

Meeting of the Board of Directors

10:00 – 11:30 on Thursday 05 June 2025

Board Room, Trust HQ, Worthing Hospital

AGENDA – MEETING IN PUBLIC

Item:1	10:00	Welcome and Apologies for Absence <i>Apologies: Dr Andy Heeps, Professor Paul Layzell</i>	<i>To note</i>	Verbal	Presenter: Philippa Slinger
	10:00	Confirmation of Quoracy <i>A meeting of the Board shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that at least half of the Board must be present this being eight Board members. With a minimum of two Executives and two Non-Executive Directors.</i>	<i>To agree</i>	Verbal	Presenter: Philippa Slinger
Item:2	10:00	Declarations of Interests	<i>To determine if any action is required</i>	Verbal	Presenter: All
Item:3	10:00	Minutes of UHSussex Board Meeting in Public held on 08 May 2025	<i>To approve</i>	Enclosure	Presenter: Philippa Slinger
Item:4	10:00	Matters Arising from the Minutes	<i>None</i>	Verbal	Presenter: Philippa Slinger
Item:5	10:05	Questions from the public To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	<i>To respond</i>	Verbal	Presenter: Philippa Slinger
Item:6	10:15	Chief Executive Update	<i>To receive and note overview of the Trust's activities</i>	Enclosure	Presenter: Dr George Findlay
Item:7	10:35	Service Presentation – Cancer	<i>To receive</i>	Presentation on the day	Presenters: Cancer Service team

FINANCIAL PLANNING

Item:8	11:15	2025/2026 Operational and Financial Delivery Plan	<i>To receive, discuss actions to be taken</i>	Enclosure	Presenter: Jonathan Reid
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OTHER

Item:9	11:30	Any Other Business To receive any notified urgent business and action	<i>To receive any notified urgent business and action</i>	Verbal	Presenter: Philippa Slinger
Item:10	11:30	Date and time of next meeting: The next meeting in public of the Board of Directors is scheduled to take place at 10.00 on Thursday 07 August 2025		Verbal	Presenter: Philippa Slinger



Minutes

Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 08 May 2025, held in the Washington Suite Boardroom, Worthing Hospital, Lyndhurst Road, Worthing and via Microsoft Teams Live Broadcast.

Present:

Philippa Slinger	Chair
Lucy Bloem	Non-Executive Director
Professor Jackie Cassell	Non-Executive Director
Professor Gordon Ferns	Non-Executive Director
Philip Hogan	Non-Executive Director
Professor Paul Layzell CBE	Non-Executive Director
Dr George Findlay	Chief Executive
Dr Andy Heeps	Deputy CEO
Dr Maggie Davies	Chief Nurse
David Grantham	Chief People Officer
Nigel Kee	Chief Operating Officer
Jonathan Reid	Chief Financial Officer
Roxanne Smith	Chief Strategy Officer
Professor Catherine (Katie) Urch	Chief Medical Officer
Sandi Drewett*	Chief Culture Officer

*Non-voting member of the Board

In Attendance:

Emma Chambers	Director of Midwifery
Glen Palethorpe	Company Secretary
Tamsin James	Board and Committees Manager (Minutes)
Catherine Bridger	Board and Committees Manager (Production)

TB/05/25/1	WELCOME AND APOLOGIES FOR ABSENCE	ACTION
1.1	The Chair welcomed all those present to the meeting.	
1.2	There were apologies for absence received from David Curley and Bindesh Shah. It was noted that Wayne Orr was observing the meeting on the live stream but was unable to participate.	
TB/05/25/2	DECLARATIONS OF INTERESTS	
2.1	There were no interests declared.	
TB/05/25/3	MINUTES OF THE MEETING HELD ON 31 MARCH 2025	
3.1	The Board received the minutes of the meeting held on 31 March 2025.	
3.2	The minutes of the meeting held on 31 March 2025 were APPROVED as a correct record.	
TB/05/25/4	MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING	
4.1	There were no formal matters arising were noted.	

TB/05/25/5 QUESTIONS FROM MEMBERS OF THE PUBLIC

- 5.1 No questions had been raised by members of the public.
- 5.2 The Chair confirmed that Charlotte Smart had submitted two questions to the Board. The questions were broadly connected with the events under investigation with Sussex Police as part of Operation Bramber and asked what the Trust's process was for reviewing patients coming to harm or suffering adverse outcomes, and what action was taken against poor care or outcomes.
- 5.3 Chief Medical Officer, Professor Katie Urch responded by explaining that it's beneficial to refresh our understanding and remembering that the Trust consistently adhere to national standards for learning from all incidents. Katie added that the Trust maintained an efficient patient safety service, supported by the Datix incident system, dedicated to investigating and reviewing all concerns raised by patients, staff, or other processes. The Trust's robust reporting culture remained a strong indicator of its commitment to patient safety, taking reporting and learning from incidents seriously, ensuring they are documented and embedded into practices to improve and maintain patient safety. Katie continued by stating that complications were thoroughly investigated and shared with teams, patients, and their families. These outcomes were also reviewed by ICB colleagues, providing valuable external insights that were integrated into national standards. The Trust had focused on its compliance within its improvement plan work, and applies a standard learning process to everyone, both within the context of Operational Bramber and outside of that remit.
- 5.4 George Findlay asked Lucy Bloem as Chair of the Patient & Quality Committee, whether they had any further assurances to add given the Committee's role in assuring the Board over such processes. Lucy shared that through the regular Patient Safety reporting processes, the Committee scrutinised how incidents were raised to ensure processes were functioning as intended. Although there were challenges, such as capacity issues within divisions affecting incident investigation timelines, the process remained effective.
- 5.5 There were no further questions raised for discussion.

TB/05/25/6 PATIENT STORY

- 6.1 Maggie Davies introduced the Patient Story to the Board and explained that the rationale for hearing such stories at the Board, is to ensure Board members discussions are grounded in the reality of patient care, and to ensure patients are at the forefront of Board member's minds as they take decisions.
- 6.2 Maggie explained that the patient story was derived from the local application of Martha's rule – inspired by the courage and action of Merope Mills, in response to the experience of her daughter Martha, before she passed away in a London hospital, after sustaining injury from a bike accident. Maggie added that the UHSussex Royal Sussex County Hospital (RSCH) and Princess Royal Hospital (PRH) sites were selected to be part of a national pilot of Martha's rule, also known within the Trust as call for concern that was already in place.
- 6.3 In the first year of the pilot, there had been 31 calls to the bespoke "Martha's Rule – Call for Concern" phone number, initiated by concerned patients and their loved ones. The outreach team leading the pilot encouraged families to also raise their concerns with the ward team. These, concerns mostly related to communication issues, including treatment plans, medication, bed allocation, and patient care. Feedback from patients, families, carers, and staff had been highly positive. Phase two of Martha's Rule would expand the project

to the St. Richard's and Worthing Hospital sites. Maggie explained that the Trust was moving to a new phase that included a questionnaire to assess wellness among patients and families, which would roll out at RSCH in July and at Worthing and St Richards sites in the autumn. In summary, participating in this pilot had been beneficial, building on the excellent work led by PRH as an early adopter.

