

Meeting of the Board of Directors

10:00 – 11:15 on Thursday 04 December 2025

Board Room, Trust HQ, Washington Suite, Worthing Hospital, Lyndhurst Road, Worthing

AGENDA – MEETING IN PUBLIC

Item:1	10:00	Welcome and Apologies for Absence <i>Apologies: Bindesh Shah</i>	<i>To note</i>	Verbal	Presenter: Philippa Slinger
	10:00	Confirmation of Quoracy <i>A meeting of the Board shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that at least half of the Board must be present this being eight Board members. With a minimum of two Executives and two Non-Executive Directors.</i>	<i>To agree</i>	Verbal	Presenter: Philippa Slinger
Item:2	10:00	Declarations of Interests	<i>To determine if any action is required</i>	Verbal	Presenter: All
Item:3	10:00	Minutes of UHSussex Board Meeting in Public held on 13 November 2025	<i>To approve</i>	Enclosure	Presenter: Philippa Slinger
Item:4	10:00	Matters Arising from the Minutes	<i>To note</i>	Enclosure	Presenter: Philippa Slinger
Item:5	10:05	Questions from the public To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	<i>To respond</i>	Verbal	Presenter: Philippa Slinger
Item:6	10:15	Chief Executive Update	<i>To receive and note overview of the Trust's activities</i>	Enclosure	Presenter: Dr Andy Heeps
Item:7	10:35	Service Presentation – Frailty Service including outreach work with Care Homes	<i>To receive</i>	Presentation on the day	Presenters: Mark Edwards - Chief of Service Medicine & Emergency Care and team

OTHER

Item:8	11:10	Any Other Business	<i>To receive any notified</i>	Verbal	Presenter:
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		To receive any notified urgent business and action	<i>urgent business and action</i>	Philippa Slinger
Item:9	11:15	Date and time of next meeting: The next meeting in public of the Board of Directors is scheduled to take place at 10.00 on Thursday 5 February 2026	Verbal	Presenter: Philippa Slinger



Minutes

Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 13 November 2025, held in the Washington Suite Boardroom, Worthing Hospital, Lyndhurst Road, Worthing and via Microsoft Teams Live Broadcast.

Present:

Philippa Slinger	Chair
Professor Paul Layzell CBE	Non-Executive Director
Lucy Bloem	Non-Executive Director
Professor Gordon Ferns	Non-Executive Director
Philip Hogan	Non-Executive Director
Bindesh Shah	Non-Executive Director
Mike Driver CB	Non-Executive Director
Dr Andy Heeps	Interim Chief Executive
Dr Maggie Davies	Chief Nurse
David Grantham	Chief People Officer
Nigel Kee	Chief Operating Officer
Jonathan Reid	Chief Financial Officer
Professor Catherine (Katie) Urch	Chief Medical Officer
Michelle Arrowsmith	Chief Corporate Affairs Officer

In Attendance:

Emma Chambers	Director of Midwifery
Joe Mills	Director of Strategy
Nicole Chavaudra	Director of Patient Experience & Engagement (Item 8 only)
Glen Palethorpe	Company Secretary
Tamsin James	Board and Committees Manager (Minutes)
Ben Smith	Deputy Company Secretary (meeting support)

TB/11/25/1	WELCOME AND APOLOGIES FOR ABSENCE	ACTION
1.1	The Chair welcomed all those present to the meeting, noting apologies for absence were received from Roxanne Smith, Wayne Orr, Kate Steadman, and Jackie Cassell.	
1.2	The Chair welcomed Michelle Arrowsmith who had joined the Trust as Interim Chief Corporate Affairs Officer and also welcomed Emma Chambers and Joe Mills who were attending to support the presentation of their specific items on the agenda today.	
TB/11/25/2	DECLARATIONS OF INTERESTS	
2.1	There were no interests declared.	
TB/11/25/3	MINUTES OF THE MEETING HELD ON 04 SEPTEMBER 2025	
3.1	The Board received the minutes of the meeting held on 04 September 2025.	
3.2	The minutes of the meeting held on 04 September 2025 were APPROVED as a correct record.	

TB/11/25/4 MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

- 4.1 There were two items from previous meetings recorded for discussion, these being in relation to Patient Insights incorporating the NetCall analysis into the impact to complaints regarding outpatients, and the second being a referral to the People & Culture Assurance Committee regarding the Fire Safety Officer improvements; and following the updates provided, the Board were assured that these matters could be closed as the first had been considered by the Patient and Quality Assurance Committee and the second is being dealt with at the People and Culture Assurance Committee in January 2026.

