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Day in day out, every day of the year, more than 8,000 adults, children and families rely upon us. In line with our mission we provide them with Care that Counts, supporting them to manage change in their lives, and caring for them with commitment and compassion.

So what we do, how well we do it and our plans for the future matter greatly to the people we serve and to the partners we work with across the health and social care system in West Sussex and Brighton and Hove.

We want this document to give a snapshot of our performance over the year 2011/12 and of our priorities for 2012/13.

We are still a relatively new organisation, established in October 2010. This is the first time we have produced a summary of our performance and priorities. It reflects our commitment to be open and accountable, to engage with you about our work and maintain your confidence.

Rising to challenges
Like all NHS organisations, we need to deliver high quality services, hit demanding targets, balance the budget and deliver financial efficiencies.

People are living longer, and we all want to enjoy good health. When we are unwell, we want services to help us to manage our condition in ways that respect our individuality, our choices and our dignity and respect.

We work in a tough environment, but thanks to our excellent staff we performed well in 2011/12. We have come a long way in the short time since we were established in 2010, and our staff can take pride in what they do and what we achieved.

The NHS is changing, and we believe that community healthcare has a central role to play in enabling the health and social care sector to rise to the challenges of the future.

As our priorities show, we are ambitious, innovative and customer-focused, and ready to play a leadership role in line with our mission and vision.

By delivering quality health services underpinned by a constant commitment to improve our patients’ experience, we aim to exceed all their expectations.

Looking ahead
Our priorities for 2012/13 are to maintain and improve the quality and safety of our care provision. But we also have a significant focus on redefining the ways we provide services which are clinically-led and driven by the experiences of our patients and carers.

In 2012/13, we will lead the improvement of the healthcare system for children and young people and frail elderly people, working with partner organisations to meet local needs. This work will be facilitated by Sir Muir Gray, a doctor with an international reputation for his contribution to healthcare improvement.

We will design a system where we can work with partners to achieve the best experience and outcomes for patients and their families.

We will build upon the excellent work of our staff in supporting people to manage their health, helping new parents to look after their babies and caring for people at the end of their life with compassion. We thank our staff for all they do on behalf of the people we serve.

If you need this information in large print, Braille, easy read, audio tape, email or if you need help to understand this information in a language that isn’t English please call 01273 242096.
WHO WE ARE AND WHAT WE DO

Sussex Community NHS Trust provides community healthcare across West Sussex and Brighton and Hove. We are the biggest community healthcare provider in the South of England strategic health authority area which stretches from Cornwall to Kent. We employ around 4,400 people and this year will spend £175 million to provide a wide range of services.

Our expert teams provide essential medical, nursing and therapeutic care to over 8,000 adults, children and families a day. From our health visitors looking after new born babies to our community practitioners (nurses and therapists) caring for frail elderly people, we look after some of the most vulnerable people in our communities.

We provide care that truly spans from ‘cradle to grave’ and it is likely that most of the 1 million people who live in the area we serve will come into contact with us in some way: as a patient, a carer or relative of a patient, or through a link with one of our staff team or volunteers.

Around 90 per cent of all patient contacts with the NHS happen in community settings or in primary care (mostly GP services). People live their lives in the community, and it’s generally where they want to stay if they are unwell, unless they require more specialist care or treatment. We provide the services that enable them to be cared for in the community, and if they need a hospital stay, we stay close to them, to help them return to the community as quickly as possible.


What this means in practice is that we have skilled and committed staff with different specialities providing vital, sometimes life changing services in a variety of locations. We provide the essential glue that helps the system stick together in the interests of our patients and their loved ones.

Examples include our diabetes team in West Sussex who provided support and education to a lady who was admitted to A&E 13 times in 12 months. Following our work this lady was only admitted to A&E once in the following year.

And our heart failure service in Brighton and Hove who give advice and support to patients. One patient said that the team’s help had “given back his dignity” and he was able to go outside after being housebound for five months to get his haircut.

Our aim across all our services is to give people choice about the care they receive. And certainty that when they need us, wherever they are, we will meet their needs with services of a high quality. We provide safe, effective and compassionate services in ways that prioritise patients’ privacy and dignity.

Our vision is to put excellent community healthcare at the heart of the NHS.