- 6.4 Jackie Cassell asked how the Trust manages this for patients with cognitive issues or learning disabilities, and ensure that all families are aware of these arrangements? Maggie explained the informative communications methods taken to support patients and families.
- 6.5 Paul Layzell shared that patients or family members might feel overwhelmed by the complexities and information available within the Trust sites, and whether these communication methods were sufficient to draw attention to the calls for concern opportunity. Moving forward, the Trust would continue to ensure this information was well communicated, and the assessment of good ward communication to patients and their families has been integrated into Fundamental Standards of Care audits.
- 6.6 Philip Hogan questioned that given the Trust had the option to be involved in pilots, and the ensuing positive engagement, given Martha's Rule's national prominence, why did the Trust choose this pilot, especially since the similar format already in place at Princess Royal Hospital? And what had we learned differently through this pilot? Maggie explained that PRH had been an exemplar, and there was a strong appetite to enter this pilot. The Trust was excited to participate, recognizing our responsibility to learn both nationally and locally. There has been enthusiasm for the slightly different call for concern model, and we've shared learning across other sites. Additional funding has allowed us to be involved in this pilot, and clinicians are keen to understand the learnings from this work.
- 6.7 George Findlay shared his thoughts on what would success look like. Sharing that ideally patients and their families should feel comfortable talking and communicating with ward colleagues, creating a culture of partnership with clinical teams, and whether the maturity in handling calls for concern could reflect this partnership.
- 6.8 George added that the Trust continued to ensure that any concerns raised were addressed, maintaining a close relationship with patients and families through good communication. If families were not assured, then Martha's Rule would serve as a reliable safety net.
- 6.9 Lucy Bloem asked what the feedback had been since the Trust had extended its visiting hours as a core part of this initiative. Maggie shared that the feedback had been positive to date and that the significant improvements to communications had been encouraging, whilst the Trust maintained its commitment to taking concerns seriously.
- 6.10 The Chair asked for clarification regarding the feedback to ward teams when Martha's rule had been enacted. implementation route. The Chair also asked whether debriefing methods were undertaken after such events to secure learning. Maggie confirmed the feedback approach was linked to learning from complaints process and this continued to be improved.
- 6.11 Rox Smith reflected on the origins of this initiative and praised the PRH team that drove its early adoption, it was asked how RSCH was preparing for the rollout to ensure there is a strong unified approach to its implementation. Maggie advised that the Trust had established a strong and robust steering

group that had representation from all sites, maintaining good engagement from the first phase, and whilst the Worthing and St Richards sites weren't as involved initially, engagement had significantly improved as they become ready to adopt this approach. The Board agreed it would be pertinent for the Patient & Quality Committee to receive an update on the rollout at RSCH later in the year.

6.12 The Board **NOTED** the Patient Story.

TB/05/25/7 CHIEF EXECUTIVES REPORT

- 7.1 George Findlay began by sharing his privilege in being a judge for this year's Patient First STAR Awards, highlighting the many uplifting and inspiring nominations received. George took the opportunity to say thank you to all staff for their dedication, compassion, and service, as they continue to deliver exceptional patient care during periods of high activity levels during the last quarter, both for planned and urgent care.,
- 7.2 George shared that he had been visiting teams and departments, something all the members of the executive team make time to do each week. In addition to the regular visits to the urgent and emergency care teams and other frontline colleagues, over the past month there had been focus on spending time with other critical patient facing teams such as housekeepers, portering, catering, and security colleagues. Utilising the experience to discuss the concerns about the violence and aggression staff can face and what could be done to address it.
- 7.3 George shared congratulations in respect of many areas across the Trust for their innovation, improvement and achievements, and drew out that these included the two HSJ Partnership awards to Consultant neurologist professor and clinical nurse specialists who won Best Pharmaceutical Partnership with the NHS as part of a national pilot to provide more accurate diagnosis of Alzheimer's disease via cerebrospinal fluid (CSF) testing; and colleagues from Clinical Education and Practice Development were recognised by winning the Workforce and Wellbeing Initiative of the Year for our collaboration with The Bravest Path. The 3Ts Programme Team were highly commended in the Healthcare Infrastructure Project of the Year for their management of patient and staff transfers into the new Louisa Martindale Building. George also shared the news of an 82-year-old opera singer from Lewes who became the first person in the UK to receive a new type of heart valve implant thanks to a team from the Sussex Cardiac Centre at Royal Sussex County Hospital.
- 7.4 George touched upon the comprehensive and growing health and wellbeing programme to provide support for colleagues which covered physical, mental and financial wellbeing. George also shared an update in support for our trans members of staff following the recent UK Supreme Court ruling which would have implications for the Trust policies concerning single-sex wards, services and facilities, for both patients and staff. He shared that the NHS was reviewing its national guidance to align with the Supreme Court's interpretation and statutory guidance is expected soon from the Equality and Human Rights Commission, which would be provided to future Board meetings for clarity.
- 7.5 The Board discussed how the Trust was supporting psychological wellbeing, along with understanding themes and trends in those members of its workforce accessing support, along with understanding of the common stress triggers at the workplace. The Board heard about the recent workshop undertaken to bring together its support services and reviewing emerging themes, aiding the shape of the Trust's Health and Wellbeing (HWB) approach now and into the future. Whilst noting the confidential nature of the scheme there were other

insightful aspects gathered from staff surveys, occupational health, and absence reporting, which consistently highlighted workplace stress as a major factor.

- 7.6 Paul Layzell, as Chair of the People & Culture Committee shared that the update on the Trust's Crisis Support Fund which with support from the Trust Charity had been well received by staff.
- 7.7 The Chair asked if the advances in cardiac treatment were available to all patients across the Trust or limited to the geographical area within which the specialist clinician operates? George advised that while some clinicians were highly specialised, these services were not limited to their individual patient lists, and that they formed part of a broader tertiary service model, aligned with the Trust's emerging strategy to develop centres of excellence. These procedures were accessible via tertiary referral, regardless of the patient's location and whilst individual clinicians were named in such awards, they delivered services on behalf of the organisation, not just their own patients. Katie Urch concurred with George and advised that the well-established tertiary service had strong working, with regular meetings undertaken to ensure patients remained optimally assessed and treated, across all Trust services. The Chair went on to ask, for highly specialised procedures, when a new technique is introduced, how was it ensured it became standard practice across all relevant clinicians? Both Katie Urch and Andy Heeps reflected on these specialised areas the Trust propagates best practice by training a select number of clinicians to develop expertise, these clinicians then support wider adoption through structured training, including formal courses and peer learning.
- 7.8 The Board **NOTED** the Chief Executive Report

TB/05/25/8 INTEGRATED PERFORMANCE REPORT

- 8.1 The Chair introduced the performance report for University Hospitals Sussex and informed the Board that this report shows the Trust's performance to March 2025 and sets out the progress being made to deliver the Trust's Patient First Strategy, the NHS National Oversight Framework and the wider NHS Operating Plan.
- 8.2 George Findlay highlighted sections of the Integrated Performance Report and drew out the following:
- 8.3 In Quarter 4 more than 30,000 patients provided feedback on the care they received within the Trust, 88.5% of those patients were satisfied that they had a good or very good experience, , below our target of 90%. Trust-wide ED positively reported experience remained above the national average, and the urgent and emergency care improvement plan continued to be implemented to reduce the length of waits in our departments and which improves user experience.
- 8.4 From a Quality perspective there had been continued improvement in the SHMI mortality rate which is within the nationally expected range to end December. There has been an increase in falls in January, despite a slight decline in February, there was an overall falls rate of 4.62 per 1000 bed days, marginally above the Trust rolling average of 4.3. With respect to Harm caused within our care it was shared that incident reporting had increased by 16%, noting many were low or no harm reports, providing a positive sign of learning and safety culture.