TB/11/25/5 QUESTIONS FROM THE PUBLIC

- 5.1 There were two questions received from the Public for answering at the Board today. The Chair stated that questions were always encouraged as it provided the Board with valuable opportunities to be engaged with the public.
- 5.2 The Board noted the question received from Mr Taylor. Nigel Kee shared thanks to Mr Taylor for his question and the information he had provided about his experiences, a response had been provided directly and was available on the Trust's website. In addition, Andy Heeps highlighted the importance of clearer patient pathways; without this, patients would default to the Emergency Department, therefore, ensuring consistent messaging, language and signage across the Trust, and enabling staff to confidently direct patients, was a significant piece of work underway, with some capital investment planned this year. The Chair commented that for the public and patients the difference in how the Trust names certain departments remained confusing and difficult to navigate, therefore these improvements would be welcomed.
- 5.3 The Board also noted the question received from Ms Craig, the Board noted that the question contained specific comments about a case along with a more general question regarding our processes, therefore we kindly ask Ms Craig to contact our Patient and Liaison Service who are there to help in that regard. In respect of the Trust's processes, both the Chief Nurse and Chief Medical Officer provided a response to Ms Craig in the meeting, and a formal response was confirmed to have been provided directly.

- 5.4 The Board questions received and their subsequent responses can be found here on the UHSussex Trust website:
<https://www.uhsussex.nhs.uk/about/board/board-meetings/>

TB/11/25/6 CHIEF EXECUTIVES REPORT

- 6.1 Dr Andy Heeps introduced the report and provided wider context to the Board's discussions by highlighting recent national and regional developments that are relevant to the Trust's plans and performance.
- 6.2 Andy Heeps shared that the NHS National Planning Framework introduced a rolling five-year planning model, replacing the previous annual cycle, requiring acute hospital trusts to adopt a more strategic, integrated approach and develop plans that align workforce, activity, quality, and financial objectives while supporting the ambitions of the National 10-Year Health Plan. For 2025/26, immediate priorities include improving access to care, achieving a 1% reduction in the Trust's cost base, and delivering a 4% productivity gain.
- 6.3 In respect of the national maternity review led by Baroness Amos, Andy Heeps confirmed this would be focused on identifying systemic challenges and driving improvements across England. The team undertaking the review would engage with staff at all the Trust maternity sites, ensuring everyone has the

opportunity to contribute. It was shared that the UHSussex maternity service has made considerable progress in safety, staffing, and patient experience since the 2021 CQC inspection outcome, and this review was an important opportunity to showcase that progress and reaffirm the Trust's commitment to continuous learning and improvement.

- 6.4 Andy Heeps confirmed that the CQC had provided high-level feedback on its inspection of both the Maternity services at St Richard's Hospital Chichester and the Children's & Young People's services at Worthing Hospital. Inspectors had highlighted a positive culture between the maternity and obstetrics teams and noted that women interviewed were satisfied with their care. While some areas for improvement were identified, there remained more to progress for those with mental health concerns. It was shared that the draft inspection report, including the Well Led review, was awaited.
- 6.5 It was shared that the NHS Providers Chief Executive Daniel Elkeles had visited the Trust and praised the Trust's efforts to improve emergency care at the Royal Sussex County Hospital in Brighton, particularly highlighting partnership working and adapting good practice from other parts of the NHS, such as our HALO programme; discharge planning; SECamb navigation hub; and virtual wards expansion.
- 6.6 Andy Heeps provided a focused update on the Trust's delivery against key constitutional access standards in September, highlighting both improvements and continuing challenges, around Elective and Diagnostics Performance, Cancer waiting times, and Urgent and Emergency Care.
- 6.7 It was shared that resident doctors across the Trust (and nationwide) were taking industrial action from 13 to 18 November 2025, it was confirmed that the Trust had robust mitigation arrangements in place to maintain patient safety and essential services. In parallel, it was confirmed that the Trust was progressing work on the NHS England 10-Point Plan to improve resident doctors' working lives, including issues such as car parking, access to rest and locker facilities, and the provision of hot food 24 hours a day, which were being addressed in collaboration with local representatives to agree practical and sustainable solutions.
- 6.8 It was shared that the Trust had recently held its all-staff conference, which focused on the launch of the new Trust strategy setting out achieving its ambition of providing Excellent Care Everywhere, keynote speaker Dr Jo Salter – Britain's first female fast jet pilot attended to give a motivational speech. The conference also offered staff the opportunity to network with colleagues from across all sites.
- 6.9 The Board reflected on the CQC prosecution whereby on the 27 October, UHSussex pleaded guilty at Brighton Magistrates Court to a CQC charge related to the tragic death of 16-year-old Ellame Ford-Dunn, who died after absconding from Worthing Hospital in 2022. The charge concerned shortcomings in the Trust's missing persons policy and training, which had since been improved. The Trust continues to express deep regret and had acknowledged its responsibility to protect Ellame during their care. The Board expressed that the case highlighted the challenges of caring for patients with acute mental illness in general hospital settings and reinforced the need for better system-wide solutions. Andy confirmed that sentencing was scheduled for 26 November, with a fine expected, which was to be paid to the CQC.
- 6.10 Andy shared the news regarding the passing of Mr Mike Rymer, a highly respected consultant obstetrician and gynaecologist, former Medical Director of Worthing and Southlands Hospitals and a Board member of Brighton and

Sussex University Hospitals NHS Trust. Mike had a long and impactful career in Sussex, caring for countless patients as a doctor, supporting numerous colleagues as a mentor, and providing expert leadership in a variety of senior roles. His unwavering support for those he worked with, along with his staunch commitment to patient care, is something for which he will always be remembered.

