Trust well on many issues (especially pain control) but identified a need for more information on waiting times.

The Friends and Family Test ("How likely are you to recommend our ward (or department) to friends and family if they needed similar care or treatment?") showed recommendation for inpatient care for both St Richard's and Worthing some two percent below the national average of 94%.However for maternity care St Richard's was rated at 98.5% compared with Worthing at 94.8% (marginally below the national average of 95.1%).

The Trust has extended the survey to out-patients and day cases, showing little variation between sites but a low satisfaction score (29%) on information about the waiting time. Other surveys confirm concerns about information (pre-operatively and on medicines) and shared decision-making.

A general increase in complaints may indicate more awareness of the Patient Advice and Liaison Service (PALS) and the complaints procedure, but the sharpest rise has involved complaints over appointments; these deserve comment and response from the Trust.

Data from the risk assessment framework of Monitor indicate that Trust waiting times for cancer care and in A&E are in line with national experience. But the percentage of referrals treated as outpatients within 18 weeks (about 87%) is below the target of 95%.

Patient safety

An excellent explanation is given of measurements of patient safety and the Trust has set a goal that 100% of patients receive safe, care free from six "harms"(Hospital acquired pressure ulcers, Catheter associated urinary tract infection, Avoidable venous thromboembolism, Harm from falls, Hospital acquired infection, Medication errors). No timescale is set for achieving the targets and the current incidence is not clearly defined; the rate of falls per 1000 occupied bed days "is well below the national benchmark of 2.5" and is now aimed to reduce by 10%.

Clinical effectiveness

There are helpful explanations of standardised mortality rates, but other measures of clinical effectiveness, such as readmissions, post-operative infection, recovery rates and patient reported outcome measures (PROMs) are scattered throughout the document. The hospital standardised mortality rate (HSMR) has been steadily declining over four years in both main hospitals; the rate in St Richard's is consistently lower than in Worthing. On aggregate the Trust has much improved its position from ranking 112 out of 141 similar trusts, to ranking 70 – the median national value.

A limited number of procedure-specific standardised mortality rates (SMR) are available nationally to compare actual deaths as a percentage of the number of deaths expected on the basis of national experience. The Trust's SMR for hip fracture was high in 2013 at 130.7; this reduced to 99.2 in 2014, an aggregate of 125.9 in Worthing and 64.6 at St Richard's. This improvement may reflect the introduction of new approaches across the Trust; an innovative "Chichester and Worthing Enhanced Recovery Programme" for hip and knee surgery has reduced the average length of stay from seven days to under four days and reduced post-operative complications. Delay has also reduced in surgery for fractured hips.

Last year's goal to improve management of stroke patients is a paragon of evidence-based timely intervention, testing of ability to swallow, and admission to a specialist unit (consistent with criteria for a national audit). Improvements are shown on all three measures, and further progress against national comparisons should be reported next year.

Surgical site infections (SSIs) over three months in 2014 were broadly comparable with national rates. Infections in large bowel surgery had reduced from a 2013 high of 16.6% to 10.7%, slightly below the national rate of 10.9%; the difference between Worthing Hospital 6.5% and St Richard's Hospital 14% is attributed to the nature of surgery undertaken at each site, but could be further clarified.

Comparisons of clinical procedures and results rely on accurate descriptions of the conditions involved and adjustments for relative risks. Clinical information on diagnosis and treatment (such as surgical procedures) are converted into codes. A clinical coding audit by the Audit Commission indicated that (in an unspecified sample) 84% of primary diagnoses, and 90% of primary procedures were coded correctly. An assessment of the potential resulting bias would be useful in interpreting the Trust's clinical statistics.

Quality improvement

This account maps the Trust's compliance with numerous requirements; it describes many creative innovations and intentions in clinical and management systems, some of them with measurable objectives whose achievement may be reported next year. However there is relatively little evidence that the cycle of management by objectives, clinical audit or quality improvement (Plan, Do, Check, Act, PDCA) has resulted in appropriate change. Very few of the impressive number of national and local audits in which the Trust participates are reported to have made measurable improvements; but one re-audit of diabetic foot examination showed that a simple intervention (a sticker on the patient's records) increased the examination of feet from 42% to 76% of patients. That audit, the project on stroke management, and innovations in hip and knee surgery have demonstrated improvement in patient care.

Frances Russell,
Chair of the Board, Healthwatch West Sussex

Annex 1: STATEMENTS FROM OUR COMMISSIONERS, LOCAL HEALTHWATCH ORGANISATION AND OVERVIEW AND SCRUTINY COMMITTEE

Statement from Health & Adult Social Care Select Committee, West Sussex County Council
18th May 2015

Western Sussex Hospitals NHS Foundation Trust, 2014-15 Quality Account

Thank you for offering the Health & Adult Social Care Select Committee (HASC) the opportunity to comment on Western Sussex Hospitals NHS Foundation Trust's Quality Account for 2014-15.

HASC is very pleased to see that progress has been made against the Trust's priorities for 2014-15 to improve outcomes for stroke and dementia patients, and was grateful for the contribution from the Trust to the committee's discussion on the review of stroke services in December 2014.

HASC also welcomes the news that improvements have been made in infection control, reducing mortality rates and changes at Worthing hospital, including the Emergency Floor.

HASC supports the Trust's priorities for 2015-16 and will be interested to learn how the Patient First programme progresses.

Yours sincerely

Mrs Margaret Evans
Chairman, Health & Adult Social Care Select Committee

Annex 2: STATEMENT OF DIRECTORS' RESPONSIBILITIES FOR THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2014 to 28th May 2015.
    - papers relating to Quality reported to the board over the period April 2014 to 28th May 2015.
    - feedback from commissioners dated 14/05/2015
    - feedback from governors dated 31/03/15.
    - feedback from local Healthwatch organisations dated 18/05/2015
    - feedback from Overview and Scrutiny Committee dated 18/05/2015
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 01/09/2014.
    - the latest national patient survey 2014.
    - the latest national staff survey 2014.
    - the Head of Internal Audit's annual opinion over the trust's control environment dated 04/2015.
    - CQC Intelligent Monitoring Report dated 12/2014.
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

- By order of the board
- NB: sign and date in any colour ink except black

.... 28 May 2015

Marianne Griffiths, Chief Executive
Western Sussex Hospitals NHS Foundation Trust

.... 28 May 2015

Mike Viggers, Chairman
Western Sussex Hospitals NHS Foundation Trust

LIMITED ASSURANCE REPORT ON QUALITY

Independent auditor's report to the Council of Governors of Western Sussex Hospitals NHS Foundation Trust on the quality report

We have been engaged by the Council of Governors of Western Sussex Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Western Sussex Hospitals NHS Foundation Trust's quality report for the year ended 31 March 2015 (the 'quality report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and
- emergency re-admissions within 28 days of discharge from hospital.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual';
- the quality report is not consistent in all material respects with the sources specified in '2014/15 Detailed Guidance for External Assurance on Quality Reports' issued by Monitor; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual', and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

- board minutes for the period April 2014 to 28 May 2015;
- papers relating to quality reported to the board over the period April 2014 to 28 May 2015;
- feedback from the Commissioners, dated 31 March 2015;
- feedback from governors, dated 31 March 2015
- feedback from local Healthwatch organisations, dated 14 May 2015;
- feedback from Overview and Scrutiny Committee dated 18 May 2015

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated September 2014;
- the latest national patient survey, 2014;
- the 2014 national staff survey, dated February 2015;
- Care Quality Commission Intelligent Monitoring Report, dated December 2014;
- the Head of Internal Audit's annual opinion over the trust's control environment, dated April 2015; and

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Western Sussex Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Western Sussex Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Western Sussex Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' to the categories reported in the quality report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Western Sussex Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual';
- the quality report is not consistent in all material respects with the sources specified in the '2014/15 Detailed Guidance for External Assurance on Quality Reports'; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual'.

Ernst & Young LLP

Ernst & Young LLP
Reading

28 May 2015

Directors Report

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.

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).

Board of Directors

The Chair and Non-Executive Director 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 Register of Directors' interests is presented in public to the Board annually. Each Director has completed the appropriate declaration required under the Fit and Proper Person test as required under the terms of its provider Licence and as updated to reflect the requirements of CQC guidelines.

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 Monitor's guidance states that this should be a Council of Governors appointment although it would be expected that the Board or Chair would make a recommendation to Governors.
Bill Brown, Non-Executive Director, was appointed by the Council of Governors as Deputy Chair at its meeting 17 July 2014.

Senior Independent Director

At the start of the financial year Mr Jon Furmston, Non-Executive Director, was Senior Independent Director having been appointed to this role the previous year. Following a change in Board membership and realignment of Committee responsibilities Mrs Joanna Crane was appointed as Senior Independent Director at the Board meeting 3 July 2014.

Our Board of Directors

Mike Viggers, Chairman and Chair of the Finance and Investment Committee

Mike came to the NHS after a long career in consumer products within the private sector, where he was a senior director for several blue chip companies.

He came to Western Sussex Hospitals from Sussex Partnership NHS Foundation Trust, where he had been Deputy Chairman and Senior Independent Director.

Mike was appointed chairman of Western Sussex Hospitals in January 2012, following seven months as Interim Chairman.

Marianne Griffiths, Chief Executive

Marianne is Western Sussex Hospitals' first Chief Executive, having been in post since the Royal West Sussex NHS and Worthing and Southlands NHS trusts merged in 2009. She was responsible for guiding the trusts through the merger, and subsequently through the Foundation Trust process.

Prior to joining Royal West Sussex, Marianne was deputy Chief Executive and Director of Commissioning and Delivery at NHS South East Coast and previously Chief Executive at Kent and Medway Strategic Health Authority.

Marianne has held management positions in the NHS for 13 years and previously held a variety of roles, including in local authorities and management consultancies.

Jane Farrell

Dr George Findlay

Amanda Parker

Denise Farmer

Karen Geoghegan

Executive Directors

Jane Farrell, Deputy Chief Executive and Chief Operating Officer

Jane has 28 years' experience in the NHS, having originally trained as a nurse and specialising in paediatrics. She held several senior professional roles before moving into full-time general management. Jane went on to work as a senior manager in various hospitals across London, including Great Ormond Street, St Mary's and Ealing Hospital NHS Trust.

Jane joined the Royal West Sussex NHS Trust in July 2008 as Director of Operations and subsequently held the role of Deputy Chief Executive. When Royal West Sussex merged with Worthing and Southlands in 2008, Jane became the Deputy Chief Executive and Chief Operating Officer of Western Sussex Hospitals NHS Trust.

Denise Farmer, Director of Organisational Development and Leadership

Denise has spent most of her working life in the public sector, predominantly within the health service. She has held senior HR roles in most sectors of the NHS and came to the Royal West Sussex NHS Trust from Hampshire Primary Care Trust, where she was involved in major change programmes. Denise is the elected Chair of NHS Providers HR Directors Network.

Denise has held her current post since Western Sussex Hospitals NHS Trust was formed in 2009.

Dr George Findlay, Medical Director

Dr Findlay joined the Trust in January 2014 from one of Wales' largest integrated NHS organisations. He is an experienced clinical leader at national and regional level and a specialist intensive care consultant.

In 2012, Dr Findlay authored the National Confidential Enquiry into patient Outcome and Death.

Karen Geoghegan, Finance Director

Karen started her NHS career as part of the NHS Financial Management Training Scheme and subsequently worked in several NHS organisations in London, Including Guys and St Thomas', Northwick Park and St Mark's Hospitals.

In 2002, Karen joined Brighton and Sussex University Hospitals NHS Trust, where she held several posts, including interim Chief Financial Officer.

Karen joined Western Sussex Hospitals in February 2014.

Amanda Parker, Director of Nursing and Patient Safety (from 2 February 2015)

Amanda joined us from Queen Victoria Hospital (QVH) in East Grinstead in February 2015, where she had been Director of Nursing for five years. She trained at the Middlesex Hospital and specialised in renal medicine before joining QVH as a theatre nurse in 1992.

Amanda brings a wealth of nursing experience and knowledge as well as strong academic and operational experience. She is a registered nurse teacher with an MA in nursing and education, has an MSc in surgical and perioperative care and served as chair of the Education Committee on the board of the Association for Perioperative practice (AfPP).

Amanda's priorities on arrival at Western Sussex Hospitals were to refresh the nursing strategy and to revisit the dementia strategy.

Jon Furmston

Lizzie Peers

Mike Rymer

Joanna Crane

Martin Phillips

Bill Brown

Non-Executive Directors

Jon Furmston, Chair of the Audit Committee

Jon lives in Horsham and has worked for BT for 27 years. During his tenure with the telecoms giant, Jon has held roles in finance, marketing, general management and regulatory governance up to Board level.

He is a member of the Chartered Institute of Management Accountants and a member of the Institute of Engineering and Technology.

Joanna Crane, Senior Independent Director and Chair of the Quality and Risk Committee

Joanna Crane has worked in financial services in the public and private sectors for 25 years in the UK and overseas. She was working in corporate banking and structured finance in 2001, when she moved into human resources, where she has lead extensive programmes in the fields of performance management and organisational change.

Bill Brown, Deputy Chair and Chair of the Patient Experience and Feedback Committee (Chair of the Serious Incident Review Panel)

Bill has enjoyed a long and successful career in the healthcare industry, including as chief financial officer for three top-10 pharmaceutical companies. He has also held Board positions in manufacturing and operations and marketing.

More recently, Bill was an executive director in a European-wide role for Wyeth. Following his retirement from the pharmaceutical industry, Bill is bringing his wealth of knowledge and experience to Western Sussex Hospitals. He is also a Governor for a local, independent school.

Lizzie Peers (from 12 May 2014)

Lizzie lives in West Sussex and is a chartered public finance accountant. She has over 20 years' experience as an external auditor working in the UK public sector. As an auditor, Lizzie has worked for a number of health clients, including Strategic Health Authorities (SHAs), PCTs, and acute, mental health and community health providers.