What this means is that we want to raise awareness of the value and range of what community healthcare provides to patients and the wider health economy. And develop a reputation for excellence and innovation that reflects the central role that community healthcare plays in the local NHS.

We will seek to realise our vision by delivering our four strategic objectives:

■ Develop flexible and innovative care based upon patient centred design.
■ Improve patient experience and raise the quality of care.
■ Sustain and improve our financial strength.
■ Become a thriving foundation trust supported by excellent staff and public engagement.

To give you a better sense of what this means:

Flexible: we adapt to meet the needs of the adults, children and families we serve every day.

Innovative: working in new ways to improve patient care, including bringing in new techniques in healthcare and new IT systems where practical.

Patient experience: working in ways that show compassion, and treating patients with dignity and respect.

Financial strength: delivering excellent services with the resources we get from our commissioners, and achieving our financial targets.

Becoming an NHS foundation trust

Becoming a foundation trust is one of our main aims. We believe that we can use the benefits that foundation trust status brings to improve the health and wellbeing of the communities we serve.

Being a foundation trust will help us to:

■ Set our own priorities for improving care to our communities.
■ Be more open and accountable to the people we work with.
■ Strengthen our links with local people.
■ Build on the work we have already done to make our services more sensitive to patient needs and wants.

As an independent community foundation trust we will be able to maintain a clear focus on the vital role community healthcare plays. We will be able to build upon our expertise and experience as the biggest community services provider in the region. We will engage in new ways with our communities and develop ever more flexible, innovative and responsive approaches tailored to local needs. We believe that by focusing solely on community services, we can provide a better service and experience.

OUR VISION

■ Build on the work we have already done to improve patient experience, and raise the awareness of the value and range of what community healthcare provides to patients and the wider health economy.
■ Sustain and improve our financial strength.
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Recognition
Our psychological therapy service Time to Talk was one of the top five services in England in 2011. They help people return to work after a period of stress, depression or anxiety. The service is also a national pilot site to integrate psychological therapies with the treatment of long-term conditions.

We received acclaim from our peers at the South of England Energising for Excellence conference, where modern matron Jo Thomas spoke about how clinical leaders should lead culture change in frontline teams. Deputy director of infection prevention and control Hari Doman spoke about managing isolation facilities in community bedded units.

Our Horizon unit at Horsham hospital received an innovation and best practice award from the Community Hospitals’ Association for changes made under the productive ward series.

Thanks in large part to the support of our breastfeeding team, official figures at the end of 2011 showed more women in Brighton and Hove were still breastfeeding their babies six weeks after giving birth than anywhere else in England.

We won the Health Service Journal’s Good Corporate Citizenship Award 2011 for demonstrating “substantial and tangible results at a time of transition and considerable organisational change”.

Improving safety
We are compliant in all the outcome areas inspected in the five planned reviews carried out by the Care Quality Commission (CQC) since we were established in October 2010. All our unannounced CQC inspections over the year were positive.

We reduced the number of C.difficile cases by around 40 per cent to 11 cases. MRSA infections were reduced to two patients.

Over the year, our chief executive led our governance review programme to review our key policies, procedures, systems and ways of working to help us focus even more carefully on the quality and safety of our work.

We want our staff to feel empowered to report incidents, so are pleased that in the 2011 staff survey our staff said they are more ready than the average community trust to report errors or near misses (and less likely to witness them).

Our matrons are spearheading work to improve patient experience and the quality of care. During the year they came to meetings of the board to talk about their work to reduce falls, meet the nutrition and hydration needs of our patients, manage medication effectively and deal with violence and aggression.

We recorded 1,456 plaudits in 2011/12. For every complaint received, we recorded six plaudits.

Improving effectiveness
We are implementing the Productive Series, a nationally recognised improvement programme aimed at releasing time to care. It supports staff to make sound, common-sense changes that deliver big benefits in clinical effectiveness and patient care.

We set up innovative services in West Sussex to help meet urgent care needs and provide an alternative to hospital admission. Our One Call, One Team service in coastal West Sussex took nearly 100,000 calls last year, whilst our Crawley service is reducing hospital admission by more than 50 a week.