- 6.11 Philip Hogan shared his appreciation of the updated detailed report and went on to ask Jonathan Reid about the 1% cost efficiency and 4% productivity targets, and how these were aligned with the Trust's current plans. Jonathan Reid explained that the Trust had set a target of £120m improvement in its financial position this year. While the configuration of cost reduction and productivity measures were still being developed for next year, these plans were consistent with national assumptions. It was noted that changes would impact acute providers, with a shift from acute care to primary and mental health services. The configuration would differ, and the Trust anticipated a higher target of around 5%, which it believed would be achievable.
- 6.12 Lucy Bloem as Chair of the Patient & Quality Assurance Committee, referenced the CQC prosecution update regarding the tragic death of Ellame Ford-Dunn and requested assurance on the status and timing of updates to the Missing Persons Policy referenced. Andy Heeps confirmed the policy was updated immediately following the incident, and there have been two subsequent revisions, along with further updates anticipated as wider processes change especially with the Sussex Police revised processes. Maggie Davies highlighted the actions taken to date which included staff training and embedding changes, and the ongoing work was emphasised to ensure the policy was understood and enacted effectively, supported by clinical and paediatrics teams, and aligned with system partners to provide the best care possible in the most appropriate environment. Katie Urch shared the importance of "right care, right place," referencing active discussions with NHSE and local partners, as well as the need for further progress in Sussex regarding Section 136 capacity for acute mental health crises.
- 6.13 The Board further discussed the volume of clinical documents that were overdue their review noting the target reduction plan over the next few months, and that progress had been made with updates to key priorities and policies, including maternity, paediatrics, missing persons, and core nursing. It was noted that many, with many overdue documents had in effect been superseded. Katie Urch outlined the current challenges which included a primary focus on NICE guidance this year, and an action plan was now in place to support a sustained approach to bring all these documents up to date, with governance being monitored by the Patient & Quality Assurance Committee Chair.
- 6.14 Gordon Ferns raised a query about corridor care and one of flow through the hospitals, noting it was likely to increase as winter pressures mounted, and asked how this was being managed and its overall impact on the Trust. Andy Heeps shared that this was a national issue, and while good ED flow should eliminate the need for corridor care, temporary escalation spaces were sometimes required, however, the aim was to eliminate corridor care entirely. Initiatives such as admission avoidance and the HALO project would support the reduction of ED attendances, and oversight would sit with the UEC Programme Board. It was shared that collaboration with partners, including mental health services, would be key to ensuring care was not delivered in corridors and that ambulance offloading remained timely. Katie Urch also explained that the focus extends beyond ED corridors to improving hospital-wide flow and that included a refreshed seven-day discharge model to maintain

continuous patient movement, ensuring timely discharge and reducing unnecessary delays.

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| <p>6.15 In respect of improvements to patient flow and length of stay, there remained a variation in discharge levels across sites especially at weekends, and it was asked that a review of these levels was overseen by the Finance & Performance Assurance Committee, this included examining site comparisons, their impact, and whether issues stemmed from lack of investment or inefficiencies.</p> | <p>ACTION:
Referral to the Finance & Performance Assurance Committee</p> |
| <p>6.16 In respect of the NHS England 10-Point Plan to improve resident doctors' working lives, the Chair asked that this plan and subsequent actions were overseen at the People & Culture Assurance Committee. Paul Layzell as Chair of that Committee confirmed that this was in progress and that the plan is scheduled to be received for oversight at the January Committee. David Grantham, as Chief People Officer, confirmed the levels of engagement undertaken to progress the improvement work. The Board asked the People and Culture Assurance Committee Chair's report provide an update from its next meeting on the assurance over the delivery of the 10-point plan.</p> | <p>ACTION:
Referral to the People & Culture Assurance Committee</p> |
| <p>6.17 The Board NOTED the update.</p> | |