As well as being a Non-Executive Director on our Board, Lizzie is also the financial adviser to the board of a non-FT NHS hospital, a lecturer at the University of Portsmouth, specialising in governance, ethics, audit and accountancy, and the treasurer and trustee for a national children's charity.

Martin Phillips, Chair of the Charitable Funds Committee

Martin lives in Shoreham has been a board member with us since before the merger in 2009, when he was a member of the Worthing and Southlands Hospitals Board.

Martin has also spent the last 20 years gaining experience at board level in sales and marketing and general management within the technical and engineering sectors.

In addition to his professional work and his Board membership, he is also a Trustee and Chair of Relate for Brighton and Hove, a magistrate on the Sussex Western Bench and an advisor for the Citizens Advice Bureau.

Mike Rymer (Non-Executive Director Designate from 01 February 2015)

Mike became a Non-Executive Director when he retired from his clinical role as a consultant gynaecologist for the Trust, which he had held since 1992. Mike after qualifying and initial training

Tony Clark

in Obstetrics and Gynaecology spent twelve years as a GP before retraining to become a Consultant Obstetrician and Gynaecologist and was appointed in Worthing in 1992. In 2013 Mike was elected as a Staff Governor representing the Trusts Medical workforce on the Council of Governors.

Outside of his gynaecology role, Mike has also been chair of the BMA local negotiating committee, chair of the Sussex gynaecological tumour group, a member of the speciality training committee of the royal College of Obstetricians and Gynaecologists and chair of the medical advisory committee of Goring Hall Hospital. Mike is a Trustee and Board member of St Barnabas Hospices and a Board member of an East Sussex Clinical Commissioning Group

Mike's wealth of clinical knowledge and expertise, as well as his experience as an employee of the Trust makes him an ideal member of the Board.

Tony Clark (to 27 May 2014)

Tony was a member of the Royal West Sussex Board (pre-merger) from 2006, sitting as a magistrate on the Sussex Western Bench. He served a full career in the Royal navy as an Engineer Officer, rising to the rank of Commodore, and held senior positions in NATO. He is a Chartered Engineer.

DIRECTORS REPORT - Continued

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 powers and the performance of the Trust, for ensuring compliance with the Trusts 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.

Board meetings are held in Public and there is opportunity for members of the public to ask questions of the Board.

Board meetings follow a formal agenda which includes Patient Safety and Experience and a range of Strategic and Operational items including; clinical governance, financial and non-financial performance, and performance against quality indicators set by the care Quality Commission (CQC), Monitor and by the Executive. These include measures for infection control targets, patient access to the Trust, waiting times, length of stay, complaints data and the results of the Friends and Family Test.

During the period of this report the Board held 11 Board meetings, 2 review days and 10 Seminars. The Board Review days are where the performance of the Board was reviewed and future strategic aims and objectives of the organisation were considered.

Board seminars covered a range of topics including; Provision of Trust Therapy Services, End of Life Care and Infection Control.

Name	Meetings eligible	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Jan	Feb	Mar	Total meetings held
Mike Viggers	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jon Furmston	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bill Brown	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tony Clark[1]	2	X	X										
Joanna Crane	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Martin Phillips	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lizzie Peers[2]	9			✓	X	✓	✓	✓	✓	✓	✓	✓	
Marianne Griffiths	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jane Farrell	11	X	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	
Denise Farmer	11	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	
Karen Geoghegan	11	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	
Cathy Stone[3]	8	✓	✓	✓	✓	X	✓	✓	✓				
George Findlay	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	
Amanda Parker[4]	2										✓	✓	
Mike Rymer[5]	N/A									✓	✓	✓	

Appointments and appraisal

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

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

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

The Chair and Non-Executive Directors appraisals were formally reported to the Council of Governors in private on 17 July 2014.

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-Executives are appointed for a three-year term in office. A Non-Executive can be re-elected for a second three-year term in office on an uncontested basis, subject to the recommendation of the Chairman and approval by the Council of Governors.

Statement of Compliance with the NHS Foundation Trust Code of Governance

The Board of Directors meets the requirements of the NHS Foundation Trust Code of Governance. Through compliance with all of the statutory requirements summarised in Schedule A of the Code.

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

Statement of compliance with the NHS Constitution

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

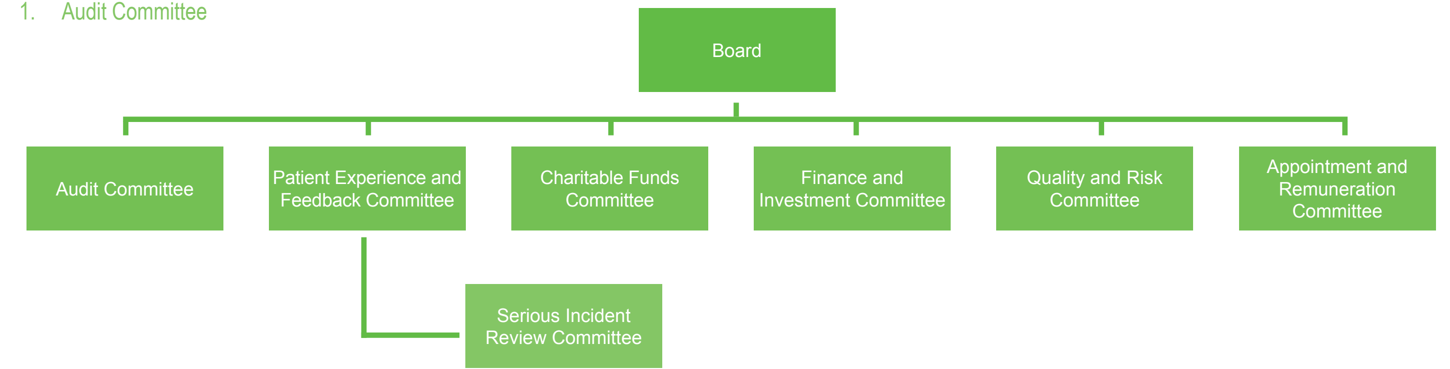
Board Committees

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

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

[1] Tony Clark retired as Non-Executive Director on 27 May 2014 [2] Lizzie Peers joined the Board as Non-Executive Director from 12 May 2014 [3] Cathy Stone was Director of Nursing and Patient Safety until 31 December 2014 [4] Amanda Parker joined as Director of Nursing and Patient Safety from 2 February 2015 [5] Mike Rymer was appointed as Non-Executive Director Designate with effect from 1 February 2015 and will take up his substantive post at the retirement of Martin Phillips from his Non-Executive Director post on 8 July 2015.

1. Audit Committee



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

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

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

The Audit Committee membership in respect of the period 01 April 2014 to 31 March 2015 was:

- Jon Furmston, Non- Executive Director and Chair of Committee
- Bill Brown, Non-Executive Director
- Joanna Crane, Non-Executive Director (until July 2014)
- Lizzie Peers, Non-Executive Director (from July 2014)

The register of members attendance is set out in the table below:

	April	May	July	October	January
Jon Furmston	Yes	Yes	Yes	Yes	Yes
Bill Brown	Yes	Yes	Yes	Yes	Yes
Joanna Crane	Yes	Yes			
Lizzie Peers			Yes	Yes	Yes

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

The Trust's External Auditors are Ernst and Young.

The Trust does not have its own Internal Audit or Counter Fraud functions and undertook a competitive tender exercise at the end of the 2013/14 Financial Year and awarded contracts to new suppliers for both of these services with effect from 1 July 2015.

For the period 1 April 2014 to 30 June 2014 the Trust's Internal Auditor was TIAA Limited and from the 1 July 2014 the Internal Auditor is BDO LLP.

For the period 1 April 2014 to 30 June 2014 the Trust's Counter Fraud Services were provided by TIAA Limited and from 1 July 2014 the Local Counter Fraud Service provider is Baker Tilly.

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 which may arise without the presence of management.

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

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

The Audit Committee agrees the schedule of Internal Audit reviews, receives the reports of those audits and tracks the implementation of recommendations at each of its meetings. A full plan was agreed with the new Internal Audit and Counter Fraud Service providers.

At its July 2014 meeting the Committee received an Internal Audit report covering the areas of Assurance Framework and Risk Management, while the Assurance Framework audit provided significant assurance the Risk Management audit provided only Limited Assurance. The Limited Assurance assessment was largely as a result of the expiry of both the Risk Policy and risk Strategy. This was the only Limited Assurance report received during the financial year.

The Committee has given significant focus to addressing risk processes and this has resulted in the development of a Trust Risk Appetite statement, an updated Risk Policy and improvements to the reporting of the Board Assurance Framework.

During the year members of Trust staff were invited to attend an Audit Committee meeting, for example the Head of Clinical Coding was invited to provider assurance on coding processes.

The Local Counter Fraud Service provided by, now provided by Baker Tilly, has operational responsibility for ensuring instances of suspected fraud and corruption are investigated. As with its previous Service provider, the Trust continues to focus its time on pro-active rather than reactive work and during the period of this report the local counter fraud manager engaged with staff to raise their awareness of fraud at Staff induction meetings.

During the period of this report the Audit Committee continued to work to fulfil its terms of reference and provide assurance to the Board.

Countering Fraud

The Trust works closely with the NHS Counter Fraud Service to tackle fraud and corruption in all areas of income and expenditure. The aim of the service is to reduce fraud to an absolute minimum thereby releasing resource to provide patient care and services. The Local Counter Fraud Specialist (LCFS) works to prevent and investigate fraud issues and causes of fraud within the Trust. This is done through a combination of planned risk assessments and investigations in response to matters raised by staff or others. The importance of countering fraud and the existence of the service itself is promoted through staff induction, newsletters and on the staff intranet site.

Statement on Directors Disclosures

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

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

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

All Directors have confirmed the above statements.

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

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

3. Finance and Investment Committee:
   The Finance and Investments 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.

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

5. Serious Incidents that Require Investigation (SIRI) Scrutiny Panel
   The purpose of the SIRI Panel is to provide assurance to the Board that all SIRI are investigated robustly and that opportunities for improvement are identified and acted upon.

6. Charitable Funds Committee:
   The purpose of the Charitable Funds Committee is to monitor progress and performance against the strategic direction of the Charitable Trust's 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.

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

The Appointment and Remuneration Committee membership is as follows:

Mike Viggers — Chair
Tony Clark — Non-Executive Director (In post to 27 May 2014)
Bill Brown — Non-Executive Director
Joanna Crane — Non-Executive Director
Jon Furmston — Non-Executive Director
Martin Phillips — Non-Executive Director
Lizzie Peers — Non-Executive Director (In post from 12 May 2014)
Mike Rymer — Non-Executive Director Designate (In post from 01 February 2015)

Meeting attendance for the period was:

Non Exec Director	Apr 30th	Jul 2nd	Jul 30th	Oct 10th	Dec 17th	Mar	Total
Mike Viggers	Yes	Yes	Yes	Yes	Yes	Yes	6
Tony Clark							
Bill Brown	Yes	Yes	Yes	Yes	Yes	Yes	6
Joanna Crane	No	Yes	Yes	Yes	Yes	Yes	5
Jon Furmston	Yes	Yes	Yes	Yes	Yes	Yes	5
Martin Phillips	Yes	Yes	Yes	Yes	No	Yes	5
Lizzie Peers		Yes	No	Yes	No	Yes	3
Mike Rymer						Yes	1

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

During the period the Committee did not procure any external advice relating to pay. The Trust operates limited performance-related pay, such as that associated with Clinical Excellence Awards.

Quality Arrangements

The Trust Board receive monthly reports relating to Service Quality. The Board has delegated oversight of Service Quality to the Trust Quality and Risk Committee which works closely with the Patient Experience and Feedback Committee, which in turn takes learning from the Governor led Patient Engagement and Experience Committee. Further detail of Service Quality arrangements can be found in the Trust's Quality report.

Clockwise from top: Governors take part in strategic discussion with members of the Trust Board; Beda Oliver attends a Medicine for Members event; John Todd takes part in one of the Sit and See assessments and lead governor Margaret Bamford.

DIRECTORS REPORT - Continued

Council of Governors

As a Foundation Trust Western Sussex Hospitals NHS Foundation Trust has a Council of Governors (CoG). The Board of the Trust reports to the CoG on the performance of the organisation against the key objectives and consults with the CoG on its future strategy.

Governors act as a vital link to the local community (through the Trust's membership) and report matters of concern raised with them to the Board.

Role of Governors

- The CoG has a number of formal responsibilities as follows;
- Appoint and, if appropriate, remove the Chair
- Appoint and, if appropriate, remove the other Non-Executive Directors
- Decide the remuneration and allowances and other terms and conditions of office of the chair and other Non-Executive Directors
- Approve (or not) and new appointment of a Chief Executive
- Approve and, if appropriate, remove the 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 Monitor guidance
- Approve an application by the Trust to enter into a merger or acquisition
- Approve significant growth in Non-NHS activity as defined by Monitor guidance; and
- Approve amendments to the Trust's Constitution

Lead Governor

It is good practice that a CoG elects a Lead Governor to be the primary link with the Foundation Trust. A Lead Governor is elected by the full Council and would also be the formal link to Monitor if circumstance required direct communication between the CoG and the Regulator. Throughout the 2014/15 Financial Year the Lead Governor was Margaret Bamford, Public Elected Governor for Arun Constituency.

Governor Expenses

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

Total number of governors in office	25
Number of governors receiving expenses	11
Aggregate sum of expenses paid to governors (£00)	65

Composition of the CoG

The Council comprises of the following Constituencies;

Elected public and patient governors

The CoG has sixteen Governors elected from its membership that represent the public (thirteen) and patients (three). Public Governors are elected from within Local Authority areas.

