University Hospitals Sussex
NHS Foundation Trust

Formal Meeting of the Council of Governors to receive the 2024/25 Annual Report and Accounts for University Hospitals Sussex NHS Foundation Trust

Tuesday 30 September 2025

19.15 – 19.30

MS Teams (this will be on the same link as the AGM)

Item: 1	Time: 19.15	**Welcome and apologies for absence**	To note	Verbal	Presenter: Chair
Item: 2	Time: 19.15	**Declarations of Interest**	To note	Verbal	Presenter: Chair
		Quoracy of Council of Governors Meetings *A meeting of the Council shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that there shall be present at the meeting at least one third of all Governors (7 allowing for vacancies). Of those present, at least 51% shall be elected Governors.*			
Item: 3	Time: 19.15	**Minutes of the AGM held on 30 July 2024** (noting these were approved by the Council on 8 August 2024)	To note	Enclosure	Presenter: Chair
Item: 4	Time: 19.15	**External Annual Auditors Report 2024/25** for UHSussex NHS Foundation Trust	To note	Enclosure	Presenter: Paul Jacklin External Audit (Grant Thornton)
Item: 5	Time: 19.25	**Acceptance of the Annual Report and Accounts as presented at the AGM**	To accept (noting earlier presentation and discussion in AGM)	Verbal	Presenter: Chair
Item: 6	Time: 19.30	**Any further questions from Governors on the Accounts not covered in the AGM**		Verbal	Presenter: Chair
Item: 7	Time: 19.30	**Close of meeting**		Verbal	Presenter: Chair

Minutes

University Hospitals Sussex NHS Foundation Trust

Minutes of the Council of Governors meeting held at 19.00 on Tuesday 30 July 2024, at Louisa Martindale Building, Royal Sussex County Hospital, Eastern Road, Brighton, BN2 5BE and via Teams Live Broadcast

Present:

Philippa Slinger	Chair
George Findlay	Chief Executive Officer
Andy Heeps	Deputy Chief Executive / Chief Operating Officer
Katie Urch	Chief Medical Officer
Maggie Davies	Chief Nurse
Clare Stafford	Chief Financial Officer (interim)
David Grantham	Chief People Officer
Darren Grayson	Chief Governance Officer
Roxanne Smith	Chief Strategy Officer
Sandi Drewett	Chief Culture & Organisation Development Officer
Jackie Cassell	Non-Executive Director
Philip Hogan	Non-Executive Director
John Todd	Public Governor, Adur
Maria Rees	Public Governor, Arun
Lindy Tomsett	Public Governor, Chichester (Lead Governor)
Colin Holden	Public Governor, Mid-Sussex
Doug Hunt	Public Governor, Mid-Sussex
Miranda Jose	Staff Governor, Peripatetic
Claire Bewick-Holmes	Staff Governor, Princess Royal Hospital
Kate Galvin	Appointed Governor, Brighton University

In Attendance:

Glen Palethorep	Company Secretary
Ben Smith	Deputy Company Secretary
Paul Jacklin	Grant Thornton
Jan Simmons	Governor & Membership Manager

COG/07/24/1 WELCOME AND APOLOGIES FOR ABSENCE **ACTION**

1.1 The Chair welcomed those attending the meeting in person and those who were attending virtually via the MS Teams Live Broadcast

1.2 Apologies for absence were noted from:
Non-Executive Directors: Paul Layzell, Lucy Bloem, David Curley, Gordon Ferns, Bindesh Shah, Wayne Orr
Public Governors: Pauline Constable, Frances McCabe, , Maggie Gormley
Staff Governors: Andy Cook, Sue Shepherd
Appointed Governors: Helen Rice, Alison Cooper, Varadarajan Kalidasan, Bruno De Oliveira

COG/07/24/2 CONFIRMATION OF QUORACY

2.1 The meeting was quorate with more than one third of all Governors in attendance and at least 51% of those present being publicly elected Governors.

COG/07/24/3 DECLARATIONS OF INTERESTS

3.1 There were no interests to declare.

COG/07/24//4 MINUTES OF THE MEETING HELD ON 25 July 2023 (noting these were approved by the Council on 17 August 2023)

4.1 The Council **noted** that the minutes of the Annual General Meeting held on 25 July 2023 had been approved by the Council on 17 August 2023.

COG/07/24/5 MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

5.1 There were no matters arising from the minutes of the previous meeting held on 25 July 2023.

COG/07/24/6 EXTERNAL ANNUAL AUDITORS REPORT 202/24 FOR UHSUSSEX NHS FOUNDATION TRUST

6.1 The Council **RECEIVED** the Auditor's Annual Report in relation to the audit of University Hospitals Sussex NHS Foundation Trust, presented by Paul Jacklin from Grant Thornton, External Auditors for the Trust.

6.2 Paul gave an overview of their scope of work and highlighted the key areas of the report adding that they concluded that the financial statement for the Trust gave a true and fair view of the financial position as at 31 March 2024 and therefore provided a positive opinion on the accounts and annual report.

6.3 The Council noted that good cooperation from the Trust and the Finance Team had contributed to a very good high quality draft Statement of accounts and their early submission on 26 June 2024.

6.4 Paul advised of two immaterial changes made to the balance sheet in respect of property, plant and equipment along with a number of minor presentation changes to disclosure notes but overall, there was nothing to highlight and they were a good set of financial statements.

6.5 In respect of the external Auditor's review of the Trust's arrangements for their use of resources Paul informed the Council that there were two areas of significant weakness in arrangements these were in relation to the Trust's financial sustainability and the Trust's governance arrangements.

6.6 In relation to financial sustainability, two improvement recommendations were raised, highlighting the medium-term financial planning process at the Trust, and the development of financial plans in relation to the Quality and Safety Improvement plan.

6.7 In relation to the Trust's governance arrangements, two improvement recommendations were raised aimed at enhancing the integration of clinical processes and pathways to further strengthen risk management, and for the Trust Board to receive an assurance report following the R-v-Letby case.

6.8 The Chair thanked Paul and Grant Thornton for the presentation and welcomed the receipt of the positive report for the Trust.

COG/07/24/7 ACCEPTANCE OF THE ANNUAL REPORT AND ACCOUNTS AS PRESENTED AT THE AGM

7.1 The Council of Governors **AGREED** the receipt of the Annual Report and Accounts for 2023/4 for University Hospitals Sussex NHS Foundation Trust for which a presentation had been made at the Annual General Meeting.

COG/07/24/8 QUESTIONS FROM GOVERNORS ON THE ACCOUNTS

8.1 There being no questions from the Governors, the Chair opened the meeting to questions from the public.

8.2 There were no questions from the Public.

COG/07/24/9 OTHER BUSINESS

9.1 There was no other business to discuss.

COG/07/24/10 DATE OF NEXT MEETING

It was noted that the next meeting of the Council of Governors is scheduled to take place at 14.00 on Thursday 15 August 2024**.**

Jan Simmons
Governor & Membership Manager
6 August 2024

Signed as a correct record of the meeting

…….. Chair

..... Date

University Hospitals Sussex NHS Foundation Trust

Auditor's Annual Report
Year ending 31 March 2025

18 June 2025

Contents

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of completing our work under the NAO Code and related guidance. Our audit is not designed to test all arrangements in respect of value for money. However, where, as part of our testing, we identify significant weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all irregularities, or to include all possible improvements in arrangements that a more extensive special examination might identify. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting, on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

01 Introduction and context

Introduction

This report brings together a summary of all the work we have undertaken for University Hospitals Sussex NHS Foundation Trust (the Trust) during 2024/25 as the appointed external auditor. The core element of the report is the commentary on the value for money (VfM) arrangements. The responsibilities of the Trust are set out in Appendix A. The Value for Money Auditor responsibilities are set out in Appendix B.

Opinion on the financial statements

Auditors provide an opinion on the financial statements which confirms whether they:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and of its expenditure and income for the year then ended
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024/25, and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We also consider the Annual Governance Statement and the relevant disclosures within the Annual Report including the Remuneration Report and the Staff Report.

Auditor's powers

Auditors of a Foundation Trust have a duty to consider whether there are any issues arising during their work that indicate possible or actual unlawful expenditure or action leading to a possible or actual loss or deficiency that should be referred to the relevant NHS regulatory body.

Auditors of Foundation Trusts also have the duty to consider whether to issue a report in the public interest (PIR), where it is appropriate to do so.

Value for money

Under Schedule 10 paragraph 1(d) of the National Health Service Act 2006, we are required to be satisfied whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources (referred to as Value for Money). The National Audit Office (NAO) Code of Audit Practice ('the Code'), requires us to assess arrangements under three areas:

- financial sustainability
- governance
- improving economy, efficiency and effectiveness.

Our report is based on those matters which come to our attention during the conduct of our normal audit procedures which are designed for the purpose of completing our work under the NAO Code and related guidance. Our audit is not designed to test all arrangements in respect of value for money. However, where, as part of our testing, we identify significant weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all irregularities, or to include all possible improvements in arrangements that a more extensive special examination might identify.

The NHS – context

The NHS has remained under significant pressure in 2024/25

National

Past

Long-Term Underinvestment
Lord Darzi's independent report highlighted that the NHS has suffered from prolonged revenue and capital funding underinvestment, negatively impacting quality, productivity, and workforce sustainability.

Workforce Challenges and Costs
The NHS has struggled to have the right staff in the right places, relying heavily on bank and agency workers, driving up costs and compounding inflationary financial pressures.

Present

Public Health System Complexity
Public health is shared by local government and the NHS, requiring system-wide collaboration, but integration remains challenging.

Seasonal Pressures
Winter 2024/25 saw a 'quad-demic' of viruses strain A&E services, causing long waits, worse illnesses, and disrupted elective care, impacting the ability to deliver operational plans.

Future

Structural uncertainty
The planned abolition of NHS England, uncertainty over longer-term funding arrangements and structural re-organisation affects systems' ability to plan for the long term.

Digital Transformation and Productivity
The government has signaled a major shift from "analogue to digital" that is crucial to improving NHS productivity, but implementation remains complex and resource-intensive.

Local

University Hospitals Sussex NHS Foundation Trust (UHS) employs approximately 20,000 staff, The Trust caters to some 1.8 million people in the Sussex region. Operating seven hospitals across Brighton & Hove and West Sussex, it stands as one of the largest acute services providers within the NHS. UHS has faced regulatory scrutiny, with frequent CQC inspections and entering Undertakings with NHSE regarding its provider license in 2023/24. The Trust is currently under police investigation concerning historical issues within some of its surgical services at the Royal Sussex Hospital. The Trust is one of seven NHS providers that form part of the Sussex Health and Care Integrated Care System (ICS).

It is within is context that we set out our commentary on the Trust's value for money arrangements in 2024/25.

02 Executive Summary

Executive summary – our assessment of value for money arrangements

Our overall summary of our Value for Money assessment of the Trust's arrangements is set out below. Further detail can be found on the following pages.

Criteria	2023/24 Assessment of arrangements		2024/25 Risk assessment	2024/25 Assessment of arrangements	
Financial sustainability	R	Significant weakness in arrangements identified in relation to cost improvement and improvement recommendations also raised.	One risk of significant weakness identified in relation to cost improvement.	R	Significant weakness in arrangements in cost improvement were identified and a key recommendation made relating to developing plans at pace. We also raise three improvement recommendations.
Governance	R	Significant weakness in arrangements identified in relation to culture and delivering of improvement plans. Improvement recommendations were also raised.	One risk of significant weakness identified in relation to culture.	R	Significant weakness in arrangements in culture improvement were identified and a key recommendation made relating to delivering tangible improvements in culture.
Improving economy, efficiency and effectiveness	A	No significant weaknesses identified; improvement recommendations raised in relation to the Trust's tier 1 rating for elective and cancer.	No risks of significant weakness identified	G	Our work did not identify any areas where we considered that key or improvement recommendations were required.

G No significant weaknesses or improvement recommendations.
A No significant weaknesses, improvement recommendations made.
R Significant weaknesses in arrangements identified and key recommendation(s) made.

Executive Summary

We set out below the key findings from our commentary on the Trust's arrangements in respect of value for money

Financial sustainability

The Trust ended 2024/25 with an adjusted deficit of £30m against a breakeven plan. The Trust delivered £76m of cost improvements against a plan of £82.5m. Cash flow has been challenging for the Trust through 2024/25 with a range of measures in place to support the cash position.

For 2025/26 the Trust has agreed a breakeven plan with a significant cost improvement requirement of £108.6m (6.6% of costs). As of 1 May 2025, only £12.1m of the plan was fully assured. The cost improvement plan requires finalisation at pace. The Trust has a medium-term financial plan that aims to return the Trust to a sustainable breakeven position by the end of 2026/27. Due to the significance of the cost improvement programme and the current status of the plan, we have raised a key recommendation.

Governance

The Trust governance process provides the Board with good oversight of the issues facing the organisation. The Trust implemented a Single Improvement Plan that has been successfully implemented in year, including against the NHS England undertakings. The Trust has exited tier 1 oversight for cancer and diagnostics but remains in this tier for elective care.

The Trust has developed its culture programme during the year and has delivered key actions including completing the culture related actions in the Single Improvement Plan. However, the work to date has not resulted in significant changes in key metrics such as in the staff survey. There are capacity issues within Organisational Development to deliver the programme. We have raised a key recommendation in respect of the culture programme.

Improving economy, efficiency and effectiveness

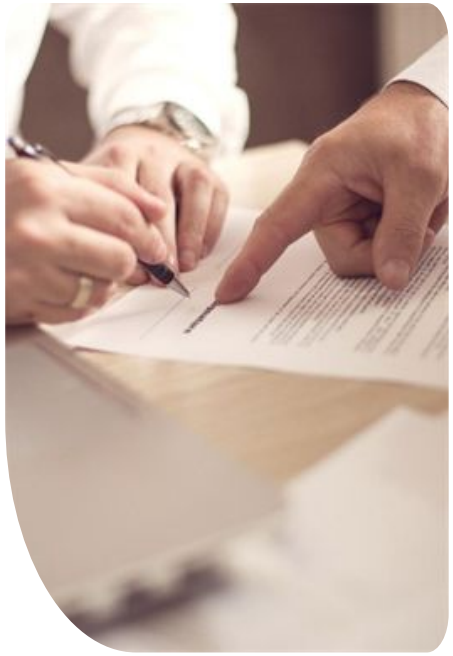
The Trust has arrangements in place to monitor economy, efficiency and effectiveness. The organisation actively engages with the Getting It Right First Time programme and clinical audits to use data to better drive use of resources. The Trust remains in tier 1 for elective care although it has carried out significant work to reduce the total waiting list by 38,000 in 12 months. The Trust remains in National Oversight Framework segment 3 and has used the Single Improvement Plan to deliver the improvement requirements.

The Trust is launching its new strategy in quarter one of 2025/26 and has engaged with key stakeholders to develop this. The Trust is an active member of the Integrated Care System. Our work has not identified any evidence which leads us to conclude that there are weaknesses present.

Executive summary – auditor's other responsibilities

This page summarises out opinion on the Trust's financial statements and sets out whether we have used any of the other powers available to us as the Trust's auditors.

Auditor's responsibility	2024/25 outcome
Opinion on the Financial Statements	We have completed our audit of your financial statements and plan to issue an unqualified audit opinion by 30 June 2025, following the Audit Committee meeting on 18 June 2025. Our findings are set out in further detail on pages 11 to 12.
Use of auditor's powers	We did not make a referral under Schedule 10 paragraph 6 of the National Health Service Act 2006. We do not consider that any unlawful expenditure has been made or planned for. No other issues have been identified during our work which require us to issue a Public Interest Report (PIR).



03 Opinion on the financial statements and use of auditor's powers

Opinion on the financial statements

These pages set out the key findings from our audit of the Trust's financial statements, and whether we have used any of the other powers available to us as the Trust's auditors.

Audit opinion on the financial statements

We plan to issued an unqualified opinion on the Trust's financial statements by the 30 June 2025 deadline.

The full opinion is included in the Trust's Annual Report for 2024/25, which can be obtained from the Trust's website.

Grant Thornton provides an independent opinion on whether the Trust's financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and of its expenditure and income for the year then ended,
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024/25, and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We conducted our audit in accordance with: International Standards on Auditing (UK), the Code of Audit Practice (2024) published by the National Audit Office, and applicable law. We are independent of the Trust in accordance with applicable ethical requirements, including the Financial Reporting Council's Ethical Standard.

Findings from the audit of the financial statements

The Trust provided draft accounts in line with the national deadline.

Draft financial statements were of a reasonable standard and supported by detailed working papers. Our audit has not identified any misstatements impacting on the Trust's £30m deficit position.

Audit Findings Report

We report the detailed findings from our audit in our Audit Findings Report. A final version of our report was presented to the Trust's Audit Committee on 18 June 2025. Requests for this Audit Findings Report should be directed to the Trust.

Other reporting requirements and use of auditor's powers

The Remuneration Report and the Staff Report

Under the Code of Audit Practice (2024) published by the National Audit Office, we are required to audit specified parts of the Remuneration Report and the Staff Report included in the Trust's Annual Report for 2024/25.

These specified parts of the Remuneration Report and the Staff Report have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2024/25 (FT ARM).

Annual Governance Statement

Under the Code of Audit Practice (2024) published by the National Audit Office, we are required to consider whether the Annual Governance Statement included in the Trust's Annual Report for 2024/25 does not comply with the guidance issued by NHS England, or is misleading or inconsistent with the information of which we are aware from our audit.

We have nothing to report in this regard.

04 Value for Money commentary on arrangements

Value for Money – commentary on arrangements

This page explains how we undertake the value for money assessment of arrangements and provide a commentary under three specified areas.

All NHS Trusts are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. NHS Trusts report on their arrangements, and the effectiveness of these arrangements as part of their annual governance statement.

Under the National Health Service Act 2006, we are required to be satisfied whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The National Audit Office (NAO) Code of Audit Practice ('the Code'), requires us to assess arrangements under three areas:

Financial sustainability

Arrangements for ensuring the Trust can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years).

Governance

Arrangements for ensuring that the Trust makes appropriate decisions in the right way. This includes arrangements for budget setting and management, risk management, making decisions based on appropriate information.

Improving economy, efficiency and effectiveness

Arrangements for improving the way the Trust delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.

Financial sustainability – commentary on arrangements

We considered how the Trust:	Commentary on arrangements	Rating
identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them	The Trust ended 2024/25 with a £30m adjusted deficit due to internal and external factors, despite a breakeven plan. For 2025/26, it initially planned a deficit but revised to a breakeven plan with system support and identification of additional savings. A two-year recovery plan and long-term financial model aim to eliminate the underlying deficit by 2026/27. Cash is a significant challenge for the organisation, with measures in place to manage the cash position. These measures are highly dependent on ICB support (e.g. ICB cash payments moving to the start of the month, funding ERF activity prior to validation) and the Trust should ensure that the processes stay in place for 2025/26, and that strong oversight and governance is in place for cash management. We have raised an improvement recommendation in respect of this.	A
plans to bridge its funding gaps and identify achievable savings	The Trust has a challenging £108.6m efficiency programme for 2025/26. Whilst progress has been made to identify all the savings requirements, schemes are not fully worked up and assured, increasing the risk of non-delivery. The Trust has limited the amount of efficiency expectation on the divisions (just less than 50% of the entire CIP target) and has a range of cross cutting schemes to bridge the gap. This does however require several significant schemes to be achieved in year such as establishing a new subsidiary and disposing of a site, both with targets of £7m each. It is imperative therefore that the plans for these schemes are worked up at pace alongside the core efficiency schemes. Governance has been further strengthened in year with clear ownership and accountability for each workstream and the introduction of a new trigger point review process to implement remedial actions if the CIP plan is off track. A key recommendation in relation to the CIP plan has been raised and is detailed on page 18.	R

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

Financial sustainability – commentary on arrangements (continued)

We considered how the Trust:	Commentary on arrangements	Rating
plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities	Financial sustainability is a key strategic aim of the organisation and is reflected as a key risk on the Trust Board Assurance Framework. The medium-term financial plan links to the Trust strategic objectives. The Trust understands the costs of its services, complying with the national reference cost collection, using Model Hospital to support efficiency planning and providing services with service line reporting.	G
ensures its financial plan is consistent with other plans such as workforce, capital, investment and other operational planning which may include working with other local public bodies as part of a wider system	The Trust aligns its financial plan with workforce and operational strategies. The Finance and Performance Committee receive regular updates on the assumptions in the plan and how these align to system priorities. Significant pathway redesigns, such as the colorectal surgery relocation, are incorporated into the annual financial plan.	G
identifies and manages risk to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions in underlying plans	The Trust identifies risks and mitigations to financial delivery through robust reporting to the Finance and Performance Committee. The Board are kept appraised of risk through updates from the Finance Performance Committee and the Sustainability section of the Integrated Performance Report. The 2025/26 financial plan includes scenario planning, which was reported to Finance and Performance Committee in May 2025.	G

G No significant weaknesses or improvement recommendations.
A No significant weaknesses, improvement recommendations made.
R Significant weaknesses in arrangements identified and key recommendation(s) made.

Financial sustainability (continued)

Significant weakness identified in relation to financial sustainability

Key finding: Based on the evidence reviewed, we have concluded there is a significant weakness in the Trust's arrangements to deliver financial sustainability. This is because CIP plans for 2025/26 contain significant risk to delivery and need finalising.

Evidence: CIP delivered in 2024/25 was £76m against a target of £82.5m, with 40% of schemes delivered non-recurrently. Failure to achieve the target was attributed to under identification of schemes at a divisional level and bridging schemes slipping.

For 2025/26, the Trust had planned for an efficiency requirement of £85m. To allow the Trust and the system to submit a breakeven, compliant plan, the Trust programme was extended by £23.6m. Schemes have been identified to deliver the new £108.6m of efficiency requirements. The plan consists of £50m of core efficiencies, £35m of cross cutting schemes including productivity savings and back-office efficiencies, and £23.6m of corporate schemes such as establishing a new wholly owned subsidiary (WOS), disposal of land, and review of cost pressures. Whilst the Trust has identified £55.6m of core efficiency schemes against the £50m target, at the end of month one, £43.5m was still in development. Reporting did not include the £35m of cross cutting schemes. The "new" £23.9m of schemes had only been agreed in the days preceding 1 May to achieve the 30 April plan submission to the ICB and therefore have not been fully worked up and contain risk (eg time to set up a WOS and deliver savings in year).

Therefore, whilst the plan is identified, there is significant risk in the deliverability of this given the work required to fully develop plans. In the context of prior year CIP not being delivered due to under identification, there remains a significant weakness regarding the CIP plan and the impact this has on overall financial sustainability.

Impact: If the Trust does not rapidly progress development of the identified schemes, the risk of under-delivery of savings at year end is immediately higher given it takes time to fully work up savings plans from initial ideas to implemented schemes.

Key recommendation 1

KR1: The Trust should develop and progress all efficiency plans through the gateway processes as quickly as possible, to reduce the risk of slippage and under delivery in year (by end of Q1 at the latest). This applies to all the schemes in the Trust's original £85m efficiency plan and those additional schemes identified to bridge the gap to breakeven as part of the final 2025/26 planning submission (£23.6m).

Financial sustainability (continued)

Area for Improvement identified: developing a sustainable cash position

Findings: The Trust cash position has been challenged during 2024/25 and has required support from the ICB to allow the Trust to maintain its cashflow.

Evidence: The Trust cash position has decreased from £21.6m at the end of 2023/24 to £3.1m at the end of 2024/25. The cash position has been achieved through cash management processes at the Trust and through ICB support e.g. ICB cash payments moving to the start of the month, funding ERF activity prior to validation, and support in collecting net debts.

The 13-week cash flow forecast shows that going into 2025/26 the cash position is anticipated to improve with weekly cash forecast to be no lower than £10m. This is with confirmation that the ICB will continue to make cash payments at the start of the month rather than mid-month.

Whilst the ICB has confirmed it will continue to make cash payments at the start of the month, other support from the ICB should also be reconfirmed for 2025/26 to ensure cash stability.

The Trust should also develop a plan as to when it can stabilise the cash position and therefore move back to "normal" arrangements with the ICB.

The cash position is reported to the Finance and Performance Committee monthly in a stand-alone cash report, and is included in the Integrated performance Reported shared at Trust Board.

Impact: Failure to achieve a sustainable cash position will impact on the Trusts ability to pay key creditors, including employees and suppliers, an inability to service debt, and the aged creditor position worsening.

Improvement Recommendation 1

IR1: The Trust should continue to have close scrutiny of the cash position. Confirmation should be sought from the ICB that they will continue to support the cash position in 2025/26 as they did in 2024/25, and a plan developed as to when this support can be stepped down.

2024/25 interventions to support cash flow

- Maximising cash recoveries to reduce the level of central cash support required.
- The ICB moved their monthly contract payment date to the 1st of the month, rather than the 15th of the month.
- The ICB provided cash to support the Trust's reported ERF performance figure whilst activity levels are being validated.
- The ICB has been making cash payments against the £17.2m 3T's allocation.
- The ICB has is supporting with the collection of net debts owed within the system where this is possible

Financial sustainability (continued)

Area for Improvement identified: developing a medium term financial plan

Findings: The Trust should have a clear plan to how financial sustainability will be achieved.

Evidence: The Trust ended 2023/24 with an underlying deficit of £120.7m, which had reduced to £106.2m at the end of 2024/25. The Trust presented three and five year plans to the Finance and Performance Committee in February 2025 which indicated a £3.9m deficit position after system support by the end of 2027/28. At this time it was noted that the Trust did not have a detailed long term financial model and the five year model was based on simple extrapolation of current assumptions. The Trust has subsequently started to prepare a two year financial recovery plan that shows the Trust can achieve a monthly breakeven position by the end of 2026/27 (whilst still delivering a year end deficit) and a breakeven/surplus position by the end of 2027/28.

The Trust note that the financial models need further development and finalising, as well as requiring a pipeline of efficiency plans to support this. The Trust has a significant challenge in 2025/26 to achieve its CIP programme and in further developing the financial recovery plan may look to include more transformational, cross year CIP schemes that will support long term financial sustainability.

Impact: Having robust medium and long term financial plans will allow the organisation to understand the challenges and risks involved in delivering the plan and appropriately mitigate for them in a timely manner.

Improvement Recommendation 2

IR2: The Trust should finalise both the two year recovery plan and long term plan, alongside developing a multiyear efficiency plan, ensuring they understand the risks to delivery and potential mitigants.

Financial sustainability (continued)

Area for Improvement identified: reporting of the CIP position

Findings: The initial 2025/26 CIP reporting to the Finance and Performance Committee did not provide an update across the entirety of the efficiency programme.

Evidence: The CIP update to the Finance and Performance Committee on 1 May 2025 focused predominantly on the £50m of core efficiency savings and how they were phased. These schemes account for just under 50% of the Trust's entire efficiency requirement of £108.6m. To ensure complete oversight of the full savings requirement, all schemes should be included in the updates to Finance and Performance Committee, making it clear where there is any slippage, the value of unidentified savings, and the level of delivery risk in the plan.

Impact: Failure to report the entire programme reduces the level of independent challenge to the programme, and increases the potential that risks will not be identified or properly mitigated.

Improvement Recommendation 3

IR3: The Trust should ensure that reporting to the Finance and Performance committee includes the entire £108.6m efficiency programme to give complete oversight of the efficiency programme and progress against it.

Governance – commentary on arrangements

We considered how the Trust:	Commentary on arrangements	Rating
monitors and assesses risk and how the Trust gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud	The Trust's governance process in respect of the Board Assurance Framework (BAF), risk, internal audit, fraud and weaknesses in internal controls are sufficient and give the Board good oversight of the ongoing issues. The Trust has made significant improvements against the NHS England undertakings, to the point that its Single Improvement Plan Committee is being disestablished and the outstanding Significant Improvement Plan actions moved into business as usual with associated governance. The Trust has exited tier 1 for cancer and diagnostics and is expecting to exit the Maternity Safety Support Programme.	G
approaches and carries out its annual budget setting process	The Trust has a robust budget setting process in place which commenced in November and is overseen by the Chief Financial Officer in conjunction with divisional and corporate teams. There is a cross functional weekly business planning meeting in place. A check and challenge meeting occurred in March and final sign off the plan occurred at the end of April 2025.	G
ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information; supports its statutory financial reporting; and ensures corrective action is taken where needed, including in relation to significant partnerships	The Finance and Performance Committee receive detailed information on the Trust's financial position monthly, through an extensive suite of reports including financial performance, efficiency, financial recovery, cash, and capital reports. There is sufficient information to allow the committee to fully understand the issues being faced by the Trust. Highlights are included in the Integrated Performance Report presented to Trust Board and sufficient information is provided to allow the Board to understand the position.	G

G No significant weaknesses or improvement recommendations.
A No significant weaknesses, improvement recommendations made.
R Significant weaknesses in arrangements identified and key recommendation(s) made.

Governance – commentary on arrangements (continued)

We considered how the Trust:	Commentary on arrangements	Rating
ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency, including from audit committee	The Trust Board is responsible for overall performance, including establishing clear strategic objectives and ensuring arrangements are in place to deliver them. The Trust has established Committees to oversee performance in key areas, and there is a defined structure that supports both corporate and clinical governance arrangements. Each Committee conducts an annual review of effectiveness and reports the results and any priorities for improvement to the Trust Board. Non-executive members provide valuable oversight, and committees meet regularly, offering clear reports to the Board. The Trust's work around culture continues and has achieved a number of targets in year, including the requirements of its Single Improvement Plan. However, outcomes from the programme do not reflect the work done, with only gradual improvements noted in staff survey results. A key recommendation in relation to culture has been raised and is detailed on page 24.	R
monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of staff and board member behaviour	The Trust has processes in place to report regulatory and legislative information to Board including the management of the NHSE undertakings via the Single Improvement Plan, and updates on the police investigation into historical issues withing some of its surgical services at the Royal Sussex Hospital. Appropriate measures are in place to ensure standards are met when procuring services. Oversight of single tender waivers is through the Audit Committee on a quarterly basis, and usage in year was deemed acceptable.	G

G No significant weaknesses or improvement recommendations.
A No significant weaknesses, improvement recommendations made.
R Significant weaknesses in arrangements identified and key recommendation(s) made.

Governance (continued)

Significant weakness identified in relation to governance

Key finding: Based on the evidence reviewed, we have concluded that there remains a significant weakness in the Trust's arrangements to deliver governance, specifically with regards to arrangements in place to support improvements in organisational culture.

Evidence: In 2023/24 we raised a key recommendation in respect of the Trust's organisational culture programme. In 2024/25 we were able to evidence improvements in the programme, including the development of six clear workstreams, with appropriate governance and oversight by the People and Culture Committee. We recognise that the Single Improvement Plan included a series of actions relating to culture and that all of these have been achieved during the year. Although work has been undertaken, the work has not as yet led to notable changes in key culture metric such as the staff survey. In addition, it is noted that organisational development capacity is limited, and recruitment had been postponed since November 2024, although recruitment processes are now in place for a Head of Improvement and OD. The Trust recognises the need to progress OD recruitment at pace as an organisational development cycle approach is core to the culture programme.

Impact: Failure to improve culture outcomes will result in low staff satisfaction and potential attrition, impacting on the Trusts ability to deliver services and financial pressures if temporary staffing is required to back fill vacancies.

Key recommendation 2

KR2: The Culture Programme has developed during 2024/25 and has contributed significantly to the success of the Single Improvement Plan. Staff survey results however have only shown gradual improvement and there are still capacity issues within organisational development. The Trust should continue to closely monitor the Culture Programme to ensure it is delivering as plan, especially following the disestablishment of the SIP Committee. Whilst a lot of work has been done to build the infrastructure to improve culture, outcomes have not yet significantly changed, and the Trust should consider modifying the programme if there continues to be no changes to outcomes.

Economy, efficiency and effectiveness – commentary on arrangements

We considered how the Trust:	Commentary on arrangements	Rating
uses financial and performance information to assess performance to identify areas for improvement	The Trust Integrated Performance Report is reviewed at Board and is aligned with the Patient First strategy domains, covering both operational and financial areas. It provides quantitative and narrative data, allowing Board members to track progress and identify improvement areas. Key challenges include achievement of the financial plan, emergency department flow and RTT standards, although significant work has been done to enhance RTT performance. To strengthen data quality, the Trust is implementing standardised cross-site reporting and has introduced new data governance processes. Additionally, the Trust actively engages with external bodies like GIRFT and participates in clinical audits to adopt best practices.	G
evaluates the services it provides to assess performance and identify areas for improvement	The Trust remains in National Oversight Framework (NOF) segment 3. The Single Improvement Plan addresses the requirements to exit NOF3 and this plan has been substantially addressed, supporting the Trust's planned trajectory to NOF2. The Trust has received external inspections from the Royal College of Surgeons in year, which has been largely positive, and have supported service redesigns that the Trust has undertaken. The Trust has been progressing the must and should do actions from previous visits, with 128 of 137 sub-actions now complete.	G
ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives	The Trust is collaborating with stakeholders on a new strategy, set to launch in Quarter 1 of 2025/26, with updates provided to the Trust Board. It works closely with the ICS, councils, and adult social care, and has a Committee in Common aligned with other Sussex providers, sharing updates through board meetings.	G

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

Economy, efficiency and effectiveness – commentary on arrangements (continued)

We considered how the Trust:	Commentary on arrangements	Rating
commissions or procures services, assessing whether it is realising the expected benefits	The Trust has processes in place to manage key contracts such as managed service contracts and the PFI contract. This is underpinned by a three-year Procurement and Supply Chain Strategy. There are specific targets for procurement savings in the Trust's efficiency plan. The Procurement Strategy includes achieving these targets as a core KPI. The strategy also has a specific workstream around working with the ICS and wider NHS to achieve procurement savings.	G

G No significant weaknesses or improvement recommendations.
A No significant weaknesses, improvement recommendations made.
R Significant weaknesses in arrangements identified and key recommendation(s) made.

05 Summary of Value for Money Recommendations raised in 2024/25

Key recommendations raised in 2024/25

	Recommendation	Relates to	Management Actions
KR1	The Trust should develop and progress all efficiency plans through the gateway processes as quickly as possible, to reduce the risk of slippage and under delivery in year (by end of Q1 at the latest). This applies to all the schemes in the Trust's original £85m efficiency plan and those additional schemes identified to bridge the gap to breakeven as part of the final 25/26 planning submission (£23.6m)	Financial sustainability (pages 16 – 21)	Actions: The Efficiency team working alongside finance and operational colleagues has developed an effective assurance process with clear focus on a number of actions to mitigate the overall level of risk. Each Operational division has a dedicated efficiency business partner, supported by a finance business partner. Progress in assurance of plans is discussed at fortnightly Operational Delivery Group meetings chaired by the Efficiency Delivery Director and overseen at fortnightly Finance and Recovery Delivery Boards chaired by the Chief Executive. This process applied to the full £108.6m efficiency programme. Additionally weekly reporting to NHSE on the maturity of the efficiency plans is undertaken to provide added focus to meeting the end of June target date. The plan is currently at 47% fully assured with good progress being made in finalising the remaining schemes. Responsible Officer: Efficiency Delivery Director Executive Lead: Chief Financial Officer Due Date: 30/06/2025

Key recommendations raised in 2024/25

	Recommendation	Relates to	Management Actions
KR2	The Culture Programme has developed during 24/25 and has contributed significantly to the success of the Single Improvement Plan. Staff survey results however have only shown gradual improvement and there are still capacity issues within organisational development. The Trust should continue to closely monitor the Culture Programme to ensure it is delivering as plan, especially following the disestablishment of the SIP Committee. Whilst a lot of work has been done to build the infrastructure to improve culture and address immediate issues, outcomes have not yet significantly changed, and the Trust should consider modifying the programme if there continues to be no changes to outcomes.	Governance (pages 22 – 24)	Actions: Realign the culture programme with the ambitions of the strategy. Continue to build the resource and capability to deliver the actions across all workstreams, evaluate interventions and infrastructure developed in 2024/2025 and use to inform the change and improvement infrastructure for 2025/2026. Develop more sophisticated quality, activity and outcome measures for each workstream tailored to different committee and board requirements. Align cultural intervention with priority areas and change programmes. Responsible Officer: Culture & Organisation Development consultant Executive Lead: Deputy CEO Due Date: 2025/26/27

Improvement recommendations raised in 2024/25

	Recommendation	Relates to	Management Actions
IR1	The Trust should continue to have close scrutiny of the cash position. Confirmation should be sought from the ICB that they will continue to support the cash position in 25/26 as they did in 24/25, and a plan developed as to when this support can be stepped down.	Financial sustainability (pages 16 – 21)	Actions: A monthly cash report, which includes a cashflow forecast, is provided to the Finance and Performance Committee, which allows the committee to have oversight of the Trust's cash position. Sussex ICB has an FLG approved cash management policy, which addresses cash support between partners within the ICB. Sussex ICB has also committed to continue paying the Trust on 1st of the month (rather than the 15th of the month) for the foreseeable future. The Trust has a Medium Term Financial Plan (MTFP) which projects when cash support can be stepped down. Responsible Officer: Operational Director of Finance Executive Lead: Chief Financial Officer Due Date: 01/04/2025
IR2	The Trust should finalise both the two year recovery plan and long term plan, alongside developing a multiyear efficiency plan, ensuring they understand the risks to delivery and potential mitigants.	Financial sustainability (pages 16 – 21)	Actions: The primary focus is currently on the maturity of the £108.6m 25/26 efficiency plan, which in itself is a key component of the two year recovery plan. The initial draft of the Medium Term financial plan has been developed, and a multiyear efficiency plan will be refined and developed alongside the MTFP. Additional efficiency leadership will join the department mid June and will focus on the development and maturity of the 26/27 efficiency plan to be incorporated within the MTFP. Responsible Officer: Strategic Director of Finance Executive Lead: Chief Financial Officer Due Date: 31/12/2025
IR3	The Trust should ensure that reporting to the Finance and Performance committee includes the entire £108.6m efficiency programme to give complete oversight of the efficiency programme and progress against it.	Financial sustainability (pages 16 – 21)	Actions: Revised tables have been developed reflecting assurance against the full £108.6m programme and will be included in the next Finance and Performance Committee papers. Responsible Officer: Efficiency Delivery Director Executive Lead: Chief Financial Officer Due Date: 30/06/2025

06 Follow up of previous Key recommendations

Follow up of 2023/24 Key recommendations

	Prior Recommendation	Raised	Progress	Current status	Further action
KR1	We recommend the Trust completes the identification of the 2024/25 CIP programme by the end of quarter one to achieve a fully 'green' assessed programme. The Trust should aim for a CIP programme with 90% recurrent savings/efficiency initiatives for this year and future years. Additionally, initiate the identification of a multi-year efficiency/financial improvement programme, recognising the need for further CIPs in the medium term, and report milestone progress to the Finance and Performance Committee	2023/24	The CIP target was not achieved in 24/25 due to under identification of schemes at a divisional level and bridging schemes slipping. The 25/26 programme totals £108.6m, compromising of the Trust's original £85m efficiency programme and £26.3m of additional schemes that the Trust identified to achieve a breakeven plan. The full plan for the year has been allocated against workstreams. Although targets have been allocated, a large proportion of the £50m "core" efficiency schemes are still in pipeline or development, increasing the risk to the plan, and need to be progressed through gateways rapidly to reduce the risk of slippage/ non-delivery. The cross-cutting schemes that span the rest of the programme also need to be planned and progressed through gateways at pace.	In progress	A key recommendation has been raised in 25/26 in respect of developing the CIP plan at pace (see page 18).

Follow up of 2023/24 Key recommendations

	Prior Recommendation	Raised	Progress	Current status	Further action
KR2	In order to tackle long-standing issues related to organisational culture, the Trust should focus on integrating the proposed plans for improving culture into its operations, fostering consistent and sustained practices across the Trust. This should involve evaluating improvements in staff confidence to raise concerns and the organisation's responsiveness to clinical issues.	2023/24	The Trust has achieved the culture targets set within the Single Improvement Plan. There is evidence that the culture programme is more established and is progressing. However, there are still issues around organisational development capacity to support and only gradual improvement in the staff survey scores. Therefore, whilst work has progressed, outcomes have not been delivered and culture continues to be a risk to the organisation.	In progress	A key recommendation has been raised in 24/25 in respect of culture (see page 24).

Follow up of 2023/24 Key recommendations

	Prior Recommendation	Raised	Progress	Current status	Further action
KR3	It is imperative for the Trust to deliver its commitments to NHSE in a timely manner by effectively executing the Quality and Safety Improvement Programme. This involves ensuring that changes facilitated through the programme yield tangible and positive outcomes on organisational culture and quality risk management processes, fostering a culture of ongoing improvement and prioritising patient safety. It is also crucial for the Trust to determine the financial resource needs of the QSIP to mitigate the significant risk its absence poses to delivery of the program.	2023/24	During the year, the QSIP programme became the Single Improvement Programme. Due to the actions being substantially completed, and with the agreement of NHSE, the SIP is being disestablished into business as usual. Therefore, issues regarding effective execution of QSIP and ensuring sufficient resources for the programme have been superseded by actions the Trust has taken in year.	Completed	No further action

07 Appendices

Appendix A: Responsibilities of the NHS Foundation Trust

Public bodies spending taxpayers' money are accountable for their stewardship of the resources entrusted to them. They should account properly for their use of resources and manage themselves well so that the public can be confident.

Financial statements are the main way in which local public bodies account for how they use their resources. Local public bodies are required to prepare and publish financial statements setting out their financial performance for the year. To do this, bodies need to maintain proper accounting records and ensure they have effective systems of internal control.

All local public bodies are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. Local public bodies report on their arrangements, and the effectiveness with which the arrangements are operating, as part of their annual governance statement.

The Foundation Trust's directors are responsible preparing the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The directors are required to comply with the Department of Health & Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. An organisation prepares accounts as a 'going concern' when it can reasonably expect to continue to function for the foreseeable future, usually regarded as at least the next 12 months.

The Foundation Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Appendix B: Value for Money Auditor responsibilities

Our work is risk-based and focused on providing a commentary assessment of the Trust's Value for Money arrangements

Phase 1 – Planning and initial risk assessment

As part of our planning we assess our knowledge of the Trust's arrangements and whether we consider there are any indications of risks of significant weakness. This is done against each of the reporting criteria and continues throughout the reporting period.

Phase 2 – Additional risk-based procedures and evaluation

Where we identify risks of significant weakness in arrangements we will undertake further work to understand whether there are significant weaknesses. We use auditor's professional judgement in assessing whether there is a significant weakness in arrangements and ensure that we consider any further guidance issued by the NAO.

Phase 3 – Reporting our commentary and recommendations

The Code requires us to provide a commentary on your arrangements which is detailed within this report. Where we identify weaknesses in arrangements we raise recommendations.

A range of different recommendations can be raised as follows:

Key recommendations – the actions which should be taken by the Trust where significant weaknesses are identified within arrangements.

Improvement recommendations – actions which are not a result of us identifying significant weaknesses in the Trust's arrangements, but which if not addressed could increase the risk of a significant weakness in the future.

Information that informs our ongoing risk assessment

Cumulative knowledge of arrangements from the prior year	Key performance and risk management information reported to the Board
Interviews and discussions with key officers	NHS Oversight Framework (NOF) rating
Progress with implementing recommendations	Care Quality Commission (CQC) reporting
Findings from our opinion audit	Annual Governance Statement including the Head of Internal Audit annual opinion

Appendix C: Follow up of 2023/24 improvement recommendations

	Prior Recommendation	Raised	Progress	Current position	Further action
IR1	It is recommended that the Trust urgently conduct a comprehensive resource assessment to determine the necessary staffing, funding, and infrastructure requirements for the successful delivery of the QSIP.	2023/24	During the year, the QSIP programme became the Single Improvement Programme. Due to the actions being substantially completed, and with the agreement of NHSE, the SIP is being disestablished into business as usual. Given the work has been completed the requirement to complete a resource assessment has now been superseded. Therefore, this recommendation has been completed.	Implemented and closed	None
IR2	The Trust should prioritise further refinement of the underlying structures supporting the quality governance approach, with particular focus on enhancing the alignment with the clinical operating model and integrating the Trust's historical systems and processes. This will help to ensure continued improvement and maturity of the existing processes, fostering a more seamless and integrated quality governance framework.	2023/24	The Trust implemented new reporting into the Quality Governance Steering Group (QGSG) and Quality Committee in 2023/24 and this has continued and matured through 24/25. Review of the Quality Committee papers have not raised any significant cause for concerns, with the committee providing appropriate oversight to QSGS. The Board have ultimate oversight of the Quality Committee.	Implemented and closed	None

Appendix C: Follow up of 2023/24 improvement recommendations

	Prior Recommendation	Raised	Progress	Current position	Further action
IR3	Acknowledging the improvements made within the Trust's framework and the development of the Medium-Term Financial planning model, we recommend that the Trust integrates this task into its standard financial operating procedures. It is crucial to ensure that the monitoring, updating, and evaluation of the medium-term financial position are conducted regularly and consistently. This approach will enable greater financial oversight and foresight, ultimately supporting proactive decision-making and strategic financial management within the Trust.	2023/24	The Trust has produced a new MTFP starting with the 2025/26 plan and moving forward 5 years. The previous MTFP had been a desktop exercise, updating one of the legacy trusts MTFP. The refresh has created a more realistic plan that supports the 2030 strategy.	Implemented and closed	None

Appendix C: Follow up of 2023/24 improvement recommendations

	Prior Recommendation	Raised	Progress	Current position	Further action
IR4	We recommend the Trust produce a brief summary report as a record of actions it has undertaken to gain assurance around weaknesses within Maternity services identified from the R-v- Letby case.	2023/24	The Trust response to this recommendation in 23/24 was that there were established processes in place for considering the outcome of national reviews. The evidence seen this year shows that the Trust has appropriate processes in place to consider the outcomes of national reports, in line with managements response.	Implemented and closed	None
IR5	The Trust should continue enhanced oversight of RTT and Cancer metrics through its performance monitoring arrangements until sustained improvement of performance and Tier 1 exit is achieved. Effectiveness of arrangements put in place should be considered on an ongoing basis, and if these are not deemed to be improving performance, they should be revisited. This is especially critical for eliminating the 65-week RTT wait, which has been deferred into the 2024/25 FY from an original target date of March 2024.	2023/24	The Trust has received confirmation that they are exiting tier 1 for cancer and diagnostics but remains in tier 1 for elective. The RTT position was being monitored as part of SIP and is also included in the IPR as a true north metric. Whilst the Trust is planning to move the work of SIP into business as usual, a quarterly report on progress against the ambitions of the SIP will be produced for the Board and for the NHS Sussex ICB and NHSE to provide assurance, and a monthly highlight report for each work stream will be produced until there is assimilation with the delivery and deployment of the new Trust Strategy. The level of oversight of the elective metrics resulting in the Trust being in tier 1 (especially RTT>65 weeks) appears robust	Implemented and closed	None

NHS
University Hospitals Sussex
NHS Foundation Trust

University Hospitals Sussex NHS Foundation Trust

Annual Report and Accounts 2024 / 25

5. Acceptance of the Annual Report and Accounts as presented at the AGM

University Hospitals Sussex
NHS Foundation Trust

University Hospitals Sussex NHS Foundation Trust

Annual Report and Accounts 2024 / 25

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

University Hospitals Sussex NHS Foundation Trust

Annual Report 2024-25

University Hospitals Sussex NHS Foundation Trust

1. Performance Report

The purpose of this section of the Annual Report is to provide a summary of the purpose and activities of University Hospitals Sussex NHS Foundation Trust the Trust's priorities and objectives for 2024/2025, the key risks to achieving these objectives and how we have performed in relation to these during the year.

1.1 Welcome from the Chair and Chief Executive

As we reflect on the past year, we would like to open this report by affirming our ongoing commitment to provide high quality care for our patients, their families and carers. We understand the importance of being an organisation that can be trusted at times of need, and we do all we can to support the population we serve and the communities within which they live.

During the year, our colleagues have cared for more people in Sussex than ever before, and we offer our heartfelt thanks for all their hard work and dedication. It's been a challenging year, and colleagues have been diligent in providing safe emergency, cancer, and elective care while at the same time delivering some remarkable improvements and innovations.

We have a large waiting list, but we managed to reduce it faster than any other Trust in the country, and, despite the unprecedented winter, which saw a complex mix of severe infections of, Covid, flu, Norovirus and RSV, we saw improvements in our overall A&E performance.

We know much more remains to be done – we still have one of the largest waiting lists in the country and too many patients spend too long in our emergency departments – but progress is steady, and we want to acknowledge the achievements of all our colleagues.

In the first few months of the financial year, we developed our Single Improvement Plan to help us drive forward the quality improvements that were most needed by our patients and give stakeholders confidence that we have the foundations in place sustainable quality improvements. For much of the year, the plan was the driving force behind our improvement work. Within six months of its launch, we were able to report on significant progress. For example:

- Our work to reduce our waiting list was praised by Professor Tim Briggs, NHS England's national director for clinical improvement and elective recovery
- Our right-sizing theatre capacity programme's move of colorectal cancer surgery was welcomed by Local Authority scrutiny committees and successfully implemented
- Performance on cancer waits was ahead of the Tier 1 improvement trajectory
- We were meeting our monthly trajectory target on ambulance turnaround times

- We had completed the majority of CQC required actions, with clear plans developed to implement the remainder
- Perinatal mortality rates continued to fall to well below the national average, and we are fully recruited for midwifes

There are other areas in which we still need to improve further, some of which are significant. We know that waiting to access care, whether that be urgent, emergency or planned care is the top concern for our patients and their families, and the Board will be focused on making improvements to that in the coming year. We also know that we currently are not operating within the financial envelope that is available, and we must bring the cost of services back to balance. We continue to focus on addressing these issues, and a range of other essential improvements, against a background of external scrutiny and support over some of the long-standing issues we also face.

The most significant of these is the fact that some surgical services at RSCH are being investigated by Sussex Police's Operation Bramber. These investigations are within general surgery and neurosurgery. We know that the uncertainty this brings for the patients and families involved is extremely difficult. We also know that while these enquiries are ongoing it's difficult for the staff working within those services, and we continue to support our general and neurosurgery colleagues in building on the many important improvements they have made in recent years. Finally, we understand that the media attention that Operation Bramber attracts can be unsettling for all those we serve and for all our colleagues. We do our very best to provide transparent, timely and clear communications in endeavour to support all involved.

Looking ahead, we will be guided by our new Trust Strategy (2025-2030), the foundations of which were laid by a large engagement exercise we carried out in 2024/25.

We launched our Big Conversation in July, against the backdrop of a new Government that had identified building an NHS fit for the future as one of its five key missions, and commitment from NHS Sussex to collaborative service development to better meet the needs of our population.

As one of the largest Trusts in the country, we need a strategy that helps us contribute to these local and national priorities and the Big Conversation was designed to help us achieve this.

It asked our staff, partners, patients and public what they think of us currently, where they would like us to be in five years' time, and what they think are the strengths, opportunities and priorities that will get us there.

We want to thank everyone who took part in the Big Conversation and shared their views on how we should go about building great services for patients, colleagues and our communities.

It was really heartening that so many people got involved: 3,000 colleagues had a say through roadshows, workshops and an online survey. We also heard from 1,500 members of the public and 77 of our partner organisations. In all, we collected more than 12,500 insights from these listening activities.

Staff said they want all our hospitals to thrive, for us to improve services and patient experience, and be known for innovation and excellent care.

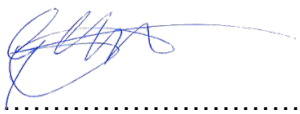
Patients' priorities were faster access to better and more personalised care, as well as improved communication and appointment booking processes.

And our partners said they want it to be easier for us to work together, to align with us around strategic goals, and explore place-based integrated working.

These ambitions will be reflected in our new Trust strategy and are improvements we can all agree on. University Hospitals Sussex was created to unlock the benefits of collaborative working between our hospitals: to achieve together what our predecessor Trusts would not have been able to do alone.