- 8.5 In relation to Performance Across quarter 4 the Trust experienced seasonal challenges in demand and urgent care flow. The Trust treated 71.5% of patients within 4 hours when attending the Trust's Emergency departments in March 2025. The Trust hospitals continued to operate at a high level of occupancy which posed challenges to flow through the emergency pathway, with further support being addressed with system partners support patients to leave our hospitals when medically ready to do so. The Trust remained in the national Tier 1 process for RTT performance, and whilst the performance for the Trust remained challenging in certain specialties, mitigations in place continued to deliver improvements with the ambition to reduce the waiting list and long waits during the year.
- 8.6 George explained that staffing indicators were broadly stable or showing some improvement, although there remains much to do to further support staff especially within the area of sickness. The Trust identified priorities for action on culture and workforce in a 'people plan' for 24/25 and has continued to pursue these as it updated its plans for 25/26.
- 8.7 At the end of March, the Trust had delivered its agreed forecast of a £40m deficit. This was further reduced by £10m through the receipt of national funding passed to the Trust via Sussex ICB, leading to a reported position of £30m deficit. Delivering this position had been secured through the hard work of colleagues across the organisation and in the context of the significant operational ask at the end of the year and puts the Trust in an improved position for delivery in 2025/26. The Trust ambition is to deliver an improvement in the deficit in 2025/26, and to reduce this entirely by the end of 2026/27 – although this remains under review as part of the planning processes in train within the Trust and across the ICB and SE Region
- 8.8 The Trust leadership continued to prioritise patient safety and staff well-being during the quarter 4 seasonal pressures. There were positive movements noted in a number of key operational metrics in planned care, cancer and diagnostics which continued to be a key part of the Trust's focus for its delivery into 2025/26.
- 8.9 At this point the Chair thanked George for the update and invited Board members to ask questions and discuss any pertinent areas of the Integrated Performance Report and agree any necessary actions.

PATIENT

- 8.10 The Board discussed the increase in complaints during quarter 4 and the root cause of the increase, it was noted that a thematic review had been undertaken to further explore what improvements could be achieved to support the length of waiting times through the waiting well initiative, along with length of stay in hospitals. In respect of the time taken to respond to any complaints received, the Board heard that early resolution was always encouraged, and support was being provided to clinical teams to engage with respective families to achieve early resolution to any issues raised. The current average length of response time was 30 days but there were currently 369 open formal complaints. The Board was informed that there had been progress in reducing the number of complaints outstanding for over six months, but work continues to target these. The Board were assured that the Patient & Quality Assurance Committee received oversight of the data which according to the Q4 report, showed some 60% of complaints were completed within the target timeframe. The backlog of complaints over six months had been significantly reduced, which was a positive step. The Chair noted the assurance provided in the report that very few complaints were reopened by the Ombudsman, suggesting the quality of the Trust responses were generally high.

PEOPLE

- 8.11 The Board discussed the positive appraisal engagement as part of the broader cultural work of aligning appraisals with the Trust's strategy, focusing on health and wellbeing, performance, and career aspirations, with the overall goal to make appraisals more than a compliance exercise. The Board recognised that the current approach was perceived to underutilise talent management, and it was necessary to better capture potential and make a step change in how appraisals were used to identify and support growth. In addition, it was noted that there was a clear linkage between leadership development and the ability to provide effective feedback, and in order to do this well the Trust leaders are being supported to develop the skills to do this well.
- 8.12 The Board further discussed vacancies having noted the highest vacancy rates were in Estates and Healthcare Science cohorts of staff, particularly amongst sonographers. It was noted that Estates reporting continued to be reviewed at Patient & Quality Assurance Committee, however it was necessary to receive assurance regarding the integral risks these vacancies could cause. David Grantham shared that the People & Culture Assurance Committee were aware of the recruitment challenges and the developing Trust Strategy would aid the mitigation of these through local workforce development, improving the Trust's attractiveness as an employer, and optimising its approach to market engagement. In respect of recruitment, it was noted that this had levelled in month 12 and a detailed workforce resourcing plan was expected to be shared with the People and Culture Committee in May. David shared that the Trust continued to face challenges in historically hard-to-recruit medical areas and were currently utilising agency support and incentivising clinicians to take on these roles in a controlled way. With regards to the sonography issues the Trust was aware of the pressures and were working through a planning recruitment and staff development process to address this.
- 8.13 Jonathan Reid shared a brief supplementary point regarding Estates and Facilities conversations whereby key areas for improvement had been discussed and were a good example of targeted work; and collaborations were underway to support transitions from bank to permanent roles, alongside structural reviews and specialist workforce improvements. In the interim, the team has been authorised to utilise estates expenditure flexibly to maintain service delivery.
- 8.14 The decline of the staff engagement score was noted to have remained at a lower level than the Trust sought to secure. The Board discussed the distinction between workforce and student responses. David Grantham outlined the unexpected reasons behind the decline in the middle of last year but outlined that there had been a steady improvement since. While unable to always determine causation, there was correlation with broader pressures, and this continued to be monitored. The Director of Midwifery, Emma Chambers, also added the social media and communications improvements undertaken within the maternity department had shown workforce engagement improvements. The Board further noted that the launch of the new Trust Strategy would be a key opportunity to set expectations for how managers engage with their teams.
- 8.15 The Board undertook a deeper discussion regarding the workforce establishment levels that were not decreasing despite the wider NHS expectation for workforce levels to be reduced in 2025/26. This is because the trust is endeavouring to recruit to substantive posts and therefore reduce the use of high cost agency staff. It was noted that a very tight control would need to be deployed over the use of agency staff as there is a risk that costs increase as we make posts substantive but still use agency staff.

SUSTAINABILITY

- 8.16 The financial position remained challenged with additional key drivers of this outlined. It was noted that enhanced cost control measures were being monitored across the Trust, and additional measures were being managed linked to the development of the strategy. Attention was drawn to the Trust's cash position whereby an agreement was in place to provide assurance to suppliers regarding the prioritisation of payment to local and small suppliers. Jonathan Reid drew attention to the Quality Impact Assessments (QIAs) being essential in fostering operational productivity through divisional teams and joint financial-operational leadership collaboration, whilst assuring the Board that early in-year challenges were on track.