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

Staff Governors

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

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

Stakeholder Governors

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

Partner/Stakeholder Organisation	Number
West Sussex County Council	1
Brighton and Sussex Medical School	1
Friends of WSHFT Hospitals and WRVS	1
University of Brighton School of Nursing and Midwifery	1
Worthing Borough Council	1
Chichester District Council	1
Coastal West Sussex Clinical Commissioning Group	1
Total Partner/Stakeholder Governors	7

DIRECTORS REPORT - Continued

Governor Engagement

There are four Council of Governors meetings held in public each year. The CoG meetings are attended by members of Board and at each meeting a Non-Executive Director provides a presentation on the work of a particular Board Sub-Committee.

In addition, the Board and Council meet together once a year for a Review Day to discuss key issues and developments. This meeting is augmented by two assurance meetings per year held in private between the attendees from the CoG with Non-Executive Directors only. The Chair and Chief Executive have also held seven drop in/briefing sessions for governors during this financial year.

To support Governors in their role the Trust runs three information seminars per year on areas of interest. This year, this included three seminars relating to the Trust Strategy, Patient Experience and another relating to Finance and Procurement.

The CoG has an active vibrant Membership Committee, a Patient Experience and Engagement Committee and a Strategy Group which meets with the Trust to discuss future developments and support the development of the Annual Plan and Strategic Plan.

Governors are involved in many aspects of the Trust including improvement programme workgroups, Trust conferences, also undertaking PLACE visits, 'Sit and See' observations and 'mock' inspections.

Constituency name	Full name	End of current term of office	No. of CoG meetings attended *
Elected Governors			
Public - Adur	Barbara Porter	30 June 2016	3 of 4
Public - Adur	John Todd	30 September 2015	4 of 4
Public - Arun	Margaret Bamford	30 June 2016	4 of 4
Public - Arun	Margaret Boulton	30 September 2015	4 of 4
Public - Arun	Brian Hughes	30 June 2016	0 of 1
Public - Arun	Alison Langley	30 June 2015	3 of 4
Public – Chichester	Stuart Fleming	30 September 2015	3 of 4
Public – Chichester	Vicki King	30 June 2016	4 of 4
Public – Chichester	Abigail Rowe	30 June 2016	2 of 4
Public – Horsham	Vacant	30 June 2016	n/a
Public – Worthing	Shirley Hawkridge	30 June 2016	3 of 4
Public – Worthing	David Langley	30 September 2015	4 of 4
Public – Worthing	Beda Oliver	30 June 2016	4 of 4
Patient	Paul Benson	30 June 2016	4 of 4
Patient	Jennifer Edgell	30 June 2016	4 of 4
Patient	Richard Farmer	30 September 2015	3 of 4
Staff Governors			
Medical & Dental	Vacant	30 June 2016	n/a
Nursing & Midwifery	David Walsh	30 September 2015	2 of 4
Scientific, Technical & Professional	Helen Dobbin	30 September 2015	3 of 4
Additional Clinical Services	Greg Daliling	30 June 2016	4 of 4
Estates & Ancillary	Vacant	30 June 2016	n/a
Administrative & Clerical	Jenny Garvey	30 September 2015	4 of 4
Appointed Governors			
West Sussex County Council	Nigel Peters	30 June 2016	2 of 4
Brighton & Sussex Medical School	Peter Pimblett-Dennis	30 June 2016	2 of 4
Friends of WSHFT Hospitals and WRVS	Jane Ramage	30 June 2016	4 of 4
University of Brighton School of Nursing & Midwifery	Shirley Bach	30 June 2016	3 of 4
Worthing Borough Council	Councillor Val Turner	30 June 2017	2 of 2
Chichester District Council	Robert Hayes	30 June 2016	2 of 4
Coastal West Sussex CCG	Vacant	30 June 2016	n/a

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

DIRECTORS REPORT - Continued

Resolution of Disputes

The Trust's Constitution sets out at Section 12 the process for dealing with any dispute between the Council of Governors and the Trust Board. The Council of Governors and Trust Board have a positive working relationship and the process has not been used during the 2014/15 year.

Appointment of External Auditors

It is the responsibility of the Governors to appoint and/or re-appoint the external auditor of the Trust. In July 2014 the Council of Governors agreed the extension of Ernst & Young's appointment to 2015/16.

The Audit Committee reported to the Council of Governors, at its meeting in July 2014, on the external auditor after the completion of that year's audit. This report assessed the work of the auditor with regard to the quality of the work undertaken and the fees charged.

Non-Executive Directors: Appraisal and Appointment

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 Chairs and other Non-Executive appraisals have been undertaken and reported to the full CoG sitting in private.

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

During the year the GNaRC has overseen the recruitment of two new Non-Executive Directors. The Committee agreed a recruitment process which included Governor and Executive Stakeholder Groups in addition to formal interview. Following both recruitments the Committee has reviewed the process undertaken, identified learning and subsequently refined the process for future appointments. The GNaRC presented the results of its appointment process to a full CoG meeting where both recommendations were endorsed.

Members of the Council of Governors: as at 31 March 2015

Constituency name	Full name	End of current term of office
Elected Governors		
Public - Adur	Barbara Porter	30 June 2016
Public - Adur	John Todd	30 September 2015
Public - Arun	Margaret Bamford	30 June 2016
Public - Arun	Margaret Boulton	30 September 2015
Public - Arun	Brian Hughes	30 June 2016
Public - Arun	Alison Langley	30 June 2015
Public – Chichester	Stuart Fleming	30 September 2015
Public – Chichester	Vicki King	30 June 2016
Public – Chichester	Abigail Rowe	30 June 2016
Public – Horsham	Vacant	30 June 2016
Public – Worthing	Shirley Hawkridge	30 June 2016
Public – Worthing	David Langley	30 September 2015
Public – Worthing	Beda Oliver	30 June 2016
Patient	Paul Benson	30 June 2016
Patient	Jennifer Edgell	30 June 2016
Patient	Richard Farmer	30 September 2015
Staff Governors		
Medical & Dental	Vacant	30 June 2016
Nursing & Midwifery	David Walsh	30 September 2015
Scientific, Technical & Professional	Helen Dobbin	30 September 2015
Additional Clinical Services	Greg Daliling	30 June 2016
Estates & Ancillary	Vacant	30 June 2016
Administrative & Clerical	Jenny Garvey	30 September 2015
Appointed Governors		
West Sussex County Council	Nigel Peters	30 June 2016
Brighton & Sussex Medical School	Peter Pimblett-Dennis	30 June 2016
Friends of WSHFT Hospitals and WRVS	Jane Ramage	30 June 2016
University of Brighton School of Nursing & Midwifery	Shirley Bach	30 June 2016
Worthing Borough Council	Councillor Val Turner	30 June 2017
Chichester District Council	Robert Hayes	30 June 2016
Coastal West Sussex CCG	Vacant	30 June 2016

Summary of the requirements of Schedule 7 to the regulations

Disclosure requirement	Statutory reference	Further information
Political donations	3&4 Sch 7	The Trust has not made any political donations.
Important events affecting the Trust	7(1)(1) SCH 7	A full description of the important events in the last year is available in the Strategic Report, from page 8.
Future developments	7(1)(b) Sch 7	A full description of our future plans and developments is available in the Strategic Report, from page 8.
Research and development	7(1)(c) Sch 7	The Trust has no significant disclosures regarding research and development.
Disability equality policies	10(3)(a), (b) and (c) Sch 7	Policies relating to recruitment and training disabled people are outlined on page 27 of the Strategic Report.
Employee information and engagement	11(3)(a), (b), (c)and (d) Sch 7	Details of how the Trust communicates and engages with staff is available on page 27.
Financial Risk	6 Sch 7	Financial Risk Management information is included within the financial review on page 47.

A full review of service quality and how quality is governed is available in the Quality Report from page 49.

Remuneration Report

Part 1 Annual statement on remuneration

There have been no substantial changes to the base salary of Senior Managers. However, it is worth noting that in this financial year the Trust recruited to the post of Commercial Director reflecting the changing environment in which the Trust now operates.

Part 2 Senior managers' remuneration policy

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

Components :
Base Salary
Performance related pay (where appropriate)

All Directors' performance is subject to an annual appraisal and, additionally, a report submitted to the Committee from the Chief Executive Officer prior to any decision on remuneration. For the Chief Executive Officer appraisal is undertaken by the Chairman 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: it includes feedback and assessment of performance from Non-Executive directors and peers, and in the case of the Chief Executive, her direct reports.

In coming to any decision on remuneration, the Committee must take into account the circumstances of the organisation, the size and difficulty of the job (benchmarked against other NHS organisations), any changes in the director's portfolio, the performance of the individual and national guidance as appropriate. Senior managers are remunerated based on these decisions. Bonuses awarded by the Committee are based within the context of the NHS Very Senior Manager Pay Framework.

Part 3 Annual report on remuneration

Service contracts

HM Treasury has issued specific guidance on severance payments (i.e. payments that are not made under either legal or contractual obligation) within "Managing Public Money." Special severance payments when staff leave require Treasury approval.

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

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

Name	Title	Date of contract	Notice period from the Trust	Notice period to the Trust
Ms Marianne Griffiths	Chief Executive Officer	01/04/2009	6 months	3 months
Ms Jane Farrell	Chief Operating Officer & Deputy Chief Executive	01/04/2009	6 months	3 months
Mrs Karen Geoghegan	Director of Finance	01/02/2014	6 months	3 months
Mrs Cathy Stone	Director of Nursing and Patient Safety	01/04/2009	Left 31/12 2014	
Mrs Amanda Parker	Director of Nursing and Patient Safety	02/02/2015	6 months	3 months
Mrs Denise Farmer	Director of Organisational Development and Leadership	01/04/2009	6 months	3 months
Dr George Findlay	Medical Director	27/01/2014	6 months	3 months

Remuneration Committee

The committee is chaired by the Chairman of the Trust. Please refer to section 7 for full membership of the committee as well as the number of meetings and individuals' attendance at each meeting.

Governors' Expenses

The number of governors and the value of expenses claimed are shown under section 7.

Off-payroll engagements

There were no off-payroll engagements that were in place during the period

Salary and pension entitlements of senior managers

The following information is subject to audit.

A) Remuneration 2014/15

Name and Title	Salary (Bands of £5000)	Expenses and Benefits in Kind (nearest £100)	Annual Performance Related Bonus (Bands of £5000)	Long Term Performance Related Bonus (Bands of £5000)	Pension Related Benefit (Bands of £2,500)	Total (Bands of £5000)
	2014/15					
	£000	£00	£000	£000	£000	£000
Ms M Griffiths Chief Executive	195 - 200	95	15 - 20	0	0	210 - 215
Ms J Farrell Chief Operating Officer	140 - 145	61	5 - 10	0	0	85 - 90
Mrs K Geoghegan Director of Finance	135 - 140	53	0 - 5	0	35 – 37.5	180 – 185
Dr G Findlay Medical Director	155 - 162	261	-	40 - 45	62.5 - 65	290-295
Mrs C Stone Director of Nursing and Patient Safety Left 31.12.14	70 - 75	80	0 - 5	0	0	15 - 20
Mrs A Parker Director of Nursing and Patient Safety Commenced 02.02.15	15 - 20	0	0	0	0	0 - 5
Mrs D Farmer Director of Organisational Development & Leadership	115 - 120	84	0 - 5	0	0	60-55
Mr M Viggers Chairman	40 - 45	76	0	0	0	50 – 55
Mr A Clark Vice Chairman Left 27.05.14	0 - 5	76	0	0	0	0 – 5
Mrs J Crane Non-Executive Director	10 - 15	0	0	0	0	10 – 15
Mr J Furmston Non-Executive Director	10 - 15	0	0	0	0	10 – 15
Mr M Phillips Non-Executive Director	10 - 15	0	0	0	0	10 – 15
Mr W Brown Non-Executive Director	10 - 15	0	0	0	0	10 – 15
Mr M Rymer Commenced 01.02.15	0 - 5	0	0	0	0	0 – 5
Ms L Peers Commenced 12.05.14	10 - 15	11	0	0	0	10 – 15

B) Pension Entitlements at 31st March 2015

The following information is subject to audit.