Combining two organisations in the aftermath of the pandemic made that difficult, but we are excited by the opportunities we have ahead of us. As 2024/25 transitions into a new financial year, it will be our new strategy, based on the ideas and insights of our staff, partners and communities, that will help us make the changes and improvements we all want to see.

All the hard work of the previous 12 months has set us on the right course for the coming year and we look forward to reporting back in 2026 on the progress we have made for our patients in our performance, achievements and innovation at University Hospitals Sussex.



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Dr George Findlay
Chief Executive
25 June 2025

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Philippa Slinger
Chair
25 June 2025

1.2 About the Trust

University Hospitals Sussex NHS Foundation Trust (UHSussex) is one of the largest organisations in the NHS. We employ nearly 20,000 staff, serve a population of around 1.8 million people and have an annual operating budget of around £1.7 billion.

The Trust provides all district general hospital services for Brighton and Hove, West and Mid Sussex and parts of East Sussex. We also provide specialist services for patients from across the wider South East. These include:

- neuroscience,
- arterial vascular surgery,

- neonatology, and
- specialised paediatric, cardiac, cancer, renal, infectious disease and HIV medicine services.

The Trust runs seven hospitals in Brighton and West Sussex:

- Princess Royal Hospital in Haywards Heath
- Royal Alexandra Children's Hospital in Brighton
- Royal Sussex County Hospital in Brighton
- St Richard's Hospital in Chichester
- Southlands Hospital in Shoreham-by-Sea
- Sussex Eye Hospital in Brighton
- Worthing Hospital in Worthing

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

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

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

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

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

University Hospitals Sussex has a core focus to put the patient first and foremost – our 'True North'. This is underpinned by a commitment to continuous improvement and a set of values selected by our staff, patients and stakeholders:

- Compassion and communication
  We treat our patients and staff with the same compassion and empathy we expect for ourselves. We're here for them when they need us, and we go above and beyond to meet their needs. We care about

everyone's well-being, because that's why we do what we do. And we make sure everyone feels informed and included. We always find the time to communicate with staff and patients, however busy we may be, because people's lives depend on it.

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

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

More than 28,000 staff, patients and local people are members of the Foundation Trust. Our members help shape our future plans and priorities. They also elect our Council of Governors. Our governors represent the views of our community and act as a "critical friend" to the Trust. This means they keep an eye on our performance and hold the organisation to account.
In 2024/25:

- We held more than 1.36 million outpatient appointments *(2023/24 1.22 million)*
- We received more than 620,000 referrals for care *(2023/24 600,000)*
- We saw more than 432,000 people in our emergency departments *(2023/24 421,000)*
- We admitted more than 134,600 patients to our wards *(2023/24 134,000)*
- We performed more than 152,000 in patient operations and day case procedures *(2023/24 134,000)*
- We delivered more than 8,566 babies *(2023/24 8,650)*
- More than 6,500 people started cancer treatment *(2023/24 5,575)*

More information about the Trust's operational and financial performance is available in Section 1.3 of this report.

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

1.3 Performance Analysis

1.3.1 Patient First

Patient First is our long-term approach to transforming hospital services for the better. It provides structure for how the Trust identifies, manages and delivers change, providing staff with opportunities to engage; and be engaged with; and deliver improvements across all our hospital sites.

Patient First is how, as a Trust, we deliver improvement. Every member of the Trust, from our front line teams who deliver care to patients, through to our back-office teams that keep the hospitals running smoothly, through to our managers and leaders of the organisation is encouraged to build personal capability, be curious and most importantly be at the centre of delivering improvements that in turn improve the care to our patients.

It starts with our purpose, mission and values. These describe our core focus, or **True North**: putting *the patient first and foremost*. It is important that staff both understand what is important to the Trust, as well as how they can help deliver improvement…and that we are all working to the same goal.
Patient First's strategic themes are the components of excellent care every time. We plan our improvements under these themes, as they describe the areas we need to prioritise to keep moving towards our goal.

- The **patient** is at the heart of everything we do
- Our services must be **sustainable**
- We need to attract and keep the best **people**
- We have to strive for the very highest **quality**
- We must work with the wider **system and our partners**
- And we should invest in **research** so we can use **innovation** to drive our improvement

Patient First in 2024/25

The Patient First Improvement Programme is now in its fourth year at University Hospitals Sussex. It is delivered in part with support from the Improvement and Delivery function, an internal team of trained improvement practitioners who support and coach staff in the delivery of change using Patient First tools, improvement methodology and project plans.

Within the programme, pillars provide structure to how we describe and manage our improvements:-

Improvement initiatives are projects that are aligned to True North metrics, sponsored by executives with Director Senior Responsible Officers and delivery is supported by the Improvement & Delivery team. They are categorised into three different areas of focus

- breakthrough objectives (top contributors to True North; circa 12 month duration)

- strategic initiatives (projects that will take circa 3 years to deliver complex changes); and
- corporate projects (typically lasting circa 18 months that require central oversight)

Within the 2024/25 portfolio, there has been progress within a range of corporate projects, for example Patient Access Transformation with focus on Patient Tracking Lists, Outpatient booking processes and the introduction of the Federated Data Platform, and Improving Access to Surgery with progress against the Royal College of Surgeons recommendations. Through the year the main focus of support for governance and delivery moved to the Single Improvement Plan – established early 2024 and reaching a point of transition by March 2025.

Several Strategic Initiatives and Corporate Projects have closed down as programmes overseen at Trust SDR level, for example Environmental Sustainability and Quality Governance. As part of project close-down, evaluations have taken place to ensure that any ongoing actions are firmly embedded into business-as-usual or have any remaining elements managed under new improvement projects.

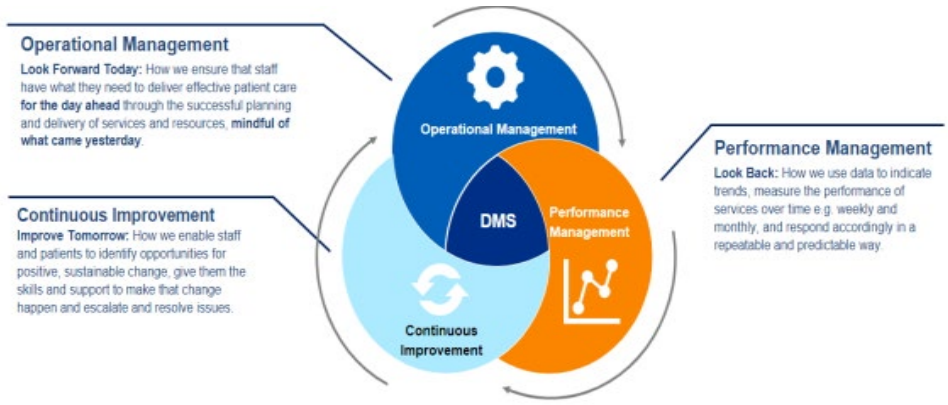
The Length of Stay corporate project has aligned with a broader Urgent and Emergency Care improvement plan and work in this area has been progressed across the year for example establishing and training for discharge standards and is currently focussed on several Trust-wide areas of improvement focus – Urgent Treatment Centre, frailty pathways and model, Same Day Emergency Care and Emergency Department Data Integrity.

One key Breakthrough Objective has continued to be the focus across the organisation - Median Hour of Discharge. By using Patient First Improvement System methods, Divisions and Daily Management System units have continued to focus on helping to ensure patients are discharged earlier in the day – allowing patients to settle themselves back home before nightfall and also creating capacity and enabling us to care for other sick patients needing beds in our hospitals. Work to date has resulted in marginal shifts in performance and additional work is needed in this area for the future to gain more impactful improvement.

Strategy deployment is the process for engaging delivery against the priorities at all levels of the organisation. The Trust's lean management system (Patient First Improvement System – PFIS) which empowers front-line staff to remove waste and make local improvements has been deployed to nearly all front-line units over the last 8 years and 2024/25 has been a period of sustaining skills and maturity where possible and refreshing knowledge and application in the units where Daily Management System is rolled out.

Following the development and pilot work in 2023/24, the Daily Management System (DMS), where conversations take place at a local level to manage the day well aligned to the Trust's organisational quality and performance goals, continues to be rolled out according to the phased plan.

Diagrammatic representation of how the daily management system fits within the wider management framework



DMS has now been successfully deployed across 32 units in the Medicine divisions over Royal Sussex County Hospital, Princess Royal Hospital, St Richard's Hospital, Worthing Hospital and Newhaven wards, with deployment to Surgery Divisions (15 bed-based wards) commencing in May 2025. The Strategy Deployment team will also be working with Divisions to develop and trial a DMS Theatres model commencing in April 2025.

Over the course of 2024-2025, a number of training packages have been designed and implemented to support the deployment of DMS, including DMS for Leaders and several online resources.

A number of benefits are being seen in DMS units, including an increase in PF maturity levels, timeliness of observations and appraisals/STAM completion across wards.

DMS Gemba routes have also been established within Medicine Divisions (across all sites), supporting staff engagement, development and communications.

Feedback has been positive from wards/Divisions:

> *"This is really good, we're already starting to see how we can make improvements..."*
> *Ward Manager Newhaven*
>
> *"DMS is like reflective practice"*
> *Newhaven OT*
>
> *"I have to admit, at first, I thought all the colouring-in and visual graphs were a bit like being back at school. However, having visual prompts and the team being able to see how we're doing every day has made a real difference in how we work."*
> *Ward Manager RSCH March 2025*

"We discuss patients specifically during handovers and not the reasons why discharges might be later in the day or Obvs were missed. The DMS board gives us the chance to focus in our targets and discuss why we might have missed them with the whole [MDT] present. I don't think we'd have this discussion in other meetings."
Ward Manager RSCH April 2025'

Capability building continues to be a key part of how the Trust successfully delivers its strategic goals. Yellow Belt training – supporting staff to solve problems at a local level using lean six sigma tools and techniques – has continued in the organisation with a targeted approach to match the work being undertaken in UEC improvement programme. By training our own staff in the identification and delivery of improvement techniques, grow-your-own problem solvers will ensure that the Trust continues to be able to deliver its strategic aims. DMS implementation is also accompanied by a tailored training programme.

Strategy Development pillar has seen the major area of focus of the Big Conversation and setting the future Strategy for the Trust under the oversight of the strategy and planning team.

Patient First Strategic 2024/25 Priorities & next steps

Patient First priorities for 2024/25 centred around DMS rollout, reinstatement of Divisional SDRs, testing hospital site based SDRs and capability planning. Progress against these plans has been variable for example good progress to plan with DMS, Divisional SDRs have been revised and reintroduced however the requirement now means that a more focussed performance review approach is taking priority.

2025/26 presents the opportunity for a refresh and refocus of the optimum approach to the use of improvement methodology tools, systems, capability and resources to support the needs of the organisation in line with the new Strategy and the performance priorities for the coming period. The refresh will take account of the direction being set by the National Improvement board and the use of the NHS Impact framework as well as building on prior experience, successes and learning opportunities. It also provides the opportunity to embed Organisational Development approaches into future improvement offerings and delivery roadmap.

1.3.2 Trust True North Goals

The Patient – True North: for all of our patients to have a positive experience of the care that they receive within the organisation as measured by the Friends and Family Test.

Our Friends and Family Test (FFT) patient feedback demonstrates that through the 2024/5 year the significant majority of the Trust's patients had a good or very good experience of their care with an average score of 89.5%

which was just shy of the local true north target and is slightly higher lower than the previous year (90% for 2023/24). However, there was a slight overall increase in patient reported positivity through the 2024/25 year. The Trust overall response rate was 23.5%, slightly higher than the prior year and represents approximately 120,000 patient responses.

Consistent with the national position for the NHS, patient experience is most positive in outpatient, inpatient and maternity services and least positive in emergency departments (EDs). Compared to national average, University Hospitals Sussex patients' reported experience is more positive for maternity (94% compared to monthly averages of 92% nationally) and outpatients (96% locally and 94% nationally), in line with national averages for emergency departments (80.7% locally compared to monthly averages of 80% nationally), but less positive for inpatient care (92.5% locally compared to 95% nationally). This is due to the inclusion of the emergency floor within inpatient calculations which reduces the overall positive rating. Each of the Trust's eight clinical divisions had an average annual patient reported positive experience rate of 93% or higher.

Each month, the Trust receives approximately 10,000 surveys from patients rating their experience of their care, with approximately 8,000 patients leaving comments. Through the commissioned Friends and Family Test system, these comments can be analysed by theme, site, ward, speciality and clinical division to identify strengths and opportunities for improving patient experience.

The Trust also supports completion of the national patient surveys commissioned by the CQC every year for hospital admissions where feedback is taken from a representative sample of patients. This is designed to be a one-off snapshot of experience or views that can be compared with other Trusts and is based on a lengthy structured questionnaire. In year, the 2024 urgent and emergency care survey was undertaken and published, with the results painting an improving patient experience of urgent treatment centres and poorer patient experience of emergency departments, with waiting times being the primary improvement opportunity. The 2024 maternity services survey was undertaken and published, with the results presenting a positive position for patient experience of maternity services, with performance in the top third of Trusts nationally. The 2023 national inpatient and emergency care surveys results were published this year. The Trust's overall ranking dropped from the previous year, as although the % rating overall experience 7/10 or greater increased, this is at a lower rate than for most of the Trusts in the country.

Other means of monitoring experience included feedback from complaints and PALS enquiries, patient engagement activities, PLACE audits, governor committees, comments placed on social media and the NHS Choices website, Healthwatch reports' and patient feedback submitted to Healthwatch.

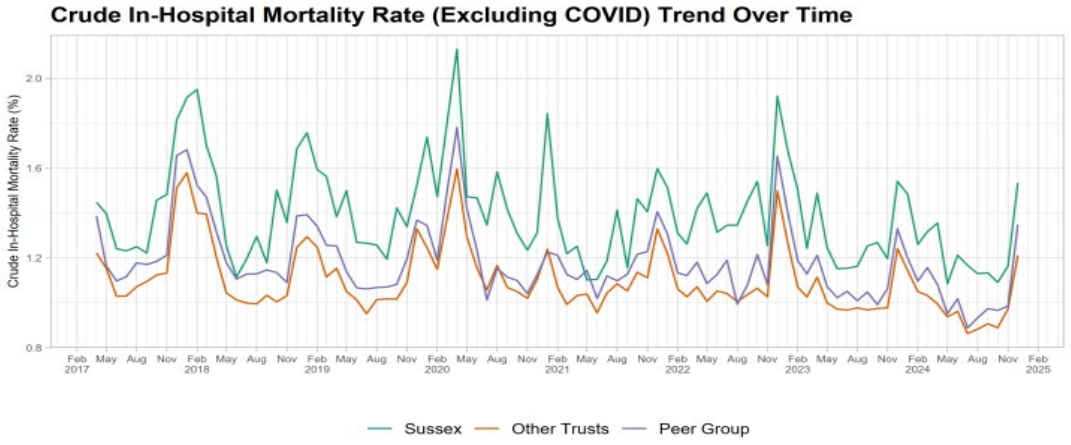
Insights from all these sources informed the University Hospitals Sussex Patient Experience Strategy 2022 to 2025 which was launched in July 2022

alongside a range of metrics to track the main contributors for patient experience. The strategy has continued to be implemented through 2024/25 and includes the Trust's ambitions to improve customer service through the successful Welcome Standards programme, improved discharge processes and reducing waits in line with Patient First values and processes, and ensuring accountability.

Quality – True Norths: to achieve the lowest crude mortality within our peer group and aim for a 5% reduction in harm to our patients.

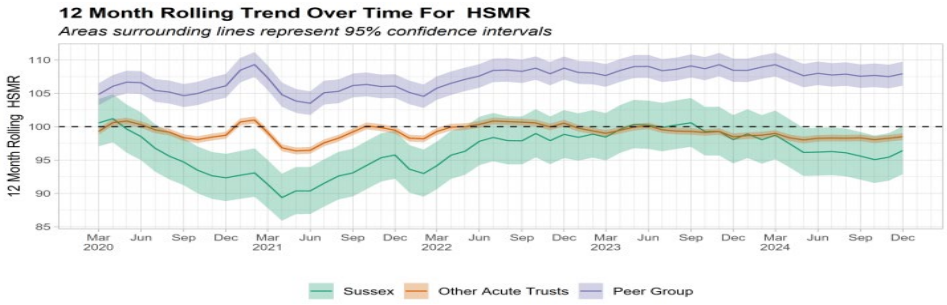
To achieve the lowest crude mortality within our peer group

The Trust's peer group contains 5 other Trusts, against which UHSussex has a higher in hospital crude mortality, at 2.60% for 2024/25, which is below the rate of 2.67% in 2023/24.



Whilst Crude Mortality Rate is a useful way to track basic trends in mortality, it does not take into account case-mix, and as such UHSussex has continued to monitor complementary mortality ratios, these being the Hospital Standardised Mortality Ratio (HSMR) and the Standardised Hospital-Level Mortality Index (SHMI).

UHSussex's HSMR is within expected ranges with the 12-month rolling trend lower than both peers and other acute trusts. UHSussex has a lower number of observed deaths, compared to expected deaths, and both weekday and weekend HSMRs are both below the standard of 100.



UHSussex SHMI data shows whilst this index is within the expected range it is higher than 100 and remains higher than both other acute trusts, our peer group and national average. Whilst both observed and expected death have followed a downward trend, observed deaths remains higher than expected deaths, although the gap between these has also reduced, and work continues to review and improve mortality coding.

Reducing harm

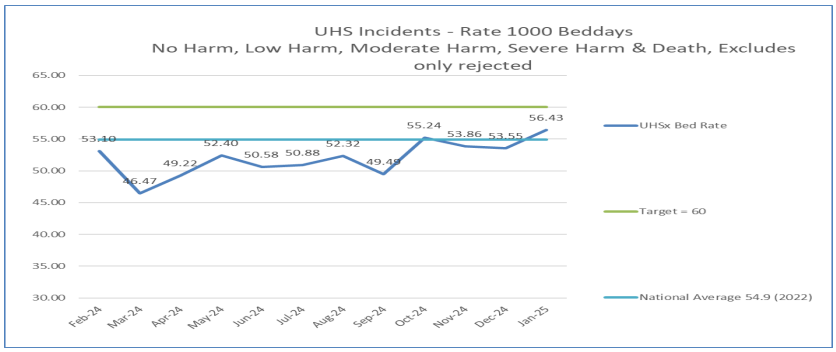
Trustwide it is expected that patients do not suffer harm whilst in our care. However, it is recognised that there are patients who suffer new harm which is acquired during their time in hospital. This has a significant impact on patients, families, carers and staff and within the wider organisation.

The Quality True North for harm at UHSussex is 'Zero harm occurring to our patients when in our care', with a target to reduce the number of all harms categorised as 'low, moderate, severe harm and death' by 5%.

The Trust encourages all healthcare professionals to report incidents as soon as they occur to ensure timely investigation and outcomes, which are shared to support learning that is reflective of a positive safety culture.

The Trust historically used nationally reported and verified data from the National Reporting and Learning System (NRLS) to benchmark its reporting culture against other like for like performing NHS acute/secondary and tertiary care trusts. The National Reporting and Learning System was replaced in 2024 with NHSE Learning from Patient Safety Events (LfPSE). The current national reporting baseline has been paused since 2022 due to the replacement of NRLS with the introduction of LfPSE. The 2024/25 UHSussex Trust target is a reporting rate of 60 per 1000 bed-days.

Following the implementation of a new Trustwide incident reporting system (DCIQ) in March 2024, in 2024/25 the Trust has seen a rise in the rate of reporting to 56.43 (per 1000 bed days) which for the first time since the Trust 2021 merger is above the NRLS 2022 national average of 54.9 and inching towards the Trust target of 60.



In 2024/25 a significant programme of work has been underway to implement a single standardised, Trustwide incident reporting system allowing for ease of reporting, feedback, and shared learning.

A new Duty of Candour training module, introduced by the Trust Patient Safety Partners will be available on IRIS to support the understanding of the process in accordance with the Trust Duty of Candour and Being Open Policy in Q2 2024/25

The Duty of Candour training and PSIRF deliver more clarity and emphasis on psychological harm caused by incidents, with clear guidance to categorize low, moderate and severe psychological harm.

To improve the quality of Regulation 20 Duty of Candour compliance reporting, the new DCIQ incident module has revised the data collection tools and process to ensure Trust compliance, which have been improved across Q3 2024/25.

A new RLDatix (DCIQ) training video is now available on Iris to support the understanding of the incident reporting and handling processes. The patient safety team is also encouraging the reporting of good care. Since implementation in March 2024, the Trust has seen an 18% increase in the rate of incident reporting per 1000 bed days.

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

We want University Hospitals Sussex to be one of the best places to work in the NHS, where people feel motivated, supported and proud of the care they provide. We know from research that when staff feel engaged, they experience better wellbeing, contribute more confidently to innovation, and deliver better patient care and outcomes.

Improving staff engagement has been the strategic objective for the People domain of Patient First, and our long-term objective is to achieve a staff engagement score that places the Trust in the top quartile of acute Trusts. It is recognised that high levels of staff engagement are linked to improved safety and productivity supporting high quality patient care and sustainable services. In the 2024 national NHS Staff Survey, our staff engagement score was 6.59 (out of 10), compared to the national acute Trust average of 6.84. While our score has shifted slightly since 2021, the gap to the national average has stayed consistent, highlighting both the resilience of our local team culture, and the potential we still have to improve.

The Staff Engagement score comprises three elements:

- Advocacy — this saw a dip from previous years, though many colleagues still say they would recommend the Trust as a place to work and receive care.
- Involvement — this score has remained broadly steady, with most staff feeling trusted to shape how they work.
- Motivation — our lowest sub-score, and an area for improvement.

Table: Staff Engagement Scores (2022–2024), NHS Staff Survey (NSS)

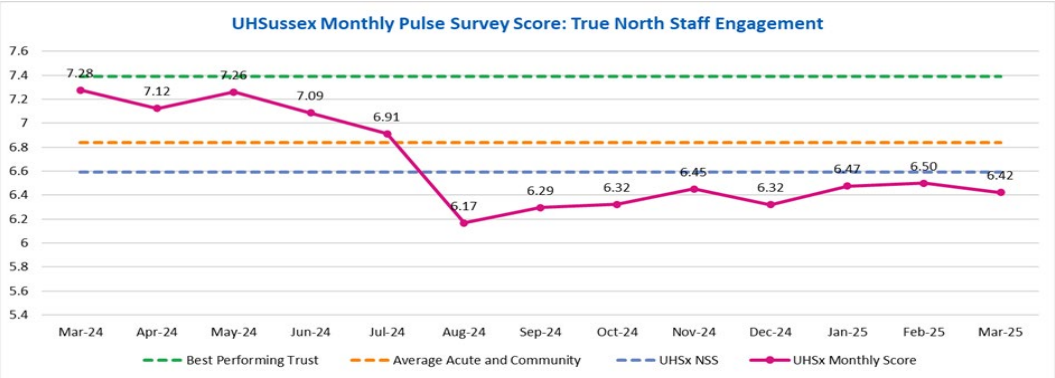
Element	2022	2023	2024
Overall Score	6.69	6.62	6.59
Advocacy	7.01	6.89	6.81
Involvement	6.76	6.74	6.72
Motivation	6.30	6.28	6.24

Despite system-wide pressures, we also saw above-average NSS results for teamworking (6.60) and line management (7.18). 71% of staff said their manager takes a positive interest in their wellbeing, and scores for autonomy; feeling trusted to make decisions were also strong. These are the foundations of engaged staff and teams and compassionate care.

Staff continued to shape the future of the Trust. Through the 'Big Conversation', thousands of colleagues co-designed our Five-Year Strategy – to be launched in 2025/26. Our Culture Programme, established in late 2023, has engaged many hundreds of frontline staff and those with people management responsibilities, and is helping teams reflect, build shared purpose, and lead local improvements. Day-to-day, staff feedback and involvement helps to drive change through, amongst other channels, regular listening events, Pulse surveys, Patient First improvement projects, Executive Team *Gemba* walkabouts, Education Faculty Groups and Resident Doctor Forums, Staff Networks, and communities like our Trust Ambassadors, Green Champions and Wellbeing Champions.

We also track engagement locally with our 'pulse survey':

Chart showing Monthly Pulse Survey Score: March 2024 to March 2025



We also know that excellent care needs staff to feel able to speak up. In the 2024 NSS, 56% of colleagues said they felt safe to raise concerns, and 39% believed action would be taken. These scores, while below average, give us a clear focus, we have strengthened our Freedom to Speak Up Guardian arrangements, given greater prominence to the range of speaking up

pathways available to staff, and are supporting leaders to listen well and act visibly.

This work is overseen by the People & Culture Committee and is rooted in a simple truth: when staff feel heard, safe and supported, patients receive better care. This is why staff engagement remains our 'True North' for People.

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

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

- I&E Performance: achieving the agreed Income & Expenditure deficit;
- Capital: delivering the agreed capital programme; and
- Efficiency: achieving a performance higher than forecast.

The Trust ended the year with I&E performance of the £30.0m deficit consistent with the agreed financial position with the Sussex Integrated Care Board.

The 2024/25 capital expenditure of £86.6m, was delivered through £77.9m on intangible assets, property, plant and equipment and received £7.6m from cash donations and capital grants. The Trust acquired £1.1m of Right of Use assets during the year in the form of new lease agreements. The capital programme was supported by the Trust's dedicated hospital charity, My University Hospitals Sussex Charitable fund, as well as our partner charities, including the League of Friends.

The Trust delivered £76.0m of efficiencies, against a planned target of £89.5m through streamlining processes and improving productivity, smarter procurement, and reducing waste.

Systems and Partnerships – True Norths: to have 95% of A&E patients waiting less than four hours to be admitted or discharged and to eliminate referral to treatment 78 week waits.

The NHS Operating Framework in 2024/25 was to achieve for 78% of patients that attend A&E for urgent or emergency care a waiting time of less than four hours by March 2024, and to have 92% of patients referred for elective care having a referral to treatment (RTT) time below 18 weeks, with a focus on eliminating the longest 65 week waits. The Trust also had to reduce its prospective cancer 62 day backlog in line with national expectations.

In 2025/26 we are focusing improvement actions on reducing the numbers of patients who attend A&E, waiting over four hours for treatment but do not require admission to hospital as well as improving the flow through our hospitals to reduce the amount of time patients who require admission wait in the A&E department. In line with the planning guidance this requires improvement to 78% A&E 4-hour performance by March 2026. The Trust is

also committed to reducing the length of time patients wait for elective care with the aim being to continue to reduce the numbers of patients waiting more than 52 weeks and have at least 55% for patients waiting under 18 weeks by the end of March 2026 , have no more than 5% waiting diagnostic tests by March 2026, and to see the continued improvement in reducing prospective 62 day cancer waiters.

In A&E the Trust saw, treated, admitted or discharged 70.3% of patients within 4 hours across the year despite significant flow constraints, and increased A&E demand. This was a 0.4% improvement relative to 2023/24 but was both below the National target of 78% and was 3.6% below the National average. The Trust has worked collaboratively with partners, continued to develop our estate to support A&E and has continued to enhance our internal process improvements which will continue to mature and deliver improvements in our performance in 2025/26.

The Trust has 48.9% of patients waiting longer than the target 18 weeks at the end of March 2025, improved from 41.5% March 2024. National performance was 59.2% March 2025. There were 377 patients wating 65 week at the end of March 2025, this being 3218 fewer than at the end of March 2024. The Trust also saw a material reduction in its elective waiting list, a reduction of 32,424 (a reduction of 21%) when compared to March 2024.

Positively the Trust exceeded the target for reducing the cancer 62 day patient backlog to 275 by the end of March 2025. The Trust also hit 81.6% FDS performance in February 2025.

The Trust also achieved a material improvement in its diagnostic performance from 30% wating over 6 weeks March 2024 to 13.6% wating over 6 weeks at March 2025, which is below the National average of 17.5% for February 2025, and the best performance the Trust has had since before the pandemic in February 2020.

Research and Innovation – True North: University Hospitals Sussex will be a place where all patients and staff have the opportunity to participate in high-quality research and innovation which is relevant to them and will work with partners across Sussex to ensure the whole population benefits from health and care research and innovation.

Research and Innovation drive continuous quality improvement in healthcare and help NHS organisations attract and retain a high calibre workforce. We have set out a vision for University Hospitals Sussex as a place where all patients and staff have the opportunity to participate in high-quality research and innovation which is relevant to them, and where we work with partners across Sussex to ensure the whole population benefits from health and care research and innovation. We will achieve this by broadening engagement in research across our organisation and throughout our workforce, and through the Brighton and Sussex Health Research Partnership with the Sussex Health and Care Partnership Integrated Care System, other health and care service

providers in Sussex and academic partners including the Brighton and Sussex Medical School (BSMS).

The Sussex Health and Care Research Strategy has been completed and has been endorsed by NHS Sussex's Board. ***Improving Lives Together through Research*** sets out health and care partners' collective vision for health and care research, and how it will help improve care and health and care services, for the next five years.

The Strategy's publication also marks our reconfiguration to the Sussex Health and Care Research Partnership. This change reflects the changes in the way our research is being undertaken, with a shift away from acute healthcare settings and into social, community, and primary settings – even our own homes. It also reflects that our partnership has grown to include diverse and specialist healthcare providers across the length and breadth of Sussex.

This year the Research and Innovation breakthrough objective has focused on increasing the opportunity for patients to access new and innovative treatments, by increasing the number of commercial and interventional recruiting studies.

Over 2024/25 we have focused on growing and broadening the opportunities for our patients and staff to take part in research. A total of 5,112 participants were recruited into 198 studies running across a range of clinical specialities. We have achieved our NIHR Regional Research Delivery Network (RRDN) annual target for growth in recruitment of participants into National Institute of Health Research (NIHR) portfolio studies. When benchmarked against other NHS acute Trusts, our rank is 24th for number of studies recruiting during 2024/25. Of the studies open to recruitment 136 (68%) were interventional studies that offered 2,397 patients access to potentially lifesaving clinical trials of new medications, devices, or procedures. In line with our strategic objective, we have increased the number of recruiting commercial studies by 5% compared to the previous year.

1.3.3 Risk Management

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

The Board utilises the Trust's risk appetite statements when determining the strategic risks respective risk's target scores. During the year the BAF records how the Trust has been managing its 10 strategic risks. Across 2024/25 the Trust had seen a number of these risks remain rated as

significant meaning at the year end seven of these key risks exceeded their determined target score and seven of these risks were rated as significant.

Below is a summary of the Trust's strategic risks as monitored through the Trust's BAF

1. Patient *(Oversight provided by the Patient and Quality Committee)*
1.1 We are unable to deliver or demonstrate a continuous and sustained improvement in patient experience resulting in overall poorer patient experience and potential for adverse reputational impact.
2 Sustainability *(Oversight provided by the Finance and Performance Committee)*
2.1 We fail to deliver the in-year financial plan; alongside the requirement to return to a breakeven run-rate by M12 2025/26 and secure medium-term sustainability.
3 People *(Oversight provided by the People and Culture Committee)*
3.1 We are unable to recruit and retain a sufficient level of workforce if we do not have effective support for staff across the breadth of the NHS people promises (covering inclusion, health and safety, learning, recognition, teamwork, flexibility & staff voice) which adversely affects our capacity and capability to deliver services, continuous improvement and Patient First True Norths.
3.2 We will not achieve our strategic aims and realise the benefits of merger, including improving patient safety and recruiting and retaining talent unless we take action to; develop a clear strategy, invest in and prioritise focussed work on culture change from 'Board to Ward' including developing our leaders to be engaging, inclusive and empathetic, aligning sub-cultures and addressing cultural gaps and reducing cultural variation.
4 Quality *(Oversight provided by the Patient and Quality Committee)*
4.1 We are unable to demonstrate compliance with regulatory and quality standards.
4.2 We are unable to deliver any safe and harm free care.
5 Systems and Partnerships *(Oversight provided by the Finance and Performance Committee)*
5.1 We fail to realise the benefits of merger and the strategic intention of 3Ts because we are unable to successfully develop and deliver plans to optimally configure our sites and services in a way that aligns with system partners and our ICS strategy.
5.2 We are unable to deliver and demonstrate consistent compliance with the 24/25 operational plan and NHS constitutional standards resulting in an adverse impact on patient care and the Trust's reputation and financial position.
6 Research and Innovation *(Oversight provided by the Research, Innovation and Digital Committee)*
6.1 We are unable to capitalise on research innovation and digital as drivers of transformational improvement at the Trust.
6.2 Our digital immaturity in our infrastructure, skill and technology threaten our security, operational and clinical performance and limit our ability to realise the benefits of digital transformation.

For each of these strategic risks there is a detailed series of mitigations which will continue to be implemented throughout 2025/26 for those risks not achieving their target scores. The delivery of these mitigations and their impact on the risks is monitored through the appropriate Committee of the Board.

The work of the Patient and Quality Committee provides assurance to the Board in respect of the Trust's action to manage patient experience risk, especially during the period's patients had extended waits for their treatment and care. Whilst action was taken and there was an improvement in reported friends and family scores during the last quarter of the year given the known poorer patient experience linked to patients' excessive waits, the patient strategic risk remained significantly scored at the year end.

The Patient and Quality Committee maintained a focus on the management of the Trust's key quality risks. The Board recognised that whilst the Trust had developed a single improvement plan those actions would take beyond 2024/25 to see these risks reduce. At the year-end a significant number of improvement actions have been delivered so it is expected that these risks will reduce as they are reassessed during 2025/26. The Patient and Quality Committee has also overseen the mandated Perinatal dashboards and associated actions.

The Finance and Performance Committee maintained a focus on the management of the Trust's financial sustainability risks as well as its performance risks. The Trust took action during the year in respect of the key financial sustainability risks but given the degree of operational pressure on the Trust, the Trust resubmitted its financial forecast during the last quarter of 2024/25, confirming that the original plan would not be achieved. This saw no reduction in the significantly scored financial sustainability risk. With the operating planning regime for 2024/25 increasing the activity requirements of the Trust, there is significant financial risk within the Trust's submitted element of the ICS plan and is being reflected within the 2025/26 BAF.

The Finance and Performance Committee also received assurance in respect of the actions developed and taken with regards to the Trust's performance against the key constitutional targets. The Trust has prioritised the treatment of patients according to their clinical needs, in line with national guidance, and the action taken to see those patients waiting the longest focusing on those waiting over 78 weeks, has seen those waiting reduce significantly and the Trust improved its delivery of cancer's faster diagnosis which saw by the year end this strategic risk reduce to its target score of moderate. The Patient and Quality Committee maintained a complementary review of the Trust's processes to manage the quality risks for those patients waiting.

The People and Culture Committee has enabled the Board to track the formulation and delivery of plans to manage these risks alongside receiving direct information from staff feedback / surveys on the efficacy of the wellbeing programmes developed to support the Trust's staff. The People Committee has also received information from the Trust Freedom to Speak up Guardian and the Guardian of Safe Working on both their activities but also on the programme of work supporting staff to be able to raise matters where improvements can be made. The Committee has also supported the Board by scrutinising the Trust's delivery against its equality, diversity and inclusion (EDI) strategy. The People strategic risk reduced to its target score in the latter quarter of the year.

The People and Culture Committee maintained an oversight on the Trust's developing cultural improvement work. The Committee along with the Board recognised that the interventions taken will take time to reduce the overall risk level and therefore the cultural strategic risk remained significantly scored across the year.

The Research, Innovation and Digital Committee maintained a focus on the action taken to deliver the Trust's Research and Innovation Strategy however there remained a number of underlying actions in progress by the year end, and, therefore these risks remain scored as significant. This Committee from April 2024 took on the oversight of the Trust digital improvement work, this move from the prior sustainability committee was in recognition of the interplay between improving digitisation and innovation. The Trust's digital maturity assessment confirmed the level of work needed within this area and therefore the risk remained significantly scored at the year end.

The Audit Committee in their review of the Trust's Board Assurance Framework processes complement the work of the respective Board Committees.

The Trust has continued to invest time and executive oversight into the enhancement of the Trust's reporting of its highly scored risks, particularly those linked to the Trust's corporate projects and strategic initiatives which complement the Trust's BAF risks. This activity is overseen through the executive led risk oversight group which across each quarter supports a focus on divisional risk management, the management of cross cutting divisional and corporate risks and the oversight the interlinkage of highly scored risks and the strategic risks. The work of the Group is supported by the Trust's corporate risk management team who also support the divisions to enhance both their risk literacy as well as their levels of compliance with the Trust's risk management policy. Reporting of these levels of compliance also flows to the Trust's Audit Committee.

During 2024/25 Internal Audit undertook a review of the Trust's divisional risk management process and the operation of the established Risk Oversight Group and concluded positively on both the design and operation of these systems of internal control. The progress against the few improvement recommendations made is reported to the Audit Committee primarily they related to enhancements in the reporting from the Trust's risk management system. The changes in the reports and dashboards available to the Divisions following implementation of the recommendations have been received positively by the Divisions and reported as such to the Risk Oversight Group.

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

1.3.4 Performance Framework

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

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

Each layer of review and action considers both the key targets and outcomes / objectives used to assess operational performance under the Trust's Patient First Domains including the True North metrics and a wider set of balanced scorecard indicators that have been selected to provide a more complete view of operational risks and interdependencies. The review process is underpinned by a suite of business intelligence tools designed to show outcomes, but also the drivers of potential compliance risks such as changing demand profiles.

1.3.5 Operational performance

The operational performance of UHSussex is measured against key access targets and outcomes objectives set out in the NHS Operating Framework by the NHS National Executive (NHSE). For operational performance these are:

- A&E maximum waiting time of 4 hours from arrival to admission/transfer/ discharge. National Target of >78% by March 2025
- RTT patients on an incomplete pathway, 60% patients waiting under 18 weeks by March 2025 (the Trust has committed to 55% performance), and a reduction to 1% of the total waiting list size for 52 weeks (the Trust has committed to 3%)
- All cancers a maximum 62-day wait for first treatment from:
  - urgent GP referral for suspected cancer
  - reduction of prospective 62 day PTL
  - 28 day Faster Diagnosis Standard > 75%
- Maximum 6-week wait for diagnostic procedures, no greater than 5% waiting over 6 weeks by March 2025.

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A&E

table showing A&E performance

A&E and Emergency Flow	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	23/24 YTD	24/25	Trend
UHS<4hr %	69.05%	69.60%	69.00%	70.27%	71.31%	71.60%	71.50%	71.86%	69.24%	68.13%	69.40%	70.20%	71.50%	69.9%	70.3%	
National	*74.2%*	*74.4%*	*74.0%*	*74.6%*	*75.2%*	*76.3%*	*74.2%*	*73.0%*	*72.1%*	*71.1%*	*73.0%*	*73.4%*	*75.0%*	72.1%	73.9%	
A&E 4 Hour Breaches	11,692	10,738	11,881	10,692	10,694	10,020	9,957	10,391	11,274	11,546	10,678	9,743	10,811	126671	128425	
A&E 12 hours in department	2,865	3,018	3,073	2,763	2,940	2,641	2,878	3,215	2,986	3,162	3,393	2,878	2,662	28266	35609	
% 12 Hours in Department	8.4%	8.6%	8.0%	7.7%	7.9%	7.5%	8.2%	8.7%	8.2%	8.7%	9.7%	8.8%	8.8%	7.0%	8.4%	
A&E Attendances	33,977	35,265	38,278	35,968	37,271	35,312	34,936	36,932	36,654	36,229	34,943	32,702	37,888	406728	432378	
Time to Triage	21	21	20	20	20	19	20	20	21	20	20	20	21	18.2	20.1	
Time to Treatment	140	143	144	137	124	131	132	138	143	138	124	141	127	129.0	135.0	
Mean Waiting Time	325	345	339	315	325	310	329	348	353	362	374	352	315	316.9	338.9	
Ambulance Handovers	7,152	6,808	7,101	6,843	6,955	7,010	6,994	7,247	7,212	7,271	7,272	6,383	7,017	83091	84113	
Ambulance Handover <15 minutes	53.0%	49.2%	52.9%	54.7%	51.2%	55.3%	49.5%	47.8%	48.3%	46.5%	45.3%	49.9%	52.7%	56.9%	50.3%	
Ambulance Handovers > 60 minutes	7.2%	8.7%	6.7%	4.9%	5.9%	4.6%	6.0%	7.1%	6.0%	6.5%	6.3%	4.9%	2.4%	4.8%	5.8%	
Emergency Admissions > 1 LOS	5899	5542	5716	5500	5533	5501	5515	5838	5738	5702	5812	5125	5639	68091	67161	
Bed Occupancy	95.6%	95.7%	95.4%	95.2%	94.7%	94.7%	95.3%	96.0%	96.1%	95.1%	95.0%	93.9%	93.6%	95.5%	95.1%	
Average LOS (Excl LOS 0)	9.90	10.10	10.40	10.30	10.50	9.90	10.40	9.90	9.80	10.30	10.50	10.20	10.20	9.9	10.2	
>= 7 day LOS Patients	1064	1090	1096	1024	1032	1011	999	1028	1029	991	1042	1085	1052	1021	1040	
>=21 day LOS Patients	490	517	523	490	468	469	469	462	470	449	449	470	475	458	476	
Ave. MRD per day	328	324	335	294	293	320	326	327	307	293	313	332	346	291	318	

Trust performance for the year was 70.3%, below the National target of 78%, which was 3.6% below the National average of 73.9%, albeit this is a 0.4% improvement from the Trust's performance in the preceding year.

The Trust has continued its programme of work to improve performance through the application of its improvement methodologies and had instigated clinical pathway improvements throughout the patient emergency pathway utilising insights for the national emergency care intensive support team. The Trust is continuing to focus its improvement work to reduce patients Length of Stay and expedite earlier discharges to free up beds for A&E demand to reduce delays within the department.

Additionally, the Trust has continued to engage, and co-ordinate aligned resilience plans in the wider Local Health Economy, through the Sussex ICB, and wider regional acute partners for escalation to target reducing long staying patients, to free up bed capacity and enhance patient flow. Despite this, patients staying more than 21 days increased by 27 beds in 2024/25 compared to 2023/24. Continued focus to expedite discharge to a more appropriate setting for patients who are medically ready to be discharged will contribute to improving flow for patients who require acute care.

Referral To Treatment (RTT)

table showing RTT performance

RTT Elective Care	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	23/24	24/25	Trend
RTT 18 Week Performance	41.45%	43.12%	44.41%	43.98%	44.16%	43.07%	44.46%	46.35%	47.91%	48.20%	48.19%	47.97%	48.92%	41.45%	48.92%	
Waiting List Size	141,173	142,917	141,517	136,410	133,732	130,232	123,868	119,791	117,899	121,127	118,530	114,850	114,132	141,173	114,132	
>= 52 Weeks	15,824	16,480	16,941	16,157	15,052	14,618	11,002	9,965	9,200	8,278	7,848	7,437	6,923	16,157	6,923	
>=65 Weeks	3,658	4,374	5,245	5,592	5,289	4,866	2,525	2,492	2,189	2,278	1,982	1,251	377	5,598	377	
>=78 Weeks	326	476	553	296	416	641	584	615	575	561	490	316	119	302	119	
>=104 Weeks	0	4	4	4	4	2	4	6	6	6	8	5	4	4	4	
Clock Starts	19,451	20,566	21,269	18,997	20,728	17,734	17,445	20,529	18,960	17,137	21,564	21,479	19,570	20,734	19,665	
Clock Stops	18,427	21,765	22,277	23,470	24,053	20,976	22,131	25,072	23,236	19,764	23,415	21,490	22,711	20,609	22,530	

The Trust's under 18-week RTT performance has improved across the year with a reported performance of 48.9% March 2025. This was 10% below the national average position February 2025 (59.2%).

The Trust has maintained a focus on treating the very long waits (those waiting over 65 weeks) in 2024/25 despite significant emergency, urgent elective related pressure (in terms of demand and staff and patient restricted availability). The Trust reduced 65 weeks to 377 March 2025 from 3658 March 2024, and 52 weeks from 15,824 to 6923 March 2025.

Waiting List Size growth

The Trust saw a 21% reduction in its elective RTT waiting list size in 2024/25 to 114,132 waiters March-25. This is due to a surplus of capacity compared to demand.

The Trust has plans to tackle this by increasing capacity to 123% of 2019/20 activity levels in 2024/25. This to be achieved by:-

- increased productivity for theatre and outpatient utilisation rates and reduction of DNAs (patients who do not attend) as part of the Trust's productivity and efficiency programme.
- Outpatient transformation of pathways, including increased patient initiated follow ups
- Increased use of Independent Sector capacity

Cancer 62-day Performance

table showing cancer performance

Cancer	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	23/24	24/25	Trend
62 Day Performance	55.6%	60.2%	59.7%	59.4%	58.3%	58.6%	60.2%	55.7%	55.9%	63.8%	64.1%	57.8%	60.6%		54.9%	59.5%	
62 Day Performance (National)	63.9%	68.7%	66.6%	65.8%	67.4%	67.7%	69.2%	67.3%	68.2%	69.4%	71.3%	67.3%	67.0%		64.2%	68.0%	
FDS 28 day Performance	73.16%	70.78%	68.84%	66.79%	65.83%	66.49%	64.72%	65.57%	68.29%	71.02%	73.57%	71.30%	81.58%		65.5%	69.6%	
FDS National	78.1%	77.3%	73.5%	76.4%	76.3%	76.2%	75.5%	74.8%	77.1%	77.4%	78.1%	73.4%	80.2%		72.5%	76.3%	
>62 Day prospective waits*	360	329	422	469	467	465	531	563	449	370	390	375	288	278	329	278	
>104 Day prospective waits*	117	72	87	92	107	97	100	116	102	85	80	70	66	74	72	74	

Cancer 62-day performance was 59.5%, to February 2025 (the latest data available for this indicator) compared to 54.9% the preceding year.

Over 62 Day prospective waits fell from 329 March 2024 to 278 March 2025, exceeding the annual target set by NHS England.

The Trust achieved 81.6% February 2025 (the latest data available for this indicator) for the Faster Day 28 Day Standard.

A continued focus on improving the waiting times for diagnostics, in a safe environment, and optimised pathways will contribute to the improvement in this standard.

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Diagnostic 6-week waiters

table showing diagnostic performance

Diagnostics	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	23/24	24/25	Trend
6 Week Performance UHS	30.0%	28.0%	26.3%	25.8%	26.9%	29.8%	28.2%	24.0%	21.3%	22.1%	20.4%	14.3%	13.6%	30.0%	13.6%	
6 Week Performance England	*21.8%*	*23.0%*	*22.1%*	*22.9%*	*22.4%*	*23.9%*	*22.7%*	*20.7%*	*19.9%*	*22.8%*	*22.4%*	*17.5%*		*20.8%*	*17.5%*	
6 week backlog	6,537	6,079	5,485	5,380	5,539	6,096	5,698	4,949	4,181	4,203	3,777	2,737	2,539	6537	2539	
Waiting List size	21,801	21,675	20,895	20,869	20,621	20,448	20,182	20,593	19,613	19,057	18,521	19,105	18,702	21801	18702	
Activity	36,126	37,447	38,734	39,890	39,995	35,994	37,682	41,088	41,720	36,494	40,452	37,541	40,740	413787	467777	

Trust performance for patients waiting more than 6 weeks for a diagnostic test improved in 2024/25 from 30.0% March 2024 to 13.6% March 2025. This is 4.1% better than the National average of 17.5% in February 2025. There have been particular challenges with imaging and endoscopy modalities with targeted improvement plans to mitigate this risk.

The Trust undertook 53,990 more tests than in 2023/24 (an increase of some 13%).

The waiting list for diagnostic tests reduced by 3099 (14.2%) from March 2024 to March 2025, which means that capacity was higher than demand.

The Trust will continue to work closely with most challenged modalities in 2025/26 to improve performance to operating framework aims of achieving less than 5% wating over 6 weeks by March 2026.

Improving Data Quality

The Trust has continued to develop its performance reporting suite to enable near real time reporting and provide greater visibility to empirically support decision making and provide greater systematic rigour supporting our drive for enhanced data accuracy. This has been supplemented by re-introduction of kite mark measures to provide further data quality assurance, and with statistical process control charts to target sustainable and specific cause variation. These will continue to be developed in 2025/6.

1.3.6 Quality (Safe Care)

Quality Performance is reported to the Board through the Patient and Quality Committee through a maturing Quality Scorecard summarised overleaf.

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Summary extract from quality performance scorecard

UHSussex Quality Scorecard			Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	YTD Actual	Target	Trend
CLINICAL OUTCOME & EFFECTIVENESS																	
E04	TN	Summary Hospital-level Mortality Indicator (SHMI) (rolling 12M)	104.2	103.1	103.6	104.3	104.1	103.8	103.9	103.4	104.7	*lag*	*lag*	*lag*	104.7	100	
PATIENT SAFETY																	
		Clinical incidents															
S02		NEVER events	0	1	0	0	1	0	0	0	0	0	1	2	5	0	
S04		Incident Rate per 1000 bed days	49.22	52.74	50.58	50.88	52.32	49.49	55.24	53.86	53.55	56.43	54.69	lag	60	60	
		Falls															
S13		Falls resulting in harm	97	123	86	79	80	84	98	88	71	90	87	lag	983	1160	
		Pressure Ulcers															
S15	BO	Grade 2+ pressure ulcers	157	147	149	140	140	132	178	141	163	197	173	lag	1717	1339	
		Safer Staffing															
S18		Safer Staffing: Average fill rate - registered nurses/ midwives (day shifts)	84.0%	82.2%	84.4%	83.7%	88.5%	85.8%	88.2%	90.6%	88.5%	89.5%	88.7%	89.6%	87.2%	95%	
S19		Safer Staffing: Average fill rate - registered nurses/ midwives (night shifts)	87.5%	85.9%	85.8%	85.2%	92.0%	88.7%	91.7%	93.6%	90.6%	92.2%	91.7%	93.4%	90.1%	95%	
IPC (infection prevention and control)																	
		Healthcare aquired infections															
S24		Number of hospital attributable MRSA cases (HOHA/COHA)	1	1	1	0	1	0	0	0	0	1	0	0	5	0	
S25		Number of hospital attributable C.diff cases (HOHA/COHA)	16	16	18	12	14	24	23	15	25	20	11	15	209	152	
S26		Number of hospital attributable MSSA bacteraemia cases (HOHA/COHA)	6	12	6	8	6	8	12	13	13	12	8	12	116		
S27		Number of hospital attributable E.coli cases (HOHA/COHA)	13	21	20	24	18	26	25	16	14	17	24	22	240	219	
S28		Number of hospital attributable Pseudomonas cases (HOHA/COHA)	6	2	5	3	5	1	4	4	3	6	1	4	44	39	
S29		Number of hospital attributable Klebsiella species cases (HOHA/COHA)	6	11	3	6	9	6	8	6	4	4	5	3	71	89	
S30		Surgical Site Infection Surveillance (compliance is below National average)		44%			50%								47%	variable	
PATIENT EXPERIENCE																	
		Friends and Family Test															
X01	TN	90% or more of patients rating FFT surveys as Very Good or Good	88.9%	89.4%	88.8%	89.0%	89.7%	89.8%	89.5%	88.8%	89.3%	90.7%	90.6%	89.7%	89.5%	90.0%	

Note that the national mortality data issued to March 2025 only covers the period to December 2024

Mortality

Mortality in UHSussex is monitored through the use of standardised mortality rates and the calculation of a crude mortality rate for the Trust.

Standardised or risk-adjusted mortality rates are calculated by comparing the number of deaths expected in a particular hospital with how many patients actually died. Two risk adjusted methodologies are used in this process; the first is the Hospital Standardised Mortality Ratio (HSMR).

The HSMR is a ratio of the observed number of in-hospital deaths at the end of an inpatient admission to the expected number of in-hospital deaths (multiplied by 100) for all patients that are coded to one of 56 diagnostic groups. This cohort of patients accounts for approximately 80% of all hospital deaths. The expected number of deaths is calculated from logistic regression models that adjusts for case mix and the different characteristics of the patients being treated such as the patient's age, sex, deprivation, co-morbidities, admission method, source of admission and the presence of palliative care coding.