We’ve transformed the ways we care for housebound patients with a long-term health condition and the frail elderly living in Brighton and Hove by setting up integrated primary care teams. Their work has been praised by the Department of Health (DH) as an exemplar.

We’ve established additional provision to allow us to care for patients in their own homes, we’ve reduced the number of community hospital beds in Brighton and Hove. This is in line with our commissioners’ intentions, good practice and patient preference.

We’ve increased the number of health visitors and established the family nurse partnership role. They provide help and support to families and young children to prevent illness and promote good health and wellbeing.

Staff appraisal rates increased from 43 per cent to 77 cent. We have more work to do but such a significant increase is a real encouragement.

Improving the patient experience
We made better engagement with our staff a priority, launching a monthly staff magazine and delivering a programme of meetings at which members of the board met directly with over 1,200 staff.

We are now a ‘two ticks’ disability employer, showing we have made commitments to employ, retain and develop the abilities of disabled staff.

At the end of the financial year, we achieved a financial surplus of £1.9 million as required by the Department of Health. We did this whilst delivering a savings target of £14.4m and continuing to deliver high quality care. This achievement is a credit to the commitment, skill and hard work of all our staff.

Improving the patient experience
We recorded 1,456 plaudits in 2011/12. For every complaint received, we recorded six plaudits.

We’ve eliminated mixed sex accommodation. Every unit has separate facilities close to the patient’s bed.

We have achieved excellent ratings for all our inpatient centres following our annual Patient Environment Action Teams (PEAT) assessment earlier this year.

We have set up a patient experience steering group including representatives from our local involvement networks (LINKs) to produce our patient experience strategy.
OUR PRIORITIES 2012/2013

Quality

We will risk assess all our inpatients for falls and venous thromboembolism (VTE).

We will provide a nutritional assessment to all inpatients within 48 hours of admission and all community patients within one month of referral.

We will cut the number of reported cases of MRSA to one in the year, and reduce C. difficile cases to eleven.

We will collect, share and review the number of indwelling catheters (inserted in the bladder) in the community to help prevent emergency admissions for urinary catheter care.

We will implement our pressure damage strategy and demonstrate progress by achieving the key milestones within our plan.

We will implement advanced care planning for end of life patients. We will provide and how we will provide them)

We will develop our clinical strategy (the services we will provide and how we will provide them) with the support of staff, patients and external stakeholders.

We will make improvements based on the recommendations within our Quality Account for 2011/12 and work with our local clinical commissioning groups (CCGs) to develop local health economy quality accounts.

Our research and development department will continue to focus on our priority areas from palliative care to cerebral palsy in children.

We will provide electronic patient discharge summaries from all of our community hospitals to facilitate a quality and timely patient discharge from our units.

Service transformation

We will continue to develop our health visiting and family nurse partnership services to support parents to give babies and children the best start in life.

We will lead the improvements of our services for children and young people and frail elderly. We will do this by working with our partners and addressing local population needs. This work will be facilitated by Sir Muir Gray.

We will implement a consistent standard of community bed. This may include revising the admission criteria, medical cover or the level of nursing and therapeutic care.

By developing alternative models of care in the community we will progressively reduce the need for community beds.

We will establish multi-disciplinary teams to deliver proactive care in collaboration with our partners to improve responsiveness. We will routinely risk stratify (arranging patients according to the severity of their illness) the population based on the complexity of care they need and provide case management regardless of the venue or provider of care.

We will support our commissioners and providers to deliver the target of a 15 per cent reduction in avoidable hospital admissions. We will establish new services and develop existing pathways to support this health system goal.

Service delivery – enablers

We will implement an integrated reporting and performance management framework to provide early warning of emerging issues and pressures which could compromise safety and quality.

We will provide electronic patient discharge summaries from all of our community hospitals to facilitate a quality and timely patient discharge from our units.

Patient feedback helps us improve our services. We will look at new ways to engage and hear the opinions of our patients and their carers using social media.

We will introduce additional new roles and ways of working including more associate practitioner, advance practitioner, and other generic roles to provide case management and proactive case finding for our most at-risk patients.

We will continue to implement the Productive Series to support and empower our teams to explore new ways of improving what we do.

We will establish a health and wellbeing group to explore the underlying causes of staff sickness absence to reduce our sickness absence rate.