A) Remuneration 2014/15

	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 2015 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5000)	Cash Equivalent Transfer Value at 31 March 2015 (nearest £1,000)	Cash Equivalent Transfer Value at 31 March 2014 (nearest £1,000)	Real increase in Cash Equivalent Transfer Value (nearest £1,000)	Employer's contribution to Stakeholder Pension
	£000	£000	£000	£000	£000	£000	£000	£000
Ms M Griffiths	0 - 2.5	0 - 2.5	25 - 30	80 – 85	563	521	28	Nil
Ms J Farrell	-2.5 - 0	-5 to -7.5	50 – 55	160 - 165	1123	1100	-7	Nil
Mrs K Geoghegan	0 - 2.5	5 – 7.5	35 - 40	115 - 120	628	558	55	Nil
Dr G Findlay	2.5 - 5	10 – 12.5	35 - 40	115 - 120	647	550	82	Nil
Mrs C Stone	-2.5 – 0	-5 to - 7.5	45 - 50	135 - 140	902	895	-18	Nil
Mrs A Parker Commenced 02.02.15	-2.5 - 0	-2.5 - 0	30 - 35	90 - 95	601	600	-15	Nil
Mrs D Farmer	-2.5 - 0	-5 to -7.5	45 - 50	145 - 150	1093	1080	-17	Nil

C) Remuneration July 2013 to March 2014

July to March 2013/14						
Name and Title	Salary (Bands of £5000)	Expenses and Benefits in Kind (nearest £100)	Annual Performance Related Bonus (Bands of £5000)	Long Term Performance Related Bonus (Bands of £5000)	Pension Related Benefit (Bands of £2,500)	Total (Bands of £5000)
	£000	£00	£000	£000	£000	£000
Ms M Griffiths Chief Executive	170 - 175	24	15 - 20		32.5 – 35 (see Note 1)	230 - 235
Ms J Farrell Chief Operating Officer	120 - 125	14	5 - 10	0	125 - 127.5 (see Note 1)	250 - 255
Mrs K Geoghegan Director of Finance Commenced 01.02.14	20 - 25	-	-	-	Note 2	20 - 25
Dr G Findlay Medical Director Commenced 27.01.14	25 - 30	-	-	-	Note 2	25 - 30
Mrs C Stone Director of Nursing and Patient Safety	85 - 90	25	5 - 10		0 - 2.5	100 - 105
Mrs D Farmer Director of Organisational Development & Leadership	95 - 100	22	5 - 10		-2.5 - 0	105 - 110
Mr M Viggers Chairman	15 -20	36		-	-	20 - 25
Mr A Clark Vice Chairman Left 27.05.14	0 - 5	-		-	-	0 - 5
Mrs J Crane Non-Executive Director	0 - 5	3		-	-	0 - 5
Mr J Furmston Non-Executive Director	0 - 5	5		-	-	5 - 10
Mr M Phillips Non-Executive Director	0 - 5	8		-	-	5 - 10
Mr W Brown Non-Executive Director	0 - 5	5		-	-	5 - 10

D) Pension Entitlements 1st July 2013 to 31st March 2014

	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 2014 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5000)	Cash Equivalent Transfer Value at 31 March 2014 (nearest £1,000)	Cash Equivalent Transfer Value at 1 July 2013 (nearest £1,000)	Real increase in Cash Equivalent Transfer Value (nearest £1,000)	Employer's contribution to Stakeholder Pension
	£000	£000	£000	£000	£000	£000	£000	£000
Ms M Griffiths	0 - 2.5	5 - 7.5	25 - 30	75 - 80	521	465	50	Nil
Ms J Farrell	5 - 7.5	17.5 - 20	50 - 55	160 - 165	1,110	924	155	Nil
Mrs K Geoghegan	Note 2							
Dr G Findlay	Note 2							
Mrs C Stone	0 - 2.5	0 - 2.5	45 - 50	140 - 145	895	858	25	Nil
Mrs D Farmer	0 - 2.5	0 - 2.5	45 - 50	145 - 150	1,080	1,055	17	Nil

Notes:
1. Pension benefit figures in 2013-14 for Marianne Griffiths and Jane Farrell have been re-stated as employee pension contributions should have been deducted in this calculation.
2. Information in respect of pensions for Karen Geoghegan and George Findlay were not received for 2013-14.
3. The long term performance bonus for George Findlay relates to a national Clinical Excellence Award.
4. Where the pension benefits calculations for Executive Directors in 2014-15 resulted in negative values, these have been expressed as zero in accordance with guidance in the Foundation Trust Annual Reporting Manual. However these negative values have been taken into in account in calculating the total remuneration.
5. As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.
6. Information on accrued pension benefits is provided by the NHS Pensions Agency

Cash Equivalent Transfer Values

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

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

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (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:

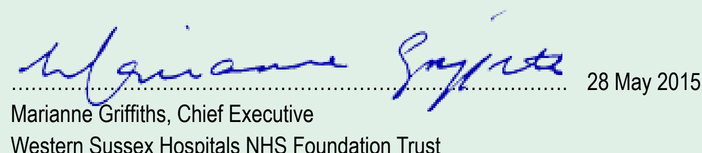
Normal retirement age for the NHS Pension Scheme is either 60 (for members in the 1995 scheme) or 65 (for members in the 2008 scheme). On retirement members receive their accrued pension and members in the 1995 scheme receive a lump sum equal to three times their annual pension. Members may choose to 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

Median Pay

The median remuneration was £19.k. The ratio between this and the midpoint of the banded remuneration of the highest paid director was 1:11
Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions or pension benefits.

Exit Packages

Information on exit packages, covering all staff, is disclosed under Note 4.4 to the accounts.


.... 28 May 2015

Marianne Griffiths, Chief Executive
Western Sussex Hospitals NHS Foundation Trust

Statement of the Accounting Officer

STATEMENT OF CHIEF EXECUTIVES RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST FOR THE PERIOD 1 APRIL 2014 TO 31 MARCH 2015

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

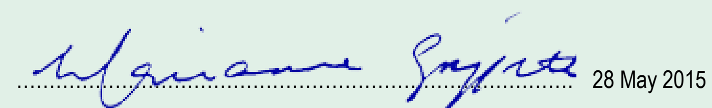
Under the NHS Act 2006, Monitor has directed Western Sussex Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Western Sussex Hospitals NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, 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 have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance: and
- prepare the financial statements on a going concern basis.

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

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


.... 28 May 2015

Marianne Griffiths, Chief Executive
Western Sussex Hospitals NHS Foundation Trust

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST

Certificate

We certify that we have completed the audit of the accounts of Western Sussex Hospitals NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of Western Sussex Hospitals NHS Foundation Trust's affairs as at 31 March 2015 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

We have audited the financial statements of Western Sussex Hospitals NHS Foundation Trust for the year ended 31 March 2015. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 39. We have also audited the information in the Remuneration Report that is described as subject to audit. The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our application of materiality

We apply the concept of materiality in both planning and performing the audit, and in evaluating the effect of misstatements on our audit and on the financial statements. For the purposes of determining whether the financial statements are free from material misstatement, we define materiality as the magnitude of misstatement that makes it probable that the decisions of a reasonably knowledgeable person, relying on the financial statements, would be changed or influenced.

When establishing our overall audit strategy, we determine a magnitude of uncorrected misstatements that we judged would be material for the financial statements as a whole. At our audit planning we determined this planning materiality to be £3.9 million, which was based on 1% of the estimated gross operating expenses from continuing operations. This provided a basis for determining the nature, timing and extent of risk assessment procedures to identify our assessment of the risks of material misstatement.

Taking into account our assessments of the Trust's control environment and the level of errors in previous years, we then judged a materiality level of £2.925 million to be used in the performance of our audit, which then lead to the determination of the nature, timing and extent of further audit procedures. Our objective in using this approach was to ensure that the total uncorrected and undetected audit differences do not exceed our materiality for the financial statements as a whole.

We agreed with the audit committee, through our Planning Report, that we would communicate uncorrected errors to them in excess of £0.195 million.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in the light of other relevant qualitative considerations.

Our assessment of risks of material misstatement and response to those risks

We adopted a risk based approach in determining our audit strategy. This approach focuses audit effort towards higher risk areas.

The table below shows the risks we identified that have had the greatest effect on the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team together with our audit response to the risk:

Risk	Response
Trust Financial Position: We identified at our planning procedures that the Trust was significantly divergent from its financial plan, yet continued to forecast the achievement of its planned surplus. Consequently we assessed a significant risk to be present in the measurement and occurrence of recognised income, and the completeness and measurement of expenditure. Subsequently the Trust amended its planned forecast, but pressures remained to achieving that amended target and we assessed the risk to remain relevant despite the changed forecast.	We sought to understand the changing financial forecast of the Foundation Trust, and how the reported surplus for the year within the Statement of Comprehensive Income reconciled to the forecast financial target agreed with Monitor. For both income and expenditure we undertook controls testing on the accounts receivable and accounts payable systems respectively. The significant elements of our substantive testing included: ▸ Evaluating the outcomes of the Department of Health's agreement of balances exercise, focusing our work on the significant mismatches between the Trust and its counterparties and seeking sufficient and appropriate audit evidence to understand the basis of the Trust's disclosed balances in both income and expenditure, and the associated receivables and payables balances. ▸ For income, seeking to agree or reconcile recognised income through to annual contracts with its significant commissioners, and to understand the nature of any significant variations or agreements made on or around the end of the period. ▸ For expenditure, testing of the Trust's accruals process at year end, and its cut-off arrangements.
Disposal of Part of Southlands Hospital: In the previous year the Trust decided to dispose of part of the Southlands Hospital	▸ We considered the arrangements with the Trust's asset valuation expert to ensure that the valuation was provided on the

Risk	Response
site. Subsequently the area for disposal was increased, and the Trust had agreed additional funding from the Department of Health on the basis the transaction was completed by 31 March 2015. The site was subject to a submitted planning application, which we judged could affect the calculated profit or loss on disposal, which in turn was a significant component of the Trust achieving its revised financial forecast for the year.	correct basis, by an appropriately qualified and experienced expert. ▸ We assessed the accounting treatment and entries over the additional site area declared to be surplus in July, the amendments from the outcome of the planning application, and through to disposal. We obtained evidence for each stage including the Board's decision to declare the assets as surplus to requirements, the outcome of the planning decision, and how from the valuation report how the valuation had taken that planning decision into account. ▸ We sought confirmation that the disposal had been fully completed by the 31 March 2015, requesting evidence from the Trust's solicitors and of the payment being received. ▸ Finally, we sought to agree the classification of any associated impairments, and the related accounting in accordance with the relevant accounting standards as applied by the FT Annual Reporting Manual

Respective responsibilities of Accounting Officer and auditors

As explained more fully in the Statement of Accounting Officer's Responsibilities, set out on page 193, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with the NHS Act 2006, the Audit Code for NHS Foundation Trusts issued by Monitor and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report is made solely to the Council of Governors of Western Sussex Hospitals NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 (the Act) and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error.

This includes an assessment of

- whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the Accounting Officer; and
- the overall presentation of the financial statements.

In addition we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We also undertake a number of procedures required by the Audit Code for NHS Foundation Trusts issued by Monitor; reviewing, and reporting on as appropriate, other information published with the financial statements, including the Annual Governance Statement and the Remuneration Report.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion

- the information given in the Strategic Report and Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual.

Matters on which we are required to report by exception

We have nothing to report in respect of the following:

Under International Standards on Auditing (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- ▶ materially inconsistent with the information in the audited financial statements; or
- ▶ apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- ▶ is otherwise misleading.

In particular, we are required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement. We are also required to review whether the annual report is fair, balanced and understandable and appropriately discloses those matters that we communicated to the Audit Committee

We have nothing to report in respect of the following matter where the Audit Code for NHS Foundation Trusts requires us to report to you if in our opinion, the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust

Annual Reporting Manual, is misleading or inconsistent with other information forthcoming from our audit.

We are not required to consider, nor have we considered, whether all risks and controls have been addressed by the Annual Governance Statement or that risks are satisfactorily addressed by internal controls.

Paul King
Audit Director
for and on behalf of Ernst & Young LLP, Statutory Auditor
Reading
28 May 2015

Western Sussex Hospitals NHS Foundation Trust

Annual Report and Accounts

2014/15

Statement of Comprehensive Income

	Note	2014/15 £000	2013/14: For the 9 months ending March 2014 £000
Operating income from patient care activities	2.1	357,145	259,702
Other operating income	2.2	46,080	35,223
Total operating income from continuing operations		**403,225**	**294,925**
Operating expenses	3	(385,240)	(291,877)
Operating surplus/(deficit) from continuing operations		**17,985**	**3,048**
Finance income	8	32	31
Finance expenses	9	(1,033)	(761)
PDC dividends payable		(7,318)	(5,195)
Net finance costs		**(8,319)**	**(5,925)**
Surplus/(deficit) for the year		**9,666**	**(2,877)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments		-	(1,924)
Revaluations		10,179	7,522
Total comprehensive income/(expense) for the period		**19,845**	**2,721**

Statement of Financial Position

	Note	31 March 2015 £000	31 March 2014 £000
Non-current assets			
Intangible assets	11	390	901
Property, plant and equipment	12	272,167	253,191
Total non-current assets		**272,557**	**254,092**
Current assets			
Inventories	18	6,052	5,940
Trade and other receivables	19	20,746	19,187
Non-current assets for sale and assets in disposal groups	15	-	2,600
Cash and cash equivalents	22	23,148	14,585
Total current assets		**49,946**	**42,312**
Current liabilities			
Trade and other payables	23	(41,440)	(31,734)
Other liabilities	25	(1,990)	(1,021)
Borrowings	24	(2,190)	(4,829)
Provisions	27	(731)	(720)
Total current liabilities		**(46,351)**	**(38,304)**
Total assets less current liabilities		**276,152**	**258,100**
Non-current liabilities			
Borrowings	24	(27,138)	(29,364)
Provisions	27	(2,785)	(2,742)
Total non-current liabilities		**(29,923)**	**(32,106)**
Total assets employed		**246,229**	**225,994**
Financed by			
Public dividend capital		239,091	238,701
Revaluation reserve		42,765	34,095
Income and expenditure reserve		(35,627)	(46,802)
Total taxpayers' equity		**246,229**	**225,994**

The notes on pages 1 to 44 form part this this account.