TB/11/25/7 UHSUSSEX STRATEGY UPDATE

- 7.1 Joe Mills, Director of Strategy presented an overview of the Trust's new five year Trust Strategy - Excellent Care Everywhere - which was published on 1 October 2025, building on the Big Conversation, a lively programme of communication and engagement through extended media activity was promoting awareness and understanding. It was shared that the Strategic Delivery Plan was being progressed and considered at the Strategy and Major Projects Committee on 6 November 2025 and represented a baseline on which we will build further assurance and enhanced delivery management. The plan highlighted tracking against planned milestones and further updates would be presented to the Board in February 2026.
- 7.2 A video highlighting the launch of the Strategy was shown on screen which has been used to promote the strategy across multiple platforms, demonstrating how the strategy responds to feedback and delivers positive improvements for our people, patients, and communities.
- 7.3 Joe highlighted the engagement with external stakeholders through targeted briefings and media outreach, and media coverage had helped amplify messages beyond the organisation. Further media and stakeholder engagement was planned to support broader awareness and partnership working.
- 7.4 Joe drew the Board's attention to the video on the screen that showed highlights from the third UHSussex Staff Conference, focused on our new Strategy and Vision for 2030 to deliver "Excellent Care Everywhere".
- 7.5 The Board thanked Joe for the update which had provided a strong overview by outlining milestones and future plans, and it was noted that emphasis now was on forward-looking insights: anticipating next stages, focusing on outcomes, and key themes, therefore ongoing communication and engagement remained critical.

- 7.6 Mike Driver, as Chair of Audit Committee shared his appreciation regarding the approach to the Strategy and delivery planning and emphasised the importance of assessing strategic risks that could impact the Trust's ability to deliver its objectives., Mike highlighted the work being undertaken to identify and manage key risks and associated indicators, and that a refresh was underway of the risk management framework which would link directly to the Board Assurance Framework and serve as a complementary tool to keep us on track.
- 7.7 The Chair encouraged the members of the Public to review the strategy document on the Trust website (<https://www.uhsussex.nhs.uk/trust-strategy/>) as it outlined the core priorities and direction to build a unified UHSussex approach, from standardising practices, consolidating services, renewing infrastructure, digitising our Electronic Patient Record (EPR), and introducing new models of care.
- 7.8 Jonathan Reid expressed that the Strategy launch was a landmark moment, and the team are working to ensure the strategy provides a robust five-year plan that also focuses on delivering financial sustainability. The Chair stated that it was our responsibility to deliver sustainable services for the population of Sussex, therefore financial stewardship remained imperative to provide dependable and secure services.
- 7.9 Philip Hogan positively shared that both the strategy and delivery plan provided a clear and concise view of our direction, with numerous projects underway, and questioned whether we had the right resources in the right places to deliver on the key priorities? Andy Heeps commented on organisational capacity, and in such a large organisation there was a need to ensure resources were properly aligned with clinical leadership., The delivery plan provides an opportunity to address the biggest risks and ensure steps were in place, such as implementing EPR. Joe Mills concurred and stated that the plan would help the Trust to prioritise and enable better decision-making conversations.
- 7.10 The Board reflected on the recent staff conference and how motivating it had been for colleagues, and were all encouraged by the Strategy bringing the vision to life. The Board acknowledged the challenge to deliver better value for money while fulfilling duty to provide high-quality healthcare for Sussex, whilst also enabling meaningful conversations with system partners.
- 7.11 The Board **NOTED** the update.

TB/11/25/8 PATIENT EXPERIENCE – PATIENT FEEDBACK AND INSIGHTS

- 8.1 Nicole Chavaudra joined the meeting to provide an update on how UHSussex receives, hears, and analyses the voice of patients, including how this influenced the delivery of services through proactive surveys such as those commissioned by CQC, and through contacts from patients, such as via Patient and Liaison Service (PALs) and complaints.
- 8.2 Nicole drew attention to the main themes from both positive and less positive feedback and described the main opportunities for improving patient experience. The positive feedback from patients about their experience of care was shared, with improvements noted in the inpatient survey regarding food, and communication, along with the wider opportunities outlined that included reducing waiting times, fewer delays to care and improving staff behaviour and communication. Nicole highlighted the improvements in the length of time taken to respond to complaints, and the reduced number of complaints re-opened.