We will invest in more training and development for our staff across all areas from infection control through to IT. And develop all our senior leaders and managers in preparation for their roles within an NHS foundation trust.

Corporate enablers

We will progress our NHS foundation trust application to achieve our submission date of April 2013, for authorisation in April 2014.

We will invest in our core technology infrastructure to deliver resilient and consistent IT provision. We will take control of our IT agenda by building the capability of our in-house team and working in partnership with NHS colleagues.

As guardians of the public purse, we will not spend more than we earn. We will generate a surplus of 1 per cent (around £1.8 million) as required by the Department of Health.

Through our sustainable development management plan we will achieve a further 15 per cent reduction in our carbon footprint and other impacts by 2015. We have invested in solar panels to generate our own renewable energy.
Our services

We provide a wide range of services.

Services specifically for adults include:
- CASH contraception and sexual health services
- Chronic fatigue syndrome/ME
- Chronic obstructive pulmonary disease (COPD)
- Clinical assessment unit
- Community beds – see page 11
- Community continence
- Community IV
- Community neurological/stroke rehabilitation team (CNRT)
- Community nursing
- Community phlebotomy service
- Community rapid response service (CRRRS)
- Community rehabilitation and support service (CRaSS)
- Community rehabilitation
- Community respiratory service (CRS)
- Community short term services
- Continence advisory service
- Specialist dementia care
- Diabetes care
- Expert patient programme
- Falls and osteoporosis
- Foot health
- Health promotion cancer team
- Heart failure service (HFS)
- Health promotion teams
- HIV community service
- Infection prevention and control
- Immunisation – TB
- Integrated clinical assessment and treatment services (ICATS)
- Integrated community equipment service
- Integrated primary care teams
- Intermediate care community team, Kleinwort Centre
- Intermediate care service (ICS)
- Learning disability health facilitation service
- Lymphoedema service
- Macmillan Community Team (MCT)
- Male sexual problem clinic
- Minor injuries units (MIU) – Bognor War Memorial Hospital and Crawley Hospital
- Multiple sclerosis and motor neurone disease (MND) nursing
- Musculoskeletal physiotherapy (MSK)
- Neurological rehabilitation outpatient service
- Neurology – Parkinson’s disease and multiple sclerosis nursing
- Occupational therapy
- One Call
- One Team
- Orthotics service
- Palliative care
- Physiotherapy
- Planned treatment centre
- Podiatry/podiatric surgery
- Prosthetic service
- Rheumatology bed and outpatient services
- Screening - abdominal aortic aneurysm (AAA)
- Screening - prevention assessment team (PAT)
- Sexual assault referral centre (SARC), Saturn centre
- Special care dental services (SCDS)
- Speech and language therapy (SALT)
- Stop smoking services
- Sussex Rehabilitation Centre - Brighton rehabilitation outpatient services
- Time to talk – psychological therapy service
- Tissue viability
- Wheelchair/specialist seating service

Services specifically for children include:
- Audiology
- Chailey Heritage Clinical Services (CHCS)
- Child death rapid response services
- Child development centres
- Child health bureau
- Community children’s nursing
- Community breastfeeding and infant feeding teams
- Community paediatricians
- Continence
- Continuing care
- Equipment
- Family nurse partnership
- Health improvement
- Health visiting
- Immunisation teams
- Looked after children teams
- New born hearing screening
- Occupational therapy
- Physiotherapy
- Safeguarding children teams
- School nursing
- Short break units
- Specialist nursing and health visiting
- Speech and language therapy (SALT)

Community beds

We manage over 350 inpatient beds (equivalent to a medium-sized district general hospital) for patients who are not well enough to be at home, but who do not need an acute hospital stay. These include:

West Sussex: Arundel, Bognor Regis, Crawley, Horsham, Kleinwort (Haywards Heath), Midhurst, Salvington Lodge (Worthing) and Zachary Merton (Littlehampton).

Brighton & Hove: Knoll House. We provide therapy and nursing support to Highgrove and Craven Vale care homes as part of our intermediate care service.

We also care for children and younger adults in centres such as Chailey Heritage clinical services and other locations including Chichester, Crawley and Brighton.

Map of our key locations

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