The other standardised mortality ratio that the Trust utilises is the Summary Hospital-level Mortality Indicator (SHMI). The SHMI is calculated in a similar way to HSMR with two key differences in that it includes all hospital inpatients and deaths within 30 days of discharge. The most recent SHMI data covers the period January 2024 to December 2024.

The calculation of HSMR and SHMI is undertaken by an external company, Healthcare Evaluation Data (HED) who provide the Trust with an online benchmarking database developed by University Hospitals Birmingham NHS Foundation Trust.

Data relating to Crude Mortality, HSMR and SHMI are provided in Section 1.3.2 on performance.

Incidents

The Trust records all patient safety and staffing incidents on the electronic incident reporting system (DCIQ). Incidents recorded range in harm levels from near misses, low, moderate severe harm and death.

In 2024/25 UHSussex implemented the NHSE Patient Safety Incident Response Framework (PSIRF). PSIRF advocates a co-ordinated and data-driven response to patient safety incidents. It embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

The four key aims of the PSIRF:

1. compassionate engagement and involvement of those affected by patient safety incidents
2. application of a range of system-based approaches to learning from patient safety incidents
3. considered and proportionate responses to patient safety incidents and safety issues
4. supportive oversight focused on strengthening response system functioning and improvement.

A revised harm category of psychological harm has recently been added/updated by NHSE and is highlighted as an example for when patients have delayed surgery or mental health patients awaiting specialist treatment. This harm level may be downgraded when incidents have been fully investigated or via the mortality and morbidity (M&M) divisional governance review process.

From April 2024 to March 2025 the Trust reported 50 Patient Safety Incident Investigations (PSII) these incidents were all in relation to patient death.

Five Never Events were reported in this period, 2 wrong implants, 1 administration of medication by the wrong route, 1 wrong site surgery and 1 wrong site injection.

Moderate/severe harm incidents are investigated via early learning and local learning reviews.

All incidents graded near miss, moderate, severe harm or death are reviewed weekly at the Patient Safety Incident Response Group.

PSIRG is a governance and decision-making group. The senior multidisciplinary panel meets weekly to review the incidents within the Trust that have been reported on Datix in the previous week. PSIRG's primary

purpose is to agree the incident response/investigation level, harm level and investigation governance including the duty of candour.

Emergent themes within the moderate and severe harm/death categories remain patients lost to follow up/referral to treatment and mental health care and treatment within acute care settings. This data correlates with the highest risks noted on the Trust risk register.

Falls

The prevention and management of falls continue to be one of the Trust's priorities. The ambition for 2025/26 is to further reduce the rolling fall rate per 1000 bed days to 4.2 or below, the current rolling average being 4.36.
The Trust monitors its fall rate weekly, and the Divisions receive details regarding the numbers and levels of harm. All falls are reported via DatixIQ with moderate and above reviewed at the Harm Free Care Incident Review group to ensure accurate grading and to advise on the level of investigation required. If the level of harm is fatal, the incident is referred to Patient Safety Incident Review Group (PSIRG)

Falls data and learning from early learning reviews, Coroner's inquests, and other patient safety incident investigations are shared as patient stories at the monthly Harm Free Care Learning Group, a multidisciplinary group with Divisional representation.

Despite a further increase in escalation beds in 2024/25, the UHSussex rolling average of falls per 1000 bed days is 4.36 compared to 4.94 in 2023/24. The Trust continues to prioritise falls as an improvement programme. This has led to the creation of fundamental standards of care falls, mobility and deconditioning workstream, focusing on best practice, learning and improvement. The Harm Free Care Nurse Specialists and Divisional multiprofessional teams support this quality improvement workstream.

Improvements achieved

- Implementation of the Fundamental Standards of Care Strategy
- Created and implemented a clinical assurance dashboard
- Harm-free care Nurse Specialists are working across all sites.
- The harm-free care learning group meets monthly to share and cascade the learning across the organisation.
- Digital risk assessments for falls and bed rail assessment are now standardised across UHSussex
- Reviewed the Falls and Bed rail policy to ensure it is evidence-based
- Review of Falls improvement methodology and risk assessment
- Standardised the intentional rounding documentation across UHSussex
- Purchased ten additional Hoverjacks for use in clinical areas
- The Daily Management System introduced to some medical and surgical wards.
- "Strength for stability, reducing deconditioning and managing falls" Education programme for all staff is now available.

Further Improvements identified for 2025/26

- Thematic learning review from falls with severe/fatal harm
- Equipment audit being undertaken reference fall prevention
- To encourage a Multidisciplinary approach to Early Learning Reviews.
- Develop a clinical link programme for harm-free care
- The Harm-free care education programme is to be accredited by a local university
- To focus on Baywatch and enhanced care for patients at risk of falls.
- Further rollout of the Daily Management System

Pressure Damage

The prevention and management of hospital-acquired category two and above for pressure damage continues to be one of the Trust's priorities. The ambition for 2025/26 is to reduce hospital-acquired category two and above rate to 2 or less per 1000 bed days. The current pressure damage rate is 2.68. The Trust prioritises the reduction of hospital-acquired pressure ulcers as an improvement programme, creating fundamental standards of care for pressure ulcers and continence workstream focusing on best practice learning and improvement. The Harm Free Care Team / Tissue Viability Nurse Specialists and Divisional multiprofessional teams support this quality improvement workstream.

All Trust-acquired pressure ulcers are reported via the Trust's incident reporting system (DatixIQ). The Harm Free Care Incident Review Group reviews all moderate categories three and above, and an Early Learning Review is undertaken to identify themes/ trends and opportunities for improvement.

Divisions receive weekly pressure damage reports, and cases are presented monthly at the Harm Free Care Group for broader discussion and learning. The Tissue Viability team continue to work closely with the ward teams, providing education, advice, and guidance on prevention strategies; however, increased referrals and use of escalation beds have increased overall hospital-acquired pressure damage over the last year. Category 2 and above pressure ulcers, moisture-associated skin damage and deep tissue injuries remain an area of focus for 2025/26

Improvements achieved

- Implementation of the Fundamental Standards of Care Strategy
- Tissue Viability Nurse specialists work across all sites
- Development of a Clinical Assurance Dashboard
- A digital risk assessment (Purpose T) and aSSKING care bundle have been implemented across all hospital sites to ensure best practice and standardisation (excluding critical care and maternity)
- Standardisation of manual handling slide sheets across the Trust
- The Harm-Free Care group meets monthly to review incidents and ensure learning is cascaded across the organisation
- Thematic review of Category 2 and above pressure ulcers to establish trends/themes and share learning

- Review of Tissue Viability referral criteria and agreed response timeframe
- Review of Tissue Viability Nurse Specialists Job descriptions and priorities
- Development of the competency skill set of the Tissue Viability Nurse Specialists
- The Daily Management System was introduced to some medical and surgical wards

Further improvements identified for 2025/6

- Continued review of thematic learning from pressure damage with the DatixIQ reporting system
- Multidisciplinary Approach to Early Learning Reviews
- To provide focus QI to areas showing higher rates of pressure damage e.g. trauma and Orthopaedics and critical care
- Development of an overarching educational plan for wound care with a specific focus on pressure damage
- Development of the Clinical link roles for tissue viability.
- To review the current Tissue Viability Nurse Specialist establishment to ensure it meets the demands of the service
- To increase the opportunities for nurses/other clinicians to be able to undertake clinical medical photography
- Undertake an audit to understand the "barriers to following specialised wound care plans" and identify opportunities for improvement.
- Standardise the Wound care formulary across the organisation
- Standardise wound care plans across the Trust
- Undertake equipment audit of pressure-relieving equipment
- Undertake a mattress roadshow
- Implement Purpose T screening in all Emergency departments
- Review all documentation relating to pressure ulcer prevention to streamline and avoid duplication
- To develop a standardised continence assessment
- To work with industry to increase training/education relating to continence management
- Further rollout of the Daily Management System

Safer Staffing

We continue to record safer staffing and use the Care Hours per Patient Day (CHPPD) metric via a monthly safer staffing return to NHSE. Safer Care as part of Allocate was introduced in 2023/24 across UHSussex and is supported by daily staffing huddles to safely deploy staff in response to higher acuity and patient needs. The fill rate for registrants is 89.6% during the day and 93.4% at night. The Deputy Chief Nurse (DCN) for Workforce along with the clinical workforce team undertook establishment reviews using the safer nursing care tool (SNCT) for all inpatient areas. The Safer Nursing Care Tool is a system designed to guide decisions about nurse staffing requirements on hospital wards, in particular the number of nurses to employ (establishment). In total 69 wards/clinical areas were covered across the Trust. Those not included

within the SNCT audit were neonatal, theatres, and critical care. These specialist areas will be reviewed within the early months of 2025/26.

The data collection took place in November 2024 across all inpatient wards for 30 days and all Emergency departments completed their data collection over 12 days twice daily as per the guidance from the tool. In addition, data related to the patients who stayed in the department over 12 hours was collected to fully demonstrate the overall acuity and dependency of the department. The establishment reviews took place between Dec and Feb 2025. This data was then triangulated with CHPPD and quality metric for each department. A full report will be submitted to board in May as part of workforce safeguards governance.

The latest national data on nursing vacancies in England indicates a total vacancy rate of 6.4% (NHS Vacancy Statistics, England, April 2015 - December 2024). Within UHSussex, our current vacancy count is 8.5% which is a decrease from 13.1% (March 24) for Band 5 nurses. Notably, there has been a significant focus on domestic recruitment during the 2024/2025.

Through focused engagement with our student nurses and midwives, we have seen an increase in students joining the workforce. Trust engagement with all students commences in year one of their training and students are giving the option of working on bank within the trust. Our proactive recruitment strategies have also effectively secured newly qualified nurses from universities across England. With the changes in the SIFE requirements (Supporting information from employers) has seen an increase in applicants who have an international qualification and are already resident in the UK. Furthermore, we have welcomed 17 Register Nurse Degree apprenticeship in 2024 and a further 25 qualify in July 2025. 32 students nursing associates completed their training during the 2024/2025 period, joining the workforce as registrants. Our aim is to commence training for 100 student nursing associates between Sept 2025 and Feb 2026 as part of our focus on growing our own and developing our Heath Care assistant (HCA) workforce.

This year has also seen a continued focus on HCA recruitment and the current vacancy rate at 8.0%. From the 1st of April we have transitioned band 2 HCAs into Band 3 posts to align with the national job profiles. We will continue to recruit HCA's that are new to care but they will only remain a band 2 for 6 months while they undertake further training and complete their care certification. We continue to have a robust recruitment calendar attracting band 2 and band 3's.

Midwifery has continued to recruit band 6 midwives and by October 2025 will result in no vacancies for band 5 or band 6 positions. Recruitment of all band 3 Maternity Support Worker (MSW) has been centralised which has allowed a more robust recruitment pipeline and allowed us to create a waiting list for some areas. The current retention rate for band 5 registered staff is 3.6% and 7.54 % for Health care Support Workers (HCSWs), the recent work rebanding the HCA workforce should positively impact HCA retention further.

The Nursing, Midwifery and Allied Health Professional education teams provide educational pathways that complement career development throughout the organisation. This ensures that our clinical staff can access education and apprenticeships to take them from Health Care Support Workers through to a Registered Nurse, Midwife or Allied Health Professional and beyond into continuing professional development and advanced roles. The team also provide bespoke education in response to practice needs and learning from incidents. This team provide a suite of in-house academic and non-academic modules to ensure that staff have the skills and knowledge to provide excellent care. From February 2025 our in-house modules are now accredited by our academic partner the University of Chichester.

Clinical education supports the Trust's retention work. The foundation programme for our new Health Care Assistants and the preceptorship module for our new-to-the register nurses, midwives, and allied health professionals. Both programmes support new recruits in their first year in practice, developing their professionalism, supporting their transition into new roles, gaining confidence and enhancing skills, knowledge, and behaviours. 12-month preceptorship program continues with excellent feedback for newly qualified nurses and Nursing Associates which has an interim NHSE quality mark, 397 currently on the programme. The first 100 days project is a new initiative which builds on the education work supporting retention of staff. Focusing on ensuring our new starters have a positive start to their NHS careers.

Infection prevention and Control (IP&C)

Mandatory Surveillance data

Metrics for C.difficile, E.coli, Pseudomonas aeruginosa, Klebsiella species, MRSA and MSSA blood cultures are all reported to the national ‘data capture system’ (DCS) and are subject to specific targets.

All positive cases are assigned as follows:

- Hospital onset healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission
- Community onset healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous four weeks. Please note these cases include GP samples where the patient has had a hospital contact in the previous 28 days
- Community onset indeterminate association (COIA)
- Community onset community associated (COCA)

HOHA and COHA cases are deemed to be Trust attributable.

The Trust did not meet all but one of the required thresholds as per the table overleaf which depicts the Trust level data for 2024/25.

Alert Organism	Annual total figures	Annual threshold
Number of hospital attributable MRSA cases (HOHA/COHA)	5	0
Number of hospital attributable C.difficile cases (HOHA/COHA)	209	152
Number of hospital attributable MSSA bacteraemia cases (HOHA/COHA)	116	0
Number of hospital attributable E.coli bacteraemia cases (HOHA/COHA)	240	219
Number of hospital attributable Pseudomonas aeruginosa bacteraemia cases(HOHA/COHA)	44	39
Number of hospital attributable Klebsiella species bacteraemia cases (HOHA/COHA)	71	89

The Trust has developed a series of improvement actions which will delivered across 2025/26.

Whilst the Trust did not meet the majority of the annual thresholds, when bench marked with data other Surrey and Sussex trusts and national rates using the denominator of 100,000 bed days, the Trust is performing comparably well.

Whilst 2024/25 continued to present significant challenges, particularly due to winter pressures from influenza and norovirus, despite these, the Infection Prevention and Control (IPC) team has made meaningful progress against several key objectives from its prior year improvements:

- Enhanced Data Systems:
  PowerBI is now actively used for clinical case reviews. Although there have been challenges with data uploads to UKHSA, work is underway to integrate PowerBI and Datix to support full implementation of the Patient Safety Incident Response Framework (PSIRF), particularly to enhance understanding of *Clostridioides difficile* (C. difficile) infections.
- Improved Data Interpretation:
  With support from the IPC epidemiologist, the team has streamlined data collection and analysis processes, allowing for more targeted allocation of resources.
- C. difficile Improvement Plan:
  In response to higher-than-expected C. difficile rates, an improvement plan has been developed and shared trust-wide to drive focused action.
- IPC Auditing:
  Routine audits continue via the electronic Tendable platform, covering hand hygiene, commode cleanliness, and environmental checks. Where issues are identified, local improvement work is implemented with staff.
- Surgical Site Surveillance:
  Surveillance has been rolled out trust-wide, covering orthopaedics, breast, and cardiac surgery. Notably, the increase in surgical site

infections (SSIs) following cardiac surgery seen in 2023 has been reversed. While rates remain slightly above national benchmarks, focused improvement work continues.

- Capital Projects and Ventilation:
  IPC input has been embedded in major building developments, including the 3Ts Stage 2 Cancer Centre, Royal Sussex County Hospital Acute Floor reconfiguration, Worthing Urgent Treatment Centre and St Richard's Same Day Emergency Care unit. Ventilation has been identified as a key area for improvement across all sites. Capital funding has been secured and Estates are developing prioritised plans.
- IPC Link Champion Programme:
  Educational sessions have been delivered across all sites to engage frontline staff and strengthen IPC leadership within clinical areas.
- National Recognition:
  Sharon Reed, Deputy DIPC, was awarded the Bronze Award at the 2025 British Journal of Nursing Awards in recognition of her contribution to IPC.

Patient Experience

The Trust receives approximately 10,000 friends and family test (FFT) survey responses each month. The percentage of respondents rating their care as good or very good averaged 89.5% throughout the 2024/25 year, which is a slight decrease on 2023/24, despite an overall slight upward trajectory throughout the year. Outpatient, maternity and emergency care performance remained above or in line with national averages and inpatient performance slightly below this average. FFT data and patient voice is available by division, site, clinical area and specialty and enables the experience of patients to inform how services improve.

The FFT feedback from patients demonstrates consistent themes relating to patient experience being negatively impacted by longer waits and staff behaviours but with more positive feedback about the staff and quality of care just one example is given below.

> *'I was so impressed with all of the nursing staff in the ward, my sincere thanks to them, also the anaesthetists and nurses in the pre op room getting me ready for my op being very caring and doing all they could to keep me from being anxious. Because of their friendliness I was already quite calm. Again, in the recovery room, the nurse was very pleasant and attentive even though it took me a while to recover. I cannot praise all those people enough, I certainly have no cause to complain. Even the food suited me, and I am very limited in what I like.' Patient, May 2024*

These themes are also reflected in feedback obtained from patients' complaints, with up to 170 new complaints raised each month, in addition to concerns raised via Patient Advice and Liaison Service and from national patient surveys. Other prevalent causes of concern include clinical treatment, delays to appointments, surgery, diagnosis and cancellations, staff behaviour

and end of life care, all of which have been subject to improvement work in 2024/25. The 'Welcome Standards' programme focused on improving the experience of greeting and entrance to the Trust has continued its implementation in year, with measurable improvements in patient reported experience.

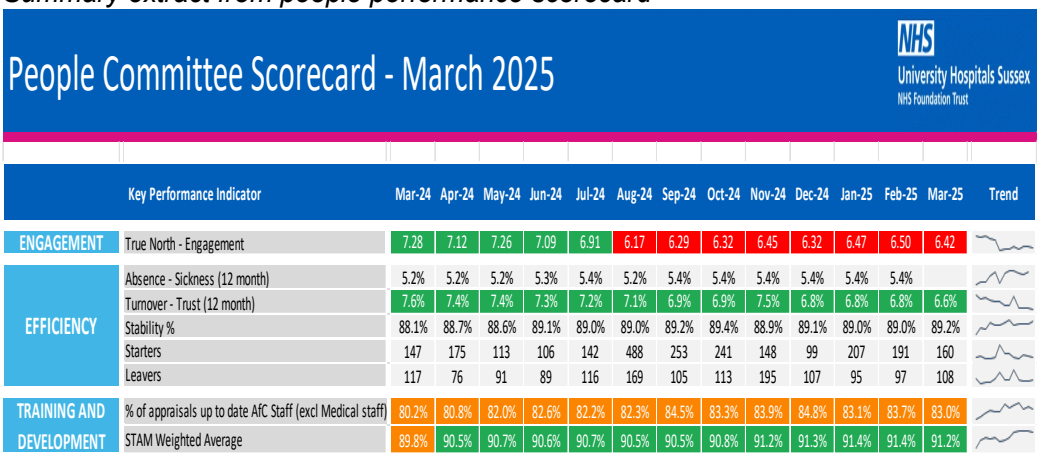
A particular priority for improvements based on patient feedback, is inpatient experience, and a new programme focused on improving the fundamental standards of care has been initiated to drive quality improvements. This programme will support the development of a new vision for patient experience from 2025 onwards, with a focus on improvement informed by patient experience and other quality insights, such as those from incidents and patient outcome data, ensuring that standards of quality and safety are met.

Further information on quality performance can be found in sections 1.3.14 - 1.3.16 of this report and within the Trust's Quality Account which can be found on the Trust's website.

1.3.7 Workforce

Workforce performance is reported to the Board through the People & Culture Committee supported by a high-level people scorecard. A summary of this is provided overleaf.

Summary extract from people performance scorecard



	Key Performance Indicator	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Trend
ENGAGEMENT	True North - Engagement	7.28	7.12	7.26	7.09	6.91	6.17	6.29	6.32	6.45	6.32	6.47	6.50	6.42	
EFFICIENCY	Absence - Sickness (12 month)	5.2%	5.2%	5.2%	5.3%	5.4%	5.2%	5.4%	5.4%	5.4%	5.4%	5.4%	5.4%		
	Turnover - Trust (12 month)	7.6%	7.4%	7.4%	7.3%	7.2%	7.1%	6.9%	6.9%	7.5%	6.8%	6.8%	6.8%	6.6%	
	Stability %	88.1%	88.7%	88.6%	89.1%	89.0%	89.0%	89.2%	89.4%	88.9%	89.1%	89.0%	89.0%	89.2%	
	Starters	147	175	113	106	142	488	253	241	148	99	207	191	160	
	Leavers	117	76	91	89	116	169	105	113	195	107	95	97	108	
TRAINING AND DEVELOPMENT	% of appraisals up to date AfC Staff (excl Medical staff)	80.2%	80.8%	82.0%	82.6%	82.2%	82.3%	84.5%	83.3%	83.9%	84.8%	83.1%	83.7%	83.0%	
	STAM Weighted Average	89.8%	90.5%	90.7%	90.6%	90.7%	90.5%	90.5%	90.8%	91.2%	91.3%	91.4%	91.4%	91.2%	

Engagement

Improving staff engagement is the strategic objective for the People domain of Patient First and our long-term objective is to achieve a staff engagement score that places the Trust in the top quartile of acute Trusts. It is recognised that high levels of staff engagement are linked to improved safety and productivity supporting high quality patient care and sustainable services. Staff engagement, whilst measured annually through the national NHS staff survey, the Trust also monitors engagement monthly through a 'pulse survey'

and has saw a significant reduction in August with a slight recovery from September to the end of the year.

For more information on the staff survey see section 2.3.6.

Sickness Absence

Sickness absence continued to be closely monitored and actively managed throughout the year. Monthly absence data is reported both as a percentage for each individual month and as a 12-month rolling average. This dual approach helps capture short-term seasonal fluctuations while also providing a broader view of long-term trends.

At the beginning of 2024/25, the 12-month rolling sickness absence rate stood at 5.2%. By February 2025, this had increased slightly to 5.4%. This was also higher than the 5.1% recorded in February 2024, indicating a gradual upward shift over the past 12 months. The 12-month rate has remained at or above 5.2% throughout the year and has not fallen below 5.0% since December 2023.

The percentage of short-term absence was 2.8%in February 2025 up slightly from 2.7% (February 2024) whilst long term absence ended the year at 5.2% (March 2025) down from 4.9% (April 2024).

The HR Employee Relations team support the management of short and long-term sickness, with proactive assistance to managers and individual support for staff to return to work. During this year over 500 supervisors and managers have received training in absence management. Preventing ill health remains a priority in 2025/26. There is work focused across 'hotspot' areas to continually improve sickness and support that can be offered to staff.

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

Turnover

Staff turnover has shown a positive downward trend over 2024/25, reducing from 7.6% in March 2024 to 6.6% in March 2025. This rate remains comfortably below the Trust's target of 12% and represents the lowest level since the Trust was formed.

Turnover remains particularly low within certain staff groups including Nursing & Midwifery (4.0%) and Medical & Dental (5.5%) but is seeing higher levels within Administrative & Clerical (9.8%), and particularly within Scientific, Therapeutic and Technical (11.0%). However, the Scientific, Therapeutic and Technical rate was 7.3%, and was impacted by the TUPE transfer of staff out of Physiotherapy and into the Sussex Partnership NHS Trust.

The Trust's Nursing & Midwifery Workforce Group's Retention Workstreams continue to deliver initiatives that support a lower turnover rate for registered and unregistered nursing and midwifery staff. The '100 golden days thrive and grow programme', provides a structured supportive first three months for new starters, and after a successful pilot is being rolled out. Deep dive analysis on reasons for leaving, stability and turnover data was completed and focused actions agreed to address hot spots. A career progression pathway to help nurture new and existing staff through their career and a rotation programme for registered and unregistered nursing and midwifery staff are under development.

Appraisals

We value regular, meaningful conversations about performance, development and career goals. In 2024/25, appraisal coverage remained high – with 83% of all staff up to date (up from 80% in March 2023), including 87% of medical consultants and 83% of Agenda for Change staff.

The 2024 National Staff Survey also showed encouraging signs:

- 86.5% of colleagues said they'd had an appraisal or development discussion – above the national average.
- Many staff reported feeling supported by their manager, with feedback helping shape their growth.
- However, only 22.2% felt their appraisal helped them improve how they do their job – pointing to opportunities to make these conversations even more valuable.

We are now focused on strengthening the quality and impact of appraisals – making sure every conversation feels purposeful, developmental, and tailored to staff goals. This work is already underway and will remain a key priority in the year ahead.

Statutory and Mandatory Training

The Trust's Statutory and Mandatory training compliance rate continues to perform strongly, with a year-end rate of 91.2%, and rates have remained over 90% since April 2024.

See the staff report at section 2.3 for further information in respect of the Trust's people promises staff wellbeing, equality, inclusion and diversity along with staff learning and development.

1.3.8 Financial Performance

The key highlights for the Trust's financial performance for the financial period ended 31 March 2025 were:

- Against a challenging operating environment, the Trust reported a deficit of £30.0m, consistent with the agreed financial position with the Sussex Integrated Care Board.

- Cost improvement programme savings of £76.0m through streamlining processes and improving productivity, smarter procurement, and reducing waste.
- The 2024/25 capital expenditure of £86.6m, was delivered through £77.9m on intangible assets, property, plant and equipment as well as £7.6m from cash donations and capital grants. The Trust acquired £1.1m of Right of Use assets during the year in the form of new lease agreements. The capital programme was supported by the Trust's dedicated hospital charity, My University Hospitals Sussex Charitable fund, as well as our partner charities, including the League of Friends.

As at the end of March 2025, the Trust is reporting a deficit of £30.0m after adjustment for impairments and donated assets as summarised in the table below:

Adjusted financial performance (control total basis):	***2024/25 £'000***
Deficit for the period	(41,404)
Remove impact of consolidating NHS charitable fund	1,965
Remove net impairments not scoring to the Departmental expenditure limit	18,056
Remove I&E impact of capital grants and donations	(6,252)
Remove PFI revenue costs on an IFRS 16 basis	4,957
Add back PFI revenue costs on a UK GAAP basis	(7,320)
Adjusted financial performance (deficit) for the purpose of system achievement	(29,998)

Long-term liabilities

The affordability of long-term loans is considered by the Trust Board prior to approval. The largest balance attributed to lease liabilities arose from the implementation of IFRS 16 from 1 April 2022 recognising Right of Use assets. This was subsequently followed by accounting changes to Public Finance Initiatives in 2023-24. Further information on the Trust's long-term borrowings is available within Note 32 to the accounts.

Financial outlook

The Trust will be submitting a breakeven plan for 2025/26 to NHS England on 30 April 2025. Included in this plan is an efficiency requirement of £108.96m. The plan includes funding for pay awards pending confirmation of the final settlement. Additional activity is included in the plan to improve the Trust's Referral to Treatment (RTT) performance. The new outpatient appointments and procedures for these pathways will be funded at national tariff.

Summary

From a financial perspective 2024/25 was a challenging year with the Trust achieving its True North objective of 'delivering high quality healthcare in a sustainable way' by achieving the agreed financial position with the Sussex Integrated Care Board for the 2024/25 financial year.

University Hospitals Sussex NHS Foundation Trust

Going concern

The annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

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

The future cashflow projection of My University Hospitals Charity provides the corporate trustee with a reasonable expectation that the charitable activity will continue for the foreseeable future. The Charity has investments it can readily drawdown if required. For this reason, the corporate trustee has adopted the going concern basis in preparing the accounts.

Pharm@Sea Limited remained operational throughout the year. The financial year 2024/25 has seen the volume of patients and prescriptions increase week on week as well as the expansion of the drugs dispensing service within Sussex. This remains closely monitored and supply chains planned accordingly. The company has been profitable throughout the year. The Board of directors have a reasonable expectation that the services provided by the company will continue to be provided for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts.

Other financial information

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

Details of senior employees' remuneration can be found within the Remuneration Report, at section 2.4.

There have been **no** Post balance sheet events.

The Trust spent £**Nil** on external consultancy services in 2024/25.

Note 40 to the accounts sets out, in relation to the financial instruments, an indication of the financial risk management objectives and policies of the Trust and the exposure of the entity to price risk, credit risk, liquidity risk and cash flow risk, where material for the assessment of the assets, liabilities, financial position and results of the Trust.

1.3.9 Efficiency programme delivery

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

The Trust efficiency requirement in 2024/25 was significantly larger than in previous years, with a target to deliver £89.5m in savings and productivity improvements.

Overall, the Trust delivered £76m against this plan. This included £57.2m delivery against the Trust's core efficiency plan, and a further £18.3m delivery against the Trust's financial recovery plan developed during the second half of the year.

The largest delivery challenges related to full achievement of the Trust's recovery plan, and under-delivery against corporate savings targets. This included plans such as establishment growth removal, and tightening cost controls across a range of areas including staffing rotas and rate card optimisation, translation and interpreting costs, and improvements in productivity to enable reductions in the use of premium pay spend and outsourced services.

Key successes across the Trust's divisions in 2024/25 include delivery of:

- Productivity improvements and improved coding and capture of activity across medicine, surgery and specialist divisions
- Medical pay savings of £5m across the clinical divisions through recruitment to replace agency or bank staff capacity, and improved productivity
- Nursing pay savings of £4.4m through reduced use of agency and improvements to shift planning, and reduced reliance on RMN capacity
- Additional premium pay savings of £3.9m across other clinical and non-clinical professions
- Procurement-led savings of £6.8m.

During 2025/26, the Trust plans to deliver an Efficiency Programme of £108.96m. This year's plan will focus largely on cost reduction, which in turn will drive improvements to service productivity and performance. This will include renewed focus on corporate cost reductions to maximise the funds available to clinical services.

There will be particular focus on 'right-sizing' capacity in key services to enable reduced use of outsourcing and premium pay spend, and improved management of patients who are medically fit for discharge to improve service quality and enable the Trust to deliver increased levels of activity.

This will be supported by a Trust-wide estates improvement plan, to maximise service availability and enable delivery of improved theatres and outpatient services productivity.

Alongside this, the Trust will continue to develop opportunities arising from an increased scale of working at University Hospitals Sussex level, and aligning pathways, working practices and purchasing decisions across sites and specialties.

All improvement schemes are subject to rigorous quality and safety checks to ensure quality standards are maintained or improved. Quality impact assessments for each scheme are developed by staff working in the relevant areas and signed off by the division's clinical chief before implementation (a small number of schemes with higher risk scores will be further escalated to the Chief Medical Officer and Chief Nurse for review).

1.3.10 Our Capital Plan

The planning and prioritisation that goes into agreeing the Trust's annual capital investment programme follows an extensive engagement process with clinical divisions and corporate Directorates. Development of the plan is overseen by the Executive led Capital Investment Group (CIG). CIG makes a recommendation to Trust and Finance and Performance Boards for approval at the start of each financial year.

This year the capital plan represented a significant programme of investments in a wide range of areas including in our clinical priorities, major medical equipment, other medical devices, backlog maintenance in our hospital estate and implementation of our digital strategy as well as other IM&T infrastructure and systems upgrades. Working with our system partners at the ICB, NHS England, and other funding providers, we have ensured that major projects are earmarked and have taken place at all our hospital sites, with every clinical division and staff from across the Trust benefiting from the investments made.

<u>Sussex Cancer Centre</u>

Stage 2 of the 3Ts Redevelopment will be built on the site of the demolished Barry Building and replace the current cancer centre building with a new state of the art Sussex Cancer Centre, centralising all non-surgical haematology and oncology services on the Royal Sussex County Hospital site. The Sussex Cancer Centre is a once in a lifetime opportunity to transform cancer care. The transformation is wide-ranging, and will deliver benefits through three key themes:

- Transforming treatment – enabling best-practice care
- Transforming experience – providing a healing place
- Transforming research – improving outcomes

During 2024/25, the clearance of the site was completed whilst the design development was underway. The planning amendment application was

submitted to Brighton & Hove City Council in November 2024, and a full market-testing exercise was completed in December 2024.

The New Hospital Programme has closely collaborated with the Trust's project team to advance the project and demonstrated strong support. This included approving an additional £17m enabling works package to progress on site whilst the Full Business Case is submitted and approved, instructed in February 2025. In March 2025, NHP and NHSE responded positively to the project's cost plan update, advising the Trust of their desire to look at accelerating the FBC submission and approval.

These positive developments have solidified the project's timeline, with the main construction works due to take place 2026-2028 and the building opening to patients in 2029.

Wider capital investments

By the end of 2024/25, five hundred and eighteen (518) investments totalling just over £86.6m will have been successfully made. A significant achievement given the ongoing operational challenges.

The 2024/25 capital programme was divided into two elements. Strategic capital of £15.55m associated with demolition of the former Barry and other buildings at the Royal Sussex County Hospital and developing the plans for our new Cancer Centre. This, together with a new materials management and logistics yard, completes the 3T's programme which is a key element of the governments New Hospitals Programme (NHP) initiative.

In addition, operational capital investments of £41.3m and nationally-funded projects of £45.3m have also been made across our hospitals and sites. These investments include:

- Phase 1 of a new community diagnostics centre (CDC) at Southlands hospital (£18m over 2-years);
- Phase 2 of the emergency department and acute floor redevelopment project at the Royal Sussex County Hospital (£48m over 4 years);
- A new Paediatric Audiology department at the Royal Alexander Children's Hospital which officially opened its door to patients on the 11 September 2023 (£3.0m);
- A new Urology Investigation and Treatment Centre at Princess Royal Hospital which opened its doors to patients in October and has seen thousands of patients from across Sussex with urology conditions, from life-threatening cancers to benign diseases more quickly, and in fewer hospital visits (£8.0m);
- Investments in our digital strategy, including electronic patient records, and other IM&T infrastructure, equipment, and systems (£12.0m);
- Major medical equipment purchases including a new Bi-Plane suite for Louisa Martindale Building, three new CT scanners and a new SPECT CT for St Richard's hospital;

- Replacement of more than 100 items of critical medical equipment and the final phase of replacement endoscopy scopes for Worthing hospital Endoscopy Unit (£7.5m);
- Backlog maintenance improvements in the Trusts estate has also been prioritised (£5.0m).

The Trusts own charity and partner charities have also made a significant contribution, funding 59 separate investments in medical equipment and small improvement works in staff facilities totalling £2.4m. We are very grateful to our own charity and our partner charities for their generosity in supporting our patients and staff.

1.3.11 Environmental Sustainability

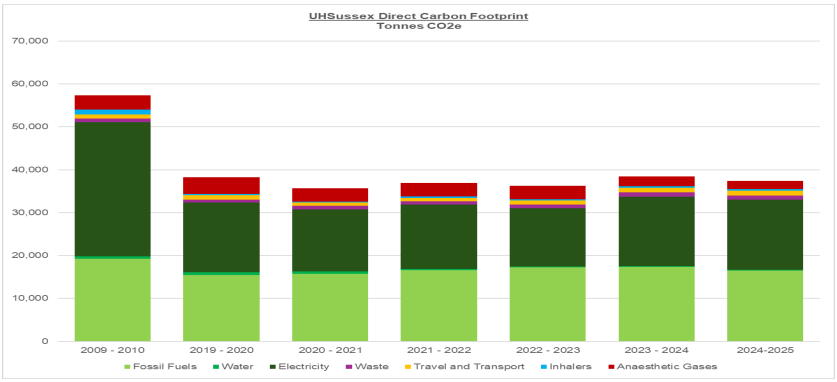
University Hospitals Sussex is pleased to share its 2024/2025 Environmental Sustainability Annual Statement, highlighting our ongoing commitment to embedding sustainable practices across all aspects of our operations. This report summarises key actions and achievements across our main direct emissions workstreams, reflecting progress made over the past year and setting out our goals for the year ahead. We are fully committed to supporting the NHS in its ambition to become the world's first net zero health service. Patient First, Planet First – our Green Plan, approved by the Trust Board in January 2022, sets out how we will deliver this ambition across our hospitals and the communities we serve in Sussex. As we enter the final year of our current Green Plan, we are taking the opportunity to reflect on our progress to date while preparing to refresh our strategy in alignment with the latest NHS Green Plan Refresh Guidance, ensuring continued progress against national sustainability ambitions.

Developed in direct response to the climate emergency, the Green Plan outlines our pledge to reach Net Zero for our NHS carbon footprint (emissions we directly control) by 2040, and for our carbon footprint plus (emissions we can influence) by 2045.

UHSussex NHS Carbon Footprint

Since our baseline year of 2009–2010, University Hospitals Sussex has achieved a 35% reduction in our NHS Carbon Footprint. This progress reflects sustained effort across multiple areas of the Trust's operations, including significant reductions in emissions from electricity consumption, water use, anaesthetic gases, and fossil fuel heating systems.

Our decarbonisation journey has been supported by targeted interventions such as energy efficiency improvements, behavioural change campaigns, estate rationalisation, and the introduction of low-carbon clinical practices. These efforts have not only reduced emissions but also delivered financial savings and improved resilience across our estate.



However, progress is not without its challenges. In 2023, we opened the state-of-the-art Louisa Martindale Building at the Royal Sussex County Hospital in Brighton—a major investment in modern healthcare infrastructure designed to improve patient care and capacity. While the building meets high environmental standards and replaces outdated facilities, its scale and 24/7 clinical operations have added over 3,200 tonnes of carbon dioxide equivalent (tCO_2e) to our annual footprint.

This increase highlights a key reality of Net Zero delivery in the NHS: the need to balance essential service expansion with ongoing emissions reduction. As we move forward, we will continue to invest in energy-efficient technologies, smarter building controls, and low-carbon heat sources to mitigate the impact of growth and ensure continued progress toward our 2040 Net Zero target.

Energy and Estates

Managing our utility consumption—particularly energy—remains one of the most complex and urgent sustainability challenges we face. As a large and growing healthcare provider, our drive to decarbonise must align with the practical needs of delivering high-quality patient care, expanding our estate, and ensuring resilience across all our sites.

Our biggest challenge continues to be energy usage: eliminating fossil fuels while managing the operational risks and increased demand for electricity that comes with decarbonisation and service growth. Electrification of heating, expanding clinical operations, and enhancing digital infrastructure all contribute to rising electrical loads across our estate.

Despite these pressures, we are making significant progress. Since our 2009/10 baseline, we have reduced electricity-related carbon emissions by 48% and cut emissions from fossil fuels by 14%. These achievements reflect a combination of infrastructure investment, operational efficiencies, and staff engagement—but we know that further action is essential.

Planning for Decarbonisation: Heat Decarbonisation Plans and LCSF Funding

Over the past few years, University Hospitals Sussex has successfully secured Low Carbon Skills Fund (LCSF) funding to develop Heat Decarbonisation Plans (HDPs) for each of our key sites. In 2024/25, this work progressed significantly, with detailed decarbonisation designs completed for three major hospital sites. These designs provide the foundation for future applications to capital funding programmes, such as the Public Sector Decarbonisation Scheme (PSDS), enabling us to move from planning into implementation.

Worthing Heat Network

One of our most strategic decarbonisation initiatives is our involvement in the Worthing Heat Network, led by Worthing and Adur Council and currently under construction by Hemiko. Worthing Hospital has been identified as a key anchor load for this low-carbon district energy system, which will deliver heat to multiple buildings in the town via a centralised energy centre and underground pipe network.

In 2024/25, we began essential enabling works at the hospital site, preparing our infrastructure for connection to the network in 2025/26. Once connected, Worthing Hospital's heat supply will transition away from on-site fossil fuel combustion, delivering an estimated 1,657 tonnes of carbon savings per annum—a significant milestone in our pathway to Net Zero.

Everyday Efficiency: Behaviour and Operational Measures

While major capital projects are vital, we also recognise the substantial impact of simple, low-cost measures. Across our estate, energy savings are being achieved through everyday actions: switching off lights and equipment when not in use, optimising heating and cooling setpoints, and refining equipment maintenance schedules.

Our Estates and Engineering teams play a crucial role in identifying and implementing these changes. Through routine checks and their daily presence across clinical and non-clinical areas, they continue to highlight opportunities to cut waste and improve efficiency. This "business-as-usual sustainability" is helping embed a culture of environmental responsibility into the fabric of the organisation.

Expanding Renewable Energy: Solar PV Programme

In April 2025, UHSussex was awarded £2.59 million from the Department for Energy Security and Net Zero to install solar photovoltaic (PV) panels at St Richard's, Princess Royal, and Southlands Hospitals. This investment forms part of a wider £100 million national programme to expand NHS solar generation capacity by over 300%.

For UHSussex, this will significantly increase our on-site renewable electricity generation, reducing our reliance on grid electricity and saving an estimated £360,000 per year in energy costs.

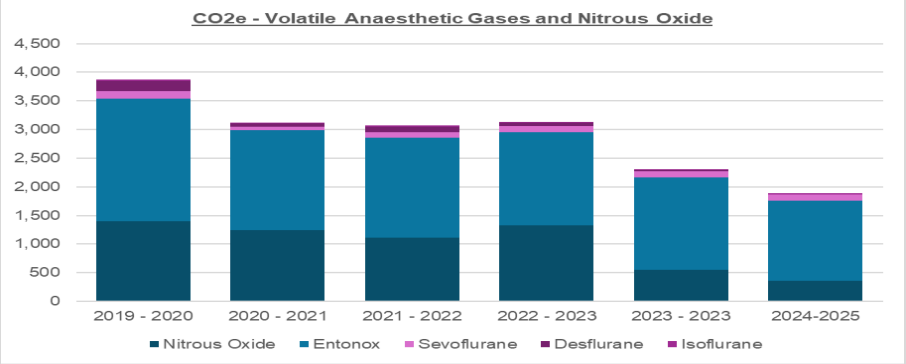
Clinical Sustainability Fellows

Two Clinical Sustainability Fellows—funded through charitable contributions—were appointed to support carbon reduction efforts in anaesthesia and respiratory care across University Hospitals Sussex NHS Foundation Trust. These fixed term fellowships, running to August 2024 demonstrated the critical role of clinician-led sustainability action.

Anaesthesia Fellow

The Anaesthesia Fellow focused on reducing the Trust's anaesthetic gases carbon footprint. This included supporting the phase-out of desflurane, which contributed to a continuing decline in volatile agent use. Work on nitrous oxide, which made up 27% of the total anaesthetic gas emissions, led to a planned decommissioning of outdated pipework systems in mid-2024, with an anticipated footprint reduction of over 1.6 million kg CO_2e. A further 52% of the gas footprint was attributed to Entonox use. In response, a proposal to install gas destruction units in all four obstetric units was developed to address both carbon emissions and regulatory requirements. Additional projects led by the fellow included reducing unnecessary intravenous paracetamol use, piloting reusable anaesthetic devices, and initiating changes to reduce the use of anti-embolism stockings, contributing both to carbon and patient care improvements.

Below is a chart showing the reduction of anaesthetic gases from 2019/20 to 2024/25



Inhalers Fellow

The Inhalers Fellow reviewed and updated the Trust's inhaler emissions baseline, identifying metered dose inhalers (MDIs) as a key area for improvement. Interventions were developed for emergency departments and inpatient wards, including discharge protocols that favour lower-carbon dry powder inhalers (DPIs) and improved prescribing systems. While a significant emissions reduction was not realised during the fellowship, the work laid essential foundations—establishing an inhalers sustainability sub-group,

training ‘inhaler champions’, and preparing a strategy for trust-wide implementation. This strategy will inform an upcoming review of respiratory prescribing guidelines in collaboration with primary care and the Sussex ICB.

Circular Economy Healthcare Alliance
The Circular Economy Healthcare Alliance (CEHA) is a collaborative initiative formed by five NHS trusts across England, including University Hospitals Sussex NHS Foundation Trust. Launched in July 2024, the alliance aims to reduce medical waste and carbon emissions by transitioning from single-use to reusable medical equipment and consumables wherever it is clinically safe and appropriate.

CEHA is spearheaded by Professor Mahmood Bhutta, Consultant ENT Surgeon and Clinical Lead for Environmental Sustainability at University Hospitals Sussex, and Professor of Sustainable Healthcare at Brighton and Sussex Medical School. The alliance focuses on three key strategies: avoiding unnecessary items, adopting reusable alternatives, and ensuring end-of-life items are returned for remanufacture or recycling.

As a founding member, University Hospitals Sussex is actively contributing to CEHA's mission, aligning with the NHS's broader goal of achieving net-zero emissions by 2045. This partnership underscores the Trust's commitment to sustainable healthcare practices and innovation.

Travel and Transport

Staff Travel

The valuable and popular Green Travel Bureau service continues to play a key role in supporting staff across the Trust by promoting sustainable travel options, including inter-site travel and enhanced cycling facilities. Through regular communications and the dynamic presence of the Green Travel Team Roadshows touring our hospital sites, staff are kept informed and encouraged to adopt greener commuting habits. These roadshows provide opportunities for direct engagement, offering advice, resources, and updates on available travel schemes.

A major milestone has been the implementation of the Cycle Improvement Plan, which has significantly enhanced cycling infrastructure across all our sites. New, secure cycle shelters, cycle pods and cycle maintenance stations are currently being installed at Worthing and Princess Royal Hospitals for staff, patients and visitors use, with further improvements rolled out at Royal Sussex County Hospital, St Richard’s Hospital, and Southlands Hospital. These modern facilities aim to make cycling a more convenient, safe, and attractive option for staff, supporting our commitment to reduce our carbon footprint and contribute to healthier, more active lifestyles across the Trust.

The Trust remains committed to expanding these initiatives, ensuring all staff have access to the infrastructure and support needed to make sustainable travel choices part of everyday life.

Fleet Electrification and Sustainable Transport

Our fleet plays a vital role in supporting the daily operations of the Trust, covering thousands of miles each year to deliver essential services for our patients and staff. This includes the transportation of meals and laundry from our centralised support services hub at St Richard's Hospital, as well as the operation of an inter-site minibus service, which provides staff with a sustainable alternative to single-occupancy car journeys.

In 2024, as part of our ongoing fleet contract review, the Trust added new electric vehicles (EVs) to its fleet—an important step toward achieving our commitment to fully electrify our fleet in line with the NHS England Net Zero target of 2027. While progress has been made, significant work remains to transition the remainder of our fleet away from fossil fuels.

To meet the 2027 deadline, the Trust is developing a phased implementation plan that aligns with operational needs, vehicle lifecycles, and funding opportunities. A critical enabler of this transition is the availability of charging infrastructure across our sites. Many of our locations will require substantial electrical infrastructure upgrades to support EV charging at scale. We are currently exploring options to deliver this in a way that maximises value for money and supports our broader sustainability goals—for example, by integrating renewable energy solutions such as solar PV and battery storage.

Our approach is being developed in collaboration with Estates, Finance, and operational teams, as well as external partners, to ensure delivery is cost-effective, resilient, and fully aligned with the NHS ambition to decarbonise transport and reduce air pollution across its estate.

Reduce, Reuse, Recycle

Total Waste Management Contract

In 2024, University Hospitals Sussex transitioned to a new waste management contract, unifying services across all sites under two dedicated providers—one managing clinical waste and the other responsible for domestic waste streams. This shift marks a significant step forward in standardising waste practices across the Trust, improving efficiency, compliance, and data capture.

The contracts are designed to support the Trust's sustainability ambitions and align with the NHS Clinical Waste Strategy's 20:20:60 waste segregation model: 20% of clinical waste directed to High-Temperature Incineration (HTI), 20% treated via Alternative Treatment (AT) methods, and 60% managed as Offensive Waste (OW). Achieving this optimal balance is key to reducing carbon emissions and the environmental impact of healthcare waste.

Through improved waste categorisation, enhanced training for staff, and better infrastructure for segregation and collection, the new contracts will increase recycling opportunities and reduce unnecessary incineration.

The Womble Project: Turning Waste into Learning

University Hospitals Sussex is expanding its innovative 'Womble Project' across all main hospital sites, following a successful pilot at St Richard's Hospital. The initiative repurposes out-of-date medical equipment—otherwise destined for clinical waste—for use in clinical training.

This creative reuse has saved the Trust over £30,000, reduced waste, and improved the realism of staff training. Named after the environmentally-minded Wombles of 1970s fame, the project combines sustainability with education to create greener, more cost-effective learning environments.

Now formally affiliated with Wombles Operations as a Womble Community Charity, the project will help reduce clinical waste Trust-wide while supporting more immersive, hands-on training for our staff.

Awards and Recognition

NHS South East Nursing and Midwifery Green Week Award (2024)

The Practice Development Education team for Children's Services at UHSussex was honoured with this award for their green education programme aimed at NHS staff. Led by Practice Development Nurse Sadie Sullivan, the initiative focused on improving care for children and young people with mental health concerns, integrating sustainability into clinical education. The programme was conducted in a natural setting to promote wellbeing and environmental awareness.

Sustainability Partnership of the Year (2024)

UHSussex, in collaboration with Definition Health, received the NHS Sustainability Partnership of the Year Award for implementing a digital pathway for elective orthopaedic surgery patients. This initiative reduced patient travel by approximately 24,000 miles, saved nearly 60,000 pages of paper, and cut 7.6 tonnes of CO_2 emissions per 1,000 patients. The project exemplifies how digital innovation can enhance patient care while significantly lowering the carbon footprint of surgical services.

Green Plan Refresh: Strengthening Our Commitment to Net Zero

University Hospitals Sussex is currently undertaking a full refresh of its Green Plan in line with updated NHS England guidance published in 2024. The Green Plan serves as our roadmap to achieving Net Zero carbon emissions, and this refresh marks an important opportunity to reflect on progress, recalibrate our priorities, and deepen our impact across the Trust.

The updated guidance sets out clear expectations for NHS organisations to demonstrate stronger leadership, accountability, and action across key areas, including travel and transport, estates and facilities, medicines, supply chain,

digital, adaptation, and workforce engagement. As part of this refresh, we are aligning our plan with the latest requirements, including:

- Setting clear emissions baselines and targets for both direct and indirect carbon emissions
- Strengthening governance and reporting structures to ensure progress is embedded at every level
- Enhancing our approach to sustainable models of care, including prevention and digital transformation
- Integrating climate resilience and adaptation into strategic planning and risk assessments
- Prioritising action in high-impact areas such as anaesthetic gases, single-use plastics, and energy consumption

The refreshed Green Plan will be developed in close collaboration with internal stakeholders—including clinical, operational, estates, procurement, and workforce teams—and informed by regional priorities. This plan will build on our successes to date while setting a more ambitious course for carbon reduction, climate resilience, and wider sustainability.

Once finalised, the updated Green Plan will be published on our website and submitted to NHS England. It will serve as a core document guiding our sustainability priorities and delivery, aligned with NHS targets, regulatory expectations, and our commitment to the health and wellbeing of our communities.

Task Force on Climate-related Financial Disclosures (TCFD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2024/25. These disclosures are provided below.

Governance and Board Oversight of Climate-Related Issues:

In 2024/25 the delivery of the UHSussex Green Plan was overseen by the Environmental Sustainability Steering Group (ESSG), chaired by our Executive Sponsor for Net Zero, the Chief Strategy Officer and supported by the Director of Facilities and Estates as Senior Reporting Officer. Clinical and

operational leads contribute to thematic working groups including travel, waste, sustainable models of care, and estate energy.

Core duties of the ESSG included:

- Ensuring clear deliverables are defined for each workstream and accountability for the delivery of agreed outputs.
- Ensuring each workstream has an agreed work plan that reflects the necessary actions and outputs.
- Establishing robust reporting mechanisms, including risk reporting and management in line with the Trust's Risk Management Policy and wider Governance requirements.

During 2024/2025, the ESSG met quarterly and reported to the Finance and Performance Committee (sub-committee of the Trust Board) on progress, key risks, actions, and performance. Monthly updates were provided to the Strategic Delivery and Review Group (SDR).

- Climate-related issues, including estates decarbonisation and adaptation planning, are considered during Board-level (Finance and Performance Committee) reviews of capital investment and operational performance.
- Oversight is embedded through inclusion of sustainability as a standing agenda item at the Finance and Performance Committee and through alignment with the Trust's risk appetite and strategic priorities.

<u>Risk Management</u>

Identifying and Assessing Climate-Related Risks:

- Risks to Sustainability Delivery and Climate risks are identified and assessed through the ESSG and when appropriate integrated into our corporate risk register.
- Physical risks such as heatwaves and flooding, and transitional risks including future policy and regulation, are reviewed in line with NHS England climate risk guidance and Emergency Planning.

Managing Climate-Related Risks:

- Mitigation strategies include investment in resilient infrastructure, e.g. ventilation upgrades and water efficiency.
- We have embedded sustainability criteria into our business case and procurement processes.