- 8.3 Nicole outlined the triangulation of inpatient survey data which included the Friends and Family Test (FFT), which captured approximately 130,000 responses annually, with 90% rating care as good or very good, an overall improvement this year. However, during the same period, complaints had increased, reflecting a broader societal trend that also affects other Trusts. This had presented an opportunity to learn and enhance the complaints management process in line with national standards and the NHS Long Term Plan.
- 8.4 Nicole explained that there remained focus on delivering a timely, high-quality complaints service, reducing open cases with the Ombudsman, and using complaints as a rich source of feedback to drive improvement. Thematic analysis was highlighting that waiting delays remained the primary driver of dissatisfaction, and while significant work was underway to reduce waiting lists, emerging issues related to subsequent stages of the patient journey, these were being mitigated through working closely with planned care teams and improving patient access particularly in high-impact pathways such as cancer and degenerative conditions.
- 8.5 Nicole spoke of an increase in patients using AI and automation methods to inform their care. This was positive in that patients are aware of what service level they should receive.
- 8.6 In respect of health inequalities, Nicole outlined the demographic profile of patients participating in surveys and raising complaints. This profile is reflective of the population as a whole in terms of ethnicity, with inpatients more likely to be older (in line with the profile of hospital inpatients), and complaints more likely to be in the 35-69 age group. A high prevalence of complaints from patients living in the BN2 postcode area was noted, whilst the reasons for this was not fully understood.
- 8.7 Paul Layzell reflected on those patients who experience frustration due to knowledge gaps about their own care pathways and waiting processes. Paul asked what improvements have been made to providing clear, accessible information on what to expect next, and whether services like the Patient Information Service that is available within the Louisa Martindale Building in Brighton, could play a greater role in helping patients understand their treatment journey? Nicole explained that this service has with valuable insights that should inform our Trust strategy by making best use of collective resources, integrating systems sensibly, and responding in a human way. There is a real opportunity to leverage health information to support learning and improve condition management.
- 8.8 Maggie Davies reflected on the rising number of complaints, and although the Trust continued to respond effectively despite significant pressures, it was fundamentally a resource issue. There remained a need to focus on how to improve patient experience so that complaints were less likely to arise. It was shared that the Planned Care Improvement Board was considering national initiatives that the Trust could engage with, including a review of complaints methodology and developments in patient feedback systems.
- 8.9 Nicole explained how the PALs profile had changed significantly since the pandemic, 95% of contact had shifted to email or telephone, with patient appointment related queries becoming more common. It was noted that complaints had doubled, and PALs operated as a problem-solving service, improving patient care efficiency. In relation to the data on postcode tracking, it provided valuable insights to embed a health inequality lens into the strategy, ensuring changes close outcome gaps and reflect demographic shifts.

- 8.10 The Board further discussed the need for an improved programme of communication skills to support the medical workforce. Nicole explained that complaints data was clustered by division and specialty and that the Deputy Chief Medical Officer was developing a programme that is responsive and inclusive, designed to reach the entire medical workforce to support these improvements.
- 8.11 Lucy Bloem assured the Board that the Patient & Quality Assurance Committee has strong oversight on the root causes of complaints, and that a significant issue in communication is regarding delays to appointments, Lucy asked what steps were being taken to improve this. It was noted that the implementation of the Electronic Patient Record (EPR) remained a key priority, with a strong focus on patient engagement enabling greater control by streamlining processes and supporting better digital information through apps, driving consistency, and reducing variation. This is an important programme, scheduled for implementation over the next 18 months.
- 8.12 The Board thanked Nicole for the clear and concise update outlining the key messages to improve patient experience. The Board asked that the review being undertaken by the Managing Director of Planned Care which focuses on long-waiting patients, incorporate improvements to patient booking processes, and the outcome of this be overseen by the Finance and Performance Assurance Committee.

ACTION:
Referral to
the Finance
&
Performanc
e
Assurance
Committee
oversight

TB/11/25/9 EXCELLENT CARE EVERYWHERE – ONE UHSUSSEX – RESPONSE TO THE DEVELOPMENTAL WELL-LED REVIEW

- 9.1 Andy Heeps provided the Board with an update in relation to the publication of the trust commissioned UHSussex developmental Well-Led Review.,
- 9.2 Andy reflected on the pivotal shift for the Trust focusing not on correcting the past, but on defining the future, which started with progressing the Values and Behaviours Framework. It was noted that further refinement of the framework would continue to be presented at Board in December 2025.
- 9.3 Andy shared the developments on the culture and leadership programme designed to support and promote values based leadership, and enable clear, constructive conversations to strengthen leadership capability, aligned to national priorities and best practice from leading Trusts, addressing the importance of investment in leadership development through long-term training.
- 9.4 In terms of structure and governance Andy shared that the Trust was undertaking a significant redesign of its governance and operational structure to strengthen leadership, improve patient care to create a balanced, accountable, and integrated model across all sites. Andy outlined the move from 8 to four, cross Trust divisions, each led by a Managing Director who would sit on the Executive Management Group and attend the Board and its committees, as non-voting members. The Chair shared that their involvement at Board level would support the Trust strategy to be a single, unified organisation
- 9.5 Andy shared progress of the external review of HR policies and processes which had been commissioned across the Trust and would benchmark our approach against comparable Trusts, assess whether policies were fair and transparent, and test how well they reflected our new values. Early

engagement had already identified that certain policies required simplification and clearer guidance for managers. Interim findings are expected in January 2026 and would inform a staged refresh through the spring.