QUALITY

- 8.17 From a Quality perspective the elevated SHMI at RSCH was noted as likely influenced by coding of palliative care and recording practices. It was shared that RSCH, as a major trauma centre, would naturally see a higher proportion of patients under palliative care, and when benchmarked against other major trauma and tertiary centres this trend remained consistent. Maggie Davies shared the ongoing work to address patient incidents and complaints raised both internally and by partners and the public. A key theme was avoiding unnecessary hospital admissions. Collaboration with palliative care teams was progressing well, but more support was required of system partners to strengthen community-based support.
- 8.18 Lucy Bloem questioned the upward trend on inpatient falls and requested further sharing of insights to understand this trend. Maggie Davies explained that a thematic review through the Patient Safety Incident Response Framework (PSIRF) on this area was being undertaken. This would be presented to the Patient & Quality Assurance Committee in June 2025., Maggie outlined the Fundamental Standards of Care initiatives to improve risk assessments, and shared the positive developments undertaken at the Ardingly ward at PRH, that included the daily management system and integration of quality metrics.
- 8.19 The Chair questioned the potential correlation between the data for moisture related pressure ulcers and workforce concerns. Maggie assured the Board regarding a range of steps being taken, along with analysing trends and themes from patient feedback, to support consistent care practices. Nigel Kee highlighted the importance of having a skilled, substantive workforce that could be trained and developed, with the right mix of competencies, and suggested focusing on the recently launched Band 7 leadership development campaign to drive these improvements.

RESEARCH & INNOVATION

- 8.20 Jackie Cassell shared that the Trust's EPR Invitation to Tender had been published, and work was underway to secure the requisite number of clinical evaluators, along with the work underway in preparation for the EPR including the continuation of the electronic document management system roll out.
- 8.21 Katie Urch provided an overview of the current trends in clinical trials, where there had been a noticeable decline in trial recruitment, largely due to the closure of one high-recruiting study last year. While the current figures may seem like an outlier, they reflected a transition in trial strategy rather than a systemic issue.

NATIONAL OVERSIGHT FRAMEWORK

- 8.22 Andy Heeps presented the National Oversight Framework (NOF) section of the Integrated Performance Report and reminded the Board that the Trust was awaiting the revised framework which would likely focus on a fifth segment, that allows the ICB to take a view on the performance. Andy shared that it was possible that the Trust may move into segment 4 based on this revised framework methodology.

[The meeting was paused at 11:00am to allow for the Board to participate in the national observance of remembrance.]

SYSTEMS & PARTNERSHIPS

- 8.23 The Board discussed the improvements shown in 60-minute ambulance handovers within the ED, noting that a 45-minute internal target was adopted to manage flow and space constraints, particularly within the RSCH ED. Andy Heeps highlighted the performance initiatives linked to offloading support, improved triage, and better site-wide coordination which had supported improvements to these ambulatory metrics, noting these are a key component of the Trust's UEC (Urgent and Emergency Care) improvement plan. The Trust had also gained positive national attention for these improvements.
- 8.24 The Board further discussed maintaining the delivery of the 65 weeks performance metrics and for the current cohort of long-waiters, and how the waiting well initiative could support improvements to those waiting. The Board heard from Nigel Kee that the revised Integrated Performance Report would provide better visibility and explained that within April's data there were no patients breaching the PTL threshold, and the number of 78-week waiters had halved. However, due to some tactical challenges the Trust hadn't yet reached its zero target, and that there were aligned plans in place to improve this metric. The Board heard that a review of the programme would be shared via the Finance & Performance Committee once completed.
- 8.25 George Findlay shared that it was important to acknowledge the breadth of work happening across all areas of the Trust, and to recognise the significant progress made, particularly in Cancer services which has been moved out of Teir 1 oversight. Despite a challenged year, the Trust had the lowest backlog ever recorded, diagnostic times had improved by 80%, making us the strongest performer in the region.
- 8.26 George concluded the update sharing that the current Integrated Performance Report needed to be refreshed and restructured to be aligned against the developing Trust Strategy to focus the report to prompt the right actions and facilitate the right conversations within the Trust and at Board. The Board agreed that this refresh would bring value to the Board by ensuring that all elements were strategically aligned to support the Trust's Strategic ambitions.
- 8.27 The Board **NOTED** the Integrated Performance Report.

TB/05/25/09 SINGLE IMPROVEMENT PLAN

- 9.1 The Board noted the update which drew attention to the structure of the improvement plan and its role in capturing the work to ensure the relevant Board Committees received oversight of their respective programme delivery as part of business as usual reporting.
- 9.2 The Board **NOTED** the Single Improvement Plan report.

TB/05/25/10 MATERNITY UPDATE

- 10.1 Emma Chambers drew the Board's attention to the papers included in the pack and drew out the following:
- 10.2 In relation to the Perinatal Quality Surveillance report, Emma escalated the national shortage in relation to the Trust's sonography service, aligned to the Saving Babies Lives v3 expectation of the increased volume of scans per year, as yet there was no confirmed action from NHS England in respect of national recruitment, however work to improve the Trust's position remained a key issue for the Trust.
- 10.3 Positively, Emma shared that the Trust had met the national NHSE ambition set in 2017 by the Secretary of State for Health, to reduce the stillbirth rate by 50% by 2025. The aspiration was a rate 2.5 per 1000 births, with the service significantly exceeding this ambition with the rate currently being 1.05 per 1000 births.
- 10.4 Emma explained that a special cause variation had been identified in neonatal outcomes at St Richards Hospital and Princess Royal Hospital. A thematic review was conducted on the cases, with an external representative included on the review panel to ensure objectivity and rigor. Emma assured the Board that the PMRT (Perinatal Mortality Review Tool) process was followed, and all learning had been shared across the relevant teams, and outcomes continued to be monitored through Statistical Process Control charts to track trends and ensure early identification of any further variation.
- 10.5 Emma highlighted the positive national FFT feedback from service users, along with the impactful work from the Maternity Voice Partnership group, and encouraging results from the latest staff survey highlighted that the workforce felt heard and supported.
- 10.6 Emma outlined the workforce absence hotspots within the midwifery team, some of which were impacting fill rates and service delivery particularly within St Richards Hospital. On a positive note, it was shared that the new Head of Midwifery had introduced a pilot of self-rostering, which was showing promising results in improving staff autonomy and scheduling flexibility. Emma assured the Board that one to one labour support was being maintained despite the workforce pressures.
- 10.7 Emma Chambers presented the Saving Babies Lives report for Q3 2024/25 and highlighted that the Trust was 100% compliant with the implementation tool however, this had reduced to 99% due to out of date sonography guidance which was expected to be updated by the end of May 2025.
- 10.8 Emma Chambers presented the Perinatal Workforce biannual report regarding the Perinatal workforce in response to the First Ockenden report and Clinical Negligence Scheme for Trusts, and Maternity Incentive Scheme requirements. Emma explained that the service had continued to provide high quality and safe care, and there had been improvements in the overall staffing position in all Perinatal services, despite the challenges.
- 10.9 The Board praised the leadership journey within the Women & Children's Division since Emma had joined the Trust, noting that the Perinatal performance metrics were now exceeding national benchmarks. Andy emphasised the importance of reflecting on this progress and suggested that the Board consider the division's approach, particularly the way it had built a strong leadership structure across clinical directors, midwifery leads, and site-based teams as it brings other teams together. This integrated leadership

journey would offer valuable insight into shaping and understanding the broader organisational culture.