Integration into Risk Management Frameworks:

- Climate-related risks are considered within the corporate risk framework and reported through the Estates and Facilities Divisional Board Meetings.
- Key risks scoring higher than 15 are escalated via the risk management arrangements, with mitigation plans monitored via existing governance channels.

Metrics and Targets

Metrics:

- Key metrics used by the Trust include:
  - Carbon emissions from energy use (Trust-reported to Estates Return Information Collection)
  - Percentage of non-clinical fleet transitioned to low-emission vehicles (reporting via Annual Greener NHS Fleet data return)
  - Quarterly Data Returns to the Greener NHS
- Direct Carbon Footprint data is included in our Green Plan, with data updated annually.

Targets:

- The Trust is aligned with NHS targets of:
  - Net Zero Carbon for direct emissions by 2040
  - Net Zero for supply chain emissions by 2045
- Interim targets include:
  - 80% reduction in carbon emissions by 2032
  - All new vehicles owned or lease by the NHS will be zero emission by 2027
  - Clinical waste segregation of 20:20:60 HTI, AT and OW by 2026

1.3.12 Statement on equality and equity of access

UHSussex is committed to offering services that are equitable and provide equality of access. As part of this commitment the Trust within its service change and business case process undertakes a review on the equality and equity of access as part of the needs assessment and associated service configuration processes.

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

Under the purview of HISOG, we are embarking on a programme of work to review equity of access by geographic and demographic profile of the Trust catchment populations, with the aim to build stronger and more collaborative strategies to address health inequalities.

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

improvement as well as engaging directly with key patient and stakeholders where this is indicated.

The plethora of patient surveys undertaken, including national patient surveys and friends and family test, provide insights into the priorities for local people, including those with protected characteristics which shape the Trust's work on inequalities.

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

1.3.13 Health Equalities

Health inequalities is an on-going focus for the Trust. Inequalities in health are the systematic, avoidable and unfair differences in health arising from multiple factors including the social and economic environments in which we live and influenced by the decisions we make for ourselves and our families.

People living in more deprived areas are more likely to experience poor health, shorter life expectancy and less good access to health and care services due in part to poor housing, lower incomes, and lower health literacy (knowing how to understand and navigate the health and care system). Despite being a relatively affluent county, within Sussex there are pockets of significant social deprivation, notably along the coastal strip in Hastings, Brighton and Hove and Littlehampton, which rank within the most deprived areas in England.

Our population is ageing but those from more deprived neighbourhoods are spending increasingly more time in ill health and people are developing multiple long-term conditions at younger ages than before. Whilst there is a stark difference in life expectancy between the most and least disadvantaged men and women.

The table below summarises population differences between Brighton and Hove, East Sussex and West Sussex.

	Brighton & Hove	East Sussex	West Sussex
Population Size	292,000	559,000	868,000
Aging Population	81% aged under 60	High proportion of people aged 65+ compared to other parts of the UK	High proportion of people aged 65+ compared to other parts of the UK
Difference in life expectancy most and least deprived - Men	9.9 years	11 years	14 years
Difference in life expectancy most and least deprived - Women	7.7 years	10 years	14 years

People from Black and Asian Minority Ethnic (BAME) communities are also more likely to experience poor health and barriers to services as are those with learning disabilities or mental ill health.

The NHS Long Term Plan (2019) has highlighted the need to take a concerted and systematic approach to reducing health inequalities and addressing the unwarranted variations in care that arise. The Covid-19 pandemic acutely highlighted how marginalised groups were adversely impacted and the Equality, Diversity & Inclusion agenda is of great importance to the Trust.

Progress has been made this year in understanding and addressing inequalities in access and outcomes for our patients. This includes:

- Analysing our waiting list population and stratifying patients according to characteristics such as deprivation and ethnicity to understand what inequalities are evident, under the oversight of the Health Inequalities Strategic Oversight Group.
- Connecting as an active partner in the Sussex Health and Care Partnership's population health management work and delivery of the national 'Core 20 plus 5' programme to reduce inequalities.
- Quarterly patient experience reports which include a review of patient feedback and how this has enabled improvements for those who may face inequalities in access and outcomes, with the resulting actions taken being reported to the appropriate Trust committees.
- Access to patient feedback via the Friends and Family Test system, with a word and comment search function so that all service areas can understand what patients have to say about their experience, including those for whom their experience was perceived to have been influenced by a characteristic such as disability or gender.
- Close work continues with local Healthwatch organisations, including hearing the voice of less heard groups. This is at the heart of the patient experience strategy, launched in 2022, with examples including Healthwatch reports from their 'enter and view' programme, which includes inclusion and accessibility.
- Hundreds of patient information leaflets have been produced about specific conditions which are fully accessible and published on the Trust website, which is available in multiple languages and formats.

Inclusion is one of the Trust's values and UHSussex has a number of services and functions with a health inequalities focus, with Trust-wide strategic responsibility under the Chief Medical Officer. There is an Equality, Diversity and Inclusion team within the People Services and the Patient Experience teams in the Chief Nurse services include a focus on engagement with an inequalities lens.

Taking opportunities to engage with patients during hospital visits to address health promotion such as stopping smoking, weight loss and alcohol management (Making Every Contact Count) also contributes to reducing inequalities in our local population. Ensuring clinical teams are enabled to

confidently deliver such messaging is an important part of embedding a collaborative approach to tackling health inequalities in a hospital setting.

The Trust is committed to delivering NHS England's approach to reducing adult health inequalities through the Core20PLUS5 programme.

Smoking Cessation

The biggest area of focus and improvement for the Trust has been in Smoking Cessation. During Quarter 4 the Trust has been able to fully recruit a number of Tobacco Dependency Advisors to enable the implementation of the NHS Long Term plan inpatient smoking pathway, in addition to the continuation of the Smoke Free Pregnancy Service delivery in 2025/26.

Inpatient Smoking Cessation Service

The Tobacco Dependency Programme has ambitions to fully deliver the Acute Inpatients model across all 4 main hospital sites in 2025/26 with initial roll out at St Richard's Hospital and Princess Royal Hospital in Q1 & 2 and expansion to Worthing General and Royal Sussex County Hospital by Q3, ensuring that all admitted patients are assessed for their smoking status, offered Very Brief Advice and Nicotine Replacement Therapy to remain smoke free whilst on site and receive an opt-out referral to a Tobacco Dependency Adviser with 24 hours for a full consultation and onward referral to community smoking cessation services.

In addition, the programme aims to support the implementation of the Trust Wide Smoke Free policy and secure on-site smoking cessation support for staff who smoke via partnership working with our Local Authority providers

The 2024/25 Local Quality Requirements for Inpatient Smoking Cessation Service were;

Electronically record the smoking status of adult inpatients on admission:

Target: Incremental improvement toward achieving 90% threshold by Q4.

Performance	Q1	Q2	Q3	Q4
Achievement	36.5%	39.7%	41%	42.1%

Identified smokers given 'very brief advice':

Target: Incremental improvement toward achieving 90% threshold by Q4.

Performance	Q1	Q2	Q3	Q4
Achievement	72.2%	83%	73.4%	74.3%

Identified current smokers offered nicotine replacement therapy within 6 hours of arrival to ward:

Target: Incremental improvement toward achieving 70% threshold by Q4.

Performance	Q1	Q2	Q3	Q4
Achievement	10.3%	12.0%	9.6%	11.1%

Identified current smokers offered an in-depth Tobacco Dependency Advisor consultation in line with NHS England Delivery model expectations:

Target: Incremental improvement toward achieving 50% threshold by Q4.

Performance	Q1	Q2	Q3	Q4
Achievement	No Data	23.6%	37.4%	42.6%

Number of current smokers accepting a referral for Advanced Community Pharmacy Smoking Services:

Target: Incremental improvement

Performance	Q1	Q2	Q3	Q4
Achievement	No Data	18	23	19

Number of current smokers accepting a offer of a Swap 2 Stop Vape:

Target: Incremental improvement

Performance	Q1	Q2	Q3	Q4
Achievement	No Data	0	0	0

Number of current smokers reporting a quit status (CO verified or self-reported) at 28 day follow up:
Target: Incremental improvement

Performance	Q1	Q2	Q3	Q4
Achievement	No Data	11	8	5

Whilst we met many of these targets with an incremental improvement the Trust recognises there is more to do to engage with our patients to meet the national thresholds. The Inpatient Tobacco Dependency Programme has ambitions to fully deliver the Acute Inpatients model across all of the Trust's four main hospital sites in 2025/26 with initial roll out at St Richard's Hospital and Princess Royal Hospital in Quarter 1 and Quarter 2 and expansion to Worthing General and Royal Sussex County Hospital by Quarter 3, ensuring that all admitted patients are assessed for their smoking status, offered Very Brief Advice and Nicotine Replacement Therapy to remain smoke free whilst on site and receive an opt-out referral to a Tobacco Dependency Adviser with 24 hours for a full consultation and onward referral to community smoking cessation services.

Smoke Free Pregnancy Service

Moving forward the Smoke Free Pregnancy Service aims to drive improvements through National initiatives including the National Maternity Incentives scheme and continuation of the National Swap2Stop Vape scheme.

Utilising Novel Technologies in Q4 such as iCO remote monitors and Attend Anywhere for virtual appointments has allowed increased engagement with rural and harder to reach patients and will be built upon in 2025/26.

The Local Quality Requirements for Smoke Free Pregnancy Service were;

Percentage of people in maternity settings CO monitored at booking (in month appointments):

Target: 90% CO monitored at booking.

Performance	Q1	Q2	Q3	Q4
Achievement	94.5%	94.9%	91.8%	94.6%

Percentage of people in maternity settings CO monitored at 36 Weeks (in month appointments):

Target: 90% CO monitored at 36 weeks.

Performance	Q1	Q2	Q3	Q4
Achievement	88.7%	88.6%	89.5%	87.8%

Percentage of pregnant smokers referred to service:

Target: 95% of pregnant smokers referred.

Performance	Q1	Q2	Q3	Q4
Achievement	90.6%	96.5%	94.2%	95.2%

Percentage of pregnant smokers referred, contacted and offered a Tobacco Dependency Treatment Service within 1 working day:

Target: 85% of pregnant smokers referred are contacted and offered a TDT appointment within 1 working day

Performance	Q1	Q2	Q3	Q4
Achievement	93.3%	94.4%	91.4%	94.0%

Percentage of pregnant people booked as smokers who are smokefree at delivery

Target: 30% of pregnant people booked as smokers are smoke free at time of delivery

Performance	Q1	Q2	Q3	Q4
Achievement	30.3%	38.4%	34.1%	38.2%

Percentage of pregnant smokers SATOB (Smoking at booking/total births in month)

Target: No Target (Outside of service control)

Performance	Q1	Q2	Q3	Q4
Achievement	8.27%	6.64%	6.52%	6.65%

Percentage of pregnant smokers SATOD (Smoking at delivery/total births in month)

Performance	Q1	Q2	Q3	Q4
Achievement	6.27%	4.64%	4.67%	4.96%

Hep C, HIV & Liver Fibrosis

Since June 2024 19,354 people have been tested for HIV and Hepatitis C via the RSCH Emergency Department with;

- 6 new HIV diagnosis
- 15 new Hepatitis C diagnosis

In addition to RSCH Emergency Department testing, 200 patients were diagnosed and treated for Hepatitis C in the community setting, with 81.9% of patients starting their treatment within 4 weeks.

1800 people were given a FibroScan during the period, with 94% of patients with results suggestive of fibrosis or cirrhosis requiring further investigation or HCC surveillance attending their 1st surveillance appointment against a target of 60%. 3 confirmed hepatocellular carcinoma were identified as a result of screening.

Maternity Continuity of Care

NHS England's approach aims to ensure continuity of care for women of Black, Asian and minority ethnic communities and for the most deprived groups. The Trust has continuity of care teams across the Brighton and Haywards Heath areas, who offer their service to those at risk of health inequalities. Now that the midwifery vacancy position is so improved, further similarly focused teams are in development in the Chichester and Worthing areas.

Early Diagnosis of Cancer

NHS England's approach aims to ensure 75% of cases are diagnosed at stage 1 or 2 by 2028. During the period 2024/25 UHSussex diagnosed 65% of cases at Stage 1 or 2, compared to 46% the previous year.

Chronic Respiratory Disease

NHS England's approach aims to ensure a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up the uptake of COVID, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations. This intervention is mainly aimed at Primary Care delivery; however, the Trust is exploring ways that it can support delivery.

Hypertension Case Finding

NHS England's approach aims to ensure a focus on diagnosis and optimal management of hypertension including optimal lipid management. This intervention is mainly aimed at Primary Care delivery; however, the Trust is exploring ways that it can support delivery and has been piloting Hypertension case finding with HIV outpatients.

1.3.14 Patient Care

Care Quality Commission standards.

The CQC has continued to undertake further across Trust in the last year, these include a review of the Trust's Children and Young Persons services at Worthing Hospital, Maternity Services at Worthing and Royal Sussex County Hospitals and the Emergency Department at Royal Sussex County Hospital. The CQC has yet to report on these reviews.

As the CQC has yet to undertake a comprehensive inspection, their ratings from the August 2023 remain which saw the Trust and each main hospital rated as "*requires improvement*".

The table overleaf shows the CQC ratings by domain for each of the four registered hospitals sites, noting that Southlands is registered under Worthing hospital.

	Overall	Safe	Effective	Caring	Responsive	Well-led
Princess Royal	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
St Richard's	Requires Improvement	Requires Improvement	Good	Outstanding	Requires Improvement	Requires Improvement
Royal Sussex County	Requires Improvement	Requires Improvement	Requires Improvement	Outstanding	Requires Improvement	Requires Improvement
Worthing	Requires Improvement	Requires Improvement	Requires Improvement	Outstanding	Requires Improvement	Requires Improvement

At the end of March 2025, 26 of the Must Do actions were delivered either in full or through established programmes of work, with the remaining 2 having detailed actions plans to deliver over the forthcoming year. 12 of the 13 Should Do actions had been delivered with the remaining action also having an action plan to deliver over 2025/26. These remaining actions are in the areas of discharges, patient moves and the Trust's environment.

The Trust has continued to deliver the improvements identified from the previous inspections, with regular reports on progress provided to the Board through the Patient and Quality Committee

The inspection in 2023 of General Surgery at the Royal Sussex County Hospital resulted in the Trust receiving an enforcement notice in relation to Upper GI Cancer Surgery. As a result, the Trust does not undertake these surgical procedures with these patients being treated at neighbouring Trusts and is therefore compliant with the registration requirements of the Care Quality Commission.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period. However, the Trust has continued to engage with the CQC has sought to understand our services and provide insights for improvement.

The Trust is awaiting the CQC reports resulting from their inspections of the Children and Young Persons Service in June 2024, and the more recent reviews of the Trust's Maternity Services and the Emergency Department at the Royal Sussex County Hospital.

Single Improvement Plan

The Trust incorporated its previous Quality and Safety Improvement Programme into a Single Improvement Plan (SIP) which was a designed fixed term plan, with associated governance, developed in response to the required undertakings from NHS England (NHSE). The plan was not designed to represent the totality of the Trust's improvement efforts, it provided a cohesive response to the critical, current issues and priorities for the trust to meet the expectations of our patients, staff and regulators over the 2024/25.

The aim of the SIP was to ensure UHSussex continued its improvement progress, including meeting the range of undertakings in response to requirements from NHSE. This programme of work and oversight through the dedicated Board oversight Committee drove sustainable improvements to the Trust's services to patients through a series of tactical and strategic interventions that addressed the root causes of the challenges the Trust has faced in delivering high quality services.

The SIP is comprised of a number of workstreams, including quality improvement, CQC recommendation delivery, cultural development, improvements in planned care, cancer and urgent and emergency care

performance, continued improvements to maternity services, enhancing equality, diversity and inclusion work within the Trust, development of specialised services and to progress the improvement work within surgery.

Over the course of the 2024/25 year, considerable progress was made against the SIP ambitions. These included:

- Over 90% of CQC must and should do actions completed
- Delivery of quality improvement initiatives including the development of a compliance and assurance framework, the production of a quality manual and the launch of the fundamental standards of care programme
- Implementation of actions following a review by the Royal College of Surgeons
- Reduced numbers of patients waiting more than 65 weeks
- Establishment of a culture programme
- Enhancing the governance and oversight of specialised services.

A process of alignment of the SIP with the emergent Trust strategy has taken plan and analysis of the progress against the undertakings identified that the requirements have been substantially satisfied. As such, in accordance with the terms of reference for the Board SIP committee, it was agreed by the Board to dis-establish this fixed term governance Committee with a clear tracking of all actions that remained in progress to business-as-usual management and Board assurance oversight.

How we learn

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

The weekly Patient Safety Incident Review Response Group (PSIRG) reviews all reported unexpected deaths and new incidents (graded moderate/severe harm and/or near miss on RL DATIX IQ).

The group also reviews newly reported high-grade complaints, findings from SJR’s and safeguarding alerts to ascertain whether they require conversion to incident investigation. Using a senior multidisciplinary approach, the panel/group agree the appropriate level/grading of harm and the appropriate investigation/escalation level.

The group also makes a decision regarding Duty of Candour, and provides direction to the divisions to ensure we do not delay verbal and written Duty of Candour. When harm occurs, talking to the person affected or their family/carer provides crucial context to any investigation. We continue to

develop and encourage an open and honest approach to supporting patients who have been harmed, or their families, as candour and transparency are our core values.

The Trust investigates all patient safety incidents, reported on our incident reporting system, DCIQ. The organisation has a Patient Safety Incident Response Plan (PSIRP) which identifies the different 'levels' of investigation and when they should be used. These include Early Learning Reviews, Local Learning Reviews, Patient Safety Incident Investigation (PSII), Thematic Reviews, and Rapid Reviews are the Trust's agreed learning responses.

At the weekly Patient Safety Incident Review Response Group (PSIRG), all incidents that are reviewed are given direction as to which 'level' of investigation they need (this includes never events). The organisation uses systems thinking methodology (for example, System Engineering Initiative for Patient Safety) to understand the complexity of the incidents and the organisation has moved away from reductionist methodologies that were used under the Serious Incident (SI) framework.

Learning from incidents

The Trust utilises reported incidents to learn and apply this learning to improve our processes. Over 2024/25 the following key activities have been undertaken to support this learning, these include

- Successful implementation of the Patient Safety Incident Response Framework (PSIRF)
- The Serious Incident Meeting (SIM) has been replaced with Patient Safety Incident Monitoring (PSIM), which involves tracking weekly Duty of Candour compliance and bi-weekly tracking of incident investigation progress within the patient safety team.
- A new Harm Free Care incident review group has now commenced with a multi-disciplinary team panel, this panel is a feeder into PSIRG.
- Harm free care (falls/pressure damage/VTE) is moving into a structured process reporting to The Fundamental Standards of Care work programme and the wide-ranging Quality Safety Improvement Programme (QSIP)
- Divisional thematic reviews focusing on: Harm reviews from cancelled surgery: vascular, ortho, trauma, surgery, cancer. RTT follow up ophthalmology
- Improving the incident reporting culture has been supported through the implementation of Datix DCIQ and ongoing training and education.
- Over 250 clinical staff trained in the in-house patient safety training programme which covered theoretical and practical applications of systems thinking and investigatory science
- Duty of Candour training package on IRIS for organisation

Responding to Complaints

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

Throughout 2024/25, the Trust received 1,589 new complaints for investigation – this is an increase from 1,221 in 2023/24, a 23% increase. Fewer than 0.5% of all complaints' responses were accepted for investigation by the independent Parliamentary Health Service Ombudsman, which indicates the high quality of complaint responses and investigations. At the end pf 2024/25, there are also fewer complaints open for longer than six months than at the end of 2023/24.

Prevalent causes of concern include clinical treatment, appointment, treatment and diagnosis delays and cancellations, doctor attitude and behaviour and ED experience. Improvement initiatives, including plans for the EDs, communication training and introduction of new appointment systems have enacted progress against the key themes. The 'Welcome Standards' programme focused on improving the experience of greeting and entrance to the Trust has continued its implemented in year, with measurable improvements in patient reported experience.

During the year, the trajectory for the numbers of PALS concerns received also remained upwards, with increasing numbers of patients concerned about accessing results, appointments and dates for surgery. Concerns from cancer patients about access to radiology also increased through year.

1.3.15 Monitoring of Quality Priority Improvements

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

UHSussex remains fully committed to consistently meeting and exceeding these twelve standards within the Care Quality Commission's Fundamental Standards of Care framework. These standards provide the baseline expectations for safe, compassionate, and person-centred Care. UHSussex continues demonstrating its commitment to the Fundamental Standards of Care through measurable, multidisciplinary improvement programmes. It remains firmly rooted in a culture of learning, transparency, and evidence-based practice, ensuring the best possible outcomes for patients, their families and the staff caring for them. In 2024, UHSussex launched a revamped Fundamental Standards of Care programme measured and

monitored using the UHSussex clinical assurance dashboard. The Fundamental Standards of Care programme has seen improvements in all the metrics outlined and was expanded to include theatres, paediatrics, women's health, and maternity and emergency departments. Critical Care will also be joining the programme in the first quarter of 2025/26. The fundamental standards of Care programme have also led to a wider improvement through the introduction of an Enhanced Care Support Worker pilot.

Enhanced Care Support Worker Programme

UHSussex is an acute care provider and in the last 18 months has seen an increase in the number of adults, children and young people attending emergency departments with mental ill health. It is acknowledged that traditionally many patients with mental ill health will have received care by RMN. Whilst it is recognised that RMN's offer specialised expertise, it has also been proven across many other acute care providers and UHSussex that Enhanced Care Support Workers (ECSWs), when properly trained and supervised can provide**,** high-quality care for patients requiring enhanced observation and mental health support in an acute setting. To date 28 ECSWs have been appointed to work across St Richard's, Worthing, Royal Sussex County emergency departments and Children's wards. The ECSW's provide a range of therapeutic engagement with the people they care for and are supervised by a mentor identified in their clinical area and the Head of Nursing for Mental Health and Dementia. Their introduction has seen:

- A reduction in complaints from staff, patients and carers
- A reduced Length of Stay Length of Saty for enhanced mental health patients
- An improved working environment for staff with reduction in turnover
- An improved health and safety environment for patients, reducing reliance on security bed watch
- An ability to reduce RMN agency costs within the Trust

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

National and local context

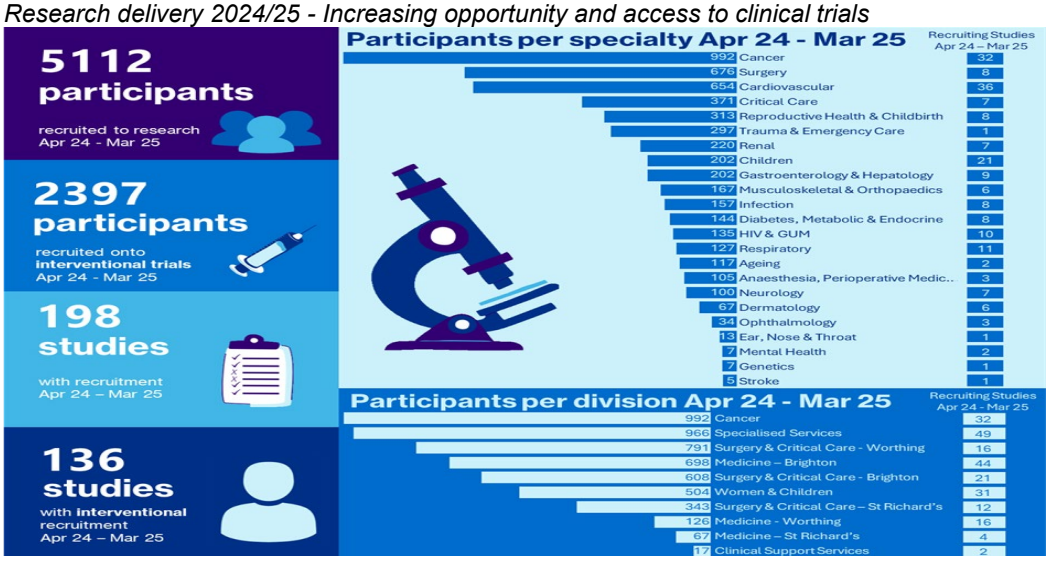
University Hospitals Sussex is one of the largest teaching university hospitals in England and prides itself on its programme of engagement with wider local system partners, including social care, aiming to improve health and outcomes through research.

Research and innovation drive continuous quality improvement in healthcare and patients benefit immensely from associated breakthroughs in prevention, diagnosis, treatment, improved outcomes and recovery. The link between research activity at hospitals and good clinical outcomes for patients is well established and research active hospitals are more rewarding places to work. For these reasons, NHS England's "Maximising the benefits of research: Guidance for integrated care systems", published early in 2023, places a new

emphasis on identifying local research priorities and increasing the quality and quantity of local research to address these needs, whilst ensuring that research findings are used to drive improvement in the quality of care for patients. This year the Sussex Health and Care Research Partnership has worked with Sussex Integrated Care Board (ICB) and partner organisations to develop the NHS Sussex research strategy ***Improving Lives Together through Research*** which sets out health and care partners' collective vision for health and care research, and how it will help improve care and health and care services, for the next five years.

Over 2024/25 we have focused on growing and broadening the opportunities for our patients and staff to take part in research. A total of 5,112 participants were recruited into 198 studies running across a range of clinical specialities. We have achieved our NIHR Regional Research Delivery Network (RRDN) annual target for growth in recruitment of participants into National Institute of Health Research (NIHR) portfolio studies. When benchmarked against other NHS acute Trusts, our rank is 24th for number of studies recruiting during 2024/25. Of the studies open to recruitment 136 (68%) were interventional studies that offered 2,397 patients access to potentially lifesaving clinical trials of new medications, devices, or procedures. In line with our strategic objective, we have increased the number of recruiting commercial studies by 5% compared to the previous year.

Research delivery 2024/25 - Increasing opportunity and access to clinical trials



The Trust's research outputs continue to excel across cancer, cardiovascular disease, infectious diseases, renal, paediatrics and women and children's medicine. Following developmental work with other specialities including respiratory, gastroenterology and surgery, opportunities to grow patient participation in trials will widen in the coming years.

A significant new initiative launched this year to support our ambitions to embed research in the Trust's clinical operating model has been the creation of eight new divisional leads in research. Within each division senior clinicians with expertise in research leadership are now supporting the divisional chiefs

and the Research and Innovation team to build divisional business plans for research growth founded on embedding research roles in the workforce. Our UHSussex outpatient research awareness survey demonstrates the importance of continuing to develop our research offer trust wide. Feedback shows that patients have fairly high levels of awareness that UHSx is involved in clinical research (59%) and that many patients are very interested in taking part (47%), however, only a minority (13%) have research discussed with them as part of their clinical care.

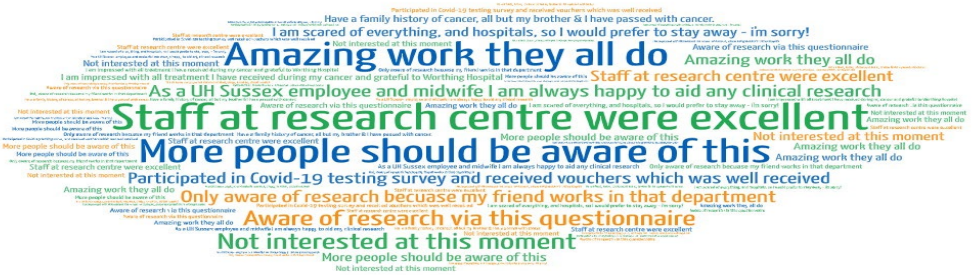


Figure reflecting survey results free form narrative

1.3.17 The Best of University Hospitals Sussex - Our Year in Review

Looking back, it's undeniable this has been a busy year for the Trust, but during the past 12 months there have been many great things that went on across our hospitals. Below is a summary of just some of the exciting and remarkable innovations, achievements and successes that unfolded throughout the year.

April - new chair appointed

In April we were pleased to announce the appointment of Philippa Slinger as our new Chair, bringing a wealth of ward-to-board experience to the Trust leadership. A mental health nurse by training, Philippa has more than 25 years of board-level experience working in mental health, community and acute care settings within the NHS and in the private sector.

May - our STAR awards finalists announced

We were delighted to announce our Patient First STAR Awards shortlist back in May 2024 as we prepared for the annual ceremony later in the year.

Our annual award ceremony is for our hardworking staff and volunteers who embody our Trust values of compassion, communication, inclusion, respect, teamwork and professionalism.

June - armed forces commemorative garden opens

The first commemorative garden for veterans opened at Southlands Hospital in June offering a peaceful environment that can be used for quiet thought and remembrance. All aspects of the garden have been designed with veterans in mind and are fully accessible so patients and staff are able to enjoy the garden all year round.

July - theatre team shortlisted for national sustainability award

The Sussex Orthopaedic Treatment Centre theatre team's green initiative, which slashed carbon emissions, reduced costs, and saved patient time, made them a contender for the 'Sustainability in Nursing' award in July.

The Nursing Times Awards recognises those who are making nursing innovative, patient-focused and inclusive.

August - Princess Royal Hospital Emergency Team shortlisted for prestigious awards

The emergency team at Princess Royal Hospital were delighted in August to learn they'd been shortlisted for two Health Service Journal Awards. The team were acknowledged in the categories of 'Patient Safety' and 'Performance Recovery' recognising their outstanding efforts in transforming patient care.

September - Hugh Bonneville opens Children's Emergency Department

In September, we welcomed acclaimed actor Hugh Bonneville to officially open the new, bigger and better Children's Emergency Department at St Richard's Hospital. Hugh commented: "It's wonderful to see this brand-new space for the children's emergency department, fully opened at St Richard's Hospital." He added: "My good friend Paddington would approve."

October - transformed neurosurgery department celebrate getting 1,500th patient back home

In November, William Davies, 77, from Hailsham, became the 1,500th patient to be treated in the newly transformed neurosurgery ward in the Louisa Martindale Building at the Royal Sussex County Hospital. William spent five weeks on the ward following surgery to remove a large, non-cancerous tumour on his brain. He said: "The staff were really brilliant; you couldn't fault them or the care."

November - St Richard's pulmonary rehabilitation team first accredited team in South East

Congratulations were in order in November for the Pulmonary Rehabilitation team at St Richard's Hospital who achieved accreditation through the Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS) run by the Royal College of Physicians (RCP). The team is now among an elite group. Only 21 accredited services exist in the UK, and St Richard's is the only one in the South East.

December - Brighton & Hove Albion players make Christmas visit to children's ward

Three Brighton & Hove Albion footballers brought festive cheer to patients and staff during a surprise visit to the children and young people's ward at Worthing Hospital. Joel Veltman and Jack Hinshelwood, defender and midfielder for the men's team and women's team defender, Marit Auee, handed out Christmas presents and merchandise to young patients on Bluefin ward.

January - "Womble Project" Drives Savings and Sustainability

In January, the Trust celebrated the successful expansion of the innovative "Womble Project" across its sites, building on a successful pilot at St Richard's Hospital. This green initiative, inspired by the resourceful Wombles, repurposes outdated medical equipment for educational purposes. This clever approach has not only resulted in significant clinical waste reduction and over £30,000 in savings but has also enhanced clinical training, demonstrating a commitment to both environmental responsibility and efficient resource management within the NHS.

February - life-changing bladder treatment comes to St Richard's

February saw a significant step forward as St Richard's Hospital became the first in the Southeast (outside London) to offer a pioneering sacral nerve neuromodulation (SNM) procedure. Eloise Newman-Smith from Littlehampton was the first to benefit from this "bladder pacemaker" treatment for her severe overactive bladder. Having previously endured a drastically reduced quality of life, Eloise now enjoys newfound confidence in daily activities, highlighting the transformative impact of bringing this advanced treatment closer to home.

March - Endometriosis centre marks fifth year of accreditation and Pioneering corneal transplant brings new hope

March saw the Sussex Endometriosis Centre at Princess Royal Hospital celebrate its fifth year of accreditation. The Haywards Heath team has diagnosed and treated over 300 women with endometriosis, leading to earlier treatment and reduced delays. As Sussex's only accredited centre of excellence, it receives wide referrals. Patient Donna Longley praised the "amazing" care. Consultant Dr Rebecca Mallick also raises awareness through her national role.

Also in March, the Trust introduced a pioneering corneal transplant for patients who have rejected traditional ones. Early success in five patients highlights the Trust's commitment to advancing care for complex eye conditions and offering renewed hope for sight restoration.

These are just some of the exciting and innovative things we've been able to do as a Trust and that were only made possible by our team. Many more stories that we shared over the year across our communication channels can be found at: https://www.uhsussex.nhs.uk/news/

1.3.18 Stakeholder Relations

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

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

Our partners in our local health economy include GPs, community healthcare providers, NHS Sussex and Sussex Health and Care Partnership members, Healthwatch West Sussex, Brighton & Hove and East Sussex, social care providers, charities, the ambulance service and mental health Trust.

1.3.19 Our dedicated charity "My UHSussex"

In this past year, the charity has continued to support the work of University Hospitals Sussex through its ambitious programme of fundraising and grant making, all of which looks to deliver assured patient benefit and staff wellbeing. The charity has had its new three-year strategy approved, an exciting development that draws reference from and to, the Trust's new five-year strategy and its four thematic tracks. The charity sees itself as key to the success of the Community theme and as having a significant role to play in mobilising the third sector; acting as a broker and advocate for the Trust across Sussex's vibrant civil society.

Fundraising during the year has been successful with £2.9m secured in fundraised, legacy and investment income. Grant making saw an impressive £4.6m of charitable funds distributed to support a number of programmes and initiatives including:

- the procurement of seven Savi Scout consoles for use across the Trust, this new state-of-the-art cancer care technology enables surgeons to pin-point early-stage breast cancer, all so that cancerous lesions can be removed as required and appropriate.
- providing a new water birthing pool at the Royal Sussex County Hospital in Brighton, this supports mothers to consider this as an option in their birthing plans.
- the design and fit out of a staff wellbeing hub at St. Richard's Hospital, Chichester, this facility that allows hard pressed staff to take time out from their busy duties to refresh and recharge.

- for the provision of 28 endoscopy monitors at Worthing Hospital, these support the diagnosis of conditions, take tissue samples (biopsies), and can be used to perform treatments like removing polyps or controlling bleeding saving the need for onward referral to another setting.
- for the procurement, installation, and commissioning of three Heart and Lung Machines within the cardiac theatres across the Trust. These machines are used during open-heart surgery to temporarily take over the function of the heart and lungs. It provides oxygen and circulates blood throughout the body while the heart is stopped or undergoing surgery.

Further work during the year has also seen the Charity prepare the ground for a capital fundraising appeal aimed at supporting the Stage 2 Cancer Centre planed for Sussex. This is an exciting development and one that demonstrably illustrates the potential of the charity as a catalyst for raising substantial funds in support of University Hospitals Sussex.

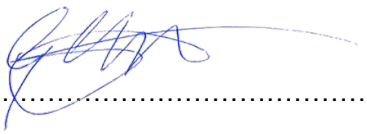
1.3.20 Directors' statement

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

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

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

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



…… 25 June 2025

Dr George Findlay, Chief Executive

2. Accountability Report

2.1 Directors' Report

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

This section of the Annual Report provides an overview of 2024/25 from an operational and strategic standpoint, outlines the in-year development of the Trust's relationships and partnerships with stakeholders, and details its governance and management arrangements from a Board perspective.

2.1.1 Managing the Trust

How the Trust is run

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

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

In the event of dispute between the Council and the Board then the dispute resolution procedure set out in the Constitution shall be followed in order to resolve the matters concerned. This has not been required during the period 1 April 2024 to 31 March 2025.

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).

The Board has established a Committee structure of four Committees aligned to the Trusts' patient first pillars. The Committees retain their oversight of allocated BAF risks but also have capacity within their respective work programmes to provide enhanced assurance to the Board over the Trust's delivery of their stated True Norths, Breakthrough Objectives, Corporate Projects and Strategic Initiatives. The Board maintained its dedicated Single Improvement Programme Committee up to 31 March 2025, where the Board agreed, based on the progress made, that this task and finish committee would be stood down.

Our Board of Directors 1 April 2024 to 31 March 2025

NON-EXECUTIVE DIRECTORS

Alan McCarthy MBE DL, Chair to 30 June 2024

Chair of the Executive Appointments and Remuneration Committee

Philippa Slinger, Chair from 1 July 2024 (Term of office 1 July 2024 to 30 June 2027)

Chair of the Executive Appointments and Remuneration Committee

Trust's lead of the Committee in Common

Professor Paul Layzell CBE, Deputy Chair (Term of Office 1 September 2022 to 31 August 2025)

Chair of People and Culture Committee and Chair of Single Improvement Programme Committee

Lucy Bloem, Senior Independent Director (Term of Office from 1 September 2021 to 30 August 2027, noting her second term commenced on 1 September 2024)

Chair of the Patient and Quality Committee and NED Maternity Safety Champion

David Curley (Term of Office from 1 July 2022 to 30 June 2025)

Chair of the Audit Committee

Professor Jackie Cassell Term of Officer from 1 April 2021 to 31 March 2027, noting her second term commenced on 1 July 2024)

Chair of the Research, Innovation and Digital Committee

Philip Hogan (Term of Office from 1 January 2024 to 31 December 2027)

Chair of Finance and Performance Committee (within 2023/24 this was the separate sustainability and systems and partnerships committees)

Wayne Orr (Term of Office from 19 February 2024 to 18 February 2027)

Chair of the Charitable Funds Committee

Bindesh Shah (Term of Office from 1 July 2022 to 30 June 2025)

Non-Executive Director

Professor Gordon Ferns (Term of Office from 1 August 2024 to 31 July 2027)

Non-Executive Director

Professor Malcolm Reed (Term of Office concluded on 31 July 2024

Non-Executive Director

Lizzie Peers (Term of Office concluded on 10 May 2024, nothing this extension to her third term was approved by the Council of Governors)

Non-Executive Director transitioned the chair of the Sustainability Committee and the Charitable Fund Committee to Philip Hogan and Wayne Orr respectively

EXECUTIVE DIRECTORS

Dr George Findlay, *Chief Executive*

Dr Andy Heeps, *Deputy Chief Executive was also Chief Operating Officer until 9 March 2025*

Jonathan Reid, *Chief Financial Officer from 1 November 2024*

Professor Catherine (Katie) Urch, *Chief Medical Officer*

Dr Maggie Davies, *Chief Nurse*

David Grantham, *Chief People Officer*

Roxanne Smith, *Chief Strategy Officer*

Nigel Kee, *Chief Operating Officer from 10 March 2025*

Sandi Drewett**,** *Chief Culture and Organisational Development Officer*

Darren Grayson, *Chief Governance Officer to 31 January 2025*

Karen Geoghegan, *Chief Financial Officer to 19 May 2024*

Clare Stafford, Interim Chief Financial Officer from 20 May 2024 to 31 October 2024

It should be noted that both the Chief Governance Officer and Chief Cultural and Organisational Development Officer are not voting members of the Board.

Board of Directors

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

The Board attendance of the Directors of the Trust for the period of this report are shown in the tables later in the report together with their attendance at their allocated Committee meetings for the same period.

All of the Non-Executive Directors are considered to be independent.

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

Deputy Chair

Good practice suggests that the Trust should have a Deputy Chair to stand in during any period of absence of the Chair. The Trust Constitution makes provision for the appointment of a Deputy Chair and NHS England's guidance

states that this should be a Council of Governors appointment, although it would be expected that the Chair would make a recommendation to Governors.

Professor Paul Layzell CBE, Non-Executive Director, is the Deputy Chair.

Senior Independent Director

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

Lucy Bloem, Non-Executive Director, is the Board's Senior Independent Director.

Skills of the Board

The Board undertook a review of its skills as it developed its merger full business case. The Board has used this skills analysis as it is seeking to replace a retiring Non-Executive Director in June 2025 and utilising this analysis the Trust has commenced a recruitment campaign for a clinically skilled Non-Executive Director and in support of the implementation of the Trust's developed 2025 to 2023 Strategy a Non-Executive Director with sound transformational skills.

Operation of the Board

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

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

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

Board meetings follow a formal agenda which includes a update from the Chief Executive, the Trust's structured integrated performance report that reflects the Trust's performance against its True North priorities, and where appropriate information on its breakthrough objectives, strategic initiatives and corporate projects along with information on a range of Strategic and

Operational items including; patient experience, patient quality, workforce, financial and environmental sustainability along with the Trust's key performance targets.

The Board during 2023/24 agreed to enter into a series of undertakings with NHS England in respect to improvements required over the Trust's quality governance and operational performance. To oversee the formulation and monitoring of the Single Improvement Programme designed to meet these undertakings a dedicated Single Improvement Programme Committee was established.

The Board has received a range of information covering the Trust's annual plan, maternity service oversight dashboards, infection prevention and control, safeguarding, the Trust's capital programme, learning from deaths, learning from incidents, various compliance reports, CQC recommendation action delivery and through the reporting from the Single Improvement Programme Committee reports on delivery against the Trust's undertakings.

Attendance at Board meetings 1 April 2024 to 31 March 2025

Member	Public Board	Private Board	Corporate Trustee
Total number of meetings in the year	5	17	5
Alan McCarthy MBE DL (until 30.06.24) Trust Chairman	1 of 1 100%	5 of 6 83%	1 of 1 100%
Phillipa Slinger (from 01.07.24) Trust Chair	4 of 4 100%	10 of 11 91%	2 of 5 40%
Paul Layzell Deputy Chair, Non-Executive Director	5 of 5 100%	16 of 17 94%	5 of 5 100%
Lucy Bloem Non-Executive Director	5 of 5 100%	15 of 17 88%	4 of 5 80%
Professor Jackie Cassell Non-Executive Director	5 of 5 100%	17 of 17 100%	2 of 5 40%
David Curley Non-Executive Director	3 of 5 60%	12 of 17 71%	2 of 5 40%
Professor Gordon Ferns (from 01.08.24) Non-Executive Director	2 of 4 50%	8 of 10 80%	3 of 4 75%
Philip Hogan Non-Executive Director	4 of 5 80%	13 of 17 76%	3 of 5 60%
Wayne Orr Non-Executive Director	2 of 5 40%	11 of 17 65%	5 of 5 100%
Lizzie Peers (until 10.05.24) Non-Executive Director	1 of 1 100%	1 of 4 25%	n/a
Malcom Reed (until 31.07.24) Non-Executive Director	0 of 1 0%	4 of 7 57%	n/a
Bindesh Shah Non-Executive Director	4 of 5 80%	15 of 17 88%	5 of 5 100%
Executives			
Dr George Findlay Chief Executive	5 of 5 100%	14 of 17 82%	3 of 5 60%
Dr Maggie Davies Chief Nurse	5 of 5 100%	16 of 17 94%	4 of 5 80%
Sandi Drewett* Chief Culture & Organisational Development Officer	5 of 5 100%	16 of 17 94%	5 of 5 100%

Member	Public Board	Private Board	Corporate Trustee
Karen Geoghegan Chief Financial Officer (until 19.05.24)	1 of 1 100%	3 of 3 100%	n/a
David Grantham Chief People Officer	5 of 5 100%	16 of 17 94%	5 of 5 100%
Darren Grayson* Chief Governance Officer (until 31.01.25)	3 of 3 100%	12 of 14 86%	3 of 3 100%
Dr Andy Heeps Deputy Chief Executive & Chief Operating Officer	5 of 5 100%	15 of 17 88%	2 of 5 40%
Nigel Kee Chief Operating Officer (from 10.03.25)	1 of 1 100%	1 of 1 100%	1 of 1 100%
Jonathan Reid Chief Financial Officer (from 01.11.24)	2 of 3 67%	6 of 7 86%	3 of 3 100%
Roxanne Smith Chief Strategy Officer	5 of 5 100%	15 of 17 88%	4 of 5 80%
Clare Stafford Interim Chief Financial Officer (20.05.24 until 31.10.24)	1 of 1 100%	7 of 7 100%	2 of 2 100%
Professor Catherine "Katie" Urch Chief Medical Officer	5 of 5 100%	15 of 17 88%	5 of 5 100%

*Note * non voting members of the Board*

Board Committees

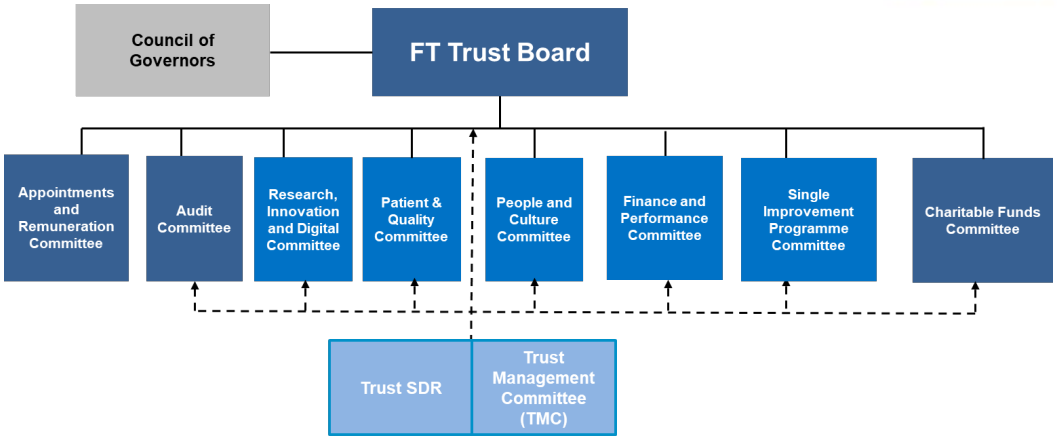
The Board has established a series of Committees aligned to the Trust's patient first strategic domains that support the discharging of the Board's responsibilities. Complementing these are four patient first aligned Committees, the Audit Committee, Appointments and Remuneration Committee and a Charitable Funds Committee these three Committee are mandated. Additionally, the Board maintained its dedicated Committee to oversee the Trust's delivery of it Single Improvement Programme. Each of these Committee's is chaired by a Non-Executive Director.

These committees do not operate independently of each other but where appropriate operate together (and indeed report to one another) to ensure full coverage and clarity on all areas of Trust activity. The schematic below shows the inter-relationships of the Committees and the Board as at the 31 March 2024, noting that from April 2025 the Board has taken a decision to establish a further Committee to provide oversight and assurance over Major Projects.

The Trust has two management Committees, the Trust Management Committee and Trust Strategy Delivery Review report as required to the Board through the Chief Executive.

The attendance tables shown highlight those Non-Executive Directors and Executive Directors attending as members of the individual Committee or as attending for quoracy purposes, recognising that all Non-Executive Directors and Executive Directors can choose to attend any meeting as they wish.

The Board Committee schematic as at 31 March 2025 is shown overleaf:



Patient and Quality Committee

The Patient and Quality Committee supported the Board in ensuring that the Trust's processes take account of patient feedback and that the Trust has sound processes for securing patient engagement where pathway changes are to be considered. The Committee received the action plans developed based on national patient survey feedback including the roll out of the Trust's developed welcome standards.

This Committee also 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. The Committee receives structured updates from the divisions through the quality governance steering groups supporting the Committees receipt of operational and management assurance in respect of their systems of patient quality and safety.

People and Culture Committee

The People and Culture Committee supports the Board in ensuring that the Trust's processes and controls are effective in setting and monitoring good standards and continuously improving the leadership, development and wellbeing of the Trust's workforce alongside oversight of compliance with the Trust's range of workforce KPIs. The Committee receives reports from the Freedom to Speak up Guardian and Guardian of Safe Working Hours along with the National Staff Survey and GMC survey. The Committee also supports the Board through the provision of oversight of the Trust's Cultural Development programme.

Finance and Performance Committee

The Finance and Performance Committee supports the Board to ensure that all appropriate action is taken to achieve the financial objectives of the Trust through regular review of financial strategies and performance, investments, and capital and estates plans and performance. The Committee also has oversight of the Trust's processes for setting and delivering the Trust's environmental sustainability agenda, procurement and major investment

business cases. The Committee also supports the Board to ensure that all appropriate action is taken to improve its operational performance along with the Trust's processes for working with the systems and its engagement with ICS. As the Trust remained in Tier One oversight for Cancer and Planned Care (Referral to Treatment) performance with this Committee receiving assurance over the delivery of the specific improvement measures to reduce waits in these areas.

Research, Innovation and Digital Committee

The Board agreed to extend the remit of the Research and Innovation Committee from the 1 April 2024, to include oversight of the Trust's digital improvement agenda seeing this Committee renamed the Research, Innovation and Digital Committee. This Committee continued to provide assurance to the Board on the Trust's development and successful implementation of its Research and Innovation Strategy along with assurance over research activity over the year. The Committee received routine reports from the Chief Information Officer in respect of the plans to improve the Trust's digital maturity ahead of the implementation of the Electronic Patient Record systems.

Single Improvement Programme Committee (Formerly Quality & Safety Improvement Programme)

The Board continued with a dedicated Committee to oversee the Trust's delivery of its Single Improvement Programme. This programme is aligned to the delivery of the Trust undertakings. The Committee receives reports from each of the Executive workstream leads along with the programme risk register.

The table overleaf shows the attendance at each of these Committees

	Patient & Quality	***Research & innovation***	***People & Culture***	***Finance & Performance***	***Single Improvement Programme (formerly QSIP)***
Total number of meetings in the year	12	4	7	10	10
Alan McCarthy MBE DL (until 30.06.24) Trust Chairman	2 of 3 67%	n/a	1 of 1 100%	3 of 3 100%	3 of 3 100%
Phillipa Slinger (from 01.07.24) Trust Chair	1 of 1 100%	n/a	n/a	1 of 1 100%	2 of 7 29%
Paul Layzell Deputy Chair, Non-Executive Director	n/a	n/a	7 of 7 100%	9 of 10 90%	10 of 10 100%
Lucy Bloem Non-Executive Director	12 of 12 100%	4 of 4 100%	n/a	n/a	9 of 10 90%
Professor Jackie Cassell Non-Executive Director	11 of 12 92%	4 of 4 100%	n/a	9 of 10 90%	n/a

	Patient & Quality	***Research & innovation***	***People & Culture***	***Finance & Performance***	***Single Improvement Programme (formerly QSIP)***
David Curley Non-Executive Director	n/a	0 of 4 0%	n/a	n/a	7 of 10 70%
Professor Gordon Ferns (from 01.08.24) Non-Executive Director	2 of 2 100%	1 of 1 100%	n/a	n/a	5 of 6 83%
Philip Hogan Non-Executive Director	n/a	1 of 4 25%	n/a	9 of 10 90%	n/a
Wayne Orr Non-Executive Director	10 of 12 83%	n/a	6 of 7 86%	n/a	n/a
Lizzie Peers (until 10.05.24) Non-Executive Director	n/a	n/a	n/a	n/a	n/a
Professor Malcom Reed (until 31.07.24) Non-Executive Director	n/a	0 of 2 0%	n/a	n/a	2 of 4 50%
Bindesh Shah Non-Executive Director	12 or 12 100%	n/a	7 of 7 100%	7 of 9 78%	n/a
Executives					
Dr George Findlay, Chief Executive Chose to attend, not for quoracy	6 of 6 50% (observer only)	1 of 1 25% (observer only)	2 of 2 29% (observer only)	5 of 5 100% (observer only)	8 of 10 80%
Dr Andy Heeps, Deputy Chief Executive & Chief Operating Officer	n/a	0 of 4 0%	2 of 6 33%	7 of 10 70%	6 of 10 60%
Dr Maggie Davies, Chief Nurse	9 of 12 75%	1 of 4 25%	6 of 7 86%	1 of 1 100%	8 of 10 80%
Sandi Drewett, Chief Culture & Organisational Development Officer	6 of 12 50%	n/a	7 of 7 100%	1 of 1 100%	8 of 10 80%
Karen Geoghegan, Chief Financial Officer (until 19.05.24)	n/a	n/a	n/a	1 of 1 100%	1 of 1 100%
David Grantham, Chief People Officer (quoracy)	n/a	1 of 4 25%	7 of 7 100%	10 of 10 100%	10 of 10 100%
Darren Grayson, Chief Governance Officer (until 31.01.25)	9 of 10 90%	n/a	n/a	6 of 8 75%	7 of 9 78%
Nigel Kee, Chief Operating Officer (from 10.03.25)	1 of 1 100%	n/a	1 of 1 100%	1 of 1 100%	n/a
Jonathan Reid, Chief Financial Officer (from 01.11.24)	5 of 5 100%	n/a	n/a	5 of 5 100%	3 of 3 100%

	Patient & Quality	*Research & innovation*	*People & Culture*	*Finance & Performance*	*Single Improvement Programme (formerly QSIP)*
Roxanne Smith, Chief Strategy Officer	n/a	3 of 4 75%	5 of 7 71%	7 of 10 70%	8 of 10 80%
Clare Stafford, Interim Chief Financial Officer (from 20.05.24 until 31.10.24)	n/a	n/a	n/a	5 of 5 100%	5 of 7 71%
Professor Catherine "Katie" Urch, Chief Medical Officer	10 of 12 83%	4 of 4 100%	4 of 7 57%	5 of 10 50%	9 of 10 90%

Appointment and Remuneration Committee

The Committee sets the terms and conditions of the Executive Directors. This committee's membership is the Trust Chair and Non-Executive Directors only. In attendance at meetings are the Chief Executive, Chief People Officer and the Company Secretary.