- 9.6 The Board discussed and emphasised the importance of continuing to address challenging issues and whilst the positive progress was noted it asked whether consideration was being given to support leaders in having constructive conversations and empowering everyone to speak up respectfully. Andy Heeps confirmed that this would be covered in the Board workshop taking place later that afternoon which considers the values and behavioural framework.
- 9.7 As a driver to change, David Grantham outlined the challenge of middle management requiring additional support, training and guidance, and the need for external partnerships to build sustainable capacity.
- 9.8 The Chair commented on the good progress and the implementing of measures to drive cultural change. The Chair acknowledged the varying challenges but there remained a collective commitment to strengthening leadership, providing the right interventions, and creating a positive workplace with reliable resources to ease those pressures and frustrations.
- 9.9 The Board **NOTED** the update.

TB/11/25/10 INTEGRATED PERFORMANCE REPORT

- 10.1 Andy Heeps introduced the performance report for University Hospitals Sussex and informed the Board that this report showed the Trust's performance to September 2025 and sets out the progress being made to deliver the Trust's Patient First Strategy, the NHS National Oversight Framework and the wider NHS Operating Plan.
- 10.2 Andy stated that overall, Trust performance during September remained stable, with continued pressure across urgent and emergency care pathways and incremental improvement in planned care recovery. Workforce and engagement, finance, and quality indicators remain broadly in line with trajectory, although several areas required ongoing focus to ensure delivery of year-end targets.
- 10.3 In respect of People, Paul Layzell confirmed that discussions at the People & Culture Assurance Committee had focused on staff engagement and terms, and condition harmonisation post-merger. There had been areas causing a degree friction for staff and the Trust was addressing these through targeted interventions.
- 10.4 In respect of Quality, Lucy Bloem confirmed that the Patient & Quality Assurance Committee had reviewed incident reporting improvements, taken assurance on falls, and received updates on inquests and serious incidents. In support of the Quality metrics, Maggie Davies outlined the benefits of our commitment to investment to safer staffing establishment reviews, there had been some levelling between night and day shifts, and it was encouraging to see data trending upward. It was noted that recruitment was progressing well, with notable improvements in HCA staffing, and this was against the backdrop of an ambitious goal to eliminate agency staff from wards. In respect of the six-month staffing review, Maggie explained that this had been placed on the Trust website and is available here: <https://www.uhsussex.nhs.uk/about/board/board-meetings/#previous-board-meeting-papers>
Katie Urch then explained that the Quality metrics highlighted strong triangulation with the Trust's SHMI and that this metric remained within

expected measures. Katie added that there has been a sustained focus on the Fundamental Standards of Care over the past 18 months, showing that interventions were improving and delivering better outcomes.

- 10.5 Bindesh Shah questioned the 20% increase in patient complaints despite the positive metrics being highlighted in the report. Maggie confirmed this aligned to inpatient feedback relating to ED, and additional measures addressing corridor care was underway, with further enhancements expected in the coming weeks, contributing to better patient and staff satisfaction.
- 10.6 Nigel Kee reported on steady improvements in cancer performance, despite some challenges that temporarily impacted on results, overall performance remained strong. Radiotherapy improvements were on track within the expected timeframe. Nigel shared his congratulations to the team on the positive outcomes achieved in this area.
- 10.7 In respect of Finance, Jonathan Reid advised the Board that the planning for the second half of the year continued reminding the Board that the H2 plan when developed contained considerable financial risk. Progress had been made up to Month 6, and in order to continue this, a rigorous financial sprint was being developed in collaboration with corporate function leads, outlining H2 priorities, accountability for each component, and areas of uncertainty, supported by colleagues who have been generous with their time and to work to address this challenge.
- 10.8 The Chair reflected on their attendance at the recent NHS providers conference which emphasised the significant NHS challenges, there had been discussion about maintaining credibility against the broader economic challenges facing the country. The NHS is currently delivering to plan, which was vital for both the organisation and the wider system, and sustaining this performance and demonstrating strong financial management would be key to enabling government support and ensuring the delivery of sustainable services.
- 10.9 Andy Heeps reflected on the National Oversight Framework, and asked Michelle Arrowsmith to provide a further update on the Trust's recent self-assessment submissions. Michelle confirmed these were currently under review by regional and national teams, and formal feedback was expected toward the end of November. It was noted that no indication had yet been provided regarding the Trust's expected Quarter 3 position however it was expected to receive this by the next Board in December 2025. Andy Heeps also reflected on the discussions with the regional team where confidence had been expressed regarding the Trust's progress following presentation of current initiatives and demonstration of a comprehensive set of actions aligned with national requirements.
- 10.10 The Board welcomed the new report format and NOTED the update.