The financial statements on pages 1 to 44 were approved by the board on 28th May 2015 and signed on its behalf by :

Signed :
Marianne Griffiths

Title : Chief Executive

Date 28 May 2015

Statement of Changes in Equity for the year ended 31 March 2015

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2014 - brought forward	**238,701**	**34,095**	**(46,802)**	**225,994**
Surplus/(deficit) for the year	-	-	9,666	**9,666**
Transfers by absorption: transfers between reserves	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(1,509)	1,509	**-**
Revaluations	-	10,179	-	**10,179**
Public dividend capital received	390	-	-	**390**
Taxpayers' and others' equity at 31 March 2015	**239,091**	**42,765**	**(35,627)**	**246,229**

Statement of Changes in Equity for the 9 months ending 31 March 2014

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
At start of period for new FTs	**237,797**	**28,497**	**(43,925)**	**222,369**
Surplus/(deficit) for the year	-	-	(2,877)	**(2,877)**
Impairments	-	(1,924)	-	**(1,924)**
Revaluations	-	7,522	-	**7,522**
Public dividend capital received	904	-	-	**904**
Taxpayers' and others' equity at 31 March 2014	**238,701**	**34,095**	**(46,802)**	**225,994**

Statement of Cash Flows

	Note	2014/15 £000	the 9 months ending March 2014 £000
Cash flows from operating activities			
Operating surplus/(deficit)	2 and 3	17,985	3,048
Non-cash income and expense:			
Depreciation and amortisation	3	14,281	9,743
Impairments and reversals of impairments	10	(8,880)	5,762
(Gain)/loss on disposal of non-current assets	2	(1,964)	53
(Increase)/decrease in receivables and other assets		(1,559)	8,565
(Increase)/decrease in inventories		(112)	624
Increase/(decrease) in payables and other liabilities		9,586	(7,409)
Increase/(decrease) in provisions		15	197
Net cash generated from/(used in) operating activities		**29,352**	**20,583**
Cash flows from investing activities			
Interest received		32	31
Purchase of intangible assets		-	(1)
Purchase of property, plant, equipment and investment property		(14,970)	(22,879)
Sales of property, plant, equipment and investment property		6,688	87
Net cash generated from/(used in) investing activities		**(8,250)**	**(22,762)**
Cash flows from financing activities			
Public dividend capital received		390	904
Movement on loans from the Independent Trust Financing Facility		-	15,814
Movement on loans from the Department of Health		(4,572)	(3,320)
Capital element of finance lease rental payments		(326)	(692)
Interest paid on finance lease liabilities		(185)	(156)
Other interest paid		(808)	(567)
PDC dividend paid		(7,038)	(6,767)
Net cash generated from/(used in) financing activities		**(12,539)**	**5,216**
Increase/(decrease) in cash and cash equivalents		**8,563**	**3,037**
Cash and cash equivalents at 1 April		**14,585**	**-**
Cash and cash equivalents at start of period for new FTs		**-**	**11,548**
Cash and cash equivalents at 31 March		**23,148**	**14,585**

Note 1. Accounting policies and other information

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Foundation Trust Annual Reporting Manual (FT ARM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2014/15 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies 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.

1 Consolidation

The NHS foundation trust is the corporate trustee to the NHS charitable fund Western Sussex Hospitals Charity and Related Charities, which operates as Love Your Hospital Charity (Registered charity No. 1049201).

Under the provisions of IFRS10 Consolidated Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities' returns, where those funds are determined to be material. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact. The Trust has reviewed its NHS charitable funds and concluded that they are not material and so are not consolidated within these accounts.

Subsidiaries

Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The Trust has no subsidiaries.

Associates

Associate entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The Trust has no associates.

Joint ventures

Joint ventures are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. The Trust has no joint ventures.

Joint operations

Joint operations are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. The trust does not have joint operations.

2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

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.

3 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment. No employees are members of the Local Government Superannuation Scheme.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of "other comprehensive income".

4 Expenditure on other goods and services

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

5 Property, plant and equipment

Recognition

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

NHS bodies adopt a capitalisation threshold of £5,000. This figure includes VAT where it is not recoverable.

"Grouped assets" are a collection of assets which individually may be valued at less than £5,000 but which form a single collective asset because the items fulfil all the following criteria:
the items are functionally interdependent; and
the items are acquired at about the same date and are planned for disposal at about the same date; and
the items are under single managerial control; and
each individual asset thus grouped has a value of over £250.

IT hardware is considered inter-dependent when attached to a network, the fact that it may be capable of stand-alone use notwithstanding. The effect of this is that all IT equipment purchases, where the final three criteria listed above apply, are capitalised.

Assets, which are capital in nature, but which are individually valued at less than £5,000 but more than £250, are capitalised as collective or "grouped" assets where they are acquired as part of the initial setting up of a new building. The enhancement or refurbishment of a ward or unit should be treated in the same way as "new build," provided that work would be considered as "subsequent expenditure" in IAS16 terms.

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

Measurement

Valuation

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

All assets are measured subsequently at fair value. Land and buildings used for the trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations 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. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

The carrying value of fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value. Assets not of sufficiently low value and/or not having sufficiently short lives for depreciated replacement cost to be materially the same as fair value, are indexed.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

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

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases 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 income.

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

In accordance with the FT ARM, impairments that arise from a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment 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 income 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 all of the following criteria are met:

the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;

the sale must be highly probable i.e. :

- management are committed to a plan to sell the asset;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as "Held for Sale"; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as "Held for Sale" and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

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.

The Trust has not entered into any PFI transactions.

6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised only where all of the following can be demonstrated:

the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;

the trust intends to complete the asset and sell or use it;

the trust has the ability to sell or use the asset;

how the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;

adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset; and

the trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

7 Revenue government and other grants

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

9 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for 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, are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as "fair value through income and expenditure", loans and receivables or "available-for-sale financial assets".

Financial liabilities are classified as "fair value through income and expenditure" or as "other financial liabilities".

Financial assets and financial liabilities at "fair value through income and expenditure"

Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trade unless they are designated as hedges.

Derivatives which are embedded in other contracts but which are not "closely-related" to those contracts are separated out from those contracts and measured in this category. Assets and liabilities in this category are classified as current assets and current liabilities.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure accounts. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and "other receivables".

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the trust intends to dispose of them within 12 months of the Statement of Financial Position date.

Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of "other comprehensive income". When items classified as "available-for-sale" are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in "Finance Costs" in the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices, independent appraisals and discounted cash flow analysis.

Impairment of financial assets

At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

10 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS foundation 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 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 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. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

11 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Proposed NHS Trust Accounting Policies Note to the Accounts

Clinical negligence costs
The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 31.2 but is not recognised in the NHS foundation trust's accounts.

Non-clinical risk pooling
The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

12 Contingencies
Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 32 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 32, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:
possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

13 Public Dividend Capital
Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:
donated assets (including lottery funded assets),
average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility,
any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

14 Value Added Tax
Most of the activities of the NHS foundation trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

15 Corporation tax
The trust has determined that it is has no corporation tax liability as it does not operate any commercial activities that are not part of core health care delivery.

16 Foreign exchange
The functional and presentational currencies of the trust are sterling. The trust has not entered into any material foreign exchange transactions and has no assets or liabilities held in foreign currencies.

17 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.

18 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.

19 Transfers of functions to / from other NHS or local government bodies
No functions have been transferred to the trust from another NHS or local government body.

20. Accounting Standards that have been issued but have not yet been adopted
The Treasury FReM does not require the following Standards and Interpretations to be applied in 2014-15. The application of the Standards as revised would not have a material impact on the accounts for 2014-15, were they applied in that year:
IFRS 13 Fair Value Measurement - Adoption delayed by HM Treasury. To be adopted from 2015/16
IFRS 15 Revenue from contracts with customers - Not yet EU adopted. Expected to be effective from 2017/18
IFRS 9 Financial Instruments - Not yet EU adopted. Expected to be effective from 2018/19
IAS 36 (amendment) – recoverable amount disclosures - To be adopted from 2015/16 (aligned with IFRS 13 adoption)
Annual Improvements 2012 - Effective from 2015/16 but not EU adopted
Annual Improvements 2013 - Effective from 2015/16 but not EU adopted
IAS 19 (amendment) – employer contributions to defined benefit pension schemes - Effective from 2015/16 but not EU adopted
IFRIC 21 Levies - EU adopted in June 2014 but not yet adopted by HM Treasury

Note 2.1 Income from patient care activities

Income from patient care activities received from:	2014/15	2013/14: For the 9 months ending March 2014
	£000	£000
CCGs and NHS England	341,478	248,639
Local authorities	7,971	4,718
Department of Health	-	-
Other NHS foundation trusts	263	-
NHS trusts	-	523
NHS other	52	57
Non-NHS: private patients	6,441	5,051
Non-NHS: overseas patients (chargeable to patient)	84	59
NHS injury scheme (was RTA)	718	572
Non NHS: other	138	83
Total income from activities	**357,145**	**259,702**

Income from Patient Activities includes £336,759k in respect of Commissioner Requested Services and £20,386k in respect of services that were not Commissioner requested.

Injury cost recovery income is subject to a provision for impairment of receivables of 18.9% (13/14: 15.8%) to reflect expected rates of collection.

Revenue from patient care services includes income accrued for activity where commissioning data had not been completed. Wherever possible reference is made back to patient level activity data and contract but estimates and assumptions are applied in order to ensure the completeness of income reported.

Note 2.2 Other operating income

	2014/15	2013/14: For the 9 months ending March 2014
	£000	£000
Research and development	184	6,611
Education and training	10,615	7,357
Receipt of capital grants and donations - NHS Charities	907	116
Receipt of capital grants and donations - Other bodies	478	989
Non-patient care services to other bodies	17,115	11,810
Profit on disposal of non-current assets	1,964	-
Reversal of impairments	9,738	5,015
Other income	5,079	3,325
Total other operating income	**46,080**	**35,223**

Profit on disposal of non-current assets relate mainly to the sale of land and buildings. These assets were not directly providing commissioner related services but they provided ancillary and support services. These services were relocated to other parts of the main hospital site.

Receipt of capital grants and donations of £907k is from Western Sussex Hospitals Charities and receipt of capital grants and donations from other bodies of £478k is from the Friends of the Trust's hospitals

Note 3 Operating expenses

	2014/15	2013/14: For the 9 months ending March 2014	
	£000	£000	
Services from NHS foundation trusts	400	2,724	
Services from NHS trusts	2,261	2,289	
Services from CCGs and NHS England	1,043	-	
Employee expenses - executive directors	1,061	789	
Employee expenses - non-executive directors	122	94	
Employee expenses - staff	257,107	185,911	
Supplies and services - clinical	35,729	26,417	
Supplies and services - general	4,427	3,440	
Establishment	3,185	2,451	
Research and development	109	2,414	
Transport	1,507	941	
Premises	14,166	11,810	
Increase/(decrease) in provision for impairment of receivables	57	(77)	
Change in provisions discount rate(s)	160	174	
Drug cost s(non inventory drugs only)	315	278	
Drug costs (inventories consumed)	33,835	22,303	
Inventories consumed (excluding drugs)	-	-	*see below
Rentals under operating leases	38	42	
Depreciation on property, plant and equipment	13,770	9,352	
Amortisation on intangible assets	511	391	
Impairments	858	10,777	
Audit fees payable to the external auditor			
audit services- statutory audit	72	114	
Clinical negligence	5,347	4,323	
Loss on disposal of non-current assets	-	53	
Legal fees	602	255	
Consultancy costs	1,789	436	
Training, courses and conferences	1,102	649	
Patient travel	84	103	
Car parking & security	458	306	
Redundancy	176	-	
Hospitality	23	1	
Insurance	530	402	
Other services, eg external payroll	990	608	
Losses, ex gratia & special payments	188	134	
Other	3,218	1,973	
Total	**385,240**	**291,877**	

Operating expenses includes expenditure accrued for which no invoice had been received by 31st March 2015. In some cases it is necessary to use estimates based on knowledge of goods and services received. Wherever possible reference is made back to the value of orders but estimates and assumptions are applied in order to ensure the completeness of expenditure reported. Due to the volume of transactions adjustments are not made to prior periods unless the difference between the estimate and the actual value is material.

For expenditure accruals, any variation in outcome compared to the estimates used are accounted for in the next period. These estimates and assumptions are consistent with the previous year.

Directors remuneration is set out above and includes employer contributions to the NHS Pension Scheme.

*The figure of £6,100k for inventories consumed in last year has been re-classified to supplies and services - clinical (£6,082k) and premises (£18k) as the Foundation Trust believes it is more appropriate to recognise this expenditure within these classifications.

Note 4 Employee benefits

Note 4.1 Employee Expenses

	Permanent	Other	2014/15 Total	2013/14: For the 9 months ending March 2014 Total
	£000	£000	£000	£000
Salaries and wages	189,732	13,112	**202,844**	148,641
Social security costs	15,671	1,009	**16,680**	11,436
Employer's contributions to NHS pensions	22,185	1,413	**23,598**	16,017
Termination benefits	176	-	**176**	-
Agency/contract staff	-	15,368	**15,368**	10,891
Total gross staff costs	**227,764**	**30,902**	**258,666**	**186,985**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**227,764**	**30,902**	**258,666**	**186,985**
Included within:				
Costs capitalised as part of assets	322	-	**322**	285
Analysed into Operating Expenditure				
Employee Expenses - Staff	257,107		**257,107**	185,911
Employee Expenses - Executive Directors	1,061		**1,061**	789
Redundancy Costs	176		**176**	
Total employee benefits excluding capitalised staff	**258,344**	**-**	**258,344**	**186,700**

Note 4.2 Average number of employees (WTE basis)

	Permanent	Other	2014/15 Total	2013/14: For the 9 months ending March 2014 Total
	Number	Number	Number	Number
Medical and dental	692	-	**692**	689
Ambulance staff	-	-	**-**	-
Administration and estates	1,154	-	**1,154**	1,102
Healthcare assistants and other support staff	1,461	-	**1,461**	1,423
Nursing, midwifery and health visiting staff	1,682	-	**1,682**	1,667
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	580	-	**580**	592
Social care staff	-	-	**-**	-
Agency and contract staff	-	170	**170**	167
Bank staff	-	471	**471**	453
Other	6	-	**6**	6
Total average numbers	**5,575**	**641**	**6,216**	**6,099**
Of which:				
Number of employees (WTE) engaged on capital projects	6	-	**6**	5

Note 4.3 Retirements due to ill-health

During 2014/15 there were 5 early retirements from the trust agreed on the grounds of ill-health (4 in the 9 months ending March 2014). The estimated additional pension liabilities of these ill-health retirements is £328k (£308k in 2013/14 in the 9 months ending March 2014).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 4.3 Staff Sickness Absence

	2014-15	2013/14: For the 9 months ending March 2014
Total days lost	50,754	34,894
Total staff years	5,674	5,479
Average working days lost (per WTE)	9	**6**

Information on staff sickness absence is provided by the Department of Health. Data is based on 2014 calendar year due to timing difficulties with financial year equivalents. The Department considers the resulting figures to be a reasonable proxy for financial year equivalents.