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

This meeting met four times during the year.

Audit Committee

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

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

The Chief Financial Officer, Chief Governance Officer, Director of Finance, Company Secretary, Local Counter Fraud Services, Internal and External Auditors are regular attendees at meetings of the Committee. Upon the retirement of the Chief Governance Officer the Deputy Chief Executive attended this meeting. The Committee requests other senior Trust officers to attend for specific items.

Also in attendance at the Audit Committee are the Trust's External Auditor, Grant Thornton LLP, the Trust's Internal Auditor which is BDO LLP and the Trust's Local Counter Fraud Service provider RSM UK. In addition to external audit services, Grant Thornton provided a licence fee of £5,288 for a clinical coding schedule utilised by the Trust as non audit services to the Trust. This

work was considered by the Audit Committee who agreed undertaking this work did not reflect any conflict.

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 at least once a year. This provides all parties the opportunity to raise any issues without the presence of management.

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

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

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

Charitable Funds Committee

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

The table below shows the attendance at each of these Committees

	Appointment & Remuneration Committee	Audit Committee	Charitable Funds Committee
Total number of meetings in the year	7	5	8
Alan McCarthy MBE DL (until 30.06.24) Trust Chairman	4 of 4 100%	n/a	n/a
Phillipa Slinger (from 01.07.24) Trust Chair	3 of 3 100%	n/a	n/a
Paul Layzell Deputy Chair, Non-Executive Director	6 of 7 86%	5 of 5 100%	n/a
Lucy Bloem Non-Executive Director	7 of 7 100%	3 of 5 60%	n/a

	Appointment & Remuneration Committee	Audit Committee	Charitable Funds Committee
Professor Jackie Cassell Non-Executive Director	7 of 7 100%	5 of 5 100%	n/a
David Curley Non-Executive Director	2 of 7 29%	5 of 5 100%	n/a
Professor Gordon Ferns (from 01.08.24) Non-Executive Director	2 of 3 67%	n/a	5 of 5 100%
Philip Hogan Non-Executive Director	5 of 7 71%	3 of 4 75%	6 of 8 75%
Wayne Orr Non-Executive Director	3 of 7 43%	n/a	8 of 8 100%
Lizzie Peers (until 10.05.24) Non-Executive Director	0 of 1 0%	1 of 1 100%	1 of 1 100%
Malcom Reed (until 31.07.24) Non-Executive Director	0 of 3 0%	n/a	0 of 3 0%
Bindesh Shah Non-Executive Director	4 of 7 57%	n/a	n/a
Executives			
Dr George Findlay, Chief Executive	Attends	n/a	n/a
Dr Andy Heeps, Deputy Chief Executive & Chief Operating Officer	n/a	Attends	n/a
Dr Maggie Davies, Chief Nurse	n/a	n/a	2 of 8 25%
Sandi Drewett, Chief Culture & Organisational Development Officer	n/a	n/a	n/a
Karen Geoghegan, Chief Financial Officer (until 19.05.24)	n/a	Attends	n/a
David Grantham, Chief People Officer	Attends	n/a	6 of 8 75%
Darren Grayson, Chief Governance Officer (until 31.01.25)	n/a	Attends	4 of 7 57%
Nigel Kee, Chief Operating Officer (from 10.03.25)	n/a	n/a	n/a
Jonathan Reid, Chief Financial Officer (from 01.11.24)	n/a	Attends	1 of 1 100%
Roxanne Smith, Chief Strategy Officer	n/a	n/a	6 of 8 75%
Clare Stafford, Interim Chief Financial Officer (from 20.05.24 until 31.10.24)	n/a	Attends	n/a
Professor Catherine "Katie" Urch, Chief Medical Officer	n/a	n/a	n/a

2.1.2 Executive and NED appointments and appraisal

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

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

The Chair undertakes the appraisal of the Non-Executive Directors, having sought feedback from other Directors. The Senior Independent Director conducted the appraisal of the Chair which included feedback from Directors, Governors and the wider system. The Chair and Non-Executive Directors appraisals were formally reported to the Council of Governors.

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

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

During the year the Council of Governors were actively involved in the recruitment of the new Trust Chair who commenced on the 1 July 2024 following the retirement of the then Chair on the 30 June 2024. The Council of Governors have also at the latter part of the year been involved in the recruitment of the new Audit Committee Chair ahead of the retirement of the current NED Committee Chair at the end of June 2025. Their involvement included being part of the review of the role description and they will be part of the shortlisting and stakeholder panel processes ahead of the formal interviews. Thei interview panel will be led by the lead governor.

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

2.1.3 Statement of compliance with the Code of Governance for NHS Provider Trusts 2023/24

University Hospitals Sussex NHS Foundation Trust has applied the principles of the Code of Governance of NHS Provider Trusts which follows the ‘comply or explain’ basis.

The Code requires several disclosures to be made within the Annual Report of NHS Trusts. These are recorded in the table below, noting that for many, there is more detail within other sections of the annual report and where this is the case then a cross reference to those paragraphs has been included.

The Foundation Trust Annual Reporting Manual also requires Foundation Trusts to make further disclosures regarding how the Trust and Governors work, for ease, compliance against these requirements have been included in the table, again where applicable, appropriate cross references have been included to where the detail is contained in other parts of the annual report.

Code section	Summary of requirement	Trust position
A 2.1	The Board of Directors should assess the	Compliant

Code section	Summary of requirement	Trust position
	basis on which the Trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of Directors should ensure the Trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The Trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	Further detail is provided within the Performance section 1.3 and its various sub sections along with Annual Governance Statement section 2.7
A 2.3	The Board of Directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the Trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the Trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	Compliant. Further detail is provided within the Staff Report section 2.3 and in particular sub section within section 2.3.1 our Culture and People Priorities which covers staff wellbeing.
A 2.8	The Board of Directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the Trust has entered. The board of Directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	Compliant. Further information is provided within the Performance section 1.3 especially in relation to systems and partnerships. Also see sections 1.3.12 and 1.3.13 in respect of work to address equity of access and health inequalities.
B 2.6	The Board of Directors should identify in the annual report each non-executive Director it considers to be independent. Circumstances	Compliant.

Code section	Summary of requirement	Trust position
	which are likely to impair, or could appear to impair, a non-executive Director's independence include, but are not limited to, whether a Director: • has been an employee of the Trust within the last two years • has, or has had within the last two years, a material business relationship with the Trust either directly or as a partner, shareholder, Director or senior employee of a body that has such a relationship with the Trust • has received or receives remuneration from the Trust apart from a Director's fee, participates in the Trust's performance-related pay scheme or is a member of the Trust's pension scheme • has close family ties with any of the Trust's advisers, Directors or senior employees • holds cross-Directorships or has significant links with other Directors through involvement with other companies or bodies • has served on the Trust Board for more than six years from the date of their first appointment • is an appointed representative of the Trust's university medical or dental school. Where any of these or other relevant circumstances apply, and the board of Directors nonetheless considers that the non-executive Director is independent, it needs to be clearly explained why.	Information in respect of the Board members is provided at section 2.1 Directors report including information on each Board member at section 2.1.1 plus information on the Trust processes for recording and managing and interests is provided at section 2.1.6. Information on Remuneration of each Board members is included in section 2.4 Remuneration Report.
B 2.13	The annual report should give the number of times the board and its committees met, and individual Director attendance.	Compliant This is described in section 2.1 Directors Report, specifically in section 2.1.1 How the Trust is run.
B 2.17	For foundation Trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of Directors will be resolved. The annual report should include this	Compliant In respect of the Governors this is described in section 2.2 Governor Report

Code section	Summary of requirement	Trust position
	schedule of matters or a summary statement of how the board of Directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the Board of Directors.	specifically in sections 2.2.2 Role of the Governors. In respect of the Board this is described in section 2.1 Directors Report specifically in section 2.1.1 How the Trust is run.
C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the Trust or individual Directors.	There have been no significant external consultancy engagements this year.
C 2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive Directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	Compliant This is described in Section 2.2 Governors report specifically within section 2.2.11.
C 4.2	The Board of Directors should include in the annual report a description of each Director's skills, expertise and experience.	Compliant This is included within section 2.1 Directors Report specifically in section 2.1.1 How the Trust is run and 2.1.2 Executive and NED appointments along with 2.2.11 for the Governors appointment process for NEDs.
C 4.7	All Trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any	Compliant The Trust has commenced an external well led developmental review in 2024/25

Code section	Summary of requirement	Trust position
	connection it has with the Trust or individual Directors.	which is planned to report in June / July 2025. This work is being undertaken independently by NICHE consulting. See section 2.1.8.
C 4.13	The annual report should describe the work of the nominations committee(s), including: • the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline • how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of Directors and individual Directors, the outcomes and actions taken, and how these have or will influence board composition • the policy on diversity and inclusion including in relation to disability, its objectives and linkage to Trust vision, how it has been implemented and progress on achieving the objectives • the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the Trust's workforce and communities served the gender balance of senior management and their direct reports.	Compliant This is included within section 2.1 Directors Report specifically in section 2.1.1 How the Trust is run and 2.1.2 Executive and NED appointments along with 2.2.11 for the Governors appointment process for NEDs. Information in respect of diversity and inclusion including the NHS WRES is included in section 2.3 Staff Report specifically in section 2.3.2.
C 5.15	Foundation Trust governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the NHS foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of Directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Compliant Detail is provided within section 2.2 Governors Report and specifically within section 2.2.2 role of the Governors and within the section 2.1.10 membership engagement.

University Hospitals Sussex NHS Foundation Trust

Code section	Summary of requirement	Trust position
D 2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed • an explanation of how the audit committee (and/or auditor panel for an NHS Trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	Compliant This include in section 2.1 Directors report and 2.1.1 how the Trust is Run which provides information on role and operation of the Audit Committee. The Council of Governors appoint the Trust's external auditors, and the current auditors were appointed through open competition from the 2021/22 year, a review of the external auditors performance was considered by the Governors as they agreed to the contractual extension for the 2024/25 audit. The Trust uses BDO to provide Internal Audit Services. The Audit Committee supports the Governors assess the independence of the auditors. The Audit Committee assessed the non audit work delivered in 2024/5 by the External Auditors.

Code section	Summary of requirement	Trust position
D 2.6	The Directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.	Compliant See the Directors statement at 1.3.20 plus the statement of the accounting officer at section 2.6
D 2.7	The Board of Directors should carry out a robust assessment of the Trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	Compliant Information the Trust's risk management process and principal risks are included at section 1.3.3 also information is provided within the Annual Governance Statement at section 2.7.
D 2.8	The Board of Directors should monitor the Trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	Compliant Information on this assessment is provided within the Annual Governance Statement at section 2.7.
D 2.9	In the annual accounts, the Board of Directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation Trust annual reporting manual which explain that this assessment should be based on whether a Trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	Compliant A statement is included in section 1.3.8

Code section	Summary of requirement	Trust position
E 2.3	Where a Trust releases an executive Director, eg to serve as a non-executive Director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the Director will retain such earnings.	The Trust does not have any such arrangements
Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Compliant See section 2.2 Governors report.
Appendix B, para 2.14 (not in Schedule A)	The Board of Directors should ensure that the NHS foundation Trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or Directors should be clear and made available to members on the NHS foundation Trust's website and in the annual report.	Compliant See section 2.2 on the role of Governors specifically in sections 2.2.12 and 2.2.13 relating to the membership strategy and membership engagement.
Appendix B, para 2.15 (not in Schedule A)	The Board of Directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive Directors, develop an understanding of the views of governors and members about the NHS foundation Trust, eg through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Compliant See section 2.2.8 on governor engagement.
Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the Directors to attend a governors' meeting for the purpose of obtaining information about the foundation	The Governors have not exercised this power during the year.

Code section	Summary of requirement	Trust position
	Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the foundation Trust's or Directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	

2.1.4 Statement of compliance with the NHS Constitution

The Board of Directors takes account of the NHS Constitution in its decisions and actions, as they relate to patients, the public and staff and is compliant with the principles, rights and pledges set out in the Constitution. However, the Trust recognises that it has not met all the NHS Constitutional Standards during 2024/25.

2.1.5 Statement on Directors' disclosures

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

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

The Directors have confirmed the above statement.

2.1.6 Declarations of interest

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

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

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

In line with the standard contract for NHS Services each Trust is required to report on the level of staff required to make an annual declaration that have made such a declaration. For 2024/25 1282/1343 of the required staff made

their declaration recognising that the majority of staff made a nil return. Of those who did not provide a return none have any budgetary responsibilities.

2.1.7 NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation Trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

University Hospitals Sussex NHS Foundation Trust is in Segment 3, noting that whilst there have been no enforcement actions taken against the Trust the Trust has entered into a series of licence undertakings with NHS England. These undertakings cover an agreement to improve operational performance and make improvements to the Trust's quality governance processes. Operational performance improvements have been overseen by both the Board's Finance and Performance Committee and through the Tier 1 (RTT and Cancer) meetings with NHS England and quality governance improvements were overseen by the Single Improvement Programme Committee. The Board received report information on both the Trust's segmentation within its Integrated Performance Report.

This segmentation information is the Trust's position as at March 2025. Current segmentation information for NHS Trusts and foundation Trusts is published on the NHS England website: https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/.

2.1.8 NHS England Well led framework

The CQC undertook a Well Led review in early October 2022 and the report was issued in May 2023 resulting in a rating of inadequate. This report made

13 recommendations, 8 categorised as must do and 5 categorised as should do. The must do actions covered three areas:

- supporting staff to speak up and to take swift action based on this feedback;
- improve the medical staffing levels within surgery and
- make improvements based on the Trust's Workforce Race Equality Standards information.

Each of these areas for improvement identified by the CQC were reflected within the Trust's existing strategic improvement priorities with progress with each improvement priority overseen by a Board Committee. Whilst each improvement programme was reported to a Board Committee a specific improvement tracking plan was developed aligned to each of the 13 CQC recommendations which is reported directly to the Board. The specific actions were agreed by the Board to have been actioned, however, the Board recognised that the underlying causes of some of the reported deficiencies related to culture and working practices, which led to the development of a specific cultural improvement led by the Chief Culture and Organisational Development Officer.

The Board within 2024/25 commissioned an external well led development review. This review is being undertaken by NICHE consulting limited. The Trust has no relationship with the company or those leading the review.

The specification of this review sought input from both NHS E and NHS Sussex to ensure allowing these parties to be content that the review will also support their respective review of the Trust's undertakings delivery.

The work is expected to report in June / July 2025 with the report and action plan coming to the Board.

2.1.9 Emergency Preparedness, Resilience and Response

In 2024, the Emergency Preparedness, Resilience, and Response (EPRR) team successfully met the demands of the EPRR portfolio, ensuring the Trust was fully compliant with all core standards in the EPRR Assurance Process. This compliance was endorsed and validated by the NHS Sussex EPRR Team, who recognized the Trust's EPRR team's diligent efforts. Moreover, the EPRR Team ensured that the Trust's Emergency Planning and Business Continuity arrangements adhered to the NHS England Emergency Preparedness, Resilience, and Response Framework, thus guaranteeing the Trust's readiness and resilience to respond to any disruption or emergency event, minimizing any impact on service delivery and identified corporate critical activities.

The EPRR Team focused on the following key areas:

- Risk Management: Emergency Planning and Business Continuity Risks are recorded in the EPRR Corporate Risk on SHE – Assure

Risk Management system and as individual risks on the IQ Datix system.

- EPRR Assurance: UHSussex received a fully compliant rating in the EPRR Assurance Process. This rating was endorsed and validated by the NHS Sussex EPRR Team, recognizing the efforts of the Trust's EPRR team.
- Policies and Plans: All EPRR policies and plans were reviewed and updated to ensure they are current, conform to existing guidance and legislation, and are relevant to UHSussex.
- Business Continuity: An external BC Audit conducted in November 2024 identified areas of good practice and five key findings: two assessed as high and three as medium.
- Training and Exercising: The Emergency Preparedness, Resilience, and Response (EPRR) team successfully accomplished several key objectives, including meeting occupational standards ensuring compliance with the EPRR Assurance requirements, training initiatives, offering the Principles of Health Command (PHIC) training course to all on-call managers, directors, and executive staff and eLearning Development, developing eLearning modules to enhance knowledge and skills.
- Incidents: The Trust demonstrated its resilience, with the EPRR team playing a vital role in assisting leadership teams to effectively manage a wide range of incidents.
- Events: Through participation in Safety Advisory Groups, the EPRR team ensured event organizers provided adequate medical provisions and had robust plans to mitigate any potential risks to the health system from large events.
- EPRR Work Programme: After each annual EPRR Assurance, an EPRR action plan highlighting key focus areas is developed. This plan includes recommendations from the EPRR Assurance advisories and findings from the Business Continuity Audit.

Key recommendations from the EPRR Annual Report for 2024 included:

- To develop and implement of the updated EPRR Work Stream for 2025 to ensure the completion of all EPRR Assurance advisories before the 2025 Assurance.
- To continue to develop EPRR training with the creation of more eLearning courses and scenario-based face-to-face training.
- To continue collaborating with the Lockdown Planning Group to advance the Lockdown Plan for UHSussex.
- To work closely with Fire Safety (when appointed) and Estates and Facilities to finalize the Shelter and Evacuation Plan for UHSussex by the 2025 EPRR Assurance.
- To collaborate with the Mass Casualty Steering Group to address all advisories from the 2024 EPRR Assurance, and to finalize the Trust Mass Casualty Plan and action cards/departmental service plans for the 2025 EPRR Assurance.
- To review and update all EPRR Policies and Emergency Plans as necessary throughout 2025.

- To ensure the completion of all recommendations from the Business Continuity Audit and that all departments review and comply with Business Continuity Service Level plans during 2025.
- To approve the revised terms of reference for the EPRR Committee and implement the committee meeting cycle for 2025.

The EPRR Annual Report for 2024 highlighted the work of the EPRR team over the past year to ensure the Trust was prepared to respond to any incidents and emergencies. It showcased the team's commitment to capturing and acting upon lessons learned from any incidents, feedback from training courses, and ensuring compliance with statutory requirements and legislation.

Action plans for each of these recommendations have been developed with action owners with progress reported through the Health and Safety Committee.

2.1.10 Membership engagement

We have continued to keep under review the way we communicate with members and how we enable them to share their views.

In July 2024, we hosted our Annual General Meeting of the Council of Governors and Annual Members Meeting which was undertaken in the Lousia Martindale Building on the Royal Sussex County Hospital site. The Chief Executive, Dr George Findlay, reflected on the previous year and then concluded with the presentation of the Trust's Annual Report and Accounts.

Our e-newsletter, @UHSussex, is a popular channel for communicating with members. It contains news, event information, feedback methods and articles explaining how the Trust responds to suggestions from patients, carers and members.

During the latter part of 2024, members were invited to take part in the Big Conversation survey to share their insights and ideas about the future of UHSussex and their thoughts on shaping our new 5-year strategy for the organisation.

2.1.11 Disclosures to Auditors

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

The Directors consider the annual report and accounts, taken as a whole, is fair, balances and understandable and provides the information necessary for patients, regulators, and stakeholders to assess the Trust's performance, business model and strategy.
Each Director of the Trust Board, at the time of approval of the Annual Report and Financial Statements, declares that:

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

2.1.12 Income Disclosures

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

2.1.13 Political Donations

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

2.1.14 Better Payments Practice Code

The Trust's measure of performance in paying suppliers is the Better Payment Practice Code (BPPC). The Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. In 2024-25 possible interest liabilities on invoices was £5.97m. The total amount of interest paid was £1,000 (see note 13.1 in the Notes to the Accounts)

Measure of Compliance	***2024/25 Number***	***2024/25 £'000***
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	290,672	910,790
Total Non-NHS Trade Invoices Paid Within Target	192,647	642,491
Percentage of Non-NHS Trade Invoices Paid Within Target	66.3%	70.5%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	5,158	317,012
Total NHS Trade Invoices Paid Within Target	4,718	297,288
Percentage of NHS Trade Invoices Paid Within Target	51.5%	93.8%

2.1.15 Pharm@Sea Limited

Pharm@Sea Limited is a wholly owned subsidiary of the Trust and provides an Outpatient Dispensing service. As a trading company, subject to an

additional legal and regulatory regime (over and above that of the Trust). A significant proportion of the company's revenue is internal trading with the Trust which is eliminated upon the consolidation of these group financial statements.

2.2 Governors' Report

2.2.1 Council of Governors

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

2.2.2 Role of Governors

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

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

2.2.3 Composition of the Council of Governors

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

The Council of Governors comprises the following Constituencies;

Elected public governors

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

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

**Includes one vacancy*

Staff Governors

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

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

Stakeholder (Appointed) Governors

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

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

University Hospitals Sussex NHS Foundation Trust

During the year 1 April 2024 to 31 March 2025 attendance at Council of Governor meetings was as follows:

Constituency	Full Name	End of Term of Office	Number of COG meetings attended
Elected Governors			
Public – Adur	John Todd	30 June 2025	4 of 4
Public – Arun	Maria Rees	30 June 2025	4 of 4
Public – Brighton & Hove	Frances McCabe	30 June 2027	4 of 4
Public – Brighton & Hove	Alexander Leaney	31 July 2027	2 of 3
Public – Chichester	Linda Tomsett	30 September 2027	4 of 4
Public – Chichester	Maggie Gormley	30 September 2024	2 of 2
Public - Horsham	Paul Wayne	30 June 2024	0 of 1
Public - Horsham	Joanne Richardson	31 July 2027	2 of 3
Public - Mid Sussex	Doug Hunt	30 June 2027	4 of 4
Public – Worthing	Pauline Constable	30 June 2025	1 of 4
Public - East Sussex/Out of Area	Patricia Percival	31 July 2027	3 of 3
Staff Governors			
St Richard's Hospital	Joanne Norgate	31 October 2024	1 of 1
St Richard's Hospital	Tomasz Makola	31 July 2027	2 of 3
Royal Sussex County Hospital	Andrew Cook	31 December 2024	3 of 3
Worthing Hospital	Suzanne Shepherd	31 March 2026	3 of 4
Peripatetic	Miranda Jose is non-voting	31 October 2027	3 of 4
Princess Royal Hospital	Claire Bewick-Holmes	30 June 2026	4 of 4
Appointed Governors			
Brighton & Hove City Council	Councillor Bruno De Oliveira	21 March 2025	0 of 4
University of Brighton School of Nursing & Midwifery	Professor Kathleen Galvin*	31 March 2027	1 of 4
Voluntary Sector	Helen Rice	31 March 2027	2 of 4
West Sussex County Council	Councillor Alison Cooper	31 July 2027	3 of 4
Trust Inclusion	Kali Varadarajan	31 March 2027	3 of 4

2.2.4 Stakeholder (Appointed) Governors

The Trust has five appointed governors for the year these were Dr Varadarajan Kalidasan, representing Trust Inclusion Groups, Helen Rice, representing the Voluntary Sector, Cllr Bruno De Oliveria, Brighton and Hove City Council, Cllr Alison Cooper, West Sussex County Council and Professor Kathleen Galvin from Brighton and Sussex Medical School.

2.2.5 Elected Governors.

In July 2024 elections were held for the constituencies of Brighton and Hove, Mid Sussex, Horsham, East Sussex and Out of Area, Chichester and the position of Staff Governors at the Royal Sussex County Hospital and St Richard's Hospital.

These elections returned Alexander Leaney for Brighton & Hove, Doug Hunt for Mid Sussex, Joanne Richardson for Horsham, Patricia Percival for East Sussex/Our of Area, Lindy Tomsett for Chichester, Andrew Cook for Royal Sussex County Hospital and Tomasz Makola for St Richard's Hospital.

2.2.6 Governor expenses

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

Governor expenses	***1 April 2025 to 31 March 2025***	***1 April 2023 to 31 March 2024***
Total number of governors in office (as at 31st March)	19	19
Number of governors receiving expenses	5	6
Aggregate sum of expenses paid to governors	£1,655.29	£3,312.64

The decrease in expenses is in part as a result of linking governors to their closest hospital site for their Patient Led Assessments of the Care Environment and Peer Reviews activities thus reducing their need to travel and supporting in a small part the Trust's sustainability agenda.

2.2.7 Lead Governor

NHS England recommends that a Council of Governors elects a Lead Governor to be the primary link with the Foundation Trust. A Lead Governor is elected by the full Council and would also be the formal link to NHS England if circumstance required direct communication between the Council of Governors and the Regulator. Linda Tomsett, Public Governor for the constituency of Chichester was re-elected by the full Council as lead Governor in November 2024 to the position of Lead Governor.

2.2.8 Governor engagement

There were four Council of Governors meetings held in public in the year. The public were invited to attend the Council of Governor meetings in person but a link to view the meeting remotely was also provided. The agenda at each meeting includes reports from Governors in respect of their work on the Governor Committees and working groups. They also receive regular presentations from the Non-Executive Directors on their work and that of the Committees which they Chair. The Council also receive regular reports in respect of the Trust's financial and operational performance along with the Trust's delivery of its quality priorities.

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

To support Governors in their role the Trust runs Governor Briefings on areas of interest. This year these included presentations on the Acute Floor Reconfiguration at the Royal Sussex County Hospital, Median Hour of Discharge, Undertakings Implementation Plan, Health Information Point, Getting it Right First Time (GIRFT), UHSussex Strategy Big Conversation, Patient Access Transformation, Electronic Patient Records (EPR), Patient-Led Assessment of the Care Environment (PLACE), Patient Safety Incident Response Framework, CQC and Royal College of Surgeons Review, New Brighton Cancer Centre, Trust Strategy to 2030.

The Council of Governors decided during 2024/25 to combine its Membership Committee and Patient Engagement and Experience Committee to form one Patient Experience and Wider Experience Committee given the overlap of their work. The Council also has a Nomination and Remuneration Committee which meets as required during the year.

Governors are involved in many aspects of the Trust including improvement programme workgroups, Trust conferences, and undertaking PLACE visits. They were also involved in the development of the Trust's Welcome Standards and the 5-year Trust Strategy.

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

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

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

The Governors discharge this function through regular reports from the NEDs to the Council on their role as Committee Chairs and through the scheduled

meetings held in private between the Governors and Non-Executive Directors only.

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

2.2.10 Appraisal and appointments

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

The Governors Nomination and Remuneration Committee (GNaRC) oversee these processes on behalf of the Council. The Chair and other Non-Executive Director appraisals for 2024/25 have been undertaken and reported to the GNaRC on 18 June 2025 who then reported to the full Council in public on the 21 August 2025.

The Governors' Nomination and Remuneration Committee during 2024/25 received the:

- Chair and NEDs appraisals;
- The outcome from the recruitment process for new Non-Executive Directors (NEDs)

It is the responsibility of the Governor Nomination and Remuneration Committee, with the Chair of University Hospitals Sussex NHS Foundation Trust, to consider appropriate Non-Executive Director succession planning. This was considered as part of the determination of the non-executive skills and attributes that supported the Non-Executive Director recruitment process. The Committee also supported the Chair in developing the skills and attributes required of potential candidates for the Audit Committee Chair and for the Clinical and Transformational Non-Executive Director appointments ahead of the recruitment that took place in the latter part of 2024/25 and interview process is ongoing seeking to appoint during the early to middle part of 2025/26.

2.2.11 Membership Strategy

The Trust currently has a Membership Strategy which is updated annually with the help of the Governor's Patient Experience and Wider Engagement Committee. This strategy acknowledges that it is a responsibility of a Foundation Trust to recruit, communicate and engage with members as a means of ensuring service provision meets the needs of service users. The Trust's strategy aims to recruit a representative membership base that is actively engaged in working for the good of the Trust. It also considers and monitors engagement levels through annual surveys and by tracking response rates to in year activity. Other work includes targeting specific groups of members to ensure that the Trust membership is representative of the population it serves.

The Trust's Membership Strategy is supported by a full action plan which outlines how the strategic aims will be implemented and the objectives of the strategy achieved. Performance against this Strategy will be overseen by the Council's Patient Experience and Wider Engagement Committee.

2.2.12 Keeping in touch with members

Governors are accessible to members via email and at the regular Council of Governors meetings. They also attend our Expert Talks and other public events (see Stakeholder Relations) and play an important role in recruiting new members. The Council continued participating in membership engagement events with other organisations and the ICB. These events allow Governors to describe the role of a Trust member and gather feedback on services across the Trust and its future plans. All feedback is then shared with our Patient Experience and Wider Engagement Committee to help us continue to improve services.

Governors can be contacted via a Trust generic email address which is advertised on the Trust website and through other communications sent to members.

An individual must be at least 16 years old to become a member of the Trust. At the 31 March 2025 the Trust had 8589 public members, the table below summarises the constituencies these fall within.

Public Constituency	***Membership as at 31 March 2024***	***Membership as at 31 March 2025***
Adur	1033	1046
Arun	2190	2152
Brighton and Hove	585	657
Chichester	1868	1847
Horsham	571	575
Mid Sussex	235	250
East Sussex	209	227
Worthing	1339	1365
Patient/Out of Area	457	470

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

2.2.13 Disclosures and declarations of interests

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

Governors are required to complete a Declaration of Interest which is held on a Trust Register and is made publicly available on the Trust's website. This is available at https://www.uhsussex.nhs.uk/resources/governors-register-of-interests-2024-2025/

2.2.14 Resolution of disputes

The Trust Constitution sets out at Section 12 the process for dealing with any dispute between the Council of Governors and Trust Board. The Council of Governors and Trust Board continue to have a positive working relationship and the process has not been used during the 2024/25 year.

2.3 Staff Report

University Hospitals Sussex NHS Foundation Trust employs nearly 20,000 people in a range of different roles across the organisation. By the end of March 2025, we employed 15,526 WTE substantive staff and engaged an additional 1,826 WTE temporary staff via bank and agency. Each and every member of our staff works to ensure our patients receive excellent quality care.

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

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

Average number of employees (WTE basis)	***2024/25 31 March 2025***			***2023/24 31 March 2024***		
Staff type	***Permanent***	***Other***	***Total***	***Permanent***	***Other***	***Total***
Medical and dental	2,523	210	2,733	2,387	505	2,892
Ambulance staff	15	N/A	15	10	N/A	10
Administration and estates	3,138	172	3,310	3,031	149	3,180
Healthcare assistants and other support staff	3,032	635	3,667	1,084	204	1,288
Nursing, midwifery, and health visiting staff	4,470	709	5,179	6,332	947	7,279
Nursing, midwifery, and health visiting learners	N/A	N/A	N/A	N/A	N/A	N/A
Scientific, therapeutic, and technical staff	1,836	90	1,926	1,782	62	1,844
Healthcare science staff	512	10	522	526	9	535
Social care staff	N/A	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	5	5
Total average numbers	***15,526***	***1,826***	***17,352***	***15,152***	***1,881***	***17,033***
Of which:						
Number of employees (WTE) engaged on capital projects	64	16	80	39	16	55

Staffing costs (subject to audit)

Group	*2024/25*			*2023/24*		
£000	*Permanent*	*Other*	*Total*	*Permanent*	*Other*	*Total*
Salaries and wages	836,137	N/A	836,137	762,042	N/A	762,042
Social security costs	93,116	N/A	93,116	85,652	N/A	85,652
Apprenticeship levy	4,243	N/A	4,243	3,840	N/A	3,840
Employer's contributions to NHS pension scheme	156,619	N/A	156,619	123,070	N/A	123,070
Temporary staff	-	35,031	35,031	-	31,460	31,460
Total gross staff costs	**1,090,115**	**35,031**	**1,125,146**	**974,604**	**31,460**	**1,006,064**
Of which						
Costs capitalised as part of assets	3,451	1,974	5,425	2,506	1,514	4,020

2.3.1 Our Culture and People Priorities

The results of the NHS Staff Survey, together with broader feedback and insights from our staff, show that while many colleagues report positive team cultures and compassionate line management, there is room for improvement. The following sections highlight how we are turning feedback into action across key priorities including Culture, Inclusion, Wellbeing, and Speaking Up.

Culture Programme

The Trust's Culture Programme is fundamental to fostering an environment of compassionate leadership, collaborative teams, and inclusive care. Under the leadership of our Chief Culture & OD Officer, supported by a dedicated Senior Responsible Officer for Culture, the programme integrates efforts across behaviour, leadership, values, and improvement initiatives, all aligned with the Trust Strategy and the NHS People Promise.

In 2024/25, we shifted from individual change projects to a more embedded, responsive approach, supporting teams in real time, strengthening organisational development (OD) capacity across the Trust, and embedding cultural improvements into daily practice. The Culture Programme focused on six priority areas:

- Values & Behaviours: We introduced a refreshed framework aligned with our Trust values, providing practical tools and offering Active Bystander training to empower and support our staff.
- Leadership & Management: A range of targeted development initiatives were delivered, including the Staff College for Clinical Directors, a bespoke programme for Senior Leaders in collaboration with the Roffey Park Institute, a New Consultant Programme, and our annual Leadership Summit. Looking ahead, we will continue to focus on the evolving leadership and management development needs of our workforce.

- Psychological Safety & Safety Culture: We prioritised learning after incidents, embedded restorative practices, and advanced our commitments under the NHS Sexual Safety Charter.
- Reward & Recognition: We assessed best practices in current recognition activities and explored new ways to celebrate staff contributions and exceptional care.
- OD Infrastructure: We expanded internal OD capabilities, launched new tools, and provided tailored interventions to enhance team dynamics and working practices.
- Strategic Alignment: We ensured that cultural initiatives are aligned with the new Trust Strategy and shaped by valuable staff insights.

Culture Heat Map

Supporting the Culture Programme, a bespoke culture 'heat map' tool has been developed. This draws on key indicators from the NHS Staff Survey — including compassionate leadership, teamworking, inclusion, psychological safety, morale, and speaking up — to reflect team-level culture through the eyes of staff themselves. By analysing variation between teams, this approach highlights areas of strength and identifies where focused support is most needed. Used alongside data such as sickness absence or turnover, the heat map offers a powerful tool for tracking cultural trends over time and targeting improvement support where it will have the greatest impact.

Our Cultural Climate

The 2024 results show a mixed picture, but positive signs of improvement. While indicators of psychological safety declined, scores for teamworking, line management and morale have remained stable or improved slightly since 2023. The heat map also highlights marked variation across teams: some report consistently positive cultures, with strong peer support and inclusive leadership, while others show lower trust, recognition and voice. This internal insight confirms that while our foundations remain strong in many areas, there is important work to do to ensure every team feels safe, supported and heard.

In 2024/25 the Culture Programme has laid strong foundations for a more inclusive, compassionate and high-performing culture — one that reflects our values and supports colleagues to thrive. As we move into 2025/26, the programme will remain a visible driver of leadership development, staff engagement and organisational improvement, aligned to our new Trust Strategy and central to delivering excellent patient care everywhere.

Health & Wellbeing

We want everyone to feel healthy, supported and safe at work — because when our people are well, our patients receive the best possible care. In 2024/25, we continued to deliver our Three-Year Health & Wellbeing Strategy (2022-2025), aligning with the NHS Health & Wellbeing Framework to strengthen prevention, support and culture across the Trust.

NHS Staff Survey 2024 – Wellbeing

The 2024 NHS Staff Survey showed clear signs of progress:

- Our 'Safe and Healthy' score rose to 5.86, up from 5.60 in 2022 — narrowing the gap to the national average (6.09).
- Reports of burnout, Musculoskeletal (MSK) concerns and work-related stress all declined — with feelings of burnout falling from 38.0% to 33.7%.
- 70.6% of staff said their manager takes a positive interest in their wellbeing — now slightly above the NHS average
- The proportion of staff reporting *positive organisational action on Health & Wellbeing* increased slightly (51.41%) against a decreasing sector average score.

While these results are encouraging, we know experience varies between staff groups. Improving access and outcomes for everyone remains a priority.

Healthy Physical Workplace

We continue to ensure staff have access to range of services to encourage healthy lifestyle choices, including on-site exercise classes, signposting to free NHS weight loss programmes, and smoking cessation and access to the national 'swap to stop' vape scheme. Staff can access free physiotherapy across all our sites, with advice and self-help tools available via the wellbeing website and new HR/People 'single portal' to provide easier access to relevant information.

The Trust Menopause Café, which launched in 2022, meets virtually on a quarterly basis with an average attendance of 50-60 staff members, chaired by a GP specialising in Women's Health. A Trust-wide audit of staff core amenities for staff undertaken in 2024/25 will help identify opportunities for further development.

Mental Health and Staff Psychological Support Service

Demand for support continues to grow — and we're responding with a joined-up approach. Our in-house Staff Psychological Support Service offers counselling and therapy across all sites and saw a 22% increase in referrals since last year (to 1,116 referrals in 2024/25). The SPSS team has provided over 180 sessions of CBT (Cognitive Behaviour Therapy), over 280 sessions of EMDR (Eye Movement Desensitisation and Reprocessing) therapy, 47 Team Debriefs, and nearly 490 hours of supervision.

In 2024/25 we started work on a new Mental Health Staff Support Action Plan to bring together teams with an interest in staff Mental Health, including Staff Psychological Support, Occupational Health, Mental Health Nursing, HR, Inclusion and Wellbeing teams to strengthen early intervention, continuity of care, and return-to-work support.

We also:

- Ran 23 Emotional Resilience and Stress Management preventative education workshops – to help build self-awareness and coping mechanisms
- Trained 416 staff in Managing Mental Health & Wellbeing at Work. Funded via NHS Charities Together as a one-day version of the Mental Health First Aid, feedback has been overwhelmingly positive.
- Continued to promote learning and support resources for staff through the service's single intranet portal.

Financial Wellbeing

The cost of living remains a challenge for many, and in 2024/25 we continued to provide a range of support, in partnership with My University Hospitals Sussex Charity:

- Our Crisis Support Fund continued to provide urgent assistance, supporting 1,630 applications and awarded over £326,000 to staff in need during its first two years (2023-2024), with agreed funding to the end of 2025.
- The Trust is the first NHS organisation to partner with Credit Union to provide a dedicated Financial Wellbeing Support Officer based at the Trust. To date, over 6,000 staff have received advice on budgeting, debt consolidation, accessing government entitlements, and signposting to support services, or financial awareness presentations. Funding from My University Hospitals Sussex Charity has been agreed until August 2027.
- We also began exploring earned wage access options to offer staff more financial flexibility, which will be introduced in 2025/26.

Violence Prevention and Psychological Safety

In the 2024 Staff Survey:

- 5.4% of colleagues reported experiencing unwanted sexual behaviour from patients or the public, and 1.9% reported the same from colleagues

While these figures are in line with national averages, we recognise that no incident is acceptable. Our response framework — including line management support, HR pathways, psychological support, and Freedom to Speak Up — continues to be strengthened to ensure staff feel protected and heard, and that learning for incidents is undertaken.

There was almost no change in the proportion of staff who experienced physical violence from patients (17.5%) – this is higher than the NHS sector average (13.3%) and remains a significant concern.

In 2024/25, we made further progress towards full compliance with the national NHS Violence Prevention & Reduction Standard, including:

- Rolling out RLDatix analytics platform to strengthen real-time incident tracking and learning.
- Developing the Patient Acceptable Behaviours Agreements (ABAs) protocol, which was launched in April 2024
- Introducing a Standard for Staff Support following an incident of Violence & Aggression, and to ensure learning and preventative measures
- Expanding training in high-risk areas and streamlining delivery for greater reach and consistency.

We also reaffirmed our commitment by signing the NHS Sexual Safety in Healthcare Charter, taking a clear stand against all forms of sexual misconduct. Through the Culture Programme, we began a programme of Active Bystander training, which will conclude in 2025/26.

This work is central to creating the compassionate, inclusive and safe environment we want for every colleague, and because the wellbeing of our people is the foundation of excellent patient care.

2.3.2 Equality, Diversity and Inclusion

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

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

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

Workforce Inclusion

We are committed to creating a workplace where every colleague can belong, contribute and thrive, and inclusion remains one of our core values in how our teams work together, and how we care for patients. We are proud of the diversity of our 18,000-strong workforce and believe that inclusive teams, reflecting our local communities, deliver better care for patients.

As a public sector employer, we meet our duties under the Equality Act 2010, including the Public Sector Equality Duty (PSED) and the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. Our approach is shaped by a three-year Workforce Inclusion Plan (2022–2025), which sets clear priorities to:

- Promote inclusive recruitment and career progression

- Close pay gaps across gender, ethnicity and disability
- Strengthen wellbeing and support for underrepresented staff
- Tackle discrimination and support fair resolution
- Improve digital access and confidence across all roles

We are also committed to supporting internationally recruited colleagues, and hold leaders accountable for measurable progress through objective-setting and performance review.

Our work is overseen by the People & Culture Committee, with quarterly monitoring and lived experience engagement. Strengthened governance arrangements will be introduced in 2025/26.

Our eight Staff Networks are central to inclusion at the Trust. Led by colleagues and supported by Board Sponsors, they provide peer support, challenge, and lived experience insights. In 2024/25, they delivered activities ranging from the Trust's first Disability Awareness Conference to Black History Month, community Pride events, and the launch of a new Carers Network and new Women's Network.

The diversity of these Networks is a real strength, enabling us to listen more deeply, learn more quickly, and design a workplace where everyone can thrive. By valuing lived experience and challenging inequality in the workplace, our Networks also help our staff deliver more inclusive, compassionate care for every patient we serve.

Workforce Diversity Data

Trust Board Diversity

As of the snapshot date in March 2025, three (17%) Board members identified as belonging to a minoritised ethnic group. This compares to 9% of the population in Sussex and 28% of the Trust's overall workforce.

Two executive directors (11% of all board members) did not indicate their ethnicity on their staff record. The remaining seven executive Board members (39% of all board members, 78% of executive board members) identified as white.

Of those with voting rights on the Board, six (35% of all voting board members) indicated they were white, three (18% of all voting board members) identified as being from a minoritised ethnic group, and one individual did not disclose their ethnicity.

As of March 2025, seven (39%) out of 18 Board members were female. This compares to 52% of the population in Sussex and 72% of the Trust's overall workforce.

Among executive directors, four (44% of executive board members) were female, while the remaining five were male.

For non-executive directors, three (33% of non-executive board members) were female, while the remaining six were male.

Looking at Board members with voting rights, six (35% of all voting board members) were female, while the remaining eleven were male.

Due to significant gaps in data collection during 2024, it is not possible to determine whether gender representation on the Board has improved or declined over the past year. However, overall the comprehensiveness of data have improved considerably since last year.

Trust Senior Management Diversity

As of the snapshot date in March 2025, 10.38% of senior management staff identified as belonging to a minoritised ethnic group, while 86.56% identified as white. A further 3.06% did not disclose their ethnicity.

Representation varied significantly across different pay bands. In Agenda for Change (AfC) Bands 8c and 8d, the proportion of senior managers from minoritised ethnic backgrounds was as low as 5%. This information is reflected in the table below.

AfC Pay Band	Ethnic Group	Number of employees	Percentage (%)
Band 8 - Range A	Minoritised ethnicity	72	12.79%
	White	477	84.72%
Band 8 - Range B	Minoritised ethnicity	19	8.15%
	White	210	90.13%
Band 8 - Range C	Minoritised ethnicity	5	4.90%
	White	95	93.14%
Band 8 - Range D	Minoritised ethnicity	2	5.56%
	White	33	91.67%
Band 9	Minoritised ethnicity	4	10.53%
	White	30	78.95%
VSM	Minoritised ethnicity	3	7.50%
	White	31	77.50%
Totals	**Total minoritised ethnicity staff**	**105**	**10.38%**
	Total white staff	**876**	**86.56%**

Gender representation also showed variation by band. Overall, 66.21% of senior management staff were female, compared to 33.79% male. However, the proportion of women in senior roles differed notably by grade, with 72.11% of AfC Band 8a senior managers being female, 55.26% at Band 9 and only, and only 37.50% at the Very Senior Manager (VSM) level. This information is reflected in the table overleaf.

AfC Pay Band	Gender	Number of employees	Percentage (%)
Band 8 - Range A	Female	406	72.11%
	Male	157	27.89%
Band 8 - Range B	Female	145	62.23%
	Male	88	37.77%
Band 8 - Range C	Female	63	61.76%
	Male	39	38.24%
Band 8 - Range D	Female	20	55.56%
	Male	16	44.44%
Band 9	Female	21	55.26%
	Male	17	44.74%
VSM	Female	15	37.50%
	Male	25	62.50%
Totals	**Total female staff**	**670**	**66.21%**
	Total male staff	**342**	**33.79%**

Workforce Race Equality and Disability Equality

As part of our statutory and regulatory obligations, we undertake annual reporting against the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). These standards enable NHS organisations to demonstrate progress against indicators of workforce equality, addressing disparities in experience, opportunities, and outcomes for staff from Black and Minority Ethnic backgrounds and for staff with disabilities or long-term conditions. The WRES focuses on race equality across recruitment, career progression, and experience, while the WDES measures experiences of disabled staff across key areas such as bullying, harassment, and leadership representation.

For 2024/25, full reporting against the WRES and WDES will be incorporated within the Trust's dedicated Annual Equality Report, providing detailed analysis, benchmarking, and action planning. A copy of the Annual Equality Report will be made available via the Trust's public website upon publication.

2.3.3 Gender and Gender Pay Gap

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

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

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

The Trust submits data annually to the Government's statutory gender pay gap reporting portal.

Main gender pay gap figures:

In the Trust:

- Women earned 99p for every £1 men earned (comparing median hourly pay)
- Women made up 61.7% of employees in the highest paid quarter, and 69.8% of employees in the lowest paid quarter
- 2.0% of women received bonus pay, compared with 6.4% of men
- Women's mean (average) bonus pay was 32.8% lower than men's

Hourly pay:

In the Trust:

- Women's median hourly pay was 1.4% lower than men's – this means they earned 99p for every £1 that men earn when comparing median hourly pay
- Women's mean (average) hourly pay was 16.4% lower than men's – this means they earned 84p for every £1 that men earn when comparing the mean.

Graphs showing the changes from 31 March 2021 to 31 March 2025

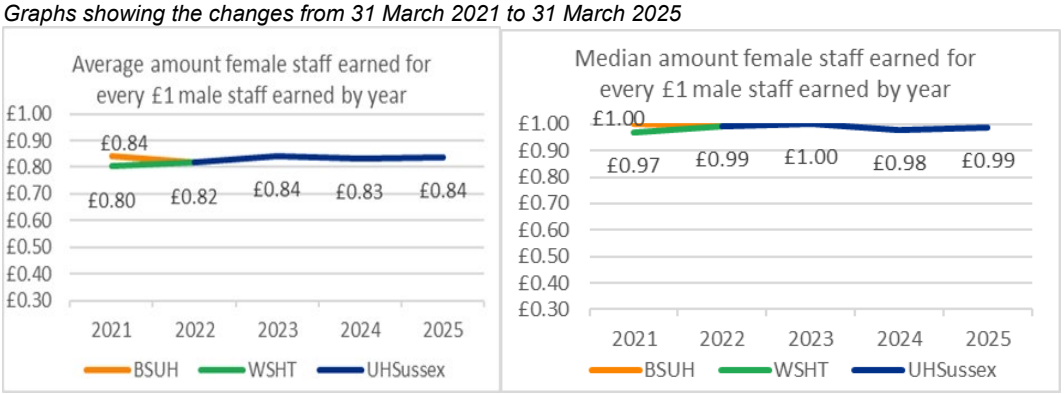


Chart showing average mean and median hourly pay

Gender Hourly Pay Gap	Average (Mean) Hourly Pay			Median Hourly Pay		
	2023	2024	2025	2023	2024	2025
Male	22.26	24.01	25.85	16.84	18.10	19.25
Female	18.73	19.97	21.60	16.84	17.69	18.98
Difference	3.53	4.04	4.25	0.00	0.41	0.27
Pay Gap %	15.86%	16.83%	16.43%	0.00%	2.29%	1.40%

Pay quartiles

The gender split within the overall workforce on 31st March 2025 was 71.33% female and 28.67% male.

The proportion of males and females divided into four pay quarters and ordered from lowest to highest paid. In the Trust, women made up:

- 61.7% of employees in the upper hourly pay quarter (highest paid jobs) down slightly from 62.4% in 2024
- 79.7% of employees in the upper middle hourly pay quarter, up slightly from 78.4% in 2024
- 74.1% of employees in the lower middle hourly pay quarter, down slightly from 75% in 2024
- 69.8% of employees in the lower hourly pay quarter (lowest paid jobs) down slightly from 70.6% in 2024

The full breakdown by quarter is detailed in the table below:

Hourly Pay Quarter	Gender	Number of employees	Percentage (%)
1 Lower Quarter	Female	3,180	69.80%
	Male	1,376	30.20%
2 Lower-Middle Quarter	Female	3,383	74.07%
	Male	1,184	25.93%
3 Upper-Middle Quarter	Female	3,642	79.73%
	Male	926	20.27%
4 Upper Quarters	Female	2,818	61.70%
	Male	1,749	38.30%
Totals	**Total female staff**	**13,023**	**71.33%**
	Total male staff	**5,235**	**28.67%**

Men were 2.4 times more likely to be represented in the top hourly pay quarter than female staff, relative to their representation in the upper-middle hourly pay quarter.

Relative to their representation in the lowest pay quarter, men were 1.4 times more likely to be represented in the top hourly pay quarter than female staff.

Bonus pay

In the Trust, 221 staff received a bonus payment between 1 April 2024 and 31 March 2025; 76 women and 145 men:

- Women's median bonus pay was 63.0% lower than men's – this means they earned 63p for every £1 that men earn when comparing median bonus pay
- This is 63p larger than in 2024, when the gap reported was 0%. This increase (worse) is due to changes nationally in the distribution of bonus Clinical Excellence Awards (CEAs) for doctors
- Women's mean (average) bonus pay was 32.8% lower than men's – this means they earned 67p for every £1 that men earn, or 1.4p less (worse) than in 2024.
- 0.6% of women and 2.8% of men received bonus pay.