TB/11/25/11 MATERNITY ASSURANCE REPORT

- 11.1 Emma Chambers drew attention to the reports included within the meeting papers and provided a summary to the Board which outlined there had been no perinatal deaths reported in August, and rates continued to remain below national averages. Neonatal brain injury rates were being closely monitored. In respect of Quality & Compliance, Health inequalities were being addressed, foetal monitoring training compliance was under review, and workforce concerns were noted. In respect of Engagement & Learning Emma shared that bereavement listening events were held to provide a space for families to share experiences to inform learning and action plans, and subsequent follow up workshops to embed lessons learned. It was noted that FFT remained strong

at 95% with positive feedback received, and the CQC maternity survey highlighted improvements.

11.2 The Board **NOTED** the update, along with the following papers included in the pack:

- Perinatal Quality Oversight Model Report & Dashboards
- ATAIN & Transitional Care Q4
- Saving Babies Lives Q4 and Q1
- Perinatal Workforce Report October 2025
- Maternity Services Assurance Vision & Roadmap

TB/11/25/12 BOARD ASSURANCE FRAMEWORK

12.1 Glen Palethorpe presented the Board Assurance Framework report for quarter 3. It was shared that Executives had reviewed quarter 2 assurances and updated the BAF, providing retrospective and forward-looking summaries to support proposed quarter 3 scores. The Audit Committee in October had confirmed robust processes for executive oversight and BAF updates. The People and Culture Assurance Committee noted culture improvement progress but concluded risk scores could not realistically reduce to 12 by year-end, that a more achievable target was 16.

12.2 The Board **NOTED** the recommendations of the respective committees that there should be no reduction in any of the strategic risk scores for quarter 3 except for risk 7 where a reduction was recommended.

12.3 The Board **NOTED** that the respective oversight committees had confidence that the target scores could be achieved by the year end with the exception of the cultural strategic risk.

TB/11/25/13 REPORT FROM THE RESEARCH, INNOVATION & DIGITAL STRATEGY ASSURANCE COMMITTEE

13.1 In the absence of Jackie Cassell as Chair of the Research Innovation & Digital Assurance Committee, Glen Palethorpe informed the Board that Jackie had wished to convey to the Board that there were no matters to be escalated to the Board but that the Board should note the assurances received in relation to Research, Innovation and Digital at the Committee.

13.2 The Board **NOTED** the Research Innovation & Digital Assurance Committee Chairs report.

TB/11/25/14 REPORT FROM PATIENT & QUALITY ASSURANCE COMMITTEE

14.1 Lucy Bloem, Chair of the Patient & Quality Assurance Committee updated the Board on their recent meeting and the assurances received in relation to Patient & Quality. Lucy drew attention to the CQC evidence improvements being undertaken, and the Annual Report requiring approval today, informing the Board this had been scrutinised by the Committee.

14.2 The Board **APPROVED** the Infection Prevention & Control Annual Report.

14.3 The Board **NOTED** the Patient & Quality Assurance Committee Chairs report.

TB/11/25/15 REPORT FROM PEOPLE & CULTURE ASSURANCE COMMITTEE

15.1 Paul Layzell, Chair of the People & Culture Assurance Committee updated the Board on their recent meeting and the assurances received in relation to People & Culture.

- 15.2 The Board **NOTED** the People & Culture Assurance Committee Chairs report.

TB/11/25/16 REPORT FROM FINANCE & PERFORMANCE ASSURANCE COMMITTEE

- 16.1 Philip Hogan, Chair of the Finance & Performance Assurance Committee updated the Board on their recent meeting and the assurances received in relation to Finance & Performance.
- 16.2 Philip shared that the Committee had discussed the mitigating actions being undertaken surrounding the H2 financial performance challenge. There had been three investment decisions taken with one scheduled for discussion later today in Private. The Board noted the Committee's delegated approval of the NHSE winter plan assurance submission.
- 16.3 The Board **NOTED** the Finance & Performance Assurance Committee Chairs report.

TB/11/25/17 REPORT FROM STRATEGY & MAJOR PROJECTS ASSURANCE COMMITTEE

- 17.1 Paul Layzell, Chair of the Strategy & Major Projects Committee updated the Board on their recent meeting and the assurances received.
- 17.2 The Board **NOTED** the Strategy & Major Projects Assurance Committee Chairs report.

TB/11/25/18 REPORT FROM AUDIT COMMITTEE

- 18.1 Mike Driver as Chair the Audit Committee updated the Board on the recent meeting and the assurances received.
- 18.2 Mike Driver explained that the Committee had reviewed the Board Assurance Framework, organisational risk management, and the improvement work being undertaken in this area to ensure that risk management processes were operating effectively. Andy Heeps shared that it was expected that the Well Led review outcome would publish improvement recommendations relating to Risk Management and this work would support the delivery of any recommended improvements. Andy commented that an update would be brought back to the Board for oversight of the action delivery.
- 18.3 The Board **NOTED** the Report from the Audit Committee.