Note 4.4 Reporting of compensation schemes - exit packages 2014/15

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	8	-	**8**
£10,001 - £25,000	2	-	**2**
£25,001 - 50,000	1	-	**1**
£50,001 - £100,000	1	-	**1**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**12**	**-**	**12**
Total resource cost (£)	£202,000	£0	**£202,000**

Note 4.5 Reporting of compensation schemes - exit packages 2013/14 for the 9 months ending March 2014

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	**-**
£10,001 - £25,000	2	-	**2**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	1	**1**
Total number of exit packages by type	**2**	**1**	**3**
Total resource cost (£)	£30,000	£207,000	**£237,000**

Note 4.7 Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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 the scheme liability is carried out annually by the scheme actuary 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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2015, is based on valuation data as 31 March 2014, updated to 31 March 2015 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. 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 scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained.

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Those employees who are not eligible to join the NHS Pension scheme are enrolled into the National Employees Savings Trust (NEST) scheme. This is to comply with the Government's auto enrolment requirements. NEST is a defined contribution scheme with a phased employer contribution rate.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

Note 5 Operating leases

Note 5.1 Analysis of operating lease expenditure

	2014/15	2013/14: For the 9 months ending March 2014
	£000	£000
Operating lease expense		
Minimum lease payments	38	42
Contingent rents	-	-
Less sublease payments received	-	-
Total	**38**	**42**

	31 March 2015	31 March 2014 Restated
	£000	£000
Note 5.2 Arrangements containing an operating lease		
- not later than one year;	-	33
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Total	**-**	**33**

Figures shown in prior year for future payments for operating leases have been re-stated. The figures relate to two leases, one was due to expire in Oct 2015 and the other in Sept 15. Both had payments due within one year totalling £33k with no further payments due.

Note 5.3 Limitation on auditor's liability

The limitation on auditors' liability for external audit work is £2m (2013/14: For the 9 months ending March 2014: £2m).

Note 5.4 Better Payment Practice Code

Measure of Compliance	2014/15 Number	2014/15 £000	the 9 months ending 31 March 2014 Number	2013/14: For the 9 months ending 31 March 2014 £000
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	95,236	117,255	98,512	129,014
Total Non-NHS Trade Invoices Paid Within Target	56,148	68,368	55,712	69,311
Percentage of NHS Trade Invoices Paid Within Target	58.96%	58.31%	56.55%	53.72%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	3,644	29,082	3,464	28,232
Total NHS Trade Invoices Paid Within Target	1,982	18,018	1,648	15,294
Percentage of NHS Trade Invoices Paid Within Target	54.39%	61.96%	47.58%	54.17%

The Better Payment Practice Code requires the Foundation Trust body to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

Note 5.5 The late payment of commercial debts (interest) Act 1998	2014/15	2013/14: For the 9 months ending 31 March 2014
Amounts included within other interest payable arising from claims made under this legislation	0	3
Compensation paid to cover debt recovery costs under this legislation	0	0

Note 5.6 Other audit remuneration

There was no other auditor remuneration paid to the external auditor in this reporting period.

Note 6 Discontinued operations

There were no discontinued operations in this reporting period.

Note 7 Corporation Tax

There was no corporation tax due in this reporting period.

Note 8 Finance Income

	2014/15 £000	2013/14: For the 9 months ending March 2014 £000
Interest on bank accounts	32	31
Total	**32**	**31**

Note 9 Finance expenditure

	2014/15 £000	2013/14: For the 9 months ending March 2014 £000
Interest expense:		
Loans from the Department of Health	809	565
Finance leases	175	156
Interest on late payment of commercial debt	-	3
Other	10	-
Total interest expense	**994**	**724**
Other finance costs	-	-
Sub Total	**994**	**724**
Unwinding of discount on provisions	39	37
Total Finance Expenditure	**1,033**	**761**

Note 10 Impairment of assets

	2014/15 £000	2013/14: For the 9 months ending March 2014 £000
Net impairments charged to operating surplus / deficit resulting from:		
Consumption of economic benefit	858	-
Changes in market price	(9,738)	5,762
Other	-	-
Total net impairments charged to operating surplus / deficit	**(8,880)**	**5,762**
Impairments charged to the revaluation reserve	-	1,924
Total net impairments	**(8,880)**	**7,686**

The impairment figure under consumption of economic benefit relates to those parts of the Southlands estate that were disposed of.

Note 11.1 Intangible Non-current Assets

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2014 - brought forward	**5,185**	**5,185**
Additions	-	**-**
Revaluations	-	**-**
Transfers to/ from assets held for sale	-	**-**
Disposals / derecognition	-	**-**
Gross cost at 31 March 2015	**5,185**	**5,185**
Amortisation at 1 April 2014 - brought forward	**4,284**	**4,284**
Provided during the year	511	**511**
Amortisation at 31 March 2015	**4,795**	**4,795**
Net book value at 31 March 2015	**390**	**390**

Note 11.2 Intangible Non-current Assets Prior Year 2013/14: for the 9 months ending March 2014

	Software licences £000	Total £000
Gross cost at start of period for new FTs	**5,177**	**5,177**
Additions	1	**1**
Reclassifications	7	**7**
Valuation/gross cost at 31 March 2014	**5,185**	**5,185**
Amortisation at start of period for new FTs	**3,893**	**3,893**
Provided during the year	391	**391**
Amortisation at 31 March 2014	**4,284**	**4,284**
Net book value at 31 March 2014	**901**	**901**

Note 11.3 Intangible Non-current Assets Financing

	Software licences £000	Total £000
Net book value at 31 March 2015		
Purchased	370	**370**
Finance leased	-	**-**
Donated and government grant funded	20	**20**
NBV total at 31 March 2015	**390**	**390**

Note 11.4 Intangible Non-current Assets Financing Prior Year 2013/14

	Software licences £000	Total £000
Net book value 31 March 2014		
Purchased	873	**873**
Donated and government grant funded	28	**28**
NBV total at 31 March 2014	**901**	**901**

Note 12.1 Property Plant and Equipment

	Land	dwellings	Dwellings	construction	machinery	equipment	technology	fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2014 - brought forward	**40,123**	**289,984**	**11,300**	**756**	**60,242**	**264**	**14,909**	**2,438**	**420,016**
Additions	240	2,685	80	7,352	3,566	-	1,873	16	**15,812**
Reclassifications	-	8,385	(764)	(6,882)	(526)	-	-	(213)	**-**
Revaluations	3,368	6,092	719	-	-	-	-	-	**10,179**
Transfers to/ from assets held for sale	(951)	(1,055)	-	-	-	-	-	-	**(2,006)**
Disposals / derecognition	-	-	-	-	(777)	-	-	-	**(777)**
Valuation/gross cost at 31 March 2015	**42,780**	**306,091**	**11,335**	**1,226**	**62,505**	**264**	**16,782**	**2,241**	**443,224**
Accumulated depreciation at 1 April 2014 - brought forward	**2,429**	**111,930**	**3,363**	**-**	**38,297**	**246**	**8,907**	**1,653**	**166,825**
Provided during the year	-	7,944	167	-	3,576	18	1,855	210	**13,770**
Impairments	362	463	-	-	33	-	-	-	**858**
Reversals of impairments	(764)	(8,894)	(80)	-	-	-	-	-	**(9,738)**
Reclassifications	-	123	-	-	(123)	-	-	-	**-**
Disposals/ derecognition	-	-	-	-	(658)	-	-	-	**(658)**
Accumulated depreciation at 31 March 2015	**2,027**	**111,566**	**3,450**	**-**	**41,125**	**264**	**10,762**	**1,863**	**171,057**
Net book value at 31 March 2015	**40,753**	**194,525**	**7,885**	**1,226**	**21,380**	**-**	**6,020**	**378**	**272,167**
Net book value at 1 April 2014	**37,694**	**178,054**	**7,937**	**756**	**21,945**	**18**	**6,002**	**785**	**253,191**

Note 12.2 Property Plant and Equipment Prior Year 2013/14 : for the 9 months ending March 2014

	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 start of period as FT	**40,059**	**266,933**	**10,896**	**5,465**	**57,322**	**264**	**9,997**	**2,053**	**392,989**
Additions - purchased/ leased/ grants/ donations	-	7,380	21	7,089	5,330	-	4,671	324	**24,815**
Impairments	(57)	(1,741)	(126)	-	-	-	-	-	**(1,924)**
Reclassifications	-	10,732	-	(11,798)	736	-	246	77	**(7)**
Revaluations	121	6,680	509	-	212	-	-	-	**7,522**
Disposals / derecognition	-	-	-	-	(3,358)	-	(5)	(16)	**(3,379)**
Valuation/gross cost at 31 March 2014	**40,123**	**289,984**	**11,300**	**756**	**60,242**	**264**	**14,909**	**2,438**	**420,016**
Depreciation at start of period as FT	**2,494**	**100,509**	**3,272**	**-**	**38,788**	**232**	**8,135**	**1,520**	**154,950**
Provided during the year	-	5,570	115	-	2,729	14	777	147	**9,352**
Impairments	10	10,767	-	-	-	-	-	-	**10,777**
Reversals of impairments	(75)	(4,916)	(24)	-	-	-	-	-	**(5,015)**
Disposals / derecognition	-	-	-	-	(3,220)	-	(5)	(14)	**(3,239)**
Accumulated depreciation at 31 March 2014	**2,429**	**111,930**	**3,363**	**-**	**38,297**	**246**	**8,907**	**1,653**	**166,825**
Net book value at 31 March 2014	**37,694**	**178,054**	**7,937**	**756**	**21,945**	**18**	**6,002**	**785**	**253,191**

Note 12.3 Property,Plant and Equipment - Financing

	Land	- 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 2015									
Owned	40,700	183,780	5,646	1,226	17,379	-	6,020	317	**255,068**
Finance leased	-	-	2,239	-	414	-	-	-	**2,653**
Donated	53	10,745	-	-	3,587	-	-	61	**14,446**
NBV total at 31 March 2015	**40,753**	**194,525**	**7,885**	**1,226**	**21,380**	**-**	**6,020**	**378**	**272,167**

Note 12.4 Property, Plant and Equipment Prior Year - Financing

	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 2014									
Owned	37,646	168,050	5,837	756	18,161	18	6,000	710	**237,178**
Finance leased	-	-	2,100	-	802	-	-	-	**2,902**
Donated	48	10,004	-	-	2,982	-	2	75	**13,111**
NBV total at 31 March 2014	**37,694**	**178,054**	**7,937**	**756**	**21,945**	**18**	**6,002**	**785**	**253,191**

Note 13.1 Economic life of intangible assets

Intangible assets - purchased	Min Life Years	Max Life Years
Software	1	5
Licences & Trademarks		

Note 13.2 Economic life of property, plant and equipment

	Min Life Years	Max Life Years
Land	1	35
Buildings excluding dwellings	1	89
Dwellings	17	83
Plant & Machinery	1	14
Transport Equipment	-	-
Information Technology	1	7
Furniture & Fittings	1	13

Note 14 Investments

The Foundation Trust does not hold any investments.

Note 15.1 Non-current assets held for sale

	2014/15				31 March 2014
	Land £000	Buildings £000	Dwellings £000	Total £000	Total £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**2,600**	**-**	**-**	**2,600**	**-**
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	**2,600**	**-**	**-**	**2,600**	**-**
At start of period for new FTs					**2,600**
Transfers by absorption	-	-	-	**-**	**-**
Plus assets classified as available for sale in the year	951	1,055	-	**2,006**	**-**
Less assets sold in year	(3,551)	(1,055)	-	**(4,606)**	**-**
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**-**	**-**	**-**	**2,600**

The brought forward figure of £2,600k relates to the Harness block and associated buildings at Southlands Hospital. On the 3rd of July 2014, the Trust Board declared Beeding House and associated land and buildings, also at the Southlands site, as being surplus to requirement. In the summer of 2014 the Board also declared 39 Selden Road and 22 Lyndhurst Road at the Worthing Hospital site as being surplus to requirements.

All of these buildings were marketed in accordance with the approved ESTATECODE guidance and were all sold during the year.

Note 15.2 Liabilities in disposal group

The Foundation Trust has no liabilities in disposal groups.

Note 16 Other Assets

The Foundation Trust does not have other assets.

Note 17 Other financial assets

The Foundation Trust does not have other financial assets.

Note 18 Inventories

	31 March 2015	31 March 2014
	£000	£000
Drugs	2,563	2,643
Consumables	3,304	3,089
Energy	96	137
Other	89	71
Total inventories	**6,052**	**5,940**

Inventories recognised in expenses for the year were £34,866k (2013/14: For the 9 months ending March 2014: £28,403k). Write-down of inventories recognised as expenses for the year were £0k (2013/14: For the 9 months ending March 2014: £0k).

As stated in Note 1.8, the use of the first-in first-out cost formula to value inventories is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

Note 19 Trade Receivables and Other Receivables

	31 March 2015	31 March 2014
	£000	£000
Current		
Trade receivables due from NHS bodies	5,689	14,273
Receivables due from NHS charities	937	209
Other receivables due from related parties	-	-
Provision for impaired receivables	(958)	(914)
Prepayments (non-PFI)	2,344	1,400
Accrued income	7,200	1,681
VAT receivable	251	92
Other receivables	5,283	2,446
Total current trade and other receivables	**20,746**	**19,187**
Total non-current trade and other receivables	**-**	**-**

As stated in Note 2.1, some accrued income is based on estimates in order to ensure the completeness of income reported. This occurred at the end of March 2015 so the level of trade and other receivables will reflect the same value. Any variation in outcome compared to the estimates used are accounted for in the next financial period. This approach is consistent with the previous year.