The Board **NOTED** the:

- Perinatal Quality Surveillance Report
- Saving Babies Lives Care Bundle v3 Quarter 3 report
- Perinatal Workforce bi-annual report

TB/05/25/11 ASSURANCE REPORTS

RESEARCH INNOVATION & DIGITAL STRATEGY ASSURANCE COMMITTEE

- 11.1 Jackie Cassell, Chair of the RI&D Committee updated the Board on their recent meeting and the assurances received in relation to Research, Innovation and Digital and confirmed that the key matters had been referenced within the IPR discussion earlier in the meeting.
- 11.2 The Board **NOTED** the Research Innovation & Digital Chairs report.

PATIENT & QUALITY ASSURANCE COMMITTEE

- 11.3 The Chair invited the Chair of the Quality Committee, Lucy Bloem, to update the Board on their recent meeting and the assurances received in relation to Quality.
- 11.4 Lucy asked the Board to note the growing and urgent need to address the mental health and behavioural needs of Children and Young People (CHYP). A summit intended to be convened by the ICB 18 months ago was yet to take place, despite repeated escalations through the Quality Review Meetings (QRMs). Within the Trust it was confirmed that operational oversight was being maintained on a case-by-case basis whilst encouraging commissioning colleagues to act. There has been significant system change, but the need for Executive influence through the provider collaborative remained critical to ensure supported was provided to these young patients.
- 11.5 The Board **NOTED** the Patient & Quality Committee Chairs report.

PEOPLE & CULTURE ASSURANCE COMMITTEE

- 11.6 Paul Layzell, Chair of the People & Culture Assurance Committee updated the Board on their recent meeting and the assurances received in relation to People & Culture. Paul confirmed that the main elements had been covered within the earlier discussion in the IPR.
- 11.7 The Board **NOTED** the People & Culture Committee Chairs report.

FINANCE & PERFORMANCE ASSURANCE COMMITTEE

- 11.8 Philip Hogan, Chair of the Finance & Performance Assurance Committee updated the Board on their recent meeting and the assurances received in relation to Finance & Performance. Phil added that the main discussions within the Committee had been in respect of the operational and financial delivery in the last quarter of the year which had been covered in the IPR discussion earlier in the meeting.
- 11.9 The Board **NOTED** the Finance & Performance Committee Chairs report.

AUDIT COMMITTEE

- 11.10 Glen Palethorpe, on behalf of David Curley as Chair of the Audit Committee updated the Board on the recent meeting and the assurances received.
- 11.11 The Board **NOTED** the Report from the Audit Committee and the assurances from the Committee in respect of the financial accounts and annual reporting processes.

STRATEGY AND MAJOR PROJECTS ASSURANCE COMMITTEE

- 11.12 Paul Layzell, Chair of the Strategy & Major Projects Assurance Committee updated the Board on the launch of the new meeting and the activity undertaken to determine the way Committee seeks to operate during 2025/26.
- 11.13 The Board received and **APPROVED** the Committee Terms of Reference.
- 11.14 The Board **NOTED** the Report from the Strategy & Major Projects Committee.

TB/05/25/12 OTHER BUSINESS

- 12.1 The Board **NOTED** the receipt of the NHS England confirmation which confirmed that following a review of elective, cancer and diagnostic performance, and in agreement with the regional team, University Hospitals Sussex would be in Tier 1 for Elective and Tier 2 for Cancer for Quarter 1 of 2025/26.
- 12.2 George Findlay shared the excellent news that the Trust had received planning permission for the Sussex Cancer Centre, and would now progress to the next stage of the project.

TB/05/25/13 DATE OF NEXT MEETING

- 13.1 It was noted that the next meeting of the Board of Directors was scheduled to take place at **10.00 on Thursday 05 June 2025**

Tamsin James
Board & Committees Manager
May 2025

Signed as a correct record of the meeting.

..... Chair
..... Date

Agenda Item:	6.	Meeting:	Trust Board in Public	Meeting Date:	05 June 2025
Report Title:	Chief Executive's report				
Sponsoring Executive Director:	Dr George Findlay				
Author(s):					
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only	
	N/A	N/A	Yes	Yes	
Reason for not being taken in public <i>(indicate as appropriate)</i>	Commercial confidentiality	Staff confidentiality	Patient confidentiality	Other exceptional circumstances (please detail)	
	N/A	N/A	N/A	N/A	
Regulatory Reporting Requirement		N/A			
<div>Chief Executive Report</div> <div>Maternity services</div> <p>I am very pleased to update the board on the progress made by our maternity services and their work with the Maternity Safety Support Programme. As colleagues will see in appendix A, the lead for the programme, and national maternity improvement advisor, has confirmed their support for services to move to the next phase of the programme, with a view to exiting completely later this year.</p> <p>This is a significant step forward and very welcome recognition of the improvements made, including the work with services users and staff. The team from MSSP were so impressed with this work that we've been encouraged to share with other trusts in the programme.</p> <p>I am sure the board will join me in thanking our maternity teams for their hard work and dedication to reach this milestone, and I look forward to visiting and thanking them in person. This welcome news comes as we also await the reports from the Care Quality Commission, following their most recent inspection of maternity services.</p> <div>Sussex Cancer Centre</div> <p>Our plans to improve cancer care for people across Sussex have taken a big step forward with the approval of planning permission for our state-of-the-art new Sussex Cancer Centre. The centre will be built on the grounds of the old Barry Building at the Royal Sussex County Hospital in Brighton (RSCH).</p> <p>This specialist facility will be vital in expanding and improving services so we can treat the growing number of people who will receive a cancer diagnosis in their lifetimes, both more quickly and with better outcomes.</p> <p>The new Cancer Centre is seven times the size of the current centre at RSCH and will give us more inpatient beds and enable us to provide significantly more treatments in outpatient settings.</p> <p>It will be a specialist tertiary hub for Sussex, working with all our hospitals and our partners to provide more care closer to home.</p>					

The centre's new Acute Cancer Assessment Unit is also designed to reduce pressure on the hospital's emergency department by enabling many more patients to be cared for by their specialist team as outpatients, rather than needing to attend our main A&E.

Our cancer and capital development teams have worked incredibly hard to produce a scheme that can be funded and delivered as part of <https://www.uhsussex.nhs.uk/news/new-sussex-cancer-centre-in-wave-1-of-governments-revised-new-hospital-programme> of the New Hospitals Programme (NHP). This means, subject to our Full Business case being approved, above ground construction will begin next year and with the building due to open for patients in 2029.

If we had ended up in Wave 2 or 3, we could be waiting up to 15 years to start building, so it was absolutely critical that we secured NHP approval. To do that, we had to make changes to the original design, one of which was the removal of the planned basement car park.