Chart showing average bonus rates for the period 31 March 2021 to 31 March 2025

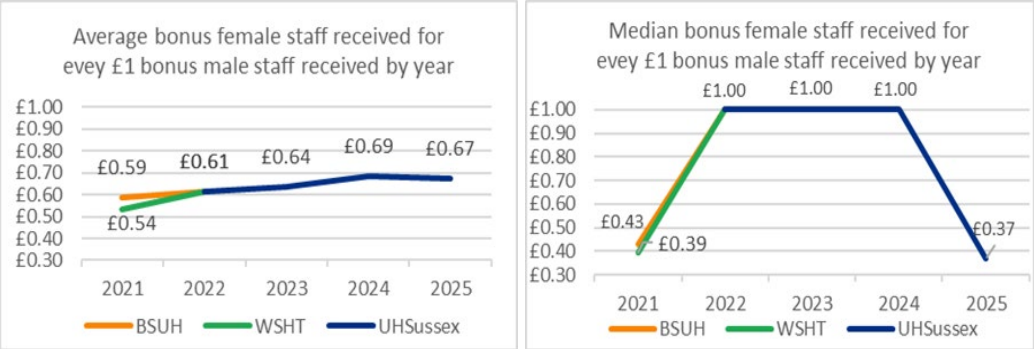


Chart showing average bonus mean and median hourly pay

Gender (bonus) Pay Gap	Average (Mean) Bonus Pay			Median Bonus Pay		
	2023	2024	2025	2023	2024	2025
Male	9,658.62	9,600.89	12,013.92	4,396.06	4,795.08	8,143.20
Female	6,157.81	6,591.38	8,078.33	4,396.06	4,795.08	3,015.97
Difference	3,500.80	3,009.51	3,935.59	0.00	0.00	5,127.23
Pay Gap %	36.25%	31.35%	32.76%	0.00%	0.00%	62.96%

The Trust submits data annually to the Government's statutory gender pay gap reporting portal https://gender-pay-gap.service.gov.uk/employers/21657

The Trust's published information on inclusion, diversity and equality, including gender pay gap reporting, can be found at www.uhsussex.nhs.uk/equality

2.3.4 The NHS People Promise

The NHS People Promise sets out what people working in the NHS say matters most — to feel recognised, supported, included and empowered at work. Built around seven themes, it describes the kind of positive, compassionate workplace we all want to be part of, whatever our role or background.

In 2024/25, we were proud to be selected for Cohort 2 of the national People Promise Exemplar Programme — joining over 100 NHS organisations to share best practice and take collective action to improve staff experience. This has helped us connect with others across the country, accelerate what's working, and bring in new ideas.

Through the Exemplar programme, we have adopted a more joined-up approach to delivering the People Promise, with coordinated projects across

all seven domains. From flexible working and inclusive leadership, to recognition, wellbeing and listening well, this work has already led to real improvements for staff — including progression with legacy terms and conditions harmonisation, innovative self-rostering and self-preferencing rotas for doctors for improved work-life balance and an increased support offer to internationally recruited registered staff and their managers.

We have also contributed to shaping best practice regionally and nationally, sharing our learning through NHS England and working alongside peers to understand what helps staff stay, grow and thrive in the NHS.

As the programme moves into its next phase from 2025/26, we will be embedding this approach more deeply, continuing to learn from others while building an approach that reflects our values, our people and our patients.

2.3.5 Improving staff engagement

Improving staff engagement is the strategic objective for the People domain of Patient First and our long-term objective is to achieve a staff engagement score that places the Trust in the top quartile of acute Trusts. It is recognised that high levels of staff engagement are linked to improved safety and productivity supporting high quality patient care and sustainable services.

The willingness of staff to raise issues confident that something the Trust has supported through the Freedom to Speak Up Guardian arrangements (more below) and work to publicise the ways in which staff can raise issues and developing expectations around how leaders and managers respond and provide feedback to staff on those issues. The Trust will continue work on this in 2025/26.

Freedom to Speak Up Guardian

We want every colleague to feel safe, heard and supported and to know they can speak up when something’s not right, or they have an idea for improvement. Raising concerns helps us learn, improve, and protect both staff and patients.

Speaking up can take many forms. For many colleagues, this starts with line managers or local leaders. But when staff prefer a confidential, independent route, our Freedom to Speak Up Guardian (FSUG) service is available 24/7, 365 days a year to help.

Since August 2023, our FSUG service has been delivered by The Guardian Service Ltd a specialist external provider offering 24/7 access to trained, independent advisers. The Guardian Service is visible across our sites, with direct escalation routes to the Chief Executive, Trust Board Chair and Chief People Officer, and provides regular reports to the People & Culture Committee.

Between April 2024 and March 2025, 248 concerns were raised with the FSUG (an average of 21 cases per month, this was more than in any previous year, and an indication that colleagues are aware of and feel confident in the service. Most staff sought impartial support (57%) or said they had not felt heard through other routes (31%). Only 6% of cases raised related to patient safety, however for these the FSUG provided a clear and rapid route for escalation.

Most escalations from the Guardian received a manager response within one working day. Feedback from staff using the service has been strong:

- 81% felt they received a satisfactory outcome.
- 82% said they would speak up again.
- 96% would recommend the FSUG to a colleague.

The 2024 NHS Staff Survey shows the ongoing importance of this work. While not specific to the Guardian service, only 63.4% of our staff said they felt safe to raise concerns about unsafe clinical practice, and 48.4% were confident the organisation would act — highlighting where we still have work to do.

Our Commitment to Speaking Up

In 2024/25, we strengthened our approach to speaking up; refreshing guidance, improving internal signposting, and supporting managers to respond with compassion and care. The Freedom to Speak up Guardian is one of many routes colleagues can use, but all are underpinned by the same goal: to build a culture where every voice counts, and every concern is taken seriously.

The Trust Board of Directors remains committed to creating a culture where all colleagues feel safe to speak up, confident they'll be heard, and assured that action will follow. Regular thematic reports from the Freedom to Speak Up Guardian are reviewed by the People & Culture Committee, providing insight into staff experience and highlighting areas for improvement. In 2024/25, learning from concerns raised contributed directly to improvements in team culture, leadership response, and wellbeing support reinforcing our belief that listening well is essential not only to staff experience, but to the safety and quality of care we provide.

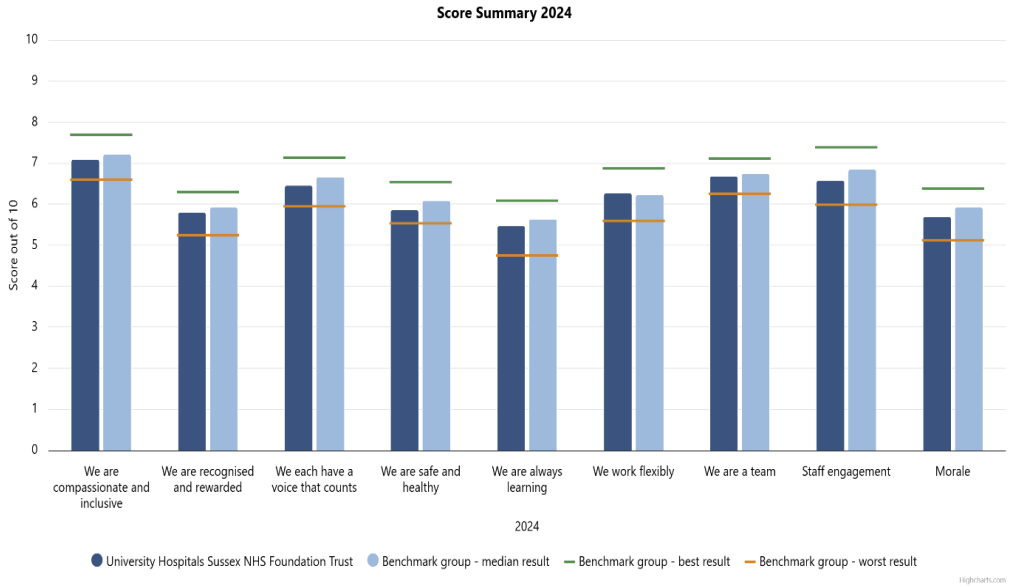
2.3.6 NHS Staff survey 2024

The NHS National Staff Survey (NSS) is one of the largest workforce surveys in the world. Each year, it provides powerful insight into how it feels to work at our Trust, helping us understand where we're doing well, and where change is needed. There is strong evidence that positive staff experience is closely linked to better care, stronger teamwork, and safer services.

We're grateful to every colleague who shared their views. The NSS offers one of the most comprehensive pictures of what it feels like to work here — and we are committed to listening, learning and taking action that makes a difference for our people and for our patients.

Responses are benchmarked nationally and shared through our interactive digital dashboard to support local action across every site and service. NSS results cover the seven NHS People Promise elements and two themes (engagement and morale).

Chart showing benchmarked scores across the seven NHS People Promise elements and two themes (engagement and morale).



Response Rate

In 2024, 8,191 colleagues (47.0% of our workforce) completed the survey. This is slightly lower than the benchmark average (48.6%) and represents a fall from the Trust's 2023 response rate (50.2%).

What Our Staff Told Us

Survey questions are grouped under the NHS People Promise, which sets out what matters most to NHS staff at work. The 2024 results paint a mixed but hopeful picture:

- **'We work flexibly'** improved significantly, and is now above the national average.
- Overall **staff morale** rose slightly, with particularly strong scores in Estates, Additional Clinical Services, and Women & Children's teams.
- Overall, we improved in **six of the nine People Promise themes** from 2023 – a more positive trajectory than many comparable Trusts.

At the same time, some challenges remain, many of which mirror wider national trends:

- **Recognition and reward** continue to score lower — both locally and nationally.
- **Staff engagement** declined, mainly due to fewer staff recommending the Trust as a place to work or receive care.

- As across the NHS, we saw **variations in experience** between staff groups, including Medical & Dental staff, Healthcare Scientists, and trainees.

Historic Scores

Trust NHS Staff Survey scores from 2022 to 2024, and comparisons with NHS benchmark group average, are as follows:

Indicators – People Promise Elements & Themes	**2022**		**2023**		**2024**	
	Trust score	**NHS Benchmark score**	**Trust score**	**NHS Benchmark score**	**Trust score**	**NHS Benchmark score**
We are compassionate and inclusive	↓7.04	7.18	↑7.12	7.24	↓7.10	7.21
We are recognised and rewarded	↓5.54	5.72	↑5.75	5.94	↑5.80	5.92
We each have a voice that counts	↓6.46	6.65	↑6.48	6.70	↓6.46	6.67
We are safe and healthy	↓5.60	5.88	↑5.84	6.08	↑5.86	6.09
We are always learning	↑5.20	5.35	↑5.41	5.62	↑5.48	5.64
We work flexibly	↑5.96	6.00	↑6.19	6.20	↑6.28	6.24
We are a team	↑6.52	6.64	↑6.64	6.75	↑6.69	6.74
Staff engagement	↓6.54	6.80	↑6.66	6.91	↓6.59	6.84
Morale	↓5.42	5.68	↑5.68	5.90	↑5.70	5.93

Key ↑ Improved Trust score vs previous year ↓ Poorer Trust score vs previous year

How We're Responding – Staff Engagement & Feedback

Every Division and Corporate team develops a tailored Staff Survey Action Plan each year. These will build on their 2023 Staff Survey plans (implemented during 2024/25) and look ahead to the new Trust Strategy (launching in 2025). These plans will build on local strengths and respond directly to what staff have told us. Three overarching priorities are already clear:

- **Psychological safety and speaking up** – creating a culture where concerns are raised and acted on.
- **Recognition and reward** – making sure everyone's contribution is seen, valued and celebrated.
- **Violence prevention and reduction** – with focused action on **sexual misconduct** and **violence prevention**. Our scores are broadly in line with national averages, but any harm is unacceptable, and we are strengthening our response.

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

2.3.7 Education and supporting Workforce Development

At University Hospitals Sussex NHS Foundation Trust, we aim to foster an inclusive culture of education, training and development for all staff and are particularly proud of the career progression pathways we offer.

The Trust continues to work closely with a range local further education and higher education providers across a portfolio of clinical and non-clinical academic and vocational programmes. In 2024-25, we entered a more formalised academic partnership with the University of Chichester to validate a number of programmes within our clinical education portfolio.

The Trust receives both medical and non-medical educational tariff funding from NHS England (NHSE) and during 2024/25 this was used to support the Education, Training and Continuous Professional Development (CPD) of our students, trainees registered nurses and allied health professionals, advancing clinical practice and the development of new workforce roles. During 2024/25 we opened a new education facility including a clinical skills simulation suite at the Worthing site which has allowed us to bring together a range of services under one roof.

We continue to invest in the professional development of both clinical and non-clinical staff through the apprenticeship training pathways, and this includes a focus on lifelong learning which enables staff to gain the requisite qualifications in English and Maths before starting on their chosen apprenticeship pathway.

Within our Medical Education portfolio, UHSussex remains the largest provider of undergraduate and postgraduate training placements across Kent Surrey and Sussex. Our speciality programmes aim to produce high-quality clinicians with a broad range of skills that will enable them to practice as consultants. During 2024/25, we have focused on developing an enhanced support and training package for those doctors who are working within the category of Locally Employed Doctors (LED) and Speciality and Associate Specialist Doctors (SAS) and have appointed a Deputy Director of Medical Education to support this work.

Attendance on statutory and mandatory training continues to perform at a compliant training level as our March 2025 compliance is at 91%. This has improved on the year end position for March 2024 which was at 89.8% and has remained above 90% for the last 12 months. It should be noted that we have achieved this compliance whilst introducing a couple of new mandatory programmes including Prevent, Cyber Awareness. We still await the Part 2 commission from the ICB for the Oliver McGowan training on autism and learning disabilities.

2.3.8 Health and safety

Health and safety compliance at University Hospitals Sussex NHS Foundation Trust is supported by a central Health and Safety Team and monitored by the

Health and Safety Committee on a quarterly basis which reports to the Audit Committee along with the Health and Safety Risks are reported to the Quality Governance Steering Group. A Health and Safety Report is also published annually and made available to staff via along with the Policy for the Management of Health, Safety and Risk.

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

Health and safety incidents are logged on the Trust's Datix incident reporting system, while risk assessments encapsulating the breadth of Health and Safety areas including dangerous substances, display screen equipment, fire, security, estates, radiation protection, manual handling and staff wellbeing are carried out using the Safety, Health and Environment (SHE) software package.

Health and safety training is mandatory for all staff on induction and then on a triennial cycle with compliance performance monitored as with all mandatory training at the Board's People Committee.

As referred to within the Annual Governance Statement at Section 2.9 the Trust has had a routine inspection from the Environment Agency and had a number of inquiries made by the Health and Safety Executive. Neither the inspection of the inquires by Health and Safety Executive resulted in any specific recommended actions.

The Health and Safety Committee has been monitoring the delivery of the agreed prior actions in respect of a 2023/24 inspection into the way it works with formaldehyde in one of its area, with an agreed implementation date of summer 2025.

2.3.9 Fraud, bribery and corruption statement

University Hospitals Sussex NHS Foundation Trust is committed to eliminating fraud, bribery and corruption within the NHS, freeing up public resources for better patient care. To this end, the Trust deploys a Local Counter Fraud Specialist (LCFS) function, to provide a comprehensive programme against fraud, bribery and corruption which is overseen by the Trust's Chief Finance Officer and Audit Committee.

The Committee received and approved the counter fraud plan to ensure that the Trust continued to develop its programme of deterrence, prevention, and detection, in line with NHS Counter Fraud Authority (NHSCFA) requirements and in response to emerging risks, both locally and throughout the healthcare sector inclusive of intelligence alerts and bulletins provided by the NHSCFA, which are disseminated via the LCFS. Additionally, the Committee received progress reports from the LCFS at each meeting during the year covering its

workplan activities, and an annual report inclusive of the Counter Fraud Functional Standard Return (CFFSR).

The Trust expect all our staff and suppliers to operate in accordance with our values and policies, and to have the best interests of the NHS and our service users in mind. When entering into contracts with organisations the Trust follows the NHS standard terms and conditions of contract for the purchase of goods and supplies.

The Trust is committed to the elimination of fraud, bribery, and corruption, to the rigorous investigation of any such allegations and to taking appropriate action against such individuals that includes criminal prosecution and recovery of losses as a result of any criminal act. As such, we ask all who have dealings with the Trust, as employees, agents, trading partners, stakeholders, and patients, to help us in our fight against fraud, bribery, and corruption and to contact the LCFS in confidence if they have any concerns or suspicions.

The Trust is committed to complying with all anti-fraud, bribery, and corruption legislation. Although the Bribery Act permits offer of gifts and hospitality, all staff are required to consider on an individual basis whether accepting any hospitality offered is appropriate and should they then elect to take it, to record it within the Trust's Hospitality register (in line with the Receipt of Hospitality, Gifts, and Inducements Policy) so that it has been fully disclosed. It is a criminal offence to give, promise or offer a bribe, and to request, agree to receive, or accept a bribe. A bribe may take the form of any financial or other advantage, including offers of gifts or hospitality, to another person in order to induce a person to perform improperly.

2.3.10 Exit packages (subject to audit)

There were two exit packages in 2024/25 which were related to redundancies in the range of £10,000 - £25,000 and £50,000 - £100,000. (There were two exit packages in 2023/24 which were related to redundancies in the range of £25,001 - £50,000 and £50,000 - £100,000).

2.3.11 Off-payroll engagements

The Trust had 2 off-payroll engagements in the financial year. (There were no off payroll engagements in the prior year)

2.3.12 Trade Union Facility Time

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

The Trade Union (Facility Time Publication Requirements) Regulations 2017 with further guidance provided by the Cabinet Office require the Trust to disclose the amount of facility time undertaken by trade union officials.

The table below relates to the period 1 April 2024 to 31 March 2025 (prior year figures are in brackets) noting the Trust is required to publish this information annually by the 31 July each year.

Table 1 - Relevant Union Officials

Number of employees who were relevant union officials during the relevant period	***Full-time equivalent employee number***
120 (109)	102.4 (88.65)

Table 2 - Percentage of time spent on facility time

How many employees who were relevant union officials employed during the relevant period spent their working hours on facility time	
Percentage of time	***Number of employees***
0%	8 (4)
1% - 50%	112 (105)
51% - 99%	0 (0)
100%	0 (0)

Table 3 - Percentage of pay bill spent on facility time

The percentage of total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period	
Total cost of facility time	£67,295.81 (£64,880)
Total pay bill	£ 1,119,231,000 (£1,003, 395,000)
Percentage of the total pay bill spent on facility time	0.01 % (0.01%)

Table 4 - Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours
0% (0%)

As was expected there has been an increase in the number of the Trade Union representatives. The increase in trade union representatives is driven by a few key factors, including government reforms and a growing awareness of the importance of collective bargaining and worker representation. Additionally, public sector unions, have seen significant growth in membership.

2.3.13 Statement on social responsibility

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

We recognise and are proud of our position as an anchor institution and take this into account in respect of our procurement decisions. We follow the regulations and policy concerning social value including the Social Value Act 2012 and adhere to the principles of the Corporate Social Responsibility Act. In particular, we have adopted the Procurement Policy Note - Taking Account of Social Value (PPN 06/20) so that a minimum of 10% of the weighting for any tenders is for net zero and social value considerations. In support of the national agenda regarding small and medium-sized enterprises and third sector organisations, where appropriate, contracts are advertised locally and nationally, including using the Central Digital Platform.

As an example, we have agreed our strategic principles for commercial retail units that operate within our hospitals. One of these principles is corporate social responsibility to ensure that our retail provision allows local and regional businesses the opportunity to work within our hospitals and that these businesses also support and promote the use of local businesses and local supply chains and take social responsibility seriously. An award was made to one of our retail providers this year who has partnered with the World Land Trust to protect the natural habitats of South America. Through this partnership over 281 acres of rainforest and over 65,000 trees have been protected.

The Modern Slavery Act 2015 places responsibility for organisations to act in order to reduce the chances of modern slavery taking place in their supply chains. The Trust is committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business. We have a zero-tolerance approach to any form of modern slavery and are committed to acting ethically and with integrity and transparency in all business dealings.

All suppliers who are awarded contracts agree to the NHS Terms and Conditions of Contract. These contain clauses placing obligations on the supplier regarding Good Industry Practice and ensuring commitment to anti-slavery and human trafficking in the supplier's supply chains.

We take steps to ensure that all suppliers have equal opportunity to compete for our business where appropriate and that we treat all suppliers equally. We apply local and national procurement policies and procedures consistently and fairly and ensure that suppliers and their employees are not discriminated against by the actions of the Trust or Trust employees.

We will continue, to develop relationships with local businesses and to understand the opportunities for us to support research and innovation within the Trust and local communities. The rapid development of Artificial Intelligence solutions reinforces the need to have a continuous focus on social responsibility

In the next year, we will be developing a supplier diversity programme to ensure that we review and increase the representation of suppliers who are committed to encouraging diversity and inclusion through our procurement

processes and ultimately with whom we trade. Our objective in this area is to reach through our supply chain to:

- Foster economic development by supporting small and diverse businesses;
- Encourage innovation, competitiveness, and creativity by sourcing from a diverse supplier base; and
- Promote inclusive business practices and equal opportunities.

In alignment with the new Procurement Act and the Trust's commitment to supporting local businesses, the Trust Procurement Department will include in its 2025/26 KPIs a target of at least 10% of total third-party vendor spend to be with Small and Medium Enterprises within the Sussex area. Furthermore, the Trust plans to begin tracking in 2025/26 the extent to which its spend goes to registered diverse suppliers in Sussex. This baseline data will be used to create step-change improvements, aligning with our commitment to being a fully inclusive partner to our suppliers

…… 25 June 2025

Dr George Findlay, Chief Executive

2.4 Remuneration Report

2.4.1 Annual statement on remuneration

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

2.4.2 Senior Managers Remuneration Policy

Initial salaries are determined on appointment with reference to the nature of the role, responsibilities, previous experience and expertise of candidates and the need to offer competitive remuneration that represents value for money for the taxpayer, informed by national guidance and benchmark pay ranges (with necessary opinion sought for any salaries over £150k per annum).

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

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

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

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

In considering Senior Managers Pay the Committee takes note of national benchmark data provided by NHS Providers and the requirement to consider any pay above a threshold of £150,000 per annum as per Cabinet Office guidance.

2.4.3 Future policy table

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

Component of pay	Link to short and long-term strategic goals	How the Trust operates this in practice	Maximum limit	Performance measures
Base salary	To promote the long-term success of the Trust by attracting and retaining high calibre senior managers in a competitive marketplace.	The Committee reviews the following in setting remuneration for senior managers: • Role, responsibilities and accountabilities • Skills, experience and performance • Trust performance • Pay awards across the Trust • Local and national market conditions • Advice from NHSE/Ministerial opinion • Benchmarking	There is no prescribed maximum limit. Some of our senior managers are paid more than £150,000 which is the amount above which Ministerial opinion on salary must be sought under NHS England guidance. In these instances, the Remuneration Committee has taken steps to assure itself that the pay received by these individuals is commensurate with market conditions, the responsibilities and duties of the	Trust overall performance and individual appraisal (inc 360 feedback)

Component of pay	Link to short and long-term strategic goals	How the Trust operates this in practice	Maximum limit	Performance measures
		The committee reserves the right to approve specific increases in exceptional cases, such as major changes to a senior manager's role.	role, and is regularly reviewed to ensure that the Trust is receiving value-for-money	
Taxable benefits		Senior managers' benefits include: Pension-related benefits Access to car lease and other schemes - the same as other staff.	There is no prescribed maximum limit.	Not applicable
Pension		The Trust operates the standard NHS Pension Scheme and a NEST scheme for those ineligible to join NHSPS.	As per standard NHS Pension Scheme.	Not applicable
Performance related pay	The Trust has not applied a performance related pay regime for 2024/25			

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

- There is demonstrable evidence that an uplift is required to keep in line with the market, informed by any NHS/Ministerial guidance on pay uplifts including the recommendations of the Senior Salaries Review Body
- A change in portfolio necessitates an uplift.

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

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

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

The table overleaf shows the date of contracts and notice periods during the last year.

Name	*Title*	*Date of Contract*	*Notice period from the Trust*	*Notice period to the Trust*
Dr George Findlay	Chief Executive	1 June 2022	6 months	6 months
Karen Geoghegan	Chief Financial Officer to 19 May 2024	1 February 2014	6 months	6 months
Clare Stafford	Chief Financial Officer from 20 May 2024 to 31 October 2024	31 October 2024	6 months	6 months
Jonathan Reid	Chief Financial Officer from 1 November 2024	1 November 2024	6 months	6 months
Dr Maggie Davies	Chief Nurse	1 May 2019	6 months	6 months
David Grantham	Chief People Officer	14 June 2021	6 months	6 months
Dr Andy Heeps	Deputy Chief Executive and Chief Operating Officer	1 September 2021	6 months	6 months
Professor Catherine (Katie) Urch	Chief Medical Officer	3 April 2023	6 months	6 months
Roxanne Smith	Chief Strategy Officer	1 June 2023*	6 months	6 months
Darren Grayson *	Chief Governance Officer to 31 January 2025	2 March 2022	6 months	6 months
Sandi Drewett *	Chief Culture & OD Officer	21 November 2023	6 months	6 months
Nigel Kee	Chief Operating Officer	10 March 2025	6 months	6 months

Notes * non voting member of the Board

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

In considering any decision on remuneration the Committee takes note of both the organisational and national context, and as described in section 2.4.3 national NHS (market) benchmarking provided from sources including NHS Providers.

University Hospitals Sussex NHS Foundation Trust

2.4.6 Salary and pension entitlements of senior managers

Remuneration 2024/25 (subject to audit)

	Salary (Bands of £5,000) a	Expense payments (taxable) to nearest £100 b	Annual performance pay and bonuses (bands of £5,000) c	Long term performance pay and bonuses (bands of £5,000) d	All pension-related benefits (bands of £2,500) e	Total (a to e) (bands of £5,000) f
Dr George Findlay Chief Executive	275 - 280	-	-	30 - 35	180 - 182.5	490 - 495
Dr Andy Heeps Deputy Chief Executive and Chief Operating Officer	210 - 215	-	-	-	37.5 - 40	250 - 255
Jonathan Reid Chief Financial Officer (From 1 November 2024)	85 - 90	-	-	-	-	85 - 90
Dr Maggie Davies Chief Nurse	180 - 185	-	-	-	0 - 2.5	180 - 185
Dr Catherine Urch Chief Medical Officer	245 - 250	-	-	-	27.5 - 30	275 - 280
David Grantham Chief People Officer	180 - 185	-	-	-	47.5 - 50	225 - 230
Darren Grayson Chief Governance Officer (Term ended 31 January 2025)	180 - 185	-	-	-	45 - 47.5	225 - 230
Roxanne Smith Chief Strategy Officer	160 - 165	-	-	-	25 - 27.5	185 - 190
Sandra Drewett Chief Culture and Organisational Development Officer	130 - 135	-	-	-	35 - 37.5	165 - 170
Karen Geoghegan Chief Financial Officer (Term ended 19 May 2024)	25 - 30	-	-	-	-	25 - 30
Clare Stafford Chief Financial Officer- Interim (Term 20 May 2024 to 31 October 2024)	105 - 110	-	-	-	-	105 - 110
Nigel Kee Chief Operating Officer (From 10 March 2025)	10 - 15	-	-	-	-	10 - 15
Alan McCarthy Chairman (Term ended 30 June 2024)	15 - 20	200				15 - 20
Philippa Slinger Chairman (From 1 July 2024)	50 - 55	2,900				55 - 60
Paul Layzell Non-Executive Director	20 - 25	-				20 - 25
Philip Hogan Non-Executive Director	15 - 20	1,400				15 - 20
Jackie Cassell Non-Executive Director	15 - 20	200				15 - 20
Lucy Bloem Non-Executive Director	15 - 20	-				15 - 20
David Curley Non-Executive Director	15 - 20	-				15 - 20
Bindesh Shah Non-Executive Director	10 - 15	100				10 - 15
Professor Malcolm Reed Non-Executive Director (Term ended 31 July 2024)	0 - 5	-				0 - 5
Wayne Orr Non-Executive Director	10 - 15	-				10 - 15
Gorden Ferns Non-Executive Director (From 1 August 2024)	5 - 10	200				5 - 10
Elizabeth Peers Non-Executive Director (Term ended 10 May 2024)	0 - 5	-				0 - 5

Notes *Clare Stafford held the role of Director of Finance prior to taking on the role of Chief Financial Officer. Also Clare Stafford's calculation for pension related benefits returned a negative number and is reported as nil in accordance with the Greenbury guidance.*

University Hospitals Sussex NHS Foundation Trust

Remuneration 2023/24 (subject to audit)

	Salary Bands of £5,000 a	Total expenses Nearest £100 b	Bonus Bands of £5,000 c	L/term bonus Bands of £5,000 d	Pension Benefit Bands of £2,500 e	Total Bands of £5,000 f
Dr George Findlay Chief Executive	220 - 225	1,100	-	30 - 35	-	250 - 255
Dr Andy Heeps Deputy CEO and COO	215 - 220	1,200	-	-	-	220 - 225
Karen Geoghegan Chief Financial Officer	205 - 210	-	-	-	-	205 - 210
Dr Maggie Davies Chief Nurse	175 - 180	100	-	-	-	175 - 180
Dr Catherine Urch Chief Medical Officer (from April 2023)	230 - 235	-	-	-	22.5 - 25	250 - 255
David Grantham Chief People Officer	170 - 175	2,000	-	-	-	170 - 175
Darren Grayson Chief Governance Officer	160 - 165	100	-	-	250 - 252.5	410 - 415
Roxanne Smith Chief Strategy Officer (From June 2023)	75 - 80	-	-	-	35 - 37.5	110 - 115
Sandra Drewett Chief Culture and Organisational Development Officer (From November 2023)	40 - 45	100	-	-	347.5 - 350	385 - 390
Leanne McLean Interim Chief Nurse (Term ended September 2023)	150 - 155	-	-	-	-	150 - 155
Alan McCarthy Chairman	75 - 80	2,000				75 - 80
Paul Layzell Non-Executive Director	15 - 20	-				15 - 20
Lucy Bloem Non-Executive Director	20 - 25	2,800				20 - 25
David Curley Non-Executive Director	15 - 20	-				15 - 20
Bindesh Shah Non-Executive Director	15 - 20	900				15 - 20
Jackie Cassell Non-Executive Director	15 - 20	200				15 - 20
Professor Malcolm Reed Non-Executive Director	10 - 15	-				10 - 15
Elizabeth Peers Non-Executive Director	20 - 25	-				20 - 25
Philip Hogan Non-Executive Director (From January 2024)	0 - 5	300				0 - 5
Claire Keatinge Non-Executive Director (Term ended March 2024)	15 - 20	1,000				15 - 20
Sadie Mason Associate Non-Executive Director (Term ended November 2023)	0 - 5	-				0 - 5
Patrick Boyle Non-Executive Director (Term ended June 2023)	5 - 10	-				5 - 10
Lillian Philip Non-Executive Director (Term ended April 2023)	0 - 5	-				0 - 5
Wayne Orr Non-Executive Director (From February 2024)	0 - 5	-				0 - 5

Notes*: *Pension Benefit

- *Karen Geoghegan who did not contribute to the NHS Pension scheme during the year.*
- *Leanne Mclean is not a member of the NHS Pension scheme.*
- *A nil return has been input for executive directors whose pension related benefit calculation returned a negative value in accordance with the Greenbury guidance.*

NHS
University Hospitals Sussex
NHS Foundation Trust

Pension Entitlements as at 31 March 2025 (subject to audit)

	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	© Total accrued pension at pension age at 31 March 2025 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 31 March 2024 (nearest £1,000)	(f) Real increase in Cash Equivalent Transfer Value (nearest £1,000)	(g) Cash Equivalent Transfer Value at 31 March 2025 (nearest £1,000)	(h) Employer's contribution to Stakeholder Pension
Dr George Findlay Chief Executive	10 - 12.5	15 - 17.5	95 - 100	245 - 250	1,950	207	2,323	Nil
Dr Andy Heeps Deputy Chief Executive and Chief Operating Officer	2.5 - 5	0	60 - 65	145 - 150	1,133	33	1,268	Nil
Jonathan Reid Chief Financial Officer (From 1 November 2024)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dr Maggie Davies Chief Nurse	0 - 2.5	0	5 - 10	0	73	0	130	Nil
Dr Catherine Urch Chief Medical Officer	0 - 2.5	0	0 - 5	0	30	21	67	Nil
David Grantham Chief People Officer	2.5 - 5	0 - 2.5	65 - 70	165 - 170	1,376	56	1,547	Nil
Darren Grayson Chief Governance Officer (Term ended 31 January 2025)	2.5 - 5	0 - 2.5	85 - 90	240 - 245	1,998	49	2,211	Nil
Roxanne Smith Chief Strategy Officer	0 - 2.5	0	10 - 15	0	101	8	136	Nil
Sandra Drewett Chief Culture and Organisational Development Officer	2.5 - 5	0	35 - 40	90 - 95	1,093	27	849	Nil
Karen Geoghegan Chief Financial Officer (Term ended 19 May 2024)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Clare Stafford Chief Financial Officer- Interim (Term 20 May 2024 to 31 October 2024)	0	0	55 - 60	150 - 155	0	0	1,331	Nil
Nigel Kee Chief Operating Officer (From 10 March 2025)	0	0	0	0	0	0	0	Nil

Notes:

- *Jonathan Reid and Karen Geoghegan did not contribute to the NHS Pension scheme during the year.*
- *Nigel Kee is drawing down pension*
- *The figures above do not include future adjustment to the pension benefits and related CETVs do not allow for a potential future adjustment for some eligible employees arising from the McCloud judgement.*

Pension Entitlements as at 31 March 2024 (subject to audit)

	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	© Total accrued pension at pension age at 31 March 2024 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 31 March 2023 (nearest £1,000)	(f) Cash Equivalent Transfer Value at 31 March 2024 (nearest £1,000)	(g) Cash Equivalent Transfer Value at 31 March 2024 (nearest £1,000)	(h) Employer's contribution to Stakeholder Pension
Dr George Findlay Chief Executive	0	60 - 62.5	80 - 85	215 - 220	1,747	173	1,950	Nil
Dr Andy Heeps Deputy CEO and COO	0	50 - 52.5	55 - 60	140 - 145	820	285	1,133	Nil
Karen Geoghegan Chief Financial Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dr Maggie Davies Chief Nurse	0	0	0 - 5	0	1,382	0	73	Nil
Dr Catherine Urch Chief Medical Officer	0 - 2.5	0	0 - 5	0	0	16	30	Nil
David Grantham Chief People Officer	0	40 - 42.5	55 - 60	155 - 160	1,194	159	1,376	Nil
Darren Grayson Chief Governance Officer	10 - 12.5	30 - 32.5	80 - 85	225 - 230	1,730	252	1,998	Nil
Roxanne Smith Chief Strategy Officer (From June 2023)	2.5 - 5	0	5 - 10	0	74	13	101	Nil
Sandra Drewett Chief Culture and Organisational Development Officer (From November 2023)	37.5 - 40	230 - 232.5	45 - 50	125 - 130	642	154	1,093	Nil
Leanne McLean Interim Chief Nurse (Term ended September 2023)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Notes:

- *Karen Geoghegan did not contribute to the NHS Pension scheme during the year.*
- *Leanne McLean is not a member of the NHS Pension scheme*
- *The figures above do not include future adjustment to the pension benefits and related CETVs do not allow or a potential future adjustment for some eligible employees arising from the McCloud judgement.*

Remuneration and Pension Table notes

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

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

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

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

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

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

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

Where the calculation returns a negative value, a nil return is disclosed in accordance with the Greenbury guidance.

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

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

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

Total Pension Entitlement. The 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.

Payments to past senior managers (subject to audit)

There were no payments made to persons have previously been senior managers:

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

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

The banded remuneration of the highest-paid Director in the organisation in the financial year 2024-25 was £305k - £310k (2023-24: £250k - £255k). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2024-25 was from £24k to £399k (2023-24: £20k to £388k). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 3%. 15 employees received remuneration in excess of the highest-paid Director in 2024-25.

2024/25	***% change for highest paid Director***	***% change for employees as a whole***
Salary and allowances	23%	3%
Performance pay/bonuses	0%	0%

2023/24	***% change for highest paid*** Director	***% change for employees as a*** whole
Salary and allowances	11%	11%
Performance pay/bonuses	-22%	0%

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

The reduction in the percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years from 11% to 3% was because of a backdated pay award paid in 2023/24.

Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards.

In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

2024/25	*25th percentile*	*Median*	*75th percentile*
Salary component of pay	£30,428	£42,338	£56,006
Total pay & benefits excluding pension benefits	£30,435	£42,366	£56,016
Total pay & benefits excluding pension: Pay ratio for highest paid Director	10:1	7:1	6.1
Salary: Pay ratio for highest paid Director	10:1	7:1	6.1

2023/24	*25th* percentile	*Median*	*75th percentile*
Salary component of pay	£29,372	£39,915	£53,273
Total pay & benefits excluding pension benefits	£29,408	£39,987	£53,340
Total pay & benefits excluding pension: Pay ratio for highest paid Director	9:1	6:1	5:1
Salary: Pay ratio for highest paid Director	9:1	6:1	5:1

…… 25 June 2025

Dr George Findlay, Chief Executive

2.5 Regulatory ratings

The Trust has entered into a series of licence undertakings with NHS England. These undertakings cover an agreement to improve operational performance and improvements to the Trust's quality governance processes. Operational performance improvements have been overseen by both the Board's Systems and Partnerships Committee and through the Tier 1 meetings with NHS England. The quality governance process improvements have been overseen by a dedicated Single Improvement Programme

Committee of the Board across 2024/25. Also, both elements of these undertakings feed into the routine provider assurance meetings with NHS Sussex and NHSE Region.

The Trust received an enforcement notice in 2022/23 in relation to Upper GI Cancer Surgery where the Trust has a restriction on its registration in respect of the provision of specific surgical procedures. The Trust is compliant with this notice in that it does not undertake these procedures with patients being treated at neighbouring Trusts. Therefore, the Trust through this action is complaint with its CQC registration.

2.6 Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the accounting officer of University Hospitals Sussex NHS Foundation Trust

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

NHS England, has given Accounts Directions which require University Hospitals Sussex NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of University Hospitals Sussex NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

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

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

legislation, delegated authorities and guidance

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

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

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Signed…… 25 June 2025

Dr George Findlay, Chief Executive

2.7 Annual Governance Statement for the period 1 April 2024 to 31 March 2025

1. Scope of responsibility

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

acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

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

1.3 The Trust's constitution was subject to review its periodic review in March 2025 with only minor changes made to bring further clarity to several elements.

1.4 Reports on the Trust's compliance with the Trust's Standing Financial Instructions are presented to the Audit Committee and through the work of Internal and External Audit especially in respect of the Trust's financial control framework there have been no issues identified that required any updates to these documents or the scheme of delegation.

1.5 The Board receives regular reports from each of the nominated Committee Chairs at each of its Board meetings allowing the Board to assess the operation of its committees. Following a number of changes at the end of 2023/24 to the structure of the Board's Committees, the Board through the reports from the Committee Chairs, have been assured over the effectiveness of these changes.

1.6 The Board established a dedicated Committee to oversee the Trust's established Single Improvement Programme, the work of this Committee saw significant progress in the delivery of these improvements which were aligned to the delivery of the Trust's licence undertakings which incorporated the delivery of CQC reported must do and should do recommendations. By the year end this Committee recommended to the Board that given sufficient progress had been made that their was no longer a need for a dedicated Committee. The Board agreed to dissolve this Committee having confidence that the oversight of those improvement workstreams yet to conclude were subsumed within the routine oversight provided by the Trust's other three main committees, covering quality, people and performance.

1.7 The Board at the end of 2024/25 took the decision to establish a Major Projects Committee to provide co-ordinated oversight of the Trust's current and planned major projects aligned to the delivery of its 2030 Strategy.

1.8 The Trust continues to work in close partnership with other Health and Social Care organisations within the Integrated Care System along with attending both the West Sussex County Council and Brighton and Hove City Council Health and Adult Social Care Scrutiny Committees. The Chief Executive provides ICS wide leadership to the acute provider collaborative and Trust Executives are regular attendees at ICS meetings and forums. In addition, The Chair attends the regular ICS Chairs' meetings chaired by the ICB Chair. These arrangements allow the Trust to play an active and positive role in the ICS. The Board has as was planned last year established a Committee in Common, which meets with the similar Committees established

by other Sussex providers and NHS Sussex, through this process the Trust plays its full part in the development of system strategy and engaging with its successful delivery.

2. The purpose of the system of internal control

2.1 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of University Hospitals Sussex NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in University Hospitals Sussex NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

3.1*Trust Board*

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

3.3 Each Board Committee received reports on the Trust's key risks at their meetings, these reports support the Committee's review of their assigned element of the Trust's Board Assurance Framework and the Committee's reporting to the Board.

3.4 *Board Committees*

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

Assurance Framework and the work undertaken in each Committee in respect of the key risks they have assigned oversight for.

3.6 The other key Board Committees of Patient and Quality, People and Culture, Finance and Performance, and Research, Innovation and Digital at each of their meetings receive and consider the Trust's key risks within each domain alongside consideration of the strength of assurances reflected within the Board Assurance Framework and the actions being taken to manage risks that are outside the Board's stated risk appetite. Each Committee reports the outcome of their review of the Board Assurance Framework to the next Board meeting.

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

3.8 *Non-Executive Directors*

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

3.10 The Audit Committee at each of its meetings considers the Board Assurance Framework and during the year reflected that the Committee's small number of observations about the structure of the document made last year, had improved the Committee's ability to provide assurance to the Board on the underlying processes that support the Committee's review of outcome of the detailed actions on the strategic risk scores.

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

3.12 *Chief Governance Officer*

3.13 The Chief Governance Officer was responsible for the strategic development and implementation of organisational risk management system, this transferred to the newly created dedicated role of Deputy Chief Executive upon the retirement of the Chief Governance Officer at the end of January 2025, who assumed these responsibilities.

3.14 *Chief Nurse*

3.15 The Chief Nurse is responsible for ensuring there is a robust system in place for monitoring compliance with standards and the Care Quality Commission (CQC) Registration legal requirements.

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

3.17 *Chief Finance Officer*

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

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

3.20 *Risk Management Training and Learning*

3.21 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 has ab established a corporate team to support Divisions utilisation of the Trust's risk management system.

3.22 The established Executive Led Risk Oversight Group offers a forum for Divisions, both clinical and corporate to seek support on the delivery of actions to reduce risks to allow the timely management of risk. This Group supports the Trust's drive for enhancing its culture of learning by ensuring is having on the positive impact that the improvements from this learning is having on the Trust's risk profile.

3.23 During 2024/25 Internal Audit undertook a review of the Trust's divisional risk management process and the operation of the established Risk Oversight Group, and concluded positively on both the design and operation of these systems of internal control. The progress against the few improvement recommendations made is reported to the Audit Committee noting these recommendations primarily related to enhancements in the reporting from the Trust's risk management system (Datix IQ). The changes in the reports and dashboards available to the Divisions following implementation of the recommendations have been received positively by the Divisions and reported as such to the Risk Oversight Group.

University Hospitals Sussex NHS Foundation Trust

4. The risk and control framework

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

4.2 In support of the Trust's corporate governance processes the Trust has continued to apply its clinical divisional governance processes. The clinical operating model sees the Trust's clinical divisions aligned to the two principal streams of planned and unscheduled care. Each Clinical Division is led by a triumvirate of a Divisional Director of Operations, a Chief of Service and a Head of Nursing. Each division reports through the Quality Governance Steering Group to the Board's Quality Committee.

4.3 The Trust has a Risk Management Strategy which contains the Trust's risk appetite and the Trust's processes for identifying, reporting and managing risk. In line with the 2024/25 annual plan the Board considered the Trust's risk appetite at a Board session in May 2024 and confirmed their risk appetite statements along with the 2024/25 strategic risk, with these reported to the Board meeting in June 2024.

4.4 Risk management training forms part of the essential training package that all staff are required to complete. All new members of staff attend a mandatory induction event which covers key elements of risk management. This training continues to be supported through bespoke training provided by the central risk and assurance team.

4.5 Risks are raised and captured to a central risk management database known as DatixIQ. Reports from this system flow through the Trust from the respective operational teams to the Divisions, through both the Risk Oversight Group and the Quality Governance Steering group before being presented to the appropriate Board Committees and the Board. Complementing this is the dedicated central risk and assurance team that support the Trust to enhance its risk literacy and operational risk management processes within both corporate and clinical divisions.

4.6 All staff are responsible for responding to incidents, hazards, complaints and near misses in accordance with appropriate Trust policies. Divisional management teams oversee local risk registers and the management and escalation, as appropriate, of risks through to the Risk Oversight Group and the Quality Governance Steering Group.

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

4.8 The BAF records that the Trust has been managing 10 significant risks, with seven of these risks exceeding their determined target score and seven of these risks remain rated as significant at the year end.

4.9 For each of these risks there is a detailed series of mitigations and for those risks not achieving their target score will continue to be implemented throughout 2025/26. The delivery of these mitigations and their impact on the risks is monitored through the appropriate Committees of the Board, with reports provided form these Committees to the Board.

4.10 During the year the Trust took action to learn from patient feedback and implement changes to its processes, but there remains poorer patient experience linked to patients' excessive waits, which led to the patient strategic risk remaining significantly elevated.

4.11 The Trust took action during the year in respect of the key financial sustainability risks but given the degree of operational pressures on the Trust, the Trust resubmitted its financial forecast during the last quarter of 2024/25, confirming that the original plan would not be achieved. With the operating planning regime for 2024/25 increasing the activity requirements there is significant financial risk within the Trust's element of the ICS plan which will flow through to the 2025/26 BAF.

4.12 The Trust has taken a number of actions in respect of its People risks which whist seeing one risk reduce to its target score, the strategic risk relating to the Trust's culture remains significant noting that this was recognised by the Board when considering this risk that the interventions taken will take over a year to reduce the overall risk level.

4.13 The Patient and Quality Committee maintained a focus on the management of the Trust's key quality risks. The Board recognised that whilst the Trust had developed a single improvement plan, those actions would take beyond 2024/25 to see these risks reduce. At the year-end a significant number of improvement actions have been delivered so it is expected that these risks will reduce as they are reassessed during 2025/26.

4.14 With regard to the key constitutional targets the Trust has prioritised the treatment of patients according to their clinical needs, in line with national guidance. Like the majority of NHS providers, the Trust has taken action to see those patients waiting the longest focusing on those waiting over 78 weeks, and improved its delivery of cancer's faster diagnosis which has seen by the year end this strategic risk reduce to its target score of moderate, recognising that the operational demands on the Trust have impacted on the Trust's ability to reduce this risk further. The Patient and Quality Committee maintained a complementary review of the Trust's processes to manage the quality risks for patients waiting through the receipt of information on the outcome of harm reviews.

4.15 The Board has established a Research, Innovation and Digital Committee to provide oversight of the Trust's sixth strategic domain of Research and Innovation. Whilst action was taken through the establishment of a Research and Innovation Strategy there remain a number of underlying actions that remain in progress by the year end to reduce these strategic risks down from their initial scores, and, therefore these risks remain scored as significant.

4.16 The Trust has continued to invest time and executive oversight into the enhancement of the Trust's reporting of its highly scored risks, particularly those linked to the Trust's corporate projects and strategic initiatives which complement the Trust's BAF risks. This activity has seen the continued delivery of an integrated risk report being provided to the respective Board Committees and the establishment of an executive led Risk Oversight Group where increased focus is devoted to support the management and mitigation of key operational risks.

4.17 The Trust has undertaken a self-assessment against the CQC's well led we statements and weaved the identified improvement actions into the Trust's single improvement plan. The Trust has commissioned an independent, well led developmental review. This review is being undertaken as the Trust is entering its fourth year, which is in line with good practice. This review will consider the strength of the Trust's own self assessment and action plan as its formulates the review recommendations where further improvements can be made; this work is expected to report in the latter part of June 2025.

Processes for Managing Cyber Security Risk

4.18 We manage our online security pro-actively through a series of technical tools. The Trust is fully onboarded with Microsoft Defender for Endpoint across the entire Trust and have deployed the solution on both the client devices and server estates. We use Microsoft Defender for Endpoint on all Trust Client Devices as this give us greater interoperability with the ATP solution. This solution allows us to actively monitor the devices on our network and have very early detection of any malware or other cyber threats that enter our estate. We use the Threat and Vulnerability Management tools within the ATP solution to identify any potential issues across our Estate. We have been undertaking a series of tasks to 'harden' our desktop. This process uses the ATP Vulnerability Management tools to identify areas of improvement that can decrease the number of attack vectors open to potential Cyber criminals. We continue to act on every National CareCERT alert that we receive and update NHS Digital of our follow-up actions and progress.

4.19 The staff Cyber Awareness online virtual training session is now available and is being heavily promoted to ensure take-up. The course provides the basics around managing online information with cyber security in mind. It covers such topics as password security and SPAM emails which helps staff to stay safe online whether it be at work or within their personal lives. The training is promoted as being core to annual training.

4.20 We are currently working with a Cyber partner company to carry out some cyber related audits. These will focus on our Medical IoT Devices that are in use across our sites. The recommendations from these audits will help us to further harder our environment against attack and how we can better protect both these devices and the wider estate.

4.21 The Trust Board has continued to invest in toolsets that Corporate IT Services use to combat threats. We have a dedicated management and vulnerability tool to monitor and manage our server estate within our data centres. This tool allows greater visibility, reporting and remediation options for any security vulnerability. The fluid nature of the Cyber Security threat landscape requires continued investment through the capital programme.

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

4.22 There are a number of ways in which the Trust ensures that short, medium and long term workforce needs are identified and staffing systems that are applied to assure the Board that staffing is safe, sustainable and effective. Workforce plans are developed at specialty and divisional level and include recruitment, retention and workforce transformation and efficiency plans, informed by clinical strategies and aligned to operational and financial planning. As for all NHS organisations, staffing to the level of demand to meet activity requirements remains challenging. In 2024/25 the Trust has further improved (reduced) turnover and vacancy levels and broadly sustained staff satisfaction in the NHS staff survey).

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

4.24 Through regular reporting to the Board and its People and Culture Committee, workforce and safer staffing reports are provided and are triangulated against quality and other metrics to ensure our staffing processes are safe, sustainable and effective. Workforce risks are identified and monitored in the Board Assurance Framework and local risk registers. An internal audit programme includes periodic checks on workforce areas such as recruitment or processes such as rostering.

4.25 The Trust has a Guardian for Safe Working Hours roles, who work closely with educational and clinical supervisors to ensure that the health, wellbeing and safety of resident doctors is maintained. The reporting on exception reports and other matters and concerns raised by junior doctors to

the People and Culture Committee, which monitors how those are being addressed.

4.26 During 2024/25, the health and wellbeing of staff has remained a key priority with an extensive number of interventions to support the physical, emotional and financial health needs of our workforce. This has included action to support staff in financial hardship with support from the Trust charity MyUHSusseex. The work is led by a health and wellbeing steering group and regular updates to the People and Culture Committee are in place.

4.27 Daily reporting of staffing capacity, including absence, is in place through the use of e-rostering systems now deployed. These provide visibility of staffing and the ability to adjust deployment reflecting any changes in activity levels or acuity of patients. The systems also allow monitoring of any use of additional staffing (bank and agency) and the reasons. During periods of pressure, such as industrial action or critical incident the Trust's business continuity arrangements provide for the re-call and re/deployment of staff as required. The Trust is completing the roll-out of rostering and job planning for the medical workforce.

4.28 There are robust governance structures in place that oversee the efficiency and effectiveness of our staffing systems that ultimately report into the Quality and People & Culture Committees of the Board. Maintaining workforce capacity and capability to ensure it is safe and appropriate is a key feature of risk management at divisional and Trust level. This is supported by daily service safety huddles and processes overseeing the deployment of staff. The Trust's BAF in 2024/25 has reflected increased risks around staffing, including the pressure on staff, general morale and industrial action, but also some improvement in support for wellbeing, reduction in turnover and general stability in the NHS staff survey results.

4.29 From August 2023 the Trust has had an independent Guardian Service to support staff being able to raise any concerns they do not feel able to raise internally. The service is available 24/7 365 days a year and has arrangements to escalate any immediate patient safety concerns, including any issues regarding safe staffing. The Guardian reports to the People and Culture Committee quarterly.

4.30 NHS employment checks standards are applied to recruitment of staff and were last subject to an internal audit in 2021/22. CQC last reviewed the Trust's application of the Fit and Proper Person Test in October 2022 (Well led inspection report published in May 2023) and was satisfied these were being applied.

4.31 The Trust continues to have an aim of being the best acute Trust for staff engagement. Achieving that is supported by several programmes of work including the Trusts culture programme, its People Plan for 2024/25 developed to support improvement in the NHS people promises and EDI plans. Divisions are also supported to develop their own improvements plans based on staff survey results and local engagement. These programmes are monitored by the Board through its People an Culture Committee.