Note 20.1 Provision for impairment of receivables

	2014/15	2013/14: For the 9 months ending March 2014
	£000	£000
At 1 April as previously stated	**914**	**-**
At start of period for new FTs	**-**	**991**
Increase in provision	57	(77)
Amounts utilised	(13)	-
At 31 March	**958**	**914**

Note 20.2 Analysis of impaired receivables

	31 March 2015		31 March 2014	
	Trade receivables	Other receivables	Trade receivables	Other receivables
Ageing of impaired receivables	**£000**	**£000**	**£000**	**£000**
0 - 30 days	-	18	-	12
30-60 Days	-	13	-	12
60-90 days	1	25	6	15
90- 180 days	57	38	51	52
Over 180 days	542	264	517	249
Total	**600**	**358**	**574**	**340**
Ageing of non-impaired receivables past their due date				
0 - 30 days	1,270	75	1,696	61
30-60 Days	449	58	619	66
60-90 days	89	109	147	80
90- 180 days	167	166	300	278
Over 180 days	361	1,131	516	1,328
Total	**2,336**	**1,539**	**3,278**	**1,813**

Note 21 Finance Lease receivables

The Foundation Trust was not a lessor during the reporting period.

Note 22.1 Breakdown of cash and cash equivalents

	2014/15	2013/14: For the 9 months ending March 2014
	£000	£000
At 1 April	**14,585**	**-**
At start of period for new FTs	**-**	**11,548**
Net change in year	8,563	3,037
At 31 March	**23,148**	**14,585**
Broken down into:		
Cash at commercial banks and in hand	240	51
Cash with the Government Banking Service	22,908	14,534
Total cash and cash equivalents as in SoFP	**23,148**	**14,585**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**23,148**	**14,585**

Note 22.2 Third party assets held by the Foundation Trust

Western Sussex Hospitals NHS Foundation Trust held cash and cash equivalents which relate to monies held by the the foundation trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2015	31 March 2014
	£000	£000
Bank balances	19	20
Total third party assets	**19**	**20**

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

Note 23.1 Trade and other payables

	31 March 2015 £000	31 March 2014 £000
Current		
Receipts in advance	2,549	-
NHS trade payables	1,176	5,321
Amounts due to other related parties	-	-
Other trade payables	11,554	2,028
Capital payables	2,464	1,655
Social security costs	2,379	2,352
Other taxes payable	2,557	2,530
Other payables	3,659	3,107
Accruals	14,775	14,694
PDC dividend payable	327	47
Total current trade and other payables	**41,440**	**31,734**
Total non-current trade and other payables	**-**	**-**

Any estimation method used is selected based on the nature of the expense. The primary estimation methods are the use of contracted sums for outstanding invoices or estimation based on average payments in prior periods.

Any variation in outcome of expenditure accruals compared to the estimates used are accounted for in the next period. These estimates and assumptions are consistent with the previous year.

Note 23.2 Early Retirements in NHS payables above

There are no early retirements payables in NHS payables above.

Note 24 Borrowings

	31 March 2015 £000	31 March 2014 £000
Current		
Loans from the Department of Health	2,158	4,572
Obligations under finance leases	32	257
Total current borrowings	**2,190**	**4,829**
Non-current		
Loans from the Department of Health	24,769	26,928
Obligations under finance leases	2,369	2,436
Total non-current borrowings	**27,138**	**29,364**

Note 25 Other Liabilities

	2015 £000	2014 £000
Current		
Deferred goods and services income	1,990	1,021
Total other current liabilities	**1,990**	**1,021**
Non-current		
Total other non-current liabilities	**-**	**-**

Note 26 Other Financial Liabilities

The Foundation Trust has no other financial liabilities.

Note 27.1 Provisions for liabilities and charges

	Pensions - former directors	Pensions - other staff	Other legal claims	Redundancy	Injury Benefits	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2014	**83**	**1,271**	**215**	**282**	**1,611**	**3,462**
Change in the discount rate	3	45	-	-	112	**160**
Arising during the year	19	171	169	95	108	**562**
Utilised during the year	(7)	(123)	(87)	(296)	(97)	**(610)**
Reversed unused	-	-	(31)	(66)	-	**(97)**
Unwinding of discount	1	17	-	-	21	**39**
At 31 March 2015	**99**	**1,381**	**266**	**15**	**1,755**	**3,516**
Expected timing of cash flows:						
- not later than one year;	7	123	266	238	97	**731**
- later than one year and not later than five years;	28	456	-	-	374	**858**
- later than five years.	64	802	-	(223)	1,284	**1,927**
Total	**99**	**1,381**	**266**	**15**	**1,755**	**3,516**

Pension costs are based upon known amounts that will have to be paid to the NHS Pensions 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.

Provisions related to injury benefits is administered by the NHS Business Services Authority.

Any variation in outcome compared to the provisions are accounted for in the next financial year.

Note 27.2 Clinical Negligence Liabilities

At 31 March 2015, £27,826k was included in provisions of the NHSLA in respect of clinical negligence liabilities of Western Sussex Hospitals NHS Foundation Trust (31 March 2014: £37,477k).

The provision for legal claims is based on the report from the NHS Litigation Authority (NHSLA) for the period ending 31st March 2015.

Note 28 Contingent (Liabilities) / Assets

	31 March 2015	31 March 2014
	£000	£000
Value of contingent liabilities		
NHS Litigation Authority legal claims	106	61
Gross value of contingent liabilities	**106**	**61**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**106**	**61**
Net value of contingent assets	**-**	**-**

The Foundation Trust has no contingent liabilities other than those advised by the NHSLA as at 31st March 2015 shown above. Last year this liability was shown under "Other" but has now been correctly classified under "NHS Litigation Authority legal claims".

The Foundation Trust has no contingent assets.

Note 29 Revaluation Reserve

	Property, plant and Equipment
	£000
At 1st April 2014	34,095
Revaluations	10,179
Transfers to the I&E reserve for impairments arising from consumption of economic benefits	(1,509)
Revaluation Reserve at 31st March 2015	**42,765**

The movements on the revaluation reserve relate to changes in market values in property, plant and equipment.

Note 1.5 to the accounts sets out information on revaluation. Land, buildings and dwellings are revalued annually.

Note 30. Related Party

Note 30.1 Related Party Balances

Details of related party transactions with individuals are as follows:	Receivables 31 March 2015 £000	Payables 31 March 2015 £000
BT (related to Jon Furmston, Non-Executive Director)	-	1

Transactions between the Trust and BT plc. Jon Furmston is a full time employee of BT.

Details of related party transactions with other organisations are as follows:

The Department of Health is regarded as a related party. During the year the 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. The Foundation Trust also had transations with Western Sussex Hospitals Charities for which the Trust is the Corporate Trustee. These relevant entities are :

	Receivables 31 March 2015 £000	Payables 31 March 2015 £000
NHS Coastal West Sussex	3,772	1,566
NHS England	2,122	317
Sussex Community Trust	1,222	91
Sussex Partnership Foundation Trust	847	-
Western Sussex Hospitals Charities and Other Related Charities	937	-
Total	**8,900**	**1,974**

Note 30.2 Related Party Transactions

Details of related party transactions with individuals are as follows:	Income 2014/15 £000	Expenditure 2014/15 £000
BT (related to Jon Furmston, Non-Executive Director)	-	131

Details of related party transactions with other organisations are as follows:

	Income	Expenditure
NHS Coastal West Sussex	273,644	-
NHS England	48,802	1,225
Sussex Community Trust	3,793	582
Sussex Partnership Foundation Trust	3,612	294
South Eastern Hampshire CCG	5,582	-
Health Education England	9,894	7
Western Sussex Hospitals Charities and Other Related Charities	1,601	-
Total	**346,928**	**2,108**

Note 31 Contractual Capital Commitments

	2015 £000	2014 £000
Property, plant and equipment	3,265	3,451
Intangible assets	346	454
Total	**3,611**	**3,905**

Note 32 Finance Lease Obligations

	31 March 2015 £000	31 March 2014 £000
Gross lease liabilities	**12,530**	**12,998**
of which liabilities are due:		
- not later than one year;	207	464
- later than one year and not later than five years;	828	830
- later than five years.	11,495	11,704
Finance charges allocated to future periods	(10,129)	(10,305)
Net lease liabilities	**2,401**	**2,693**
of which payable:		
- not later than one year;	32	257
- later than one year and not later than five years;	157	180
- later than five years.	2,212	2,256
Contingent rent recognised as an expense in the period	117	105

Note 33 On-SoFP PFI, LIFT or other service concession arrangement obligations (finance lease element)

The Foundation Trust does not have on-SoFP PFI, LIFT or other service concession arrangement obligations.

Note 34 On-SoFP PFI, LIFT and other service concession arrangement commitments

The Foundation Trust does not have any on-SoFP PFI, LIFT and other service concession arrangement commitments

Note 35 Events after the reporting period

There are no events after the reporting period.

Note 36 Financial Instruments

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 2014 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 Monitor's Continuity of Services Risk Rating. The Trust is not, therefore, exposed to significant liquidity risks.

Note 36.1 Financial assets by category

	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total
	£000	£000	£000	£000	£000
Assets as per SoFP as at 31 March 2015					
Trade and other receivables excluding non financial assets	16,253	-	-	-	**16,253**
Cash and cash equivalents at bank and in hand	23,148	-	-	-	**23,148**
Total at 31 March 2015	**39,401**	**-**	**-**	**-**	**39,401**

	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total
	£000	£000	£000	£000	£000
Assets as per SoFP as at 31 March 2014					
Trade and other receivables excluding non financial assets	15,634	-	-	-	**15,634**
Cash and cash equivalents at bank and in hand	14,585	-	-	-	**14,585**
Total at 31 March 2014	**30,219**	**-**	**-**	**-**	**30,219**

Note 36.2 Financial Liabilities by Category

	Other financial liabilities	Liabilities at fair value through the I&E	Total
	£000	£000	£000
Liabilities as per SoFP as at 31 March 2015			
Borrowings excluding finance lease and PFI liabilities	26,927	-	**26,927**
Obligations under finance leases	2,401	-	**2,401**
Trade and other payables excluding non financial liabilities	30,376	-	**30,376**
Total at 31 March 2015	**59,704**	**-**	**59,704**

	Other financial liabilities	Liabilities at fair value through the I&E	Total
	£000	£000	£000
Liabilities as per SoFP as at 31 March 2014			
Borrowings excluding finance lease and PFI liabilities	31,500	-	**31,500**
Obligations under finance leases	2,693	-	**2,693**
Trade and other payables excluding non financial liabilities	31,734	-	**31,734**
Total at 31 March 2014	**65,927**	**-**	**65,927**

Note 36.3 Maturity of Financial liabilities

	31 March 2015	31 March 2014
	£000	£000
In one year or less	32,566	36,563
In more than one year but not more than two years	2,193	2,190
In more than two years but not more than five years	6,207	6,620
In more than five years	18,738	20,554
Total	**59,704**	**65,927**

Note 36.4 Fair values of financial assets

For current financial instruments (less than one year), fair values are assumed to be equal to book values. Non-current financial assets could be held at either fair value or book value. The Foundation Trust does not hold any non-current financial assets.

Note 36.5 Fair values of financial liabilities

	Book value	Fair value
	£000	£000
Loans	24,769	24,769
Other	2,369	2,369
Total	**27,138**	**27,138**

Note 37 Changes in the benefit obligation and fair value of plan assets during the year

There are no changes in the benefit obligation and fair value of plan assets during the year for the amounts recognised in the Statement of Financial Position

Note 38 Losses and Special Payments

	2014/15		months ending March	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	-	1	0
Total losses	**-**	**-**	**1**	**0**
Special payments				
Ex-gratia payments	56	114	31	112
Total special payments	**56**	**114**	**31**	**112**
Total losses and special payments	**56**	**114**	**32**	**112**
Compensation payments received		-		-

Note 39 Transfers by absorption (including TCS transactions) details

There were no transfers by absorption in the reporting period.

Board Annual Governance Statement

1. Scope of responsibility

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

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Western Sussex Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Western Sussex Hospitals NHS Foundation Trust for the period 1 April 2014 to 31 March 2015 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Trust has a Risk Management Strategy and Policy, endorsed by the Board of Directors and reviewed and monitored through the Trust Quality and Risk Committee to the Board. The Board of Directors recognise that risk management is an integral part of good management practice and to be most effective should be embedded in the Trust's culture. The Board is therefore committed to ensuring that risk management forms an integral part of its 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.

The Executive Director of Nursing and Quality is accountable for the strategic development and implementation of organisational risk management, including Local Security Management.

The Executive Director of Finance and Performance has delegated responsibility for managing the strategic development and implementation of financial risk management, including Counter Fraud.

The Trust previously held Level 2 in the National Health Service Litigation Authority (NHS LA) standards assessment and Clinical Negligence Scheme for Trust (CNST) Level 3 for maternity standards. However, the NHSLA no longer undertakes assessments against these standards. The Trust has committed itself to NHS England's Sign Up To Safety initiative aimed at reducing avoidable harms by 50% over the coming 3-years.

This requires the presence of a range of policies (such as incident reporting and management) and tests their embeddedness across the organisation.

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.

The Trust seeks to learn from good practice through a range of mechanisms including benchmarking, clinical supervision and reflective practice, individual and peer reviews, performance management, continuing professional development programmes, clinical audit, the application of evidence-based practice and reviewing compliance with risk management standards. There are formal mechanisms in place to ensure that external changes to best practice, such as those issued by the National Institute for Health and Clinical Excellence, are incorporated into Trust policies and procedures. The Trust also proactively seeks to reduce risk to patients and staff and participates in initiatives such as NHS QUEST (the first member convened network for foundation trusts who wish to focus on improving quality and safety) and collaboratives developed through the Academic Health Science Network (such as the Falls collaborative).

4. The risk and control framework

The Trust's Risk Management Strategy and Policy provides a framework for achieving the integration of risk management in the Trust's strategic aims and objectives. The strategy and policy encompasses the Trust's risk management process and sets out how staff are supported and trained to enable them to identify, evaluate and manage risk.