Changes in hospital parking provision are never an easy or popular trade-off but offering a staff park-and-ride scheme has enabled us to prioritise almost all spaces at RSCH for patients and visitors. This also means we will be providing more patient and visitor parking on site than under the original plans. We appreciate that the loss of some further spaces on site is disappointing, but the scheme would simply not have gone ahead in its original form, and it was important for us to prioritise the extensive clinical benefits.

As a result, we can now look forward to having an incredible new and purpose-designed Sussex Cancer Centre that will transform care for people living across Sussex.

Research and innovation

Importantly, the new Sussex Cancer Centre will be a base for a new regional cancer research partnership that will shape the future of treatment and give our cancer patients access to cutting-edge clinical trials.

As a large university hospitals trust, our potential to expand and develop new research and innovation opportunities for both patients and staff is significant. This is central to our strategic development and growth as a Trust.

Each of our hospitals has a locally based research and innovation team with extensive experience in managing research studies across a wide range of speciality areas. We host both commercial and non-commercially funded research and studies, ranging from Phase 2 clinical trials to large scale observational studies.

In May, we celebrated International Clinical Trials Day and reflected on the global reach we already have. In the last three months of 2024, University Hospitals Sussex research was cited in health guidelines or policy documents published in 26 countries.

Our research has had an impact as far afield as New Zealand, Malaysia, Canada and Brazil, and was referenced by organisations ranging from the World Health

Organisation to the European Centre for Disease Prevention and Control, and the American College of Radiology.

Trust colleagues also contributed to more than 160 research articles published during the same period and were the primary author of more than 100 of them. These achievements reflect the range and quality of research taking place across our hospitals.

In 2023/24, we were in the top 20% of trusts in England for patient participation. In each of the last two years, we ran more than 250 research studies, and across the first two months of the current one, we are already up to 106.

This work has included groundbreaking studies on using AI for stroke patients, treating children with asthma, and lowering blood pressure in older adults, and we are committed to doing more in the years ahead.

We have also been awarded £3.5m government funding to set up a <https://www.uhsussex.nhs.uk/news/sussex-to-receive-3-5-million-for-cutting-edge-health-research> that will strengthen our partnerships with the life sciences industry and create a new health innovation hub for the South Coast.

That will be part of a new Clinical Research Centre in the Louisa Martindale Building, which will support satellite facilities at our other sites, with the neighbouring new <https://www.uhsussex.nhs.uk/news/new-sussex-cancer-centre-gets-the-green-light-from-planners> providing an accompanying state-of-the-art research environment that will shape the cancer treatments of the future.

We also know that research and innovation are important to our staff – in the latest staff survey, this was a topic that many colleagues wanted to hear more about. Our Research and Innovation team regularly publishes information about its work on our website at www.uhsussex.nhs.uk/research-and-innovation/, including what trials we are currently running and how patients and staff can find out more.

In the longer term, we want to put research at the heart of more colleagues' working lives and making research available for as many patients as possible. We will do this by integrating it into more patient pathways, creating more research nurse and allied professional health-worker posts, and widening our partnership with the Brighton and Sussex Medical School and other universities.

This will give colleagues more opportunities to build their research expertise and take their careers in new directions, as well as giving our patients access to life-changing and life-saving new treatments.

The evidence is clear – there is a 'research effect' that shows research-active trusts deliver better patient outcomes and a better patient experience. There are also strong links with improved staff morale, recruitment, and retention.

This is why improving and expanding research at University Hospitals Sussex is something we will be talking about much more regularly in the years to come, as a fundamental part of our new five-year strategy.

In the meantime, I want to take this opportunity to thank everyone involved in our research programme – it is their hard work and commitment that has delivered such excellent future opportunities for us all.

	<p>Interested to find out more</p> <p>If you are interested to find out more, the news section of our website provides a comprehensive resource of information and achievements. Please visit www.uhsussex.nhs.uk/news. We are also active on social media. Please join the conversation, comment, like, and share by searching for @UHSussex on your favourite platform.</p> <p>We also invite people living locally to join University Hospitals Sussex as a member, volunteer in our hospitals, or to develop their career with us. With seven hospitals across Sussex and numerous satellite services, we are proud to be at the heart of the communities we serve. We wish to welcome others to our UHSussex family too. Visit www.uhsussex.nhs.uk/join-us - thank you.</p>					
Recommendation	The Board is asked to NOTE the Chief Executive's Report.					
Assurance / Scrutiny route already undertaken (please explain where matter previously considered, and assurance provided)						
Link to Trust Strategy (note which theme)	Care	People	Future	Communities	One UHSussex	Culture
	Yes	Yes	Yes	Yes	Yes	Yes
Link to annual delivery plan	N/A					
Link to BAF (explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc)	N/A					
Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	Yes	Yes	Yes	Yes	Yes	Yes
Other impacts	Equality and Diversity (if yes has HEIA completed)		Environmental	Legal	External Registrations (if yes please indicate which)	
	N/A		N/A	N/A	N/A	

Classification: Official



To: • George Findlay, CEO
• Maggie Davies, CNO
• Emma Chambers, DoM

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

cc. • Tim Taylor, Chief of Service
• Sebastian Adamson, Clinical Lead
• Hugh jelly, DDO
• Kaye Wilson, regional CMIDO

28 May 2025

Dear Maggie,

Review and Reset Meeting

Apologies for the delay in sending this through and thank you to the senior teams for organising such an informative review and reset meeting on the 13th May 2025, and for the presentation you provided outlining your improvements whilst recognising ongoing challenges.

It was evident that you have made significant improvements and we discussed how you could share your improvement journey with other Trusts on the MSSP. The work that you had undertaken in relation to staff and service user engagement is something you should be rightly proud of as a Trust.

The Trust are currently in the improvement phase of the MSSP, and it was agreed by all stakeholders that you would move to the sustainability phase of the programme with immediate effect, in preparation to exit from the MSSP to system support in Q3 2025.

I hope that this aligns with your view, and I am very happy to discuss further if required.

Please forward to the relevant team members.

Publication reference: Sussex Review and Reset



Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ame', is positioned above the printed name.