Processes for managing regulatory risk

4.31 University Hospitals Sussex NHS Foundation Trust is rated as "required improvement" and during 2023/24 entered into a series of Provider Licence Undertakings with NHS England. These undertakings included a commitment to delivering both CQC improvements and performance improvements. The delivery of the Trust's developed single improvement plan has been overseen by a Board established Single Improvement Programme Committee. This Committee reported to the Board coupled with a specific progress report which enabled the Board to be assured of and challenge progress. The Trust remains complaint with the requirement from the CQC to cease to undertake elective Upper GI Cancer Surgery. With this reduction in service in place the Trust remains fully compliant with the registration requirements of the Care Quality Commission.

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

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

4.34 During the period of this report the Trust regrettably had five (four in the prior year) Never Events, and received four (four also in the prior year) Prevention of Future Deaths (PFD) notifications. These four reports all related to coroner inquires in respect of deaths that occurred before the 1 April, two relating to the Royal Sussex County Hospital, one relating to Princess Royal Hospital and one at Sr Richard's Hospital.

4.35 Since December 2023 the Trust has implemented the new NHSE Patient Safety Incident Response Framework (PSIRF) reporting all serious incidents as Patient Safety Incident Investigations (PSII). A full investigation is undertaken and the outcome and recommendations reported to the Trust Board for each serious incident, never event and Corner Inquiry. All serious incidents including Never Events were reported as required to the Care Quality Commission, NHS Sussex, NHS Improvement and to NHS England.

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

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

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

4.39 The foundation trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

5.1 The Board receives a monthly report from the Chief Financial Officer on financial performance. Financial performance is reviewed at the Trust Executive Committee to ensure that all senior leaders have visibility on the position and the actions required. Financial performance is scrutinised in detail at the Finance and Performance Committee.

5.2 The Trust has maintained a robust structure for the identification and delivery of efficiency programmes. This is supported by a Programme Management Office and oversight provided by an Executive led efficiency and workforce steering group. Reports are also provided monthly to Sustainability Committee. The Trust in 2024/25 revised its financial forecast which saw the Board approve a deficit plan, with this revised position agreed with the ICB and NHS England.

5.3 Through the establishment of the Single Improvement Programme and the activity performance meetings with NHS England in respect of RTT and Cancer the Trust is maintaining its focus on meeting its provider licence undertakings. The outcome of this work is both reported internally to the Board and Governors along with externally to the NHS Sussex and NHS England through the establish system oversight meetings.

6. Information governance

6.1 In line with standing guidance from NHS Digital on the reporting and classification of Data Protection and Security Incidents, the Trust is reported four (there were also four in the prior year) incidents to the Information Commissioner's Office. Each of these incidents was investigated with the

findings reported to the Information Commissioner who did not take any regulatory action against the Trust or require any further action to the taken by the Trust.

6.2 Each year the Trust completes and submits the Data Security and Protection Toolkit (DSPT) to demonstrate its compliance against the National Data Guardian's National Data Security Standards. NHS Digital set a deadline of 30 June 2024 for submission and the Trust is pleased to confirm that all standards were met for that year.

6.3 In 2023 the NHS England committed to realigning the contents of the 2024/25 DSPT to the Cyber Assessment Framework (CAF) which encourage organisations to promote a culture of continual improvement by adopting best practice which requires the proactive monitoring the security risk landscape and emerging security threats. The 2024/25 DSPT is currently being worked on, for submission in June 2025.

7. Data Quality and Governance

7.1 The Trust has a comprehensive suite of near real time daily reports, which allow detailed patient level review at an operational level, allowing for trend analysis. There is a validation process undertaken by teams for patients who exceed four and twelve hours in department and the outcome of this is submitted nationally each respective day. The Trust captures daily A&E breach information on 4 hourly site reports which are cross referenced against electronic A&E data capture which helps ensure understanding and reconciliation of any discrepancies between daily performance reporting and that observed by site management teams. In 2024/25 an external audit was undertaken where a number of recommendations have been made, These recommendations have been accepted while the work is completed via the Trust's internal Urgent and Emergency Care (UEC) programme to further tighten up on our UEC reporting.

7.2 In 2023/24 the Trust invested in its Business Intelligence reporting development which has led to production of reports and Trust wide portal using the web-based PowerBI platform. This has enhanced accessibility, enabled staff to drill down to various analyses, and is helping the wider trust and BI team to further focus on Data Quality improvements from data entry to reporting, to improve empirical decision making. Since implementation work continues to rebuild and standardise cross site reports to ensure consistency and efficiency of how data is made available to Teams.

7.3 For Referral to Treatment (RTT) performance, there is a validation process undertaken, underpinned by the patient access policy and RTT Rules Suite, whereby longest waiters are reviewed and tracked at a patient level for their accuracy, and the validated cohort of patients are updated daily up to the point at which monthly reporting is finalised (approximately 10th of subsequent month). This is supported by divisional and corporate weekly meetings where trends and anomalies are tracked and rectified. The Trust continues to submit a weekly National patient level dataset which has inbuilt

quality measures to drive target data quality improvements. The Trust is in the top quartile nationally for these metrics. The Trust also provides weekly long waiters monitoring for regional and ICS colleagues, which has further enhanced the Data Quality review for this cohort of patients.

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

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

7.6 The Trust continues to develop a data quality kite marking process which visually shows the quality of the underlying data across a number of elements, including the timeliness of the data, the strength of internal independent validation etc. This process was applied to the key performance indicators reported to the Trust's Committee.

7.7 The Trust continues to review current information relating to key constitutional standards, so as to be able to provide an aggregated view of the Trust. This provides a continuous opportunity to review definitions and align methods of collection to improve consistency. Development of a data warehouse as a repository for combined information allows efficient and direct comparison of performance and key drivers across Trust sites, across various dimensions.

7.8 In 2024/25 The Trust has set up new Trust wide governance to support Data Quality which is jointly chaired by the Director of Performance and Business Intelligence and the Chief Information Officer. This has cross organisation representation and will continue to drive the wider Trust Data Quality improvements leading into the planned EPR procurement.

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

University Hospitals Sussex NHS Foundation Trust

8. Review of effectiveness

8.1 As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework.

8.2 *Head of Internal Audit Opinion*

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

8.4 Based on work undertaken during 2024/25 the Head of Internal Audit has stated in their Head of Internal Audit Opinion that they “are able to provide moderate assurance that there is a sound system of internal control, designed to meet the Trust’s objectives and that controls are being applied consistently”.

8.5 In forming their opinion they took into account that, the Trust had delivered its revised deficit position, that management had been proactive in directing internal audit to review areas of known risk and therefore through the recommendations made been able to progress with the control improvements. In the year the majority of audits provided substantial or moderate assurance in the design of controls, including the key audits of financial systems and the data security and protection toolkit. Whist three audits did provide limited assurance for operational effectiveness, the Trust directed us to look at these know areas of concern to identify the improvements required. In respect of the limited assurance opinions provided Internal Audit reported that management had responded positively to the recommendations made.

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

8.7 *External Audit*

8.8 External Audit report to the Trust on the findings from their audit work, in particular their audit of the financial statements and the Trust’s arrangements to secure economy, efficiency and effectiveness in its use of resources (the Value for Money Conclusion). For 2024/25 an unqualified audit opinion has been issued in respect of the financial statements. Within the Value for Money Conclusion the External Auditors provide a conclusion within three areas these being financial sustainability, governance and improving economy, efficiency, and effectiveness. Within the areas of financial sustainability and governance their conclusion reflects there are significant weakness, with two key recommendations being made. Within the area of the

Trust's arrangements over securing economic, efficient and effective uses of the Trust's resources the external auditors reflect positively on the progress made since the prior year

8.9 Counter-fraud

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

8.11 The Local Counter Fraud Specialist (LCFS) adopts a risk-based approach to counter fraud work, identifying areas of potential vulnerability. Relevant local proactive exercises (LPEs) are consequently built into the Trust's annual counter fraud work plan, which includes activity relating to the four main NHS Counter Fraud Authority (CFA) standards: Strategic Governance, Inform and Involve, Prevent and Deter, and Hold to Account and which is overseen by the Audit Committee. The LCFS helps to foster an anti-fraud culture within the Trust through delivery of an ongoing training programme across a wide range of staff groups. This features regular presentations on counter fraud and on compliance with the UK Bribery Act 2010. The LCFS attends each meeting of the Audit Committee to present a report on their work.

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

8.13 Health and Safety

8.14 The Health and Safety Executive (HSE) sought information from the Trust in respect of a small number of Trust's services. Specifically, they sought detailed information in relation to a Trust self reported incident that took place at the RSCH laboratory. The HSE upon review of the information provided the concluded they were satisfied with the Trust's own improvement actions implemented as part of the incident action plan and confirmed that they did not seek any further actions.

8.15 The Trust continues with the delivery of the actions in respect of Formalin management. The HSE has been kept informed of the progress being made recognising that the delay has been due to commissioning bespoke equipment.

8.16 The Environment Agency undertook a visit to assess the Trust's Waste Management processes and concluded that these processes were well designed and operated effectively.

8.17 The oversight of Health and Safety risks is provided by the Trust's Health and Safety Committee which reports directly to the Audit Committee.

8.18 Board Committees

8.19 The Board and its Committees form an important aspect of control and I have been advised during my review by the work of the Audit Committee where the results of the work of the Trust's auditors are received along with the work of the Patient First thematic Committees of Patient and Quality, People and Culture, Finance and Performance and Research, Innovation and Digital during 2024/25. The dedicated oversight committee in respect of the Trust's developed Single Improvement Plan continued to meet during the year and made a recommendation, that was accepted by the Board in March 2025 to close this task and finish committee based on the level of delivery made and the comprehensive mapping of the oversight of the few ongoing actions to the other established Board Committees.

8.20 *Patient First Thematic Committees*

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

8.22 At the start of 2024/25 the Board agreed to combine the Sustainability and Systems and Partnerships Committees to form a Finance and Performance Committee. This decision reflected the level of duplicative and linked conversations that were being held in the two Committees where it would be more effective to have those reports report into one Committee.

8.23 During the year the Patient and Quality Committee received regular reports on the Trust's patient experience and quality performance and risks, learning from complaints and investigations into untoward incidents along with regular maternity perinatal performance dashboards. The Quality Committee has also received information from the Non Executive and Executive champions for Maternity who are the Patient and Quality Committee Chair and Chief Nurse respectively. The Committee supported the assurance flow to the Board that quality key risks have been managed during the year especially that there have been no significant patient safety matters arising during the year especially around CQC recommendation delivery.

8.24 During the year the Finance and Performance Committee has received regular reports on the Trust's financial position, the management of its cash position and the delivery of the Trust's capital programme, along with the delivery of the Trust's efficiency programme and reports covering workforce, procurement, IM&T and the Trust's environmental sustainability strategy, along with receipt of the regular reports on the delivery of the Trusts performance measures and received a series of more in depth reports covering specific aspects of performance and improvement projects. This Committee supports the Board secure assurance over the Trust's delivery against its performance undertakings and NHS England Tier One improvement plans.

8.25 The People and Culture Committee across the year received regular reports on the Trust's people key performance indicators, staff wellbeing initiatives and the Trust's developed leadership and organisational development programme. This Committee has supported the Board with its assurance flow that the Trust's key people risks are being managed during the year whilst recognising the operational pressures have impacted on the Trust key people risks. The Committee also consider the delivery of the Equality, Diversity and Inclusion Strategy as well as oversight of the Trust's staff well being activities. Following the restructure of this Committee's agenda agreed last year the Committee has received routine reports on the actions delivered on the Trust's cultural development supported by the continued oversight of the Trust's developed Leadership development initiatives.

8.26 The Research, Innovation and Digital Committee across the year received regular report on the Trust's delivery against its established research strategy, along with information on the Trust's actions to improve its digital maturity. The Committee supported the assurance flow to the Board that the research, innovation and digital strategic risks are being managed.

8.27 *Single Improvement Programme Committee*

8.28 This Committee, formerly called the Quality and Safety Improvement Committee, is chaired by a Non-Executive Director and provides me and the Board with a flow of assurance over the delivery of the established improvement programme. The Committee also supports the validation of the assurance provision to the ICS and NHS England on the Trust's delivery against the Trust's licence undertakings. The Committee recommended to the Board who accepted their recommendation, that this task and finish committee should stand down at the end of March having delivered assurance of the progress with the plan.

8.29 *Board Assurance Framework*

8.30 During the year covered by this report the Board Assurance Framework reporting framework has been maintained which has seen the structured flow of assurance reporting to the Board on the controls managing the Trust's key risks to the delivery of the Trust's identified True North and associated breakthrough objectives. This process plays a key role in articulating where gaps in control exist and the tracking of devised actions to mitigate these.

8.31 *Wider processes*

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

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

- delivering improvements identified within the Single Improvement Programme aligned to the delivery of the Trust's provider licence undertakings.

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

8.35 I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee, the patient and quality, people and culture, research, innovation and digital, and the finance and performance committees along with the single improvement programme committee and the ICB assurance meetings. Where improvements have been highlighted then and a plan to address weaknesses and ensure continuous improvement of the system is in place.

9. Conclusion

9.1 I have considered the factors described in the NHS Improvement guidance on the 2024/25 annual governance statement in respect of significant issues.

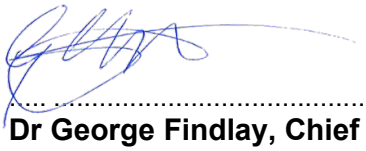
9.2 During the period 1 April 2024 to 31 March 2025 and up to the time of signing the accounts the Trust continues to have a number of undertakings on its Licence, and whilst action has been taken and accepted by NHS E through their provider assurance meetings, I recognise the significance of these internal control weaknesses, especially within the areas of performance and quality governance.

9.3 Oversight of the Trust's management of these challenges continues at the Board and through its Committees with each being assured that the Trust has applied its resources to address the significant operational challenges and sustain the improvements within our overall quality governance framework. The Board through the work of the Single Improvement Programme Committee has ensured the control improvements within the improvement programme have progressed in line with agreed action plans. The delivery of these improvements and those relating to operational performance are reported formally to both the ICB and NHS England as part of the routine quarterly oversight meetings. Operational Performance (RTT) improvement is also reported to NHS England within the established tier one oversight meetings.

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

University Hospitals Sussex NHS Foundation Trust

Signed (by order of the Board of Directors)



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Dr George Findlay, Chief Executive 25 June 2025

University Hospitals Sussex NHS Foundation Trust

Annual accounts for the year ended 31 March 2025

Foreword to the accounts

University Hospitals Sussex NHS Foundation Trust

These accounts, for the year ended 31 March 2025, have been prepared by University Hospitals Sussex NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name **Dr George Findlay**

Job title **Chief Executive**

Date **25 June 2025**

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2024/25	2023/24	2024/25	2023/24
	Note	£000	£000	£000	£000
Operating income from patient care activities	4	1,572,407	1,408,733	1,572,407	1,408,733
Other operating income	5	125,966	115,639	127,197	117,688
Operating expenses	8,10	(1,711,268)	(1,677,809)	(1,710,571)	(1,676,465)
Operating deficit from continuing operations		**(12,895)**	**(153,437)**	**(10,967)**	**(150,044)**
Finance income	12	3,487	3,274	2,951	2,643
Finance expenses	13	(5,751)	(5,605)	(5,748)	(5,604)
PDC dividends payable		(25,952)	(21,409)	(25,952)	(21,409)
Net finance costs		**(28,216)**	**(23,740)**	**(28,749)**	**(24,370)**
Other (losses)	14	(34)	(1,256)	-	(1,610)
Corporation tax expense		(259)	(273)	-	-
Deficit for the year	2	**(41,404)**	**(178,706)**	**(39,716)**	**(176,024)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	9	2,720	(47,091)	2,720	(47,091)
Revaluations	19	13,272	4,421	13,272	4,416
Total comprehensive expense for the period		**(25,412)**	**(221,376)**	**(23,724)**	**(218,699)**
Deficit for the period attributable to:					
University Hospitals Sussex NHS Foundation Trust		(41,404)	(178,706)		
TOTAL		**(41,404)**	**(178,706)**		
Total comprehensive expense for the period attributable to:					
University Hospitals Sussex NHS Foundation Trust		(25,412)	(221,376)		
TOTAL		**(25,412)**	**(221,376)**		

Note that the Group Accounts include the consolidation of My University Hospitals Sussex (Registered charity No. 1050864) and Pharm@Sea Limited (wholly owned subsidiary).

Statements of Financial Position

		Group		Trust	
		31 March 2025	31 March 2024	31 March 2025	31 March 2024
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	15	32,328	35,603	32,328	35,603
Property, plant and equipment	17,18	983,377	953,059	982,545	952,939
Right of use assets	20	39,261	45,987	39,217	45,970
Other investments / financial assets	21	10,510	12,002	1,101	1,101
Receivables	25	8,739	10,139	8,779	10,176
Total non-current assets		**1,074,215**	**1,056,790**	**1,063,970**	**1,045,789**
Current assets					
Inventories	24	23,473	21,602	22,013	20,582
Receivables	25	54,064	53,399	52,648	52,781
Cash and cash equivalents	27	3,089	21,590	2,389	19,669
Total current assets		**80,626**	**96,591**	**77,050**	**93,032**
Current liabilities					
Trade and other payables	28	(147,991)	(163,394)	(147,598)	(163,936)
Borrowings	30	(11,039)	(11,972)	(11,013)	(11,959)
Provisions	31	(929)	(4,449)	(929)	(4,448)
Other liabilities	29	(1,305)	(2,123)	(1,305)	(2,123)
Total current liabilities		**(161,264)**	**(181,938)**	**(160,845)**	**(182,466)**
Total assets less current liabilities		**993,577**	**971,443**	**980,175**	**956,355**
Non-current liabilities					
Borrowings	30	(117,618)	(128,969)	(117,591)	(128,967)
Provisions	31	(4,771)	(5,185)	(4,771)	(5,162)
Total non-current liabilities		**(122,389)**	**(134,154)**	**(122,362)**	**(134,129)**
Total assets employed		**871,188**	**837,289**	**857,813**	**822,226**
Financed by					
Public dividend capital		1,086,499	1,027,188	1,086,499	1,027,188
Revaluation reserve		132,390	121,180	132,385	121,175
Income and expenditure reserve		(358,854)	(324,197)	(361,071)	(326,137)
Charitable fund reserves	23	11,153	13,118	-	-
Total taxpayers' equity		**871,188**	**837,289**	**857,813**	**822,226**

Note that the Group Accounts include the consolidation of My University Hospitals Sussex (Registered charity No. 1050864) and Pharm@Sea Limited (wholly owned subsidiary).

The notes on pages 32 to 81 form part of these accounts.

Name Dr George Findlay

Position Chief Executive

Date 25 June 2025

Consolidated Statement of Changes in Equity for the year ended 31 March 2025

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**1,027,188**	**121,180**	**(324,197)**	**13,118**	**837,289**
Surplus/(deficit) for the year	-	-	(42,513)	1,109	**(41,404)**
Other transfers between reserves	-	(4,782)	4,782	-	**-**
Impairments	-	2,720	-	-	**2,720**
Revaluations	-	13,272	-	-	**13,272**
assets	-	-	-	-	**-**
Public dividend capital received	59,311	-	-	-	**59,311**
Other reserve movements	-	-	3,074	(3,074)	**-**
Taxpayers' and others' equity at 31 March 2025	**1,086,499**	**132,390**	**(358,854)**	**11,153**	**871,188**

Consolidated Statement of Changes in Equity for the year ended 31 March 2024

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**994,686**	**169,427**	**(136,127)**	**15,905**	**1,043,891**
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(17,728)	-	**(17,728)**
Surplus/(deficit) for the year	-	-	(178,921)	215	**(178,706)**
Other transfers between reserves	-	(5,444)	5,444	-	**-**
Impairments	-	(47,091)	-	-	**(47,091)**
Revaluations	-	4,421	-	-	**4,421**
assets	-	(133)	133	-	**-**
Public dividend capital received	32,502	-	-	-	**32,502**
Other reserve movements	-	-	3,002	(3,002)	**-**
Taxpayers' and others' equity at 31 March 2024	**1,027,188**	**121,180**	**(324,197)**	**13,118**	**837,289**

Note that the Group Accounts include the consolidation of My University Hospitals Sussex (Registered charity No. 1050864) and Pharm@Sea Limited (wholly owned subsidiary).

Statement of Changes in Equity for the year ended 31 March 2025

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**1,027,188**	**121,175**	**(326,137)**	**822,226**
Deficit for the year	-	-	(39,716)	**(39,716)**
Other transfers between reserves	-	(4,782)	4,782	**-**
Impairments	-	2,720	-	**2,720**
Revaluations	-	13,272	-	**13,272**
Transfer to retained earnings on disposal of assets	-	-	-	**-**
Public dividend capital received	59,311	-	-	**59,311**
Other reserve movements	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2025	**1,086,499**	**132,385**	**(361,071)**	**857,813**

Statement of Changes in Equity for the year ended 31 March 2024

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**994,686**	**169,427**	**(137,962)**	**1,026,151**
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(17,728)	**(17,728)**
Deficit for the year	-	-	(176,024)	**(176,024)**
Other transfers between reserves	-	(5,444)	5,444	**-**
Impairments	-	(47,091)	-	**(47,091)**
Revaluations	-	4,416	-	**4,416**
Transfer to retained earnings on disposal of assets	-	(133)	133	**-**
Public dividend capital received	32,502	-	-	**32,502**
Taxpayers' and others' equity at 31 March 2024	**1,027,188**	**121,175**	**(326,137)**	**822,226**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

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

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 23.

Statements of Cash Flows

		Group		Trust	
		2024/25	2023/24	2024/25	2023/24
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating deficit		(12,895)	(153,437)	(10,967)	(150,044)
Non-cash income and expense:					
Depreciation and amortisation	8.1	62,363	49,779	62,313	49,740
Net impairments	9	18,056	164,049	18,056	164,049
Income recognised in respect of capital donations	5	(6,009)	(372)	(7,576)	(2,799)
Amortisation of PFI deferred credit		-	-	-	-
(Increase) / decrease in receivables and other assets		(1,913)	24,424	(1,596)	24,883
Increase in inventories		(1,871)	(3,032)	(1,431)	(2,804)
Decrease in payables and other liabilities		(12,923)	(38,282)	(14,679)	(37,348)
Decrease in provisions		(4,349)	(1,133)	(4,325)	(1,134)
Movements in charitable fund working capital		(1,308)	(1,195)	-	-
Tax paid		(259)	(275)	-	-
Net cash flows from operating activities		**38,892**	**40,526**	**39,795**	**44,543**
Cash flows from investing activities					
Interest received		2,897	2,892	2,850	2,805
Purchase of intangible assets		(7,341)	(5,248)	(7,341)	(5,248)
Purchase of PPE and investment property		(81,166)	(73,254)	(80,459)	(73,254)
Sales of PPE and investment property		-	3	-	3
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(152)	(59)	(152)	(53)
Receipt of cash donations to purchase assets		6,009	372	7,576	2,799
Finance lease receipts (principal and interest)		136	257	142	263
Net cash flows from charitable fund investing activities		492	539	-	-
Net cash flows used in investing activities		**(79,125)**	**(74,498)**	**(77,384)**	**(72,685)**
Cash flows from financing activities					
Public dividend capital received		59,311	32,502	59,311	32,502
Movement on loans from DHSC		(3,740)	(4,240)	(3,740)	(4,240)
Capital element of lease liability repayments		(5,302)	(5,698)	(5,270)	(5,687)
Capital element of PFI, LIFT and other service concession payments		(2,460)	(4,262)	(2,460)	(4,262)
Interest on loans		(1,081)	(1,177)	(1,081)	(1,177)
Other interest		(1)	(41)	(1)	(43)
Interest paid on lease liability repayments		(712)	(732)	(709)	(731)
Interest paid on PFI, LIFT and other service concession obligations		(2,074)	(2,191)	(2,074)	(2,191)
PDC dividend paid		(23,667)	(23,316)	(23,667)	(23,316)
Net cash flows from charitable fund financing activities		1,458	4,193	-	-
Net cash flows from / (used in) financing activities		**21,732**	**(4,962)**	**20,309**	**(9,145)**
Decrease in cash and cash equivalents		**(18,501)**	**(38,934)**	**(17,280)**	**(37,287)**
Cash and cash equivalents at 1 April - brought forward		**21,590**	**60,524**	**19,669**	**56,956**
Cash and cash equivalents at 31 March	27	**3,089**	**21,590**	**2,389**	**19,669**

Note that the Group Accounts include the consolidation of University Hospitals Sussex Charity, which operates as My University Hospitals Sussex (Registered charity No. 1050864) and Pharm@Sea Limited (wholly owned subsidiary).

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern
These The annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

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

The future cashflow projection of My University Hospitals Charity provides the corporate trustee with a reasonable expectation that the charitable activity will continue for the foreseeable future. The Charity has investments it can readily drawdown if required. For this reason, the corporate trustee has adopted the going concern basis in preparing the accounts.

Pharm@Sea Limited remained operational throughout the year. The financial year 2024/25 has seen the volume of patients and prescriptions increase week on week as well as the expansion of the drugs dispensing service within Sussex. This remains closely monitored and supply chains planned accordingly. The company has been profitable throughout the year. The Board of directors have a reasonable expectation that the services provided by the company will continue to be provided for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts.

Note 1.3 Consolidation
The entities included in these accounts are University Hospitals Sussex NHS Foundation Trust (Parent entity), My University Hospitals Sussex (Registered charity No. 1050864) and Pharm@Sea Limited (wholly owned subsidiary).

All three organisations have a coterminous year end of 31 March 2025 with aligned accounting policies.

Any intra group balances have been eliminated on consolidation.

NHS Charitable Fund
Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities' returns, where those funds are determined to be material. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact.

The trust is the Corporate Trustee to My University Hospitals Sussex (Registered charity No. 1050864). The trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable funds and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

Other subsidiaries

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity, and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. Any intra group balances have been eliminated on consolidation.

The amounts consolidated are drawn from the published financial statements of Pharm@Sea Limited for the year.

Associates

Associate entities are those over which the trust has the power to exercise a significant influence. The trust has no associates.

Joint 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. Joint ventures are accounted for using the equity method. 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 has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The Trust includes within its financial statements its share of the assets, liabilities, income and expenses. The trust does not have joint operations.

Note 1.4 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- The trust is not required to disclose information regarding performance obligations that are part of a contract that has an original expected duration of one year or less,
- The trust is not required to disclose information where revenue is recognised in line with the practical expedient offered in the Standard, where the right to consideration corresponds directly with value of the performance completed to date;
- The FReM has mandated the exercise of the practical expedient offered in the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of revenue for the trust is contracts with commissioners in respect of healthcare services. Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transaction price allocated to that performance obligation. At the year end, the trust accrues income relating to performance obligations satisfied in that year. Where a patient care spell is incomplete at the year end, revenue relating to the partially complete spell is accrued in the same manner as other revenue.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the trust accrues income relating to performance obligations satisfied in that year. Where the trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15.

Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied.

In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other income
Income from the sale of non-current assets is recognised only when all material conditions of sale have been met and is measured as the sums due under the sale contract.

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Group accrues income relating to performance obligations satisfied in that year. Where the Group’s entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

There are no material contracts for which the performance obligation has not been satisfied as at 31 March 2025.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. 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. Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees.
The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

No employees are members of the Local Government Superannuation Scheme.

Note 1.7 Expenditure on other goods and services

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.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

Neither the group nor trust have discontinued operations.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

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.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back-office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided.

Department of Health guidance specifies that the Group's specialised land and buildings should be valued on the basis of depreciated replacement cost, applying the Modern Equivalent Asset (MEA) concept. The MEA is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore, the MEA is not a valuation of the existing land and buildings that the trust holds, but a theoretical valuation for accounting purposes of what the trust could need to spend in order to replace the current assets. In determining the MEA, the Trust has to make assumptions that are practically achievable; however, the Trust is not required to have any plans to make such changes.

The Group is satisfied that the assumptions underpinning the MEA valuation are practically achievable, would not change the services provided by the Trust, and would not impact on service delivery or the level and volume of service provided. The Group does not intend to implement any of the theoretical assumptions that underpin the MEA valuation.

For the purpose of the MEA valuation, the Group has defined all of the Royal Sussex County Hospital, The Royal Alexandra Children's Hospital, the Sussex Eye Hospital, the Princess Royal Hospital, St Richards Hospital in Chichester and Worthing Hospital as buildings that provide specialist health care services. The MEA valuation in the accounts assumes that the Chichester and Worthing based hospitals could theoretically be provided from a location on the outskirts of Chichester (to the north of Bognor Regis) and Worthing (to the north of Littlehampton); and that the Brighton based hospitals could theoretically be provided from a location on the outskirts of Brighton (on the A27 ring road towards Portslade).

Under the MEA approach, Trust sites will be multi-story hospital blocks built to a smaller footprint compared to the existing estate (similar to the 3Ts development). Following the delivery of the Louisa Martindale (3Ts Phase 1) which added 62,372 m2 to the estate, The Group have identified that 30,953m2 could be reduced from the Royal Sussex County Hospital MEA site, and 1,104m2 from the Princess Royal Hospitals site.

Under the MEA approach, the Trust has assumed VAT will be recovered on a new build at a similar rate to the 3Ts project.

Valuation guidance issued by the Royal Institute of Chartered Surveyors (RICS) states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic

lives or low values or both, as this is not considered to be materially different from current value in existing use.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13 if it does not meet the requirements of IAS 40 or IFRS 5.

Depreciation

Freehold land, assets under construction or development, and assets held for sale are not depreciated/amortised. Freehold land is considered to have an infinite life and is not depreciated.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the trust expects to obtain economic benefits or service potential from the asset. This is specific to the trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Property, plant, and equipment which have been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

At each financial year end, the trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, in accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying

amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

They are valued, depreciated, and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets.

Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

Government grant and other grant funded assets

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the trust.

Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- Payment for the fair value of services received
- Repayment of the finance lease liability, including finance costs, and
- Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

Services received
The cost of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

PFI assets, liabilities, and finance costs

The PFI assets are initially measured using the principles of IFRS 16. Subsequently, the assets are measured at current value in existing use per the policies applied under IAS 16.

A PFI liability equal to the capital value of the contract is recognised at the same time as the PFI assets are recognised. This does not include service elements and interest charges within the PFI contract which are expensed in accordance with IFRIC 12 as adapted and interpreted by the FReM and as detailed below.

An annual finance cost is calculated by applying the implicit interest rate in the contract to the opening PFI liability for the period and is charged to 'Finance Costs' within the Statement of Comprehensive [Income / Net Expenditure].

An element of the annual unitary payment is therefore allocated as a financing cost when repaying the PFI liability over the life of the contract.

Where there is a change in future lease payments resulting from a change in an index or a rate used to determine those payments, including for example a change to reflect changes in market rental rates following a market rent review. The entity remeasures the PFI liability to reflect those revised payments only when there is a change in the cash flows (i.e. when the adjustment to the payments takes effect). The entity shall determine the revised payments for the remainder of the PFI arrangement based on the revised contractual payments. As subsequent measurement of the PFI asset is per IAS 16 than IFRS 16, the opposite entry to adjustment of the PFI liability for such remeasurements is charged to Finance Costs.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Group's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Initial application of IFRS 16 liability measurement principles to PFI liabilities in 2023/24

IFRS 16 liability measurement principles were applied to PFI and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis was applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	**Max life Years**
Land	-	-
Buildings, excluding dwellings	2	88
Dwellings	12	68
Plant & machinery	2	35
Transport equipment	2	10
Information technology	2	10
Furniture & fittings	2	15

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of 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; and where the cost is at least £5,000.

Internally generated intangible assets

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred.

Internally-generated assets e.g. goodwill, brands, mastheads, publishing titles, customer lists and similar items are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The trust intends to complete the intangible asset and use it;
- The trust has the ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial, and other resources to complete the intangible asset and sell or use it; and
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

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 current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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 lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Intangible assets		
Information technology	2	10
Software Licences & trademarks	2	10

Note 1.11 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.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

Note 1.12 Investment properties

Neither the group nor trust have investment properties.

Note 1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.14 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.
Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.
De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.15 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as lessee

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.
The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease

term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.16 Provisions

The 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 at the end of the reporting period.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates.

The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution (the trading name of the NHS Litigation Authority NHSLA) operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 31.3 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

Note 1.17 Contingencies

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.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

Note 1.18 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health 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 Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

The PDC dividend calculation is based upon the trust's group accounts (i.e. including subsidiaries) but excluding consolidated charitable funds.

Note 1.19 Value added tax

Most of the activities of the 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.

Note 1.20 Corporation tax

Corporation tax disclosed in the group accounts relates to tax on the activities of the wholly owned subsidiary, Pharm@Sea Limited. Tax is charged at 25% on the taxable profits of Pharm@Sea Limited. Deferred tax has been provided on the remaining unwound capital allowances.

The trust has determined that it has no corporation tax liability as it does not operate any commercial activities that are not part of core health care delivery.

Note 1.21 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.22 Foreign exchange

The functional and presentational currencies of the trust are pounds sterling and figures are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the spot exchange rate on the date of the transaction. The trust has not entered into any material foreign exchange transactions and has no assets or liabilities held in foreign currencies.

Note 1.23 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.24 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.25 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

As at 31 March 2025 no gifts were made.

Note 1.26 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25:

IFRS 17 Insurance Contracts
The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements
The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures
The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation
Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.
  These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.
  The impact of applying these changes in future periods has not yet been assessed. PPE and right of use assets currently subject to revaluation have a total book value of £13,272k as at 31 March 2025. Assets valued on an alternative site basis have a total book value of £766,259k at 31 March 2025. Although the impact has not been quantified, the revised valuation assumption may have a material or significant impact on PPE measurement in future periods.

IFRS 9 Financial Instruments
Amendments to IFRS 9 were issued in May 2024, for adoption from 2026/27. These amendments have not yet been adopted by the FreM so the impact on the public sector is not yet known.
The key amendment that may impact NHS bodies relates to a clarification of the date of recognition and derecognition of some financial assets and liabilities, with a new exception for some financial liabilities settled through an electronic cash transfer system. This could impact the timing of when payables and cash are derecognised on making a payment and may require a change to current practices relating to bank reconciliations.

Note 1.28 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Asset valuation

The total balance of intangible, tangible fixed assets and right of use assets for the Group as at 31 March 2025 is £1,055m. (2023/24 £1,034.9m) of which £797.2m (2023/24 £781.3m) relates to revalued

estate assets (Land, buildings and dwellings). The value of right of use assets included in the valuation is £4.6m.

The value and remaining useful lives of estate assets are estimated by the Trust's valuer, Newmark Gerald Eve LLP, 'Newmark'. Valuations are carried out annually and are performed in accordance with the Royal Institute of Chartered Surveyors' RICS Valuation – Global Standards ('Red Book Global Standards') and other relevant RICS guidance notes, primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property. In particular, land and building assets at each site are valued as a single combined hospital facility ('single alternative site model'), as described in the previous section. The composition of this alternative replacement model requires the operation of significant levels of professional estimation by the valuer.

The performance of the 31 March 2025 update valuation was based on a RICS Building Cost Information Service All-in Tender Price Index (BCIS TPI) published on 31 March 2025 and no significant correction to this is anticipated. The Trust's valuation also depends on the BCIS Location Factor applied, and an estimation of external / economic obsolescence levels. If varied by 2 - 3%, these would generate changes in the valuation of the buildings circa 2 – 3%.

Buildings valuation

The MEA valuations used by the Group, as described in note 1.9, have been provided to the Group by the external valuers, Newmark. The Group has used component lives based upon contractual information provided by Newmark to depreciate buildings and dwellings on a component basis.

Under the MEA approach, the Trust has assumed VAT will be recovered on a new build at a similar rate to the 3Ts project. The value without the VAT adjustment is £815.2m compared to £792.6m with the VAT adjustment.

Cost Data: For the specialised estate which makes up the majority of the value of the Group's land and buildings, the valuer utilises cost data that is adjusted to account for price fluctuations since the construction date and any variances between these costs and the estimated costs of constructing a modern equivalent asset. The valuer primarily relies on published construction price data where actual costs are not available or do not reflect the instant build guidance. This published price data serves as an estimation of the potential costs for constructing a modern equivalent asset, which may differ from the actual costs incurred. Should the cost data reflect a 2.5% increase (mid-point between 2%-3%), it would result in a £18.3 million increase in the value of specialised properties as recorded on the Statement of Financial Position (SoFP). However, this is not considered to be material.

The estimated economic lives of each class of asset are disclosed in notes 1.9, and the carrying values of property, plant and equipment in notes 16 to 17.

Note 1.29 Reconciliation of accounting performance to adjusted performance (control total basis)

This note shows how the trust performance is measured by NHS England compared to the accounting surplus/(deficit).

Note 2 Reconciliation of accounting performance to adjusted performance (control total basis)

	Group	
	2024/25	**2023/24**
Adjusted financial performance (control total basis):	**£000**	**£000**
Deficit for the period	(41,404)	(178,706)
Remove impact of consolidating NHS charitable fund	1,965	2,787
Remove net impairments not scoring to the Departmental expenditure limit	18,056	164,049
Remove I&E impact of capital grants and donations	(6,252)	(1,576)
Remove I&E impact of IFRIC 12 schemes on an IFRS 16 basis	4,957	3,197
Add back I&E impact of IFRIC 12 schemes on former UK GAAP basis	(7,320)	-
Add back I&E impact of IFRIC 12 schemes on an IAS 17 basis	-	(4,703)
Adjusted financial performance deficit	**(29,998)**	**(14,952)**

Note 3 Operating Segments

Consistent with previous years, the group and trust take the view that there is a single operating segment – the provision of healthcare.

Note 4 Operating income from patient care activities (Group and Trust)

Note 4.1 Income from patient care activities (by nature)

	Group and Trust	
	2024/25	2023/24
	£000	£000
Acute services		
Income from commissioners under API contracts - variable element*	370,590	272,952
Income from commissioners under API contracts - fixed element*	885,969	906,107
High cost drugs income from commissioners	116,246	103,451
Other NHS clinical income	50,184	38,245
Mental health services		
Income from commissioners under API contracts*	7,131	1,728
Community services		
Income from commissioners under API contracts*	39,102	22,157
Income from other sources (e.g. local authorities)	8,965	8,911
All services		
Private patient income	8,585	8,044
National pay award central funding***	4,237	684
Additional pension contribution central funding**	61,851	37,465
Other clinical income	19,547	8,989
Total income from activities	**1,572,407**	**1,408,733**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2024/25 NHS Payment Scheme documentation.

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 4.2 Income from patient care activities (by source)

	Group and Trust	
	2024/25	2023/24
Income from patient care activities received from:	**£000**	**£000**
NHS England	401,541	352,280
Integrated care boards	1,133,580	1,016,041
Department of Health and Social Care	10	-
Other NHS providers	-	95
NHS other	146	66
Local authorities	8,965	8,911
Non-NHS: private patients	8,585	8,044
Non-NHS: overseas patients (chargeable to patient)	745	707
Injury cost recovery scheme	3,081	3,272
Non NHS: other	15,754	19,317
Total income from activities	**1,572,407**	**1,408,733**
Of which:		
Related to continuing operations	1,572,407	1,408,733

Note 4.3 Overseas visitors (relating to patients charged directly by the provider (Group and Trust)

	2024/25	2023/24
	£000	**£000**
Income recognised this year	745	707
Cash payments received in-year	572	38
Amounts added to provision for impairment of receivables	657	337
Amounts written off in-year	142	331

Note 5 Other operating income (Group)

	2024/25			2023/24		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	7,792	-	**7,792**	6,710	-	**6,710**
Education and training	63,546	2,038	**65,584**	57,140	1,509	**58,649**
Non-patient care services to other bodies	11,795	-	**11,795**	14,536	-	**14,536**
Income in respect of employee benefits accounted on a gross basis	7,253	-	**7,253**	6,737	-	**6,737**
Receipt of capital grants and donations and peppercorn leases	-	6,009	**6,009**	-	372	**372**
Charitable and other contributions to expenditure	-	3,433	**3,433**	-	7,421	**7,421**
Revenue from operating leases	-	1,544	**1,544**	-	1,436	**1,436**
Charitable fund incoming resources	-	2,244	**2,244**	-	1,669	**1,669**
Other income*	20,299	13	**20,312**	18,109	-	**18,109**
Total other operating income	**110,685**	**15,281**	**125,966**	**103,232**	**12,407**	**115,639**
Of which:						
Related to continuing operations			125,966			115,639
Related to discontinued operations			-			-

*Other income includes revenue streams such as; Car parking income, staff accommodation rental income, non NHS Pharmacy sales & Clinical Excellence Awards income.

	2024/25 £000	2023/24 £000
Car Parking income	4,715	4,404
Catering	683	669
Pharmacy sales	8,141	6,877
Staff accommodation rental	1,792	1,532
Staff contribution to employee benefit schemes	45	41
Crèche services	1,160	884
Clinical tests	1,191	1,746
Clinical excellence awards	1,907	1,963
Other income generation schemes (recognised under IFRS 15)	420	60
Other income not already covered (recognised under IFRS 15)	245	515
Other	13	-
Total before consolidation of charitable funds	20,312	18,691
Elimination of 'other income' on consolidation of charitable funds	-	(582)
Total after consolidation of charitable funds	**20,312**	**18,109**

Note 5.1 Other operating income (Trust)

	2024/25			2023/24		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	7,792	-	**7,792**	6,710	-	**6,710**
Education and training	63,546	2,038	**65,584**	57,141	1,509	**58,650**
Non-patient care services to other bodies	12,055		**12,055**	14,782	-	**14,782**
Income in respect of employee benefits accounted on a gross basis	7,913		**7,913**	6,736		**6,736**
Receipt of capital grants and donations and peppercorn leases		7,576	**7,576**		2,799	**2,799**
Charitable and other contributions to expenditure		4,280	**4,280**		7,421	**7,421**
Revenue from operating leases		1,544	**1,544**		1,437	**1,437**
Other income	20,040	413	**20,453**	18,456	697	**19,153**
Total other operating income	**111,346**	**15,851**	**127,197**	**103,825**	**13,863**	**117,688**
Of which:						
Related to continuing operations			127,197			117,688
Related to discontinued operations			-			-

*Other income includes revenue streams such as; Car parking income, staff accommodation rental income, non NHS Pharmacy sales & Clinical Excellence Awards income.

	2024/25	2023/24
	£000	£000
Car Parking income	4,715	4,404
Catering	683	669
Pharmacy sales	7,883	6,644
Staff accommodation rental	1,792	1,532
Staff contribution to employee benefit schemes	45	41
Crèche services	1,160	884
Clinical tests	1,191	1,746
Clinical excellence awards	1,907	1,963
Other income generation schemes (recognised under IFRS 15)	420	60
Other income not already covered (recognised under IFRS 15)	244	513
Other	413	697
Total before consolidation of charitable funds	**20,453**	**19,153**

Note 6 Additional information on contract revenue (IFRS 15) recognised in the period

	2024/25 £000	2023/24 £000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,123	2,746
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 6.1 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2024/25 £000
Income from services designated as commissioner requested services	1,535,121
Income from services not designated as commissioner requested services	163,252
Total	**1,698,373**

Note 6.2 Fees and charges (Group and Trust)

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where full cost from that service exceeds £1 million and is presented as the aggregate of such cost. The income associated with the service that incurred the expenditure is also disclosed.

	2024/25 £000	2023/24 £000
Income	3,522	3,246
Full cost	(1,422)	(1,300)
Surplus	**2,100**	**1,946**

The income and expenditure relate to patient car parking charges.

Note 7 Operating leases - University Hospitals Sussex NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where University Hospitals Sussex NHS Foundation Trust is the lessor.

The Trust leases space to third parties to provide food, beverages and newspapers, the swimming pool on the St Mary's Hall site in Brighton, office space and use of sites for the location of aerials. The Trust also leases space to the wholly owned subsidiary, Pharm@Sea Limited, Hyperbaric unit to Qinetiq and

Nursery/childcare facility to The Co-operative Nursery. The terms of these leases vary between one and fifteen years.

Note 7.1 Operating leases income (Group)

	2024/25 £000	2023/24 £000
Lease receipts recognised as income in year:		
Minimum lease receipts	1,544	1,436
Total in-year operating lease income	**1,544**	**1,436**

Note 7.2 Future leases receipts (Group)

	31 March 2025 £000	31 March 2024 £000
Future minimum lease receipts due in:		
- not later than one year	1,488	1,458
- later than one year and not later than two years	1,323	1,305
- later than two years and not later than three years	1,322	1,247
- later than three years and not later than four years	1,322	1,247
- later than four years and not later than five years	707	767
- later than five years	130	130
Total	**6,292**	**6,154**

Note 8.1 Operating expenses

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,588	6,324	5,588	6,324
Purchase of healthcare from non-NHS and non-DHSC bodies	35,198	28,630	35,001	28,489
Staff and executive directors costs	1,083,328	968,137	1,081,767	966,843
Remuneration of non-executive directors	226	257	226	257
Supplies and services - clinical (excluding drugs costs)	152,735	135,413	152,735	135,413
Supplies and services - general	16,311	12,689	16,230	12,670
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	165,560	151,100	168,570	153,770
Inventories written down	903	847	903	847
Consultancy costs	-	-	-	-
Establishment	9,798	8,651	9,726	8,580
Premises	59,775	56,499	59,701	56,461
Transport (including patient travel)	4,192	4,232	4,166	4,217
Depreciation on property, plant and equipment	51,747	46,671	51,697	46,632
Amortisation on intangible assets	10,616	3,108	10,616	3,108
Net impairments	18,056	164,049	18,056	164,049
Movement in credit loss allowance: contract receivables / contract assets	627	(5,507)	627	(5,507)
Movement in credit loss allowance: all other receivables and investments	(929)	56	(929)	56
Increase/(decrease) in other provisions	(3,610)	827	(3,586)	826
Change in provisions discount rate(s)	15	(163)	15	(163)
Fees payable to the external auditor				
audit services- statutory audit*	228	234	228	187
other auditor remuneration (primary external auditor only)	6	3	6	-
other auditor remuneration (subsidiary and charity external auditor)	57	-	-	-
Internal audit costs	162	172	162	172
Clinical negligence	47,207	46,262	47,207	46,262
Legal fees	683	302	684	302
Insurance	1,269	1,574	1,252	1,568
Research and development	10,192	9,175	10,192	9,175
Education and training	35,334	33,126	35,319	33,124
Redundancy	31	127	31	127
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	1,376	1,378	1,376	1,378
Car parking & security	17	76	17	76
Hospitality	-	-	-	-
Losses, ex gratia & special payments	164	20	164	20
Other services, eg external payroll	1,867	1,045	1,867	1,045
Other NHS charitable fund resources expended	1,570	2,325	-	-
Other	969	170	957	157
Total	**1,711,268**	**1,677,809**	**1,710,571**	**1,676,465**
Of which:				
Related to continuing operations	1,711,268	1,677,809	1,710,571	1,676,465

*The audit fee payable to Grant Thornton is £190k plus VAT (2023/24: £156k plus VAT).

Note 8.2 Other auditor remuneration (Primary Auditor)

	2024/25 £000	2023/24 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	6	3
Total	**6**	**3**

Note 8.3 Other auditor remuneration (Subsidiary and Charity)

	2024/25 £000	2023/24 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	54	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	3	-
Total	**57**	**-**

Note 8.4 Limitation on auditor's liability (Group and Trust)

The limitation on auditor's liability for external audit work is as follows:

- Trust only (Grant Thornton): £2m (2023/24: £2m)

Note 9 Impairment of assets (Group and Trust)

	2024/25 £000	2023/24 £000
Net impairments charged to operating deficit resulting from:		
Changes in market price	18,056	164,049
Total net impairments charged to operating deficit	**18,056**	**164,049**
Impairments charged to the revaluation reserve	(2,720)	47,091
Total net impairments	**15,336**	**211,140**

The impairment due to changes in market price relates to a change in the value of the trust's estate following the annual review carried out by the external valuer Gerald Eve LLP.

Note 10 Employee benefits

	Group		Trust	
	2024/25 Total £000	2023/24 Total £000	2024/25 Total £000	2023/24 Total £000
Salaries and wages	836,137	762,042	834,820	761,084
Social security costs	93,116	85,652	92,992	85,560
Apprenticeship levy	4,243	3,840	4,243	3,840
Employer's contributions to NHS pensions	156,619	123,070	156,556	123,037
Temporary staff (including agency)	35,031	31,460	34,974	31,249
Total gross staff costs	**1,125,146**	**1,006,064**	**1,123,585**	**1,004,770**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**1,125,146**	**1,006,064**	**1,123,585**	**1,004,770**
Of which				
Costs capitalised as part of assets	5,425	4,020	5,425	4,020

Senior staff salary and pension disclosures have been included within the Remuneration Report.
Head count disclosures have been included within the Staff Report.

Note 10.1 Retirements due to ill-health (Group)

During 2024/25 there were 11 early retirements from the trust agreed on the grounds of ill-health (9 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £2,344k (£974k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 11 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.
An outline of these follows:

Note 11.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

Note 11.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Note 11.3 National Employers Savings Trust (NEST)

The Pensions Act 2008 and 2001 Automatic Enrolment Regulations required all employers to enrol workers meeting certain criteria into a pension scheme and pay contributions toward their retirement. Employees who are unable to join the NHS Pensions Scheme are covered by the NEST.

The auto enrolment "staging" date for the trust compliance was 1 July 2013. This was followed by a re-enrolment date of 1 July 2016 and then again on the 1 July 2019. For those staff not entitled to join the NHS Pension Scheme, the trust utilised an alternative pension scheme called NEST to fulfil its automatic enrolment obligations. NEST is a defined contribution pension scheme established by law to support the introduction of auto enrolment.

Contributions are taken from qualifying earnings, which are currently from £6,240 up to £50,270 but are reviewed every year by the government. The initial contribution was 1% of qualifying earnings, with an employer contribution of 1%. This has been increased by the stages below which were set by the government.

Date	Employee Contribution	Employer Contribution	Total Contribution
1st March 2013	1%	1%	2%
6th April 2018	3%	2%	5%
6th April 2019	5%	3%	8%

Note 12 Finance income

Finance income represents interest received on assets and investments in the period.