As part of its ongoing development of Risk Management the Board has developed a Risk Appetite Statement. The purpose of a Risk Appetite Statement is to provide a broad framework of the Board's willingness (to allow management) to take risks in pursuit of strategic objectives. Setting a statement for an organisation's appetite for risk is a key component in addressing the challenge of risk.

Having set a Risk Appetite Statement it is proposed to determine a 'target' risk score to be achieved for each of the Strategic Objectives captured within the Board Assurance Framework and to report achievement against these on an on-going basis.

During September and October the Trust's new Internal Auditor undertook a review of the Risk management framework within the organisation. The report acknowledged the on-going work primarily being undertaken within the Audit Committee and noted that the Trust is very much at the developmental stage of risk appetite, although still ahead of many organisations.

The report found that "the Trust's overall approach to risk is sound with many areas of good practice identified. Some areas of improvement were also identified; these have been responded to and reported via the Trust Audit Committee".

The Board Assurance Framework (BAF) has been 're-styled' to make it more accessible and updated to reflect improvement initiatives identified by the Trust Internal Auditors. An additional Quarterly Tracker has also been developed to allow the Board to identify trends and movement against risk scores at a glance.

During the year the Trust's Risk Policy was updated and approved and work has commenced to refresh the Risk Strategy in the context of the new Risk Appetite Statement.

Principal risks, during the period, to compliance with the governance conditions of the Foundation Trust Licence centred on; achieving the forecast financial outturn within what was a challenging financial environment together with non-achievement of Referral to Treatment targets.

The Trust has worked closely with Commissioners and other agencies including Monitor (our regulator) to jointly agree a robust action plan to implement corrective action to address the Referral to Treatment issue. In addition the Trust, with Local Health Economy partners, has been part of the national programme to identify solutions and has submitted additional funding as required. This will remain a challenge into 2015/16.

During the year the Trust has re-forecast its financial out-turn position but, in line with forecast, achieved a Continuity of Service Rating of 3.

1. Scope of responsibility

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During the year the Trust has re-forecast its financial out-turn position but, in line with forecast, achieved a Continuity of Service Rating of 3.
The Board and its sub-committees receive monthly performance reports for scrutiny with the Monitor quarterly report being presented to Trust Board in public.

Responsibilities of Directors and Board sub-committees are set out in the Annual Report.

Through Governance Team meetings, Divisional risk registers are reviewed and new operational risks identified and assessed. They also carry out detailed reviews, action planning and assurance checks in response to the Care Quality Commission's (CQC) Standards. Specific committees that consider potential risks faced by the Trust and /or reviewing the action and implementation of actions to mitigate them are; the Board, Quality and Risk Committee, Audit Committee, the Executive Team, Quality Board, Information Governance Group, Health and Safety Committee.

Risks are identified in many different ways within the organisation, including regular reviews of the risk registers (for example by the Trust Audit Committee and Quality and Risk Committee). Once identified each risk is assessed and evaluated using the recognised NHS Risk Management Standard. Risk identification and evaluation is an ongoing rolling programme. Risks are identified on a continuous basis and recorded on the Trust risk register which is reviewed monthly. The Trust's use of Datix software ensures that having been recorded, risks are rated, mitigated and removed efficiently.

The risk register is used to inform the Trust's Assurance Framework, this is reviewed by the Board of Directors in full three times a year. The Assurance Framework identifies the Trust's appetite for risk, sets out the principal risks to the achievement of the Trust's organisational objectives, and the mitigation strategies required. The Board of Directors regularly considers its appetite for risk in relation to specific issues and has now developed an overarching Risk Appetite Statement.

Opportunities to identify risks and concerns are also available through independent visits, to Trust inpatient, community and corporate facilities that are regularly undertaken by Executive and Non-Executive Directors and others, including mock CQC Inspections undertaken by the Trust Clinical Governance Team to identify concerns or issues.

Incident reporting is openly encouraged within the Trust, and a comprehensive programme of investigation and follow up of all incidents is in place. The Trust is aiming to further improve how it provides feedback to staff on the outcome and learning from incidents. Patient stories are routinely used and presented at Trust Board.

Serious Incidents are subject to a thorough internal review to identify Root Causes and learning.

Key stakeholders, including patients and carers, are consulted and involved with the management of those risks that impact upon them. This is achieved through a variety of means including public consultation, involvement with service planning and modernisation, individual care planning, the Council of Governors, Health and Scrutiny Committees and joint working arrangements with key partners including neighbouring trusts, primary care partners and Clinical Commissioning Groups.

The Trust uses software on Tablet devices as a way of capturing feedback from patients and the information from these is shared within clinical services. Patient experience is a regular item on the agenda of the Council of Governors meetings who take a keen interest in this area and who routinely seek assurance that the Trust is mitigating and acting on risks.
The Trust uses "Sit and See" as well as other mechanisms to capture patient experience first-hand. The Trust also invites patients and carers to speak at Board meetings to share first hand their experiences of the Trust.

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

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

In addition to our annual report we have live equality and diversity objectives that are developed in consultation with our internal and external stakeholders and regularly run equality and diversity events in the Trust and the local community. Control measures are in place to ensure that all the Trust's obligations under equality legislation are complied with and all Policies and Consultation documents are subject to an equality impact assessment to ensure no group is unintentionally disadvantaged.

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

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

Major risks during this period included the on-going implications of significant external change in the local and national health economy together with the significance of the cost improvement programme for the year. This will remain a significant risk for 2015/16.

In support of mitigating these risks the Trust has launched its new Patient First programme to ensure continued focus on improving quality and the patient experience.

In addition a Programme Management Office has been developed to ensure robust focus and governance in supporting the delivery of the Cost Improvement Scheme.

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

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

Board Annual Governance Statement - continued

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

The Board of Directors developed its business objectives for the period of this report through a dynamic process which involved staff throughout the organisation and the Council of Governors. All objectives are quantifiable and measurable and performance is reviewed through the Audit Committee, Quality and Risk Committee and the Board.

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

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

Over the last three years the Trust has made considerable savings against its Cost Improvement Plans (CIPs), demonstrating sustainability and improvements in economy and efficiency. The Finance and Investment Committee pays particular attention to the delivery of the recurrent CIPs. Trust CIP plans are reviewed by the Quality and Risk Committee to ensure there is no negative impact upon service provision with further scrutiny being provided by the Quality Committee.

Over the past year the Trust has put in place a Programme Management Office to support the delivery of Cost Improvement Programme and to develop and embed continuous improvement methodologies across the organisation.

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

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

6. Annual Quality Report

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

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

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

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

All major plans are discussed and agreed at Trust Board with a focus on the impact on service quality. All Cost Improvement Plans have a Quality Impact Assessment undertaken which is reviewed by the Quality and Risk Committee prior to notification at a Public Board meeting.

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

In addition to this, the results of quarterly CQC Intelligent Monitoring reports, which provide an external view of the risks presented by the Trust, are reported to the Board. At the time of writing the latest available report is as at December 2014 when the Trust was assigned a Banding of 6 (the bands are based on the likelihood that people may not be receiving safe, effective, high quality care. Band 1 is the highest priority trusts and band 6 the lowest).

The Trust is required to state how it assures the quality and accuracy of elective waiting time data, and the risks to the quality and accuracy of this data; Recording and reporting accuracy is subject to external audit as part of the Trust's audit programme, and statutory elective waiting time submissions are subject to constancy checks by NHS England and Monitor. As part of a national programme, Trust waiting list validation processes were scrutinised in Feb 2015 by the NHSE South RTT Subject Matter Lead and full assurance given. In addition, elective waiting list will become a Quality Account measure in 2015/16 and subject to further regular patient level audit.

7. Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit Committee and Quality and Risk Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

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

The Quarterly review of the Board Assurance Framework and progress against Corporate Objectives provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. In addition, our new Internal Audit has undertaken a review of Assurance and Risk Management within the Trust.
My review is also informed by:

- The Trust's assurance process for monitoring levels of compliance against

CQC registration
- CQC Follow-up Inspection (Dementia themed) – fully compliant July 2014
- NHSLA Risk Management Standards - achieved level 2
- CNST maternity services Standards - achieved level 3
- Annual Staff Survey
- Programme of work undertaken by internal and external auditors and Counter Fraud
- Responses from Monitor to the quarterly Board declaration process
- Clinical Pathology Accreditation (CPA)

As part of work to ensure continuous improvement, the format, structure and content of both the corporate risk register and board assurance framework have been subject to revision and amendment during the year in response to feedback from directors and recommendations regarding best practice from auditors.

7.1 Board of Directors

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

I provide an update on any significant events or matters that affect the Trust at each meeting of the Board of Directors. The Board also receives regular reports on the significant risks identified in the Board Assurance Framework and actions to mitigate these, and summary reports from board committees including the Audit Committee and Quality and Risk Committee after each committee meeting.

Where actions are required as a result of CQC visits, these are the subject of agreed action plans which are regularly reviewed by the Quality and Risk Committee.

During this year the Board of Directors has approved and fully supported the development of our new Patient First Programme. Patient First is our Trust-wide approach to improving the quality of the care we offer patients. It's based on looking at the pathways our patients take and thinking, how could we redesigning our systems to take out any waste and reduce any possibility for errors to make that pathway even better. It's also about standardising our practices so that a Patient gets a great service each and every time we see them.

- The philosophy behind the programme is centered on:
- The patient being at the heart of every element of change
- The need for cultural change across the organisation
- Continuous improvement of our services through small steps of change
- Constantly testing the patient pathway to see how we can develop
- Encouraging frontline staff to lead the redesign processes
- Equal voices for all

7.2 Clinical Audit

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

7.3 Internal Audit

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

At the end of 2013/14 the Trust had initiated a competitive tendering exercise for both its Internal Audit and Counter Fraud Services. It should be noted that as at the 1 April 2014 the Trust's Internal Auditors and Counter Fraud Services provider were TIAA Ltd. With effect from 1 July 2014 BDO LLP were appointed to provide Internal Audit Services while Baker Tilly Risk Advisory Services LLP were appointed to provide Counter Fraud Services with effect from the same date. A full transition plan was agreed between the old and new providers to ensure continuity.

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

During the period 1 April 2014 to 31 March 2015 the Committee received six Internal Audit reports at its four meetings. At 31st March one additional report had been issued in Draft and was being finalised. Of the audits relevant to this period; one provided Limited Assurance while all others provided either Significant Assurance or Moderate Assurance as Audit Opinions (it should be noted though that the two Internal Audit providers utilise different rating mechanisms).

The Limited Assurance Audit report related to Risk Management and specifically that the Trust Risk Management Strategy was not current. An action plan was agreed and acknowledged that prior to reviewing the Risk Management Strategy enabling actions were required, during the year the Trust agreed a Risk Appetite Statement and developed a new Quarterly tracking tool for the Board Assurance Framework. A full review of the Risk Management Strategy was underway at 31st March 2015.

At its meeting in April 2015 the Audit Committee received three additional completed audit reports and noted that two others had been issued in draft. Of these, two provided elements of limited assurance; the first related to inconsistency in controls relating to the use of medical agency. The second related to identification of a weakness in a payroll authorisation process for which controls have been put in place and the issue resolved.

7.4 External Audit

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

7.5 Audit Committee

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

The Audit Committee is responsible for overseeing the activities of Internal Audit, External Audit and Counter Fraud. For each of these it:
- approved the annual (and strategic) work plans at the beginning of the financial year and updates to these throughout the year
- has received reports on the work undertaken to date and the findings
- has reviewed the management response to reports, in particular the implementation of recommendations to date via tracker reports

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

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

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

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

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

7.6 Quality and Risk Committee

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

- Risk Register and Assurance Framework
- Clinical Audit Plan
- Health and Safety Executive inspections and any associated action plans
- Learning from Root Cause Analysis and Serious Incidents
- The ongoing development of the Quality Report and the standards set out within it
- CQC registration issues
- Claims and Litigation information is routinely reported to the Trust Board.

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

The revised Clinical Governance frameworks have continued since merger and the establishment of the Clinical Divisional structures in October 2009. This process included the development of a programme of quarterly Divisional Governance Reviews of the clinical divisions plus IT and Facilities/Estates, which are monitored by the Clinical Governance Group on behalf of the Trust Board, each of these is attended by a Non-Executive Director.

7.7 Information Governance

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

The Trust has an Information Governance Manager whose role is predominantly focused on achieving the standards set out in the Information Governance Toolkit. In this, he is supported by the Information Governance Group. The Information Governance Group reviews and agrees key information policies within the Trust.

Through the Director of Information Technology, who is the Senior Information Risk Officer (SIRO), and the Information Governance Group the Trust is working to embed information governance in the organisation.

Risks to data security are identified in the risk register. The Trust's Information Governance Group whose role it is to ensure compliance with Information Governance standards to raise the profile of data security risks and to develop mitigation, especially through staff training and awareness. The Trust has achieved level 2 in all except one of the key requirements of the information governance toolkit.

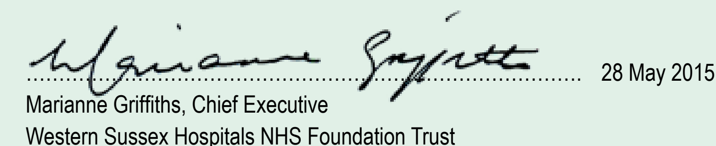
8. Conclusion

Over the period 1 April 2014 to 31 March 2015 I have overseen actions to ensure that we continue to improve the systems of control we operate. No significant gaps in control or assurance were identified in the period covered by this report. Where opportunities for improvement have been identified robust action plans have been put in place.

Although not a direct control issue the trust, in line with the national picture, has struggled to keep pace with rising demand and to achieve Referral to Treatment targets and this has impacted on our Monitor Governance rating. We have worked closely with local and national partners to mitigate this position as effectively as possible.

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

Signed (by order of the Board of Directors)


28 May 2015

Marianne Griffiths, Chief Executive
Western Sussex Hospitals NHS Foundation Trust

Western Sussex Hospitals NHS
NHS Foundation Trust