Amanda Pearson

National Maternity Improvement Advisor

Lead for MSSP

Agenda Item:	8.	Meeting:	Trust Board Meeting in Public	Meeting Date:	05 June 2025
Report Title:	Financial and Operating Plans 2025/26 – Summary				
Sponsoring Executive Director:	Jonathan Reid, Chief Financial Officer				
Author(s):					
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only	
	N/A	Yes	Yes	N/A	
Reason for not being taken in public <i>(indicate as appropriate)</i>	Commercial confidentiality	Staff confidentiality	Patient confidentiality	Other exceptional circumstances (please detail)	
	N/A	N/A	N/A	N/A	
Regulatory Reporting Requirement					
<p>Summary of the report describing</p> <p>What <i>(summary of current position / issue & why it matters and evidence to support that position etc)</i></p> <p>What? The Trust has confirmed its financial and operating plan for 2025/26 after extensive scrutiny by Board sub-Committee and in private Board Sessions. This paper provides a summary of the financial and operating plans for the Board to ensure both Board oversight and public scrutiny of the plans.</p> <p>So What <i>(provide meaningful analysis drawing out as appropriate implications against Trust Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)</i></p> <p>So What? The Trust plans are ambitious and aimed at meeting regulatory requirements around operational and financial delivery, whilst ensuring continued improvement in quality and safety, and will be carefully monitored and reviewed over the coming year. At each Quarter, a formal review of delivery will be undertaken by the Board to evaluate progress and to form a view on whether remedial action is required, and if so, what these actions are. The Executive Team are working with colleagues across the organisation to ensure an appropriate list of backstop actions are available.</p> <p>What Next <i>(summary of intended action and benefits supporting the choices and recommendation(s) being made)</i></p> <p>What next? During June, the remaining components of the efficiency and productivity plan will be finalised for presentation to the Finance and Performance Committee. Performance at Month 2 and Month 3 will be carefully scrutinised and a formal review will be undertaken at the end of the Quarter on delivery. This will continue over the course of the coming year, with the quarterly reviews maintaining momentum and supplementing Board scrutiny through the Integrated Performance Report and Board sub-Committees.</p>					
<p>Recommendation <i>(linked to What Next section)</i></p> <p>The Board is asked to note the confirmed and final Financial and Operating Plan for 2025/26 and the associated arrangements to ensure Board oversight and support delivery.</p>					
<p>Assurance / Scrutiny route already undertaken <i>(please explain where matter previously considered, and assurance provided)</i></p> <p>The financial and operating plan has been considered by the Board in workshop and private Board meetings during the period January to April 2025, and through Finance and Performance Committee on a monthly basis over this period. Where appropriate, components of the plan have been considered by the relevant sub-Committees.</p>					

Link to Trust Strategy (note which theme)	Care	People	Future	Communities	One UHSussex	Culture
	Yes	Yes	Yes	Yes	Yes	Yes
Link to annual delivery plan	The plan is aligned with the emerging Annual Delivery Plan.					
Link to BAF (explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc)	The Plan is aligned with the key BAF risks around Operating and Financial Performance and Sustainability. These BAF risks are being refreshed during June in line with the refreshed Board Strategy and will fully articulate the relevant risks and mitigation measures. The scoring for financial sustainability and delivery remains high at 20, but will be reviewed through the quarterly progress review.					
Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	Yes	Yes	Yes	Yes	Yes	Yes
Other impacts	Equality and Diversity (if yes has HEIA completed)		Environmental	Legal	External Registrations (if yes please indicate which)	
	N/A – but note new QIA process includes more formal assurances		N/A – but note ongoing refresh of Green Plan	N/A	N/A	



University Hospitals Sussex
NHS Foundation Trust

2025/26 Financial and Operating Plans - Summary

Jonathan Reid, CFO

05 June 2025

Executive Summary

- The Trust has set a balanced financial plan for 2025/26, sitting within a balanced financial plan for Sussex. The Trust has also set itself an operating plan which meets substantially all of the national access and performance standards and, where these are not met, moves towards compliance. These access and financial priorities are supported by a detailed workforce plan and sit alongside our ongoing work to maintain and improve the quality and safety of services for patients and carers. This briefing for the Board sets out the key components of the plan.
- A number of iterations of the plan have been considered by the Trust Board, with extensive scrutiny and review by Board sub-Committees. The Trust plan is ambitious and wide-ranging. It sits alongside ongoing work to strengthen our Divisional accountability and operating model, significant investment and reshaping of the infrastructure for delivery and the implementation of the final components of our Single Improvement Plan (SIP). This will require steady and careful monitoring through the Trust Board Committees, who have been closely involved in the development of the Plan. The Board will receive progress reports through the Integrated Performance Report, through Committee reports, and with a regular quarterly full review of delivery.
- Our Quality Impact Assessment approach is being refreshed, which will consider a broader range of impacts from service changes and the implementation of efficiency and productivity savings and will support implementation whilst ensuring that quality and safety is not adversely impacted – and indeed, improves in line with the Single Improvement Plan and our emerging Trust Strategy.
- Our Operating and Financial plan is ambitious and was finalised at the same time as the Trust Strategy was taking its final form. Accordingly, it is not the first year's Implementation Plan, but there is a significant level of cross-over and alignment between the two. The Strategy Team have been closely involved in the development of the Trust Operating Plan for 2025/26 to ensure alignment.

Operating Plan 2025/26

- Delivering improvements to operational performance and meeting national access and performance standards is a key ambition, both within the emerging Trust strategy and the Annual Plan for 2025/6. The Trust plan builds on significant improvement seen in 2024/25 and moves steadily towards full compliance in 2026/27.
- The table below sets out the Trust's ambition for the coming year across the key national performance metrics. The Trust plan is compliant with all national ambitions, with one exception in respect of referral to treatment times.

Area of Focus	National Target	Trust Latest Published Month (Apr 25)	Trust Plan to March 2026
RTT	<ul style="list-style-type: none"> - 60% minimum <18 weeks - 52 wk performance <1% 	<ul style="list-style-type: none"> - 50.3% - 6.0% 	<ul style="list-style-type: none"> - 55% - 3.3%
Cancer	<ul style="list-style-type: none"> - 62 day >=75% - Faster Diagnosis >=80% 	<ul style="list-style-type: none"> - 68.9% (March) - 79.9% (March) 	<ul style="list-style-type: none"> - 75% - 80%
Diagnostics	<ul style="list-style-type: none"> - <5% over 6 week waits 	-14.4%	-5%
A&E/ Urgent Care	<ul style="list-style-type: none"> - 78% <hr performance (including catchment MIUs) 	- 72.1%	- 78%

- During 2024/25, the Trust saw one of the largest improvements in waiting list reductions in the NHS, and made significant improvements in access. However, for 2025/26, the Trust cannot – within available resources and constraints, including infrastructure and staffing – deliver the full 60% ambition for 18 weeks, and the associated reduction in reducing 52 week waits. However, the Trust has set an ambitious recovery target of 55%, and intends to attain 60% in 2026/27. The Trust remains in tiering for elective performance, and receives additional support and scrutiny in this area – but the plan has been reviewed in detail by internal and external stakeholders. All other access standards will be delivered in year. The Trust continues to work in partnership with providers across Sussex.

Financial Plan 2025/26

- The Trust has set an ambitious plan to reach breakeven in 2025/26, working with partners across the Sussex area. The 'financial reset' for the NHS in 2025/26 has increased the ambition for delivery across all providers, and includes an enhanced focus on financial and operational delivery, grip and control including accountability, and productivity, as well as a significant requirement to reduce the level of corporate costs and overheads. The Trust plans reflect these ambitions and delivery arrangements within the organisation continue to be refreshed to ensure delivery.
- The Trust has worked closely with NHS Sussex and NHS England to agree a funding settlement which reflects available resources and local and national priorities. Taken together with pressures on expenditure, and the underlying run-rate on the exit from 2024/25, the Trust has an efficiency requirement of £108.9m, which is a significant increase on previous years. The delivery arrangements for efficiency, including QIA, continue to be strengthened to support this ambition.
- The Trust will continue to work closely with system partners, the ICB and Regional colleagues to deliver this financial plan, and support system balance.