	Group		Trust	
	2024/25	**2023/24**	**2024/25**	**2023/24**
	£000	**£000**	**£000**	**£000**
Interest on bank accounts	2,992	2,735	2,947	2,643
Interest income on finance leases	3	-	4	-
NHS charitable fund investment income	492	539	-	-
Total finance income	**3,487**	**3,274**	**2,951**	**2,643**

Note 13 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

Group	**2024/25**	**2023/24**
	£000	**£000**
Interest expense:		
Care	1,071	1,163
Interest on lease obligations	712	732
Interest on late payment of commercial debt	1	43
Finance costs on PFI and other service concession arrangements:		
Main finance costs	2,074	2,191
Remeasurement of the liability resulting from change in index or rate	1,478	1,006
Total interest expense	**5,336**	**5,135**
Unwinding of discount on provisions	415	470
Total finance costs	**5,751**	**5,605**

Trust	2024/25 £000	2023/24 £000
Interest expense:		
Care	1,071	1,163
Interest on lease obligations	709	732
Interest on late payment of commercial debt	1	43
Finance costs on PFI and other service concession arrangements:		
Main finance costs	2,074	2,191
Remeasurement of the liability resulting from change in index or rate	1,478	1,006
Total interest expense	**5,333**	**5,135**
Unwinding of discount on provisions	415	470
Total finance costs	**5,748**	**5,605**

Note 13.1 The late payment of commercial debts (interest) Act 1998 (Group and Trust)

	2024/25 £000	2023/24 £000
Total liability accruing in year under this legislation as a result of late payments	5,970	3,831
Amounts included within interest payable arising from claims made under this legislation	1	43
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 14 Other (losses) / gains

	Group		Trust	
	2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
Losses on disposal of assets	-	(1,610)	-	(1,610)
Total gains / (losses) on disposal of assets	**-**	**(1,610)**	**-**	**(1,610)**
Fair value gains / (losses) on charitable fund investments & investment properties	(34)	354	-	-
Total other gains / (losses)	**(34)**	**(1,256)**	**-**	**(1,610)**

Note 15.1 Intangible assets - 2024/25

Group and Trust	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2024 - brought forward	**27,129**	**16,418**	**995**	**44,542**
Additions	862	4,195	2,284	**7,341**
Reclassifications	727	2,552	(3,279)	**-**
Disposals / derecognition	(100)	-	-	**(100)**
Valuation / gross cost at 31 March 2025	**28,618**	**23,165**	**-**	**51,783**
Amortisation at 1 April 2024 - brought forward	**6,284**	**2,655**	**-**	**8,939**
Provided during the year	5,467	5,149	-	**10,616**
Disposals / derecognition	(100)	-	-	**(100)**
Amortisation at 31 March 2025	**11,651**	**7,804**	**-**	**19,455**
Net book value at 31 March 2025	**16,967**	**15,361**	**-**	**32,328**
Net book value at 1 April 2024	**20,845**	**13,763**	**995**	**35,603**

Note 15.2 Intangible assets - 2023/24

Group and Trust	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**22,330**	**13,080**	**4,751**	**40,161**
Additions	696	3,203	1,349	**5,248**
Reclassifications	4,757	348	(5,105)	**-**
Disposals / derecognition	(654)	(213)	-	**(867)**
Valuation / gross cost at 31 March 2024	**27,129**	**16,418**	**995**	**44,542**
Amortisation at 1 April 2023 - brought forward	**4,595**	**2,103**	**-**	**6,698**
Provided during the year	2,343	765	-	**3,108**
Disposals / derecognition	(654)	(213)	-	**(867)**
Amortisation at 31 March 2024	**6,284**	**2,655**	**-**	**8,939**
Net book value at 31 March 2024	**20,845**	**13,763**	**995**	**35,603**
Net book value at 1 April 2023	**17,735**	**10,977**	**4,751**	**33,463**

Note 16.1 Property, plant and equipment - 2024/25

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	**46,419**	**726,573**	**5,417**	**25,394**	**158,781**	**17**	**69,163**	**589**	**1,032,353**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	-	36,522	39	26,435	13,273	-	1,907	-	**78,176**
Impairments charged to operating expenses	-	(26,386)	-	-	-	-	-	-	**(26,386)**
Impairments charged to the revaluation reserve	-	(7,230)	-	-	-	-	-	-	**(7,230)**
Reversals of impairments credited to operating expenses	9	8,932	-	-	-	-	-	-	**8,941**
Reversals of impairments credited to the revaluation reserve	-	9,393	667	-	-	-	-	-	**10,060**
Revaluations	-	(8,789)	33	-	-	-	-	-	**(8,756)**
Reclassifications	-	1,012	-	(12,747)	282	-	11,453	-	**-**
Disposals / derecognition	-	-	-	-	(1,948)	(17)	(2,670)	-	**(4,635)**
Valuation/gross cost at 31 March 2025	**46,428**	**740,027**	**6,156**	**39,082**	**170,388**	**-**	**79,853**	**589**	**1,082,523**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**-**	**-**	**-**	**51,123**	**17**	**27,748**	**406**	**79,294**
Provided during the year	-	21,899	128	-	12,270	-	12,188	29	**46,514**
Impairments charged to operating expenses	-	500	-	-	-	-	-	-	**500**
Impairments charged to the revaluation reserve	-	75	-	-	-	-	-	-	**75**
Reversals of impairments credited to operating expenses	-	(500)	-	-	-	-	-	-	**(500)**
Reversals of impairments credited to the revaluation reserve	-	(75)	-	-	-	-	-	-	**(75)**
Revaluations	-	(21,899)	(128)	-	-	-	-	-	**(22,027)**
Disposals / derecognition	-	-	-	-	(1,948)	(17)	(2,670)	-	**(4,635)**
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**-**	**61,445**	**-**	**37,266**	**435**	**99,146**
Net book value at 31 March 2025	**46,428**	**740,027**	**6,156**	**39,082**	**108,943**	**-**	**42,587**	**154**	**983,377**
Net book value at 1 April 2024	**46,419**	**726,573**	**5,417**	**25,394**	**107,658**	**-**	**41,415**	**183**	**953,059**

Note 16.2 Property, plant and equipment - 2023/24

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**48,548**	**483,658**	**5,684**	**455,610**	**142,993**	**17**	**72,040**	**779**	**1,209,329**
Additions	-	37,143	-	21,243	14,395	-	6,242	-	**79,023**
Impairments charged to operating expenses	(263)	(163,008)	-	-	-	-	-	-	**(163,271)**
Impairments charged to the revaluation reserve	(2,036)	(46,966)	(159)	-	-	-	-	-	**(49,161)**
Reversals of impairments credited to operating expenses	-	1,476	-	-	-	-	-	-	**1,476**
Reversals of impairments credited to the revaluation reserve	170	1,920	22	-	-	-	-	-	**2,112**
Revaluations	-	(16,799)	(130)	-	-	-	-	-	**(16,929)**
Reclassifications	-	429,149	-	(451,459)	18,694	-	3,616	-	**-**
Disposals / derecognition	-	-	-	-	(17,301)	-	(12,735)	(190)	**(30,226)**
Valuation/gross cost at 31 March 2024	**46,419**	**726,573**	**5,417**	**25,394**	**158,781**	**17**	**69,163**	**589**	**1,032,353**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**-**	**-**	**-**	**57,618**	**15**	**30,148**	**565**	**88,346**
Provided during the year	-	21,219	130	-	10,655	2	8,873	31	**40,910**
Revaluations	-	(21,219)	(130)	-	-	-	-	-	**(21,349)**
Disposals / derecognition	-	-	-	-	(17,150)	-	(11,273)	(190)	**(28,613)**
Accumulated depreciation at 31 March 2024	**-**	**-**	**-**	**-**	**51,123**	**17**	**27,748**	**406**	**79,294**
Net book value at 31 March 2024	**46,419**	**726,573**	**5,417**	**25,394**	**107,658**	**-**	**41,415**	**183**	**953,059**
Net book value at 1 April 2023	**48,548**	**483,658**	**5,684**	**455,610**	**85,375**	**2**	**41,892**	**214**	**1,120,983**

Note 16.3 Property, plant and equipment financing - 31 March 2025

Group	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
Owned - purchased	45,863	709,660	6,156	33,932	100,159	-	42,552	57	**938,379**
On-SoFP PFI contracts and other service concession arrangements	-	20,785	-	-	-	-	-	-	**20,785**
Owned - donated/granted	565	9,582	-	5,150	8,784	-	35	97	**24,213**
NBV total at 31 March 2025	**46,428**	**740,027**	**6,156**	**39,082**	**108,943**	**-**	**42,587**	**154**	**983,377**

Note 16.4 Property, plant and equipment financing - 31 March 2024

Group	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
Owned - purchased	45,854	696,348	5,417	25,389	99,507	-	41,357	72	**913,944**
On-SoFP PFI contracts and other service concession arrangements	-	20,933	-	-	-	-	-	-	**20,933**
Owned - donated/granted	565	9,292	-	5	8,151	-	58	111	**18,182**
NBV total at 31 March 2024	**46,419**	**726,573**	**5,417**	**25,394**	**107,658**	**-**	**41,415**	**183**	**953,059**

Note 16.5 Property, plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2025

Group	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
Subject to an operating lease	-	-	-	-	-	-	-	-	-
Not subject to an operating lease	46,428	740,027	6,156	39,082	108,943	-	42,587	154	**983,377**
NBV total at 31 March 2025	**46,428**	**740,027**	**6,156**	**39,082**	**108,943**	**-**	**42,587**	**154**	**983,377**

Note 16.6 Property, plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

Group	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
Subject to an operating lease	-	-	-	-	-	-	-	-	-
Not subject to an operating lease	46,419	726,573	5,417	25,394	107,658	-	41,415	183	**953,059**
NBV total at 31 March 2024	**46,419**	**726,573**	**5,417**	**25,394**	**107,658**	**-**	**41,415**	**183**	**953,059**

Note 17.1 Property, plant and equipment - 2024/25

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	**46,419**	**726,524**	**5,417**	**25,394**	**158,282**	**17**	**69,163**	**589**	**1,031,805**
Additions	-	36,522	39	25,747	13,273	-	1,888	-	**77,469**
Impairments charged to operating expenses	-	(26,386)	-	-	-	-	-	-	**(26,386)**
Impairments charged to the revaluation reserve	-	(7,230)	-	-	-	-	-	-	**(7,230)**
Reversals of impairments credited to operating expenses	9	8,932	-	-	-	-	-	-	**8,941**
Reversals of impairments credited to the revaluation reserve	-	9,393	667	-	-	-	-	-	**10,060**
Revaluations	-	(8,789)	33	-	-	-	-	-	**(8,756)**
Reclassifications	-	606	-	(12,059)	-	-	11,453	-	**-**
Disposals / derecognition	-	(11)	-	-	(1,948)	(17)	(2,670)	-	**(4,646)**
Valuation/gross cost at 31 March 2025	**46,428**	**739,561**	**6,156**	**39,082**	**169,607**	**-**	**79,834**	**589**	**1,081,257**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**-**	**-**	**-**	**50,695**	**17**	**27,748**	**406**	**78,866**
Provided during the year	-	21,899	128	-	12,264	-	12,188	29	**46,508**
Impairments charged to operating expenses	-	500	-	-	-	-	-	-	**500**
Impairments charged to the revaluation reserve	-	75	-	-	-	-	-	-	**75**
Reversals of impairments credited to operating expenses	-	(500)	-	-	-	-	-	-	**(500)**
Reversals of impairments credited to the revaluation reserve	-	(75)	-	-	-	-	-	-	**(75)**
Revaluations	-	(21,899)	(128)	-	-	-	-	-	**(22,027)**
Disposals / derecognition	-	-	-	-	(1,948)	(17)	(2,670)	-	**(4,635)**
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**-**	**61,011**	**-**	**37,266**	**435**	**98,712**
Net book value at 31 March 2025	**46,428**	**739,561**	**6,156**	**39,082**	**108,596**	**-**	**42,568**	**154**	**982,545**
Net book value at 1 April 2024	**46,419**	**726,524**	**5,417**	**25,394**	**107,587**	**-**	**41,415**	**183**	**952,939**

Note 17.2 Property, plant and equipment - 2023/24

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**48,548**	**483,609**	**5,684**	**455,610**	**142,494**	**17**	**72,040**	**779**	**1,208,781**
Additions	-	37,143	-	21,243	14,395	-	6,242	-	**79,023**
Impairments charged to operating expenses	(263)	(163,008)	-	-	-	-	-	-	**(163,271)**
Impairments charged to the revaluation reserve	(2,036)	(46,966)	(159)	-	-	-	-	-	**(49,161)**
Reversals of impairments credited to operating expenses	-	1,476	-	-	-	-	-	-	**1,476**
Reversals of impairments credited to the revaluation reserve	170	1,920	22	-	-	-	-	-	**2,112**
Revaluations	-	(16,799)	(130)	-	-	-	-	-	**(16,929)**
Reclassifications	-	429,149	-	(451,459)	18,694	-	3,616	-	**-**
Disposals / derecognition	-	-	-	-	(17,301)	-	(12,735)	(190)	**(30,226)**
Valuation/gross cost at 31 March 2024	**46,419**	**726,524**	**5,417**	**25,394**	**158,282**	**17**	**69,163**	**589**	**1,031,805**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**-**	**-**	**-**	**57,209**	**15**	**30,148**	**565**	**87,937**
Transfers by absorption									**-**
Provided during the year	-	21,214	130	-	10,636	2	8,873	31	**40,886**
Revaluations	-	(21,214)	(130)	-	-	-	-	-	**(21,344)**
Disposals / derecognition	-	-	-	-	(17,150)	-	(11,273)	(190)	**(28,613)**
Accumulated depreciation at 31 March 2024	**-**	**-**	**-**	**-**	**50,695**	**17**	**27,748**	**406**	**78,866**
Net book value at 31 March 2024	**46,419**	**726,524**	**5,417**	**25,394**	**107,587**	**-**	**41,415**	**183**	**952,939**
Net book value at 1 April 2023	**48,548**	**483,609**	**5,684**	**455,610**	**85,285**	**2**	**41,892**	**214**	**1,120,844**

Note 17.3 Property, plant and equipment financing - 31 March 2025

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	45,863	709,194	6,156	33,932	99,812	-	42,533	57	**937,547**
On-SoFP PFI contracts and other service concession arrangements	-	20,785	-	-	-	-	-	-	**20,785**
Owned - donated / granted	565	9,582	-	5,150	8,784	-	35	97	**24,213**
Total net book value at 31 March 2025	**46,428**	**739,561**	**6,156**	**39,082**	**108,596**	**-**	**42,568**	**154**	**982,545**

Note 17.4 Property, plant and equipment financing - 31 March 2024

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	45,854	696,299	5,417	25,389	99,436	-	41,357	72	**913,824**
On-SoFP PFI contracts and other service concession arrangements	-	20,933	-	-	-	-	-	-	**20,933**
Owned - donated / granted	565	9,292	-	5	8,151	-	58	111	**18,182**
Total net book value at 31 March 2024	**46,419**	**726,524**	**5,417**	**25,394**	**107,587**	**-**	**41,415**	**183**	**952,939**

Note 17.5 Property, plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2025

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	47	-	-	-	-	-	-	-	**47**
Not subject to an operating lease	46,381	739,561	6,156	39,082	108,596	-	42,568	154	**982,498**
Total net book value at 31 March 2025	**46,428**	**739,561**	**6,156**	**39,082**	**108,596**	**-**	**42,568**	**154**	**982,545**

Note 17.6 Property, plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	43	-	-	-	-	-	-	-	**43**
Not subject to an operating lease	46,376	726,524	5,417	25,394	107,587	-	41,415	183	**952,896**
Total net book value at 31 March 2024	**46,419**	**726,524**	**5,417**	**25,394**	**107,587**	**-**	**41,415**	**183**	**952,939**

Note 18 Donations of property, plant and equipment

The value of assets donated during the year was £7,367k. Details of values donated by Charity are listed below.

Charity	£'000
Salix Finance Limited	5,146
My UHSx	1,378
League of Friends (PRH)	547
Friends of Chichester Hospital	104
League of Worthing Hospitals	65
HWP League of Friends	51
Friends of Lewes Victoria Hospital	29
League of Friends (Southlands)	28
Sussex Cancer Fund for treatment & respite	13
Draeger	7
Total	**7,368**

There are no restrictions or conditions imposed by the donations.
There is no difference between the cash provided and the fair value of the assets acquired.

Note 19 Revaluations of property, plant and equipment

The trust undertakes an estates revaluation annually. This year a desktop update valuation with targeted inspection of major new schemes was carried out as at 31 March 2025 by the external valuer, Newmark Gerald Eve LLP, 'Newmark', a regulated firm of Chartered Surveyors. The valuation was carried out in accordance with the requirements of the RICS valuation - Global Standards (December 2024 edition) and the national standards and guidance set out in the UK national supplement (October 2023 edition), and the International Valuation Standards and IFRS as adapted and interpreted by the Financial Reporting Manual (FReM).

Assets which are held for their service potential (i.e. operational assets) and are in use were measured at Current Value in Existing Use, which is defined in the RICS Red Book as Existing Use Value. For specialised operational assets, current value in existing use is derived using the Depreciated Replacement Cost method subject to the assumption of continuing use.

Most of the Trust's assets qualify as specialised operational assets and therefore fall to be assessed using the Depreciated Replacement Cost method and have been valued on an optimal site modern equivalent asset basis. That is the current cost of replacing an asset with its modern equivalent asset less deductions for physical deterioration and all relevant forms of obsolescence and optimisation. For the 31 March 2024 valuation, Phase 1 of the 3Ts project, known as the Louisa Martindale building had entered operation adding over 62,000 square metres of floor space to the Royal Sussex County Hospital site. The Trust has moved various services and operations from the existing estate into the new building and as part of an emerging estates strategy has identified areas within the existing Royal Sussex County Hospital site and across the rest of the Trust estate that would not form part of the modern equivalent hospital. The valuer has taken this building optimisation into account, and this has decreased the value of the existing Royal Sussex County Hospital buildings and to a lesser extent the Princess Royal Hospital buildings.

Non-operational assets, including surplus land, are valued on the basis of Fair Value as the property is no longer required for existing operations, which have ceased. Fair value is determined as the price

that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between participants at the measurement date.

For the avoidance of doubt, the valuation is not reported as being subject to ‘material valuation uncertainty’ as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

The estimated remaining lives of the buildings have been adjusted in line with the Newmark 's valuation. The estimated remaining lives of the trust's assets are shown in accounting policies note 1.9.
The Group and Trust revaluation value for 2024/25 £13,272k (2023/24 £4,421k) is shown within section "Other comprehensive income, will not be reclassified to income and expenditure" on the Consolidated Statement of Comprehensive Income. Included within the valuation are peppercorn right of use assets of £4,568k (2023/24 £4,792k) that were valued in accordance with IFRS 16.

Note 20 Leases - University Hospitals Sussex NHS Foundation Trust as a lessee

This note details information about leases for which University Hospitals Sussex NHS Foundation Trust is a lessee.

The trust has leasing arrangements including building leases, vehicle leases, and implicit equipment leases within Managed Equipment Services (MES) contracts.

The trust leases the following properties;

- Sussex House, Brighton
- Freshfield, Brighton
- Preston Road, Brighton
- Radiotherapy centre, Eastbourne
- Ridgeworth House, Worthing
- 74 - 80 Park Road, Worthing
- Farncombe Road, Worthing

The value of right of use assets included in the valuation is £4.6m. This applies to peppercorn assets, where there is not a readily available market value to determine the value under the cost model under IFRS 16.

Note 20.1 Right of use assets - 2024/25

Group	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**62,817**	**9,074**	**71,891**	**20,611**
Additions	655	423	**1,078**	-
Remeasurements of the lease liability	3,616	(5,467)	**(1,851)**	1,462
Impairments	(124)	-	**(124)**	-
Reversal of impairments	14	-	**14**	-
Revaluations	(735)	-	**(735)**	-
Disposals / derecognition	(455)	(1,763)	**(2,218)**	-
Valuation/gross cost at 31 March 2025	**65,788**	**2,267**	**68,055**	**22,073**
Accumulated depreciation at 1 April 2024 - brought forward	**24,192**	**1,712**	**25,904**	**2,634**
Provided during the year	4,554	679	**5,233**	1,357
Impairments	611	-	**611**	-
Revaluations	(736)	-	**(736)**	-
Disposals / derecognition	(455)	(1,763)	**(2,218)**	-
Accumulated depreciation at 31 March 2025	**28,166**	**628**	**28,794**	**3,991**
Net book value at 31 March 2025	**37,622**	**1,639**	**39,261**	**18,082**
Net book value at 1 April 2024	**38,625**	**7,362**	**45,987**	**17,977**
Net book value of right of use assets leased from other NHS providers				13,584
Net book value of right of use assets leased from other DHSC group bodies				4,498

Note 20.2 Right of use assets - 2023/24

Group	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**70,357**	**7,558**	**77,915**	**20,759**
Additions	320	941	**1,261**	-
Remeasurements of the lease liability	(5,250)	579	**(4,671)**	(148)
Impairments	(91)	-	**(91)**	-
Reversal of impairments	49	-	**49**	-
Revaluations	(2,401)	-	**(2,401)**	-
Disposals / derecognition	(167)	(4)	**(171)**	-
Valuation/gross cost at 31 March 2024	**62,817**	**9,074**	**71,891**	**20,611**
Accumulated depreciation at 1 April 2023 - brought forward	**19,709**	**753**	**20,462**	**1,306**
Provided during the year	4,798	963	**5,761**	1,328
Impairments	2,254	-	**2,254**	-
Revaluations	(2,402)	-	**(2,402)**	-
Disposals / derecognition	(167)	(4)	**(171)**	-
Accumulated depreciation at 31 March 2024	**24,192**	**1,712**	**25,904**	**2,634**
Net book value at 31 March 2024	**38,625**	**7,362**	**45,987**	**17,977**
Net book value at 1 April 2023	**50,648**	**6,805**	**57,453**	**19,453**
Net book value of right of use assets leased from other NHS providers				13,412
Net book value of right of use assets leased from other DHSC group bodies				4,565

Note 20.3 Right of use assets - 2024/25

Trust	Property (land and buildings) £000	Plant & machinery £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2024 - brought	**62,817**	**9,042**	**71,859**	**20,611**
Additions	584	423	**1,007**	-
Remeasurements of the lease liability	3,616	(5,467)	**(1,851)**	1,462
Impairments	(124)	-	**(124)**	-
Reversal of impairments	14	-	**14**	-
Revaluations	(735)	-	**(735)**	-
Disposals / derecognition	(455)	(1,763)	**(2,218)**	-
Valuation/gross cost at 31 March 2025	**65,717**	**2,235**	**67,952**	**22,073**
Accumulated depreciation at 1 April 2024 - brought forward	24,192	1,697	**25,889**	2,634
Provided during the year	4,554	635	**5,189**	1,357
Impairments	611	-	**611**	-
Revaluations	(736)	-	**(736)**	-
Disposals / derecognition	(455)	(1,763)	**(2,218)**	-
Accumulated depreciation at 31 March 2025	**28,166**	**569**	**28,735**	**3,991**
Net book value at 31 March 2025	**37,551**	**1,666**	**39,217**	**18,082**
Net book value at 1 April 2024	**38,625**	**7,345**	**45,970**	**17,977**
Net book value of right of use assets leased from other NHS providers				13,584
Net book value of right of use assets leased from other DHSC group bodies				4,498

Note 20.4 Right of use assets - 2023/24

Trust	Property (land and buildings) £000	Plant & machinery £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	**70,357**	**7,558**	**77,915**	**20,759**
Additions	320	909	**1,229**	-
Remeasurements of the lease liability	(5,250)	579	**(4,671)**	(148)
Impairments	(91)	-	**(91)**	-
Reversal of impairments	49	-	**49**	-
Revaluations	(2,401)	-	**(2,401)**	-
Disposals / derecognition	(167)	(4)	**(171)**	-
Valuation/gross cost at 31 March 2024	**62,817**	**9,042**	**71,859**	**20,611**
Accumulated depreciation at 1 April 2023 - brought forward	**19,709**	**753**	**20,462**	**1,306**
Provided during the year	4,798	948	**5,746**	1,328
Impairments	2,254	-	**2,254**	-
Revaluations	(2,402)	-	**(2,402)**	-
Disposals / derecognition	(167)	(4)	**(171)**	-
Accumulated depreciation at 31 March 2024	**24,192**	**1,697**	**25,889**	**2,634**
Net book value at 31 March 2024	**38,625**	**7,345**	**45,970**	**17,977**
Net book value at 1 April 2023	**50,648**	**6,805**	**57,453**	**19,453**
Net book value of right of use assets leased from other NHS providers				13,412
Net book value of right of use assets leased from other DHSC group bodies				4,565

Note 20.5 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 30.1.

	Group		Trust	
	2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
Carrying value at 1 April	**63,054**	**71,935**	**63,039**	**71,935**
Lease additions	926	1,202	855	1,176
Lease liability remeasurements	(3,176)	(4,385)	(3,176)	(4,385)
Interest charge arising in year	712	732	709	731
Lease payments (cash outflows)	(6,014)	(6,430)	(5,979)	(6,418)
Carrying value at 31 March	**55,502**	**63,054**	**55,448**	**63,039**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 8.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 20.6 Maturity analysis of future lease payments at 31 March 2025

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	4,848	1,418	4,820	1,418
- later than one year and not later than five years;	15,402	5,669	15,372	5,669
- later than five years.	45,460	12,813	45,461	12,813
Total gross future lease payments	**65,710**	**19,900**	**65,653**	**19,900**
Finance charges allocated to future periods	(10,208)	(1,508)	(10,205)	(1,508)
Net lease liabilities at 31 March 2025	**55,502**	**18,392**	**55,448**	**18,392**
Of which:				
Current	4,122	1,223	4,096	1,223
Non-current	51,380	17,169	51,353	17,169

Note 20.7 Maturity analysis of future lease payments at 31 March 2024

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	6,326	1,406	6,326	1,406
- later than one year and not later than five years;	17,220	5,238	16,631	5,238
- later than five years.	50,042	12,946	50,616	12,946
Total gross future lease payments	**73,588**	**19,590**	**73,573**	**19,590**
Finance charges allocated to future periods	(10,534)	(1,424)	(10,534)	(1,424)
Net finance lease liabilities at 31 March 2024	**63,054**	**18,166**	**63,039**	**18,166**
Of which:				
Leased from other NHS providers	5,626	1,241	5,613	1,241
Leased from other DHSC group bodies	57,428	16,925	57,426	16,925

Note 21 Other investments / financial assets (non-current)

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**12,002**	**15,841**	**1,101**	**1,101**
Movement in fair value through income and expenditure	(34)	354	-	-
Disposals	(1,458)	(4,193)	-	-
Carrying value at 31 March	**10,510**	**12,002**	**1,101**	**1,101**

£1,101k represents the cost of investment in Pharm@Sea Limited, the wholly owned subsidiary of the trust. The company is registered in the UK, company no. 08842973 with a share capital of 1,101,000 of £1 each. The company trades as an outpatients dispensary services based at the Royal Sussex County Hospital and Princess Royal Hospital sites. The figures in the note above are based on the audited accounts to the 31 March 2025.

£10,510k is the investments of My University Hospitals Sussex (Registered charity No. 1050864).

Note 22 Disclosure of interests in other entities

The trust's investment of £1,101k represents the cost of investment in Pharm@Sea Limited, the wholly owned subsidiary of the Trust. The company is registered in the UK, company no. 08842973 with a share capital of 1,101,000 of £1 each. The company trades as an outpatients dispensary service at the Royal Sussex County Hospital and Princess Royal Hospital sites.

Note 23 Analysis of charitable fund reserves

The trust has consolidated the My University Hospitals Sussex Charity draft accounts as at 31 March 2025 as part of these accounts. The analysis of funds is noted below.

	31 March 2025	31 March 2024
	£000	£000
Unrestricted funds:		
Unrestricted income funds	9,783	11,498
Restricted funds:		
Endowment funds	471	471
Other restricted income funds	899	1,149
	11,153	**13,118**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 24 Inventories

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Drugs	9,598	7,799	8,138	6,779
Consumables	13,875	13,803	13,875	13,803
Total inventories	**23,473**	**21,602**	**22,013**	**20,582**
of which:				
Held at fair value less costs to sell	-	-	-	-

Inventories recognised in expenses for the year were £306,366k (2023/24: £267,396k). Write-down of inventories recognised as expenses for the year were £903k (2023/24: £847k). The write down of inventories relates primarily to expired and damaged drugs.

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £412k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 25.1 Receivables

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Current				
Contract receivables	37,386	39,948	37,312	39,911
Allowance for impaired contract receivables / assets	(3,627)	(3,240)	(3,627)	(3,240)
Allowance for other impaired receivables	(955)	(1,884)	(955)	(1,884)
Deposits and advances	456	208	456	208
Prepayments (non-PFI)	11,136	7,435	11,083	7,300
Interest receivable	292	197	289	192
Finance lease receivables	-	259	9	264
PDC dividend receivable	-	1,771	-	1,771
VAT receivable	4,844	3,838	3,897	3,229
Other receivables	3,509	4,330	4,184	5,030
NHS charitable funds receivables	1,023	537	-	-
Total current receivables	**54,064**	**53,399**	**52,648**	**52,781**
Non-current				
Prepayments (non-PFI)	6,807	7,090	6,808	7,090
Finance lease receivables	-	1,199	39	1,236
Other receivables	1,932	1,850	1,932	1,850
Total non-current receivables	**8,739**	**10,139**	**8,779**	**10,176**
Of which receivable from NHS and DHSC group bodies:				
Current	18,740	26,963	18,741	26,644
Non-current	1,932	3,049	1,932	3,049

Note 25.2 Allowances for credit losses - 2024/25

	Group		Trust	
	Contract receivables and contract assets £000	All other receivables £000	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2024 - brought forward	**3,240**	**1,884**	**3,240**	**1,884**
Transfers by absorption	-	-	-	-
New allowances arising	635	49	635	49
Changes in existing allowances	-	(978)	-	(978)
Reversals of allowances	(8)	-	(8)	-
Utilisation of allowances (write offs)	(240)	-	(240)	-
Allowances as at 31 Mar 2025	**3,627**	**955**	**3,627**	**955**

Note 25.3 Allowances for credit losses - 2023/24

	Group		Trust	
	Contract receivables and contract assets £000	All other receivables £000	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2023 - brought forward	**9,315**	**1,828**	**9,315**	**1,828**
New allowances arising	71	56	71	56
Reversals of allowances	(5,578)	-	(5,578)	-
Utilisation of allowances (write offs)	(568)	-	(568)	-
Allowances as at 31 Mar 2024	**3,240**	**1,884**	**3,240**	**1,884**

Note 25.4 Exposure to credit risk

In accordance with IFRS 9, the trust is required to measure the loss allowance of lifetime expected credit losses at initial recognition of the debt being raised.

The expected credit loss is only applied to Non NHS debt. NHS organisations are excluded from the calculation as NHS transactions are considered to be part of DHSC group accounts eliminated on consolidation.

The trust has used the ageing profile to assess the level of risk. The percentages applied to each class derives from both historic data accumulated as well as current and future projections.

Note 26 Finance leases (University Hospitals Sussex NHS Foundation Trust as a lessor)

This note discloses future lease payments receivable from lease arrangements classified as finance leases where the University Hospitals Sussex NHS Foundation Trust is the lessor.

The Trust has entered various sublease arrangements.

Note 26.1 Reconciliation of the carrying value of finance lease receivables (net investment in the lease)

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Finance lease receivables at 1 April	**1,458**	**1,429**	**1,500**	1477
Additions	-	-	11	-
Interest arising (unwinding of discount)	3	-	4	-
Remeasurements of lease receivables	(1,325)	286	(1,325)	286
Lease receipts (cash payments received)	(136)	(257)	(142)	(263)
Finance lease receivables at 31 March	**-**	**1,458**	**48**	**1,500**

Note 26.2 Finance lease receivables maturity analysis as at 31 March 2025

	Group		Trust	
	Total	Of which leased to DHSC group bodies:	Total	Of which leased to DHSC group bodies:
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
	£000	£000	£000	£000
Undiscounted future lease receipts receivable in:				
not later than one year;	-	-	9	-
later than one year and not later than two years;	-	-	9	-
later than two years and not later than three years;	-	-	9	-
later than three years and not later than four years;	-	-	6	-
later than four years and not later than five years;	-	-	6	-
later than five years.	-	-	11	-
Total future finance lease payments to be received	**-**	**-**	**50**	**-**
Unearned interest income	-	-	(2)	-
Net investment in lease (net lease receivable)	**-**	**-**	**48**	**-**
of which:				
Leased to other NHS providers		-		-
Leased to other DHSC group bodies		-		-

Note 26.3 Finance lease receivables maturity analysis as at 31 March 2024

	Group		Trust	
	Total	Of which leased to DHSC group bodies:	Total	Of which leased to DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease receipts receivable in:				
not later than one year;	272	272	278	272
later than one year and not later than two years;	272	272	278	272
later than two years and not later than three years;	272	272	278	272
later than three years and not later than four years;	272	272	278	272
later than four years and not later than five years;	272	272	278	272
later than five years.	134	134	148	134
Total future finance lease payments to be received	**1,494**	**1,494**	**1,538**	**1,494**
Unearned interest income	(36)	(36)	(38)	(36)
Net investment in lease (net lease receivable)	**1,458**	**1,458**	**1,500**	**1,458**
of which:				
Leased to other NHS providers		-		-
Leased to other DHSC group bodies		1,458		1,458

Note 27.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
At 1 April	**21,590**	**60,524**	**19,669**	**56,956**
Net change in year	(18,501)	(38,934)	(17,280)	(37,287)
At 31 March	**3,089**	**21,590**	**2,389**	**19,669**
Broken down into:				
Cash at commercial banks and in hand	18	1,527	11	13
Cash with the Government Banking Service	3,071	20,063	2,378	19,656
Total cash and cash equivalents as in SoCF	**3,089**	**21,590**	**2,389**	**19,669**

Note 28.1 Trade and other payables

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Current				
Trade payables	41,908	44,467	42,410	46,737
Capital payables	20,694	23,684	20,694	23,684
Accruals	42,646	58,677	42,160	58,187
Social security costs	11,689	11,921	11,675	11,653
Other taxes payable	14,238	10,344	14,165	10,331
PDC dividend payable	514	-	514	-
Pension contributions payable	13,854	11,849	13,854	11,806
Other payables	2,335	1,517	2,126	1,538
NHS charitable funds: trade and other payables	113	935	-	-
Total current trade and other payables	**147,991**	**163,394**	**147,598**	**163,936**
Of which payables from NHS and DHSC group bodies:				
Current	11,663	8,224	11,663	8,310

Note 28.2 Early retirements in NHS payables above

The Trade and other payables note above does not include amounts in relation to early retirements.

Note 29 Other liabilities

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Current				
Deferred income: contract liabilities	1,258	211	1,258	211
Other deferred income	47	1,912	47	1,912
Total other current liabilities	**1,305**	**2,123**	**1,305**	**2,123**

Note 30.1 Borrowings

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Current				
Loans from DHSC	3,559	3,880	3,559	3,880
Lease liabilities	4,122	5,626	4,096	5,613
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	3,358	2,466	3,358	2,466
Total current borrowings	**11,039**	**11,972**	**11,013**	**11,959**
Non-current				
Loans from DHSC	33,602	37,031	33,602	37,031
Lease liabilities	51,380	57,428	51,353	57,426
Obligations under PFI, LIFT or other service concession contracts	32,636	34,510	32,636	34,510
Total non-current borrowings	**117,618**	**128,969**	**117,591**	**128,967**

Note 30.2 Reconciliation of liabilities arising from financing activities

Group - 2024/25	Loans from DHSC £000	Lease liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2024	**40,911**	**63,054**	**36,976**	**140,941**
Cash movements:				
Financing cash flows - payments and receipts of principal	(3,740)	(5,302)	(2,460)	**(11,502)**
Financing cash flows - payments of interest	(1,081)	(712)	(2,074)	**(3,867)**
Non-cash movements:				
Additions	-	926	-	**926**
Lease liability remeasurements	-	(3,176)	-	**(3,176)**
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	-	1,478	**1,478**
Application of effective interest rate	1,071	712	2,074	**3,857**
Carrying value at 31 March 2025	**37,161**	**55,502**	**35,994**	**128,657**

Trust - 2024/25	Loans from DHSC	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2024	**40,911**	**63,040**	**36,976**	**140,927**
Cash movements:				
Financing cash flows - payments and receipts of principal	(3,740)	(5,270)	(2,460)	**(11,470)**
Financing cash flows - payments of interest	(1,081)	(709)	(2,074)	**(3,864)**
Non-cash movements:				
Additions	-	855	-	**855**
Lease liability remeasurements	-	(3,176)	-	**(3,176)**
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	-	1,478	**1,478**
Application of effective interest rate	1,071	709	2,074	**3,854**
Carrying value at 31 March 2025	**37,161**	**55,449**	**35,994**	**128,604**

Group - 2023/24	Loans from DHSC	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2023	**45,165**	**71,935**	**22,504**	**139,604**
Cash movements:				
Financing cash flows - payments and receipts of principal	(4,240)	(5,698)	(4,262)	**(14,200)**
Financing cash flows - payments of interest	(1,177)	(732)	(2,191)	**(4,100)**
Non-cash movements:				
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	17,728	**17,728**
Additions	-	1,202	-	**1,202**
Lease liability remeasurements	-	(4,385)	-	**(4,385)**
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	-	1,006	**1,006**
Application of effective interest rate	1,163	732	2,191	**4,086**
Carrying value at 31 March 2024	**40,911**	**63,054**	**36,976**	**140,941**

Note 31.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	**873**	**2,525**	**1,148**	**5,088**	**9,634**
Change in the discount rate	2	13	-	(18)	**(3)**
Arising during the year	-	-	137	501	**638**
Utilised during the year	(123)	(214)	(111)	(428)	**(876)**
Reversed unused	(108)	(226)	(1,025)	(2,843)	**(4,202)**
Unwinding of discount	148	267	-	94	**509**
At 31 March 2025	**792**	**2,365**	**149**	**2,394**	**5,700**
Expected timing of cash flows:					
- not later than one year;	115	203	149	462	**929**
- later than one year and not later than five years;	430	762	-	-	**1,192**
- later than five years.	247	1,400	-	1,932	**3,579**
Total	**792**	**2,365**	**149**	**2,394**	**5,700**

Pension costs are based upon known amounts that will have to be paid to the NHS Pension Agency in respect of staff who have retired early. By their very nature, provisions are estimates, though informed. For the calculation of pension and injury benefit liabilities, government actuary figures for expected mortality have been used and for legal claims, data is provided by the NHS Litigation Authority.
The provision for Injury Benefits is for the reimbursement of injury benefit allowances to the NHS Pensions Agency and the timing of these payments is based the on age of the recipients.

Clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in this tax year (2019/20) faced a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold. They were able to have this charge paid by the NHS Pension Scheme (by completing and returning a 'Scheme Pays' form before 31 July 2021). The Trust estimated that all consultants would take advantage of this offer. NHS England has used information provided by the Government Actuaries Department and NHS Business Services Authority to calculate an 'average discounted value per nomination'. A provision broadly equal to the tax charge owed by clinicians who want to take advantage of the 2019/20 Commitment. This will be offset by the commitment from NHS England and the Government to fund the payments to clinicians as and when they arise. This has been disclosed under other provisions.

The provision for Legal Claims provides for the Liability to Third Party Schemes (LTPS) and Public & Employers Liability Scheme (PES). This provision covers the excess amount payable by the Trust and not the full liability of claims which is covered by NHS Resolution under the non-clinical risk pooling scheme. The timings of the cash flows are based on estimated dates for the finalisation of the claims.

Note 31.2 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	**873**	**2,525**	**1,148**	**5,064**	**9,610**
Change in the discount rate	2	13	-	(18)	**(3)**
Arising during the year	-	-	137	501	**638**
Utilised during the year	(123)	(214)	(111)	(428)	**(876)**
Reversed unused	(108)	(226)	(1,025)	(2,819)	**(4,178)**
Unwinding of discount	148	267	-	94	**509**
At 31 March 2025	**792**	**2,365**	**149**	**2,394**	**5,700**
Expected timing of cash flows:					
- not later than one year;	115	203	149	462	**929**
- later than one year and not later than five years;	430	762	-	-	**1,192**
- later than five years.	247	1,400	-	1,932	**3,579**
Total	**792**	**2,365**	**149**	**2,394**	**5,700**

Note 31.3 Clinical negligence liabilities (Group and Trust)

At 31 March 2025, £560,901k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of University Hospitals Sussex NHS Foundation Trust (31 March 2024: £501,300k).

Note 32 Contingent assets and liabilities

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Value of contingent liabilities				
Employment tribunal and other employee related litigation	(1,097)	-	(1,097)	-
Gross value of contingent liabilities	**(1,097)**	**-**	**(1,097)**	**-**
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	**(1,097)**	**-**	**(1,097)**	**-**
Net value of contingent assets	**-**	**-**	**-**	**-**

The contingent liability for Legal Claims. The timings of the cash flows are based on estimated dates for the finalisation of the claims.

Note 33 Contractual capital commitments

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	50,327	17,672	50,292	17,483
Total	**50,327**	**17,672**	**50,292**	**17,483**

Note 34 Other financial commitments

The group and trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
not later than 1 year	393	393	393	393
after 1 year and not later than 5 years	392	785	392	785
paid thereafter	-	-	-	-
Total	**785**	**1,178**	**785**	**1,178**

Note 35 Defined benefit pension schemes

Neither the group nor the trust has any defined benefit pension schemes.

Note 36 On-SoFP PFI, LIFT or other service concession arrangements

PFI scheme details	
Contract start date	10-Jun-04
Contract end date	08-Jun-34
Length of project	30 years

The PFI Scheme relates to the Royal Alexandra Children's Hospital. The trust is entitled to provide healthcare services within the facility for the period of the PFI arrangement. The contract contains payment mechanisms providing for deductions in the unitary payment made by the Trust for poor performance and unavailability. The unitary charge for the scheme is subject to an annual uplift for future price increases. The operator Kajima is responsible for providing a managed maintenance service for the length of the contract, after such time these responsibilities revert to the Trust. During the reported period there were no changes to the contractual arrangements of the scheme.

Note 36.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Gross PFI, LIFT or other service concession liabilities	**46,573**	**49,101**	**46,573**	**49,101**
Of which liabilities are due				
- not later than one year;	5,276	4,449	5,276	4,449
years;	20,332	18,288	20,332	18,288
- later than five years.	20,965	26,364	20,965	26,364
Finance charges allocated to future periods	(10,579)	(12,125)	(10,579)	(12,125)
Net PFI, LIFT or other service concession arrangement obligation	**35,994**	**36,976**	**35,994**	**36,976**
- not later than one year;	3,358	2,466	3,358	2,466
- later than one year and not later than five years;	14,307	11,841	14,307	11,841
- later than five years.	18,329	22,669	18,329	22,669

Note 36.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**87,181**	**93,860**	**87,181**	**93,860**
Of which payments are due:				
- not later than one year;	8,535	8,184	8,535	8,184
- later than one year and not later than five years;	36,327	34,829	36,327	34,829
- later than five years.	42,319	50,847	42,319	50,847

Note 36.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group		Trust	
	2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
Unitary payment payable to service concession operator	**8,221**	**7,882**	**8,221**	**7,882**
Consisting of:				
- Interest charge	2,074	2,191	2,074	2,191
- Repayment of balance sheet obligation	2,460	4,262	2,460	4,262
- Service element and other charges to operating expenditure	1,376	1,319	1,376	1,319
- Capital lifecycle maintenance	2,311	110	2,311	110
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	-	59	-	59
Total amount paid to service concession operator	**8,221**	**7,941**	**8,221**	**7,941**

Note 37 Off-SoFP PFI, LIFT and other service concession arrangements

Neither the group not trust has any off-SoFP PFI, LIFT and other service concession arrangements.

Note 38 Financial instruments

Note 38.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the trust has with commissioners and the way those commissioners are financed, the trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The trust has some powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the trust in undertaking its activities.

The trust's treasury management operations are carried out by the finance department, within parameters defined formally within the trust's standing financial instructions and policies agreed by the board of directors. The trust's treasury activity is subject to review by the trust's internal auditors.

Currency risk
The trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The trust has no overseas operations. The trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
The trust borrows from government for capital expenditure. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The trust therefore has low exposure to interest rate fluctuations.

Credit risk
Because the majority of the trust's revenue comes from contracts with other public sector bodies, the trust has low exposure to credit risk. The maximum exposures as at 31st March 2025 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 Integrated Care Boards (ICBs) [formally Clinical Commissioning Groups (CCGs)], which are financed from resources voted annually by Parliament. The trust funds its capital expenditure from a combination of its own self-generated funds and capital investment loans with reference to NHS Improvement's Continuity of Services Risk Rating. The trust is not, therefore, exposed to significant liquidity risks.

Note 38.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	38,537	-	-	**38,537**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	3,082	-	-	**3,082**
Consolidated NHS Charitable fund financial assets	1,030	10,510	-	**11,540**
Total at 31 March 2025	**42,649**	**10,510**	**-**	**53,159**

Note within Consolidated NHS Charitable and financial assets held at amortised cost is £7k cash.

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	42,659	-	-	**42,659**
Cash and cash equivalents	20,076	-	-	**20,076**
Consolidated NHS Charitable fund financial assets	2,051	12,002	-	**14,053**
Total at 31 March 2024	**64,786**	**12,002**	**-**	**76,788**

Note 38.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	39,183	-	-	**39,183**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	2,389	-	-	**2,389**
Total at 31 March 2025	**41,572**	**-**	**-**	**41,572**

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	43,359	-	-	**43,359**
Other investments / financial assets	-	-	1,101	**1,101**
Cash and cash equivalents	19,669	-	-	**19,669**
Total at 31 March 2024	**63,028**	**-**	**1,101**	**64,129**

Note 38.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	37,161	-	**37,161**
Obligations under leases	55,502	-	**55,502**
Obligations under PFI, LIFT and other service concessions	35,994	-	**35,994**
Trade and other payables excluding non financial liabilities	101,703	-	**101,703**
Consolidated NHS charitable fund financial liabilities	113	-	**113**
Total at 31 March 2025	**230,473**	**-**	**230,473**

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	40,911	-	**40,911**
Obligations under leases	63,054	-	**63,054**
Obligations under PFI, LIFT and other service concessions	36,976	-	**36,976**
Trade and other payables excluding non financial liabilities	133,744	-	**133,744**
Total at 31 March 2024	**274,685**	**-**	**274,685**

Note 38.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Loans from the Department of Health and Social Care	37,161	-	**37,161**
Obligations under leases	55,449	-	**55,449**
Obligations under PFI, LIFT and other service concessions	35,994	-	**35,994**
Trade and other payables excluding non financial liabilities	101,510	-	**101,510**
Total at 31 March 2025	**230,114**	**-**	**230,114**

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Loans from the Department of Health and Social Care	40,911	-	**40,911**
Obligations under leases	63,039	-	**63,039**
Obligations under PFI, LIFT and other service concessions	36,976	-	**36,976**
Trade and other payables excluding non financial liabilities	135,502	-	**135,502**
Total at 31 March 2024	**276,428**	**-**	**276,428**

Note 38.6 Fair values of financial assets and liabilities

Fair value of loans from DHSC as at 31 March 2025 is £37,161k.

Note 38.7 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
In one year or less	116,035	149,011	115,701	150,769
In more than one year but not more than five years	48,832	49,724	48,802	49,135
In more than five years	88,968	101,927	88,970	102,501
Total	**253,835**	**300,662**	**253,473**	**302,405**

Note 39 Losses and special payments

Group and trust	2024/25 Total number of cases Number	2024/25 Total value of cases £000	2023/24 Total number of cases Number	2023/24 Total value of cases £000
Losses				
Cash losses	86	43	44	125
Fruitless payments and constructive losses	1	107	-	-
Bad debts and claims abandoned	221	197	135	447
Stores losses and damage to property	1	903	5	2,309
Total losses	**309**	**1,250**	**184**	**2,881**
Special payments				
Compensation under court order or legally binding arbitration award	36	148	24	83
Ex-gratia payments	94	85	84	149
Total special payments	**130**	**233**	**108**	**232**
Total losses and special payments	**439**	**1,483**	**292**	**3,113**
Compensation payments received				

The individual case for £903k in Stores losses and damage to property, relates to damaged and expired pharmacy stock.

These amounts are reported on an accruals basis but excluding provisions for future losses.

Note 40 Gifts

As at 31 March 2025 no gifts were made (31 March 2024, £Nil).

Note 41 Related parties

Group
There were no related party transactions with individuals reported during the year.

The Department of Health and Social Care is regarded as the parent Department of the trust and is therefore a related party. During the year University Hospitals Sussex NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

These being:

- NHS England
- Health Education England
- East Sussex Healthcare NHS Trust
- NHS Sussex ICB
- Sussex Community NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- Portsmouth Hospitals University NHS Trust
- NHS Resolution

In addition, the trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Brighton and Hove City Council, East Sussex County Council and West Sussex County Council in respect of clinical services.

The Group comprises the Trust, Pharm@Sea Limited and My University Hospitals Sussex Charity. The Trust has share capital of £1,101k with Pharm@Sea Limited.
Transactions with related parties are on a normal commercial basis and outlined below.

	Income 2024/25 £000	Expenditure 2024/25 £000
Pharm@Sea	285	23,978
My University Hospitals Sussex Charity	2,736	-
Total	**3,021**	**23,978**

Balances at year end	Receivables 2024/25 £000	Payables 2024/25 £000
Pharm@Sea	411	2,490
My University Hospitals Sussex Charity	275	-
Total	**686**	**2,490**

Note 42 Events after the reporting date (Group and Trust)

There were no events after the reporting period.

Independent auditor's report to the Council of Governors of University Hospitals Sussex NHS Foundation Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of University Hospitals Sussex NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2025, which comprise the Consolidated Statement of Comprehensive Income, the Statements of Financial Position, the Consolidated Statement of Changes in Equity, the Statement of Changes in Equity, the Statements of Cash Flows and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2025 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2024) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group's and the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the group or the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2024-25 that the group's and the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and the Trust and the group's and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report and accounts, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report and accounts. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in November 2024 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2024/25 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2024/25; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS Foundation Trust Annual Reporting Manual 2024/25, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of their services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance**,** but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25).
- We enquired of management and the audit committee, concerning the group's and the Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the group's and the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, fraud in revenue recognition and significant accounting estimates. We determined that the principal risks were in relation to:
  - Improper revenue recognition
  - Management override of controls
  - Revaluation of land and buildings
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - testing of income and year end receivables to invoices and cash payments or other supporting evidence;
  - journal entry testing, with a focus on journals meeting a range of criteria defined as part of our risk assessment;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations and;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including potential for fraud in revenue recognition and significant accounting estimates relating to property, plant and equipment. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- The engagement partner's assessment of the appropriateness of the collective competence and capabilities of the group and Trust audit team members included consideration of their:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the group and the Trust operates
  - understanding of the legal and regulatory requirements specific to the group and the Trust including:
    - the provisions of the applicable legislation

  - NHS England's rules and related guidance
  - the applicable statutory provisions.

- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The group's and the Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation process, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The group's and the Trust's control environment, including the policies and procedures implemented by the group and the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

We have nothing to report in respect of the above matter except for on 19 June 2024 we identified:

- A significant weakness in respect of how the Trust plans and manages its resources to ensure it can continue to deliver its services. This was in relation to the Trust's failure during the year ended 31 March 2024 to develop sufficient deliverable efficiency savings programmes to deliver its 2024/25 budget requirement. We recommended that the Trust completes the identification of the 2024/25 cost improvement programme by the end of quarter one to achieve a fully assessed programme.

  In 2024/25, the Trust also failed to fully identify, develop and approve £108.6m efficiency savings programmes to deliver its 2025/26 budget requirement. Therefore, the significant weakness in arrangements remains in place for the year ended 31 March 2025. We recommended the Trust develops and progresses all efficiency plans through the gateway verification processes as quickly as possible (by end of Quarter1 at the latest), to reduce the risk of slippage and under delivery in year.

- A significant weakness in the Trust's arrangements for governance for the year ended 31 March 2024. This was in relation to the lack of tangible evidence to demonstrate improvements in the Trust's organisational culture and ongoing need for actions planned by the Quality and Safety Improvement Programme to be integrated into the Trust's daily operations. We recommended that the Trust should focus on integrating the proposed plans for improving culture into its operations, fostering consistent and sustained practices across the Trust.

  In 2024/25, the Trust were able to evidence improvements in the programme, including the development of six clear workstreams, with appropriate governance and oversight by the People and Culture Committee. We recognised that the Single Improvement Plan included a series of actions relating to culture and that all of these have been achieved during the year. Staff survey results have only shown gradual improvement and there are still capacity issues within organisation development. Therefore, the significant weakness in arrangements remains in place for the year ended 31 March 2025. We recommended that the Trust should continue to closely monitor the Culture Programme to ensure it is delivering as planned. Whilst a lot of work has been done to build the infrastructure to improve culture and address immediate issues, outcomes have not yet significantly changed, and the Trust should consider modifying the programme if there continues to be no changes to outcomes.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for University Hospitals Sussex Foundation Trust NHS Foundation Trust for the year ended 31 March 2025 in accordance with the requirements of Chapter 10 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed the work necessary in relation to the Trust's consolidation schedules, and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2025. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2025.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Darren Wells

Darren Wells, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

London
25 June 2025

5. Acceptance of the Annual Report and Accounts as presented at the AGM

NHS
University Hospitals Sussex
NHS Foundation Trust