2025/26 Financial plan	£m
2024/25 FOT minus deficit funding	59.5
Non recurrent mitigations to deliver £40m FOT	34.2
System deficit support funding	3.5
3T's funding reduction	4.0
Underlying run rate	101.2
CUF inflation impact	36.7
UEC, Diagnostics, Specialised Activity Growth impact	14.3
Convergence	7.0
0.5% deficit repayment	3.4
CDC funding tariff change	3.3
25/26 funding pressures	64.8
Specialised growth (net)	(0.9)
System Funding redistribution	(1.1)
UEC growth costs	(13.4)
A&E growth costs	(1.0)
Pay: Other income support	(1.3)
National System Support Funding	(17.7)
Regional Risk Reserve	(6.1)
Additional funding agreed through Sussex System	(15.6)
25/26 funding settlement	(57.1)
Efficiency and Productivity Requirement	(108.9)
2025/26 Financial Plan	0.0

Delivering our Financial Plan

- Central to the delivery of our Financial Plan is the identification and delivery of £108.9m of efficiency and productivity savings. This is supported by our Financial Recovery Delivery Board, chaired by the Chief Executive, and attended by leaders from across the organisation. In turn, the work of the FRDB is supported by the Efficiency Director, working with the Executive Team, and the Efficiency Team.
- Working with Divisional Leadership Teams, £50m of 'core' efficiency and £18.5m of productivity schemes have been identified, and the balance of the programme is made up of a series of significant projects, aligned with our Strategy, and aimed at securing significant improvements in utilisation of key assets and services. The Finance and Performance Committee have recommended the plan to the Board on condition that – in line with the national ask – all schemes are identified and 'fully assured' by the end of Q1. Work is in train to ensure that this is delivered.
- Supporting our ambitious financial plan, Divisional and Corporate budgets have been reset and a new framework for financial accountability and management is being implemented, alongside a strengthening of the overall performance management arrangements across the Trust. Delivery will be supported and monitored through Divisional Leadership Teams, with early remedial action to address challenges and variance.
- Our plan requires the delivery of an overall 6% improvement in productivity across the main elective points of delivery, which has the additional benefit of supporting operational performance standards. With the support of key Operational and Clinical Leaders a detailed demand and capacity plan has been developed and is being used to monitor deliver. This will secure the Trust ERF income above core of £49.5m, and the Trust continues to work with NHSE and the ICB, as well as Sussex partners, to ensure that this is delivered within the overall resource envelope.
- Crucially, the Finance and Performance Committee has also recommended the plan to the Board on the basis that formal quarterly reviews of financial performance are undertaken against a 'stretch' run-rate ambition which is more ambitious than the initial plan. If this stretch ambition is not met, the Board will formally review actions to ensure delivery of breakeven. The Executive Team are working on a full suite of options for review at Q1, in July.

Workforce Plan – Supporting our Staff

- The Trust operating plan is supported by a detailed workforce plan – not just at the level of the Trust, but for each Divisional team. This is supported by a robust system of controls over workforce, including an enhanced Vacancy Control Process reporting directly to the Executive Team. Delivery of the workforce plan is closely monitored by the relevant Trust Board sub-Committee, which also works to ensure that the other elements of our Workforce Strategy are delivered, including key plans in respect of Education, Workforce Development, Culture and Equalities.
- The Trust plan includes an ambitious aspiration to substantiate a significant component of our staffing expenditure. Levels of temporary staffing spend are significantly above comparator Trusts, and the Trust is also relying heavily on insourcing and outsourcing to meet operational delivery requirements in certain key specialties.
- The Trust has – as part of the reset of the Divisional budgets and the development of the Efficiency and Productivity Programme – proposed a significant planned increase in the recruitment of clinical staff to support a sustainable delivery of the capacity required to respond to the needs of our local population. This approach will see a movement of expenditure from ‘temporary staffing’ and ‘non-pay’ (outsourcing contracts, for example) into substantive pay and posts. Additional resourcing and specialist expertise has been secured to support the Divisional Leadership teams in implementing this approach, which will take some time to embed.
- At the same time, the Trust has committed to meeting the national mandated reductions in expenditure on agency and bank expenditure, with targets agreed with Divisional teams. Delivering our core strategy of substantiation should secure these ambitions, alongside robust grip and control measures over the use of temporary resourcing and moving towards a sustainable workforce.
- Finally, the Trust has been given a target for reduction in corporate and back-office costs over 2025/26 and 2026/27, in line with the national targets. This provides an opportunity to review our operating model for support to clinical and operational staff and a £3.5m reduction is included in the programme for 2025/26. This is being carefully managed through a dedicated workstream within the Efficiency and Productivity programme, and as the Trust finalises its refresh of the operating model, will provide opportunities for changing roles.

Next Steps

- The Trust Board has approved the submitted operating and financial plans for 2025/26, with a number of conditions suggested by the Financial and Performance Committee, aimed at ensuring steady delivery across the year and minimising risk to the breakeven ambition. The plan is supported by detailed workforce plans, and an emerging Efficiency and Productivity Plan. Implementation of the Single Improvement Plan, as well as our broader work on quality improvement, will continue as planned and shared with the Board in previous meetings.
- The next key milestone for the Trust is at the end of Quarter 1 where the Board will receive an update on performance against key standards and the stretch financial ambition, as well as receiving confirmation from the Finance and Performance Committee on the development of the Efficiency and Productivity Programme. At this point, the Board will consider whether remediation actions, against a list proposed by the CFO and Executive Team, are required. At the end of Month 1, the Trust is delivering slightly ahead of its baseline plan, but behind the stretch plan, so work is in train to ensure a list of remediation measures is available for review. The Trust initial capital plan has also been agreed by the Finance and Performance Committee and will be presented to the Board at the Q1 review point.
- The development of the plan is intended to improve the quality and safety of services provided across the Trust, with the use of the Quality Impact Assessment tool to monitor the impact of efficiency and productivity schemes. Discussions on financial improvement are framed through the lens of improving service quality. The operating plan is aligned with the Trust Strategy which has, at its core, an ambition to improve quality and safety. However, the scale of the ambition means that continued scrutiny and focus on quality and safety, and workforce matters, through the relevant Board sub-Committees will continue to be crucial.
- The Board will receive updates on operational and financial delivery through the Integrated Performance Report and specific reports from Committees, as well as through specific Committee reports. In addition, the Trust is working closely with ICB and NHS England Regional colleagues on assurance and delivery, with bi-weekly reports on key issues around Efficiency and Productivity. Securing the deficit funding embedded within the Trust and Sussex plans – at £28.3m for the Trust alone– is contingent on continued assurance that the risks of delivery are being managed at the Trust and across Sussex. At Month 1, the Trust is on track for delivery, and teams across the organisation have worked hard to develop a robust and ambitious plan for 2025/26.