TB/11/25/19 COMPANY SECRETARY REPORT

- 19.1 Glen Palethorpe introduced the Company Secretary Report, which reflected lessons learnt from the last Trust's Annual General Meeting event and commented that these lessons would be applied to the next Annual General Meeting.
- 19.2 The Board **NOTED** the Company Secretary report.

TB/11/25/20 OTHER BUSINESS

- 20.1 There were no further items discussed.

TB/11/25/21 DATE OF NEXT MEETING

21.1 It was noted that the next meeting of the Board of Directors in Public was scheduled to take place at **10.00** on **Thursday 04 December 2025 in Worthing**

Tamsin James
Board & Committees Manager
November 2025

Signed as a correct record of the meeting.
..... Chair
..... Date

Agenda Item: Board of Directors meeting in Public, Thursday 05 December



MATTERS ARISING
Trust Board in Public

	Meeting Date	Minute Ref	Action	Person Responsible	Deadline	Update	Status
1	13-Nov-25	TB/11/25/6.15	In respect of improvements to patient flow and length of stay, there remained a variation in discharge levels across sites especially at weekends, and it was asked that a review of these levels was overseen by the Finance & Performance Assurance Committee, this included examining site comparisons, their impact, and whether issues stemmed from lack of investment or inefficiencies.	Finance & Performance Assurance Committee	Feb-26	27.11.2025 - The Finance & Performance Assurance Committee received the referral and agreed that a further update be provided at their next meeting in January 2026.	Open
2	13-Nov-25	TB/11/25/6.16	In respect of the NHS England 10-Point Plan to improve resident doctors' working lives, the Chair asked that this plan and subsequent actions were overseen at the People & Culture Assurance Committee. Paul Layzell as Chair of that Committee confirmed that this was in progress and that the plan is scheduled to be received for oversight at the January Committee. David Grantham, as Chief People Officer, confirmed the levels of engagement undertaken to progress the improvement work. The Board asked the People and Culture Assurance Committee Chair's report provide an update from its next meeting on the assurance over the delivery of the 10-point plan.	People & Culture Assurance Committee	Feb-26	It was agreed for the People & Culture Assurance Committee to receive the plan at their January 2026 meeting, an update would then be provided to the Board of Directors meeting in Public at their meeting of 4 February 2026.	Open
3	13-Nov-25	TB/11/25/6.16	The Board asked that the review being undertaken by the Managing Director of Planned Care which focuses on long-waiting patients, incorporate improvements to patient booking processes, and the outcome of this be overseen by the Finance and Performance Assurance Committee.	Finance & Performance Assurance Committee	Feb-26	27.11.2025 - The Finance & Performance Assurance Committee received the referral and agreed that a further update be provided at their next meeting in January 2026.	Open

Agenda Item:	6	Meeting:	Trust Board in Public	Meeting Date:	4 December 2025
Report Title:	Chief Executive's Report				
Sponsoring Executive Director:	Dr Andy Heeps, Interim Chief Executive				
Author(s):	Dr Andy Heeps, Interim Chief Executive				
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only	
	N/A	Yes	Yes	N/A	
Reason for not being taken in public <i>(indicate as appropriate)</i>	Commercial confidentiality	Staff confidentiality	Patient confidentiality	Other exceptional circumstances (please detail)	
	N/A	N/A	N/A	N/A	
Regulatory Reporting Requirement					
Summary of the report describing		This report provides the Board with an overview of key national, regional and local developments affecting UHSussex. It highlights the impact of resident doctors' industrial action, forthcoming CQC inspection reports, organisational change in the Sussex ICB, an important milestone in diagnostic services, and new measures to support winter resilience.			
What <i>(summary of current position / issue & why it matters and evidence to support that position etc)</i>					
So What <i>(provide meaningful analysis drawing out as appropriate implications against Trust Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)</i>					
What Next <i>(summary of intended action and benefits supporting the choices and recommendation(s) being made)</i>					
Recommendation <i>(linked to What Next section)</i>	The Board is asked to: <ol style="list-style-type: none"> Note the updates set out in the Chief Executive's Report. Consider the implications of national, regional and system developments for UHSussex. Seek assurance that risks are being managed appropriately, with further detail to be provided through the relevant Committees where required. 				
Assurance / Scrutiny route already undertaken <i>(please explain where matter previously considered, and assurance provided)</i>	This is the Chief Executive's standing report and is presented directly to the Board. Where specific issues require deeper assurance, these are considered through the relevant Board Committees (e.g. People & Culture Assurance Committee for workforce and culture; Patient & Quality Assurance Committee for safety and maternity).				
Link to Trust Strategy <i>(note which theme)</i>	Care	People	Future	Communities	One UHSussex
	Yes	Yes	Yes	Yes	Yes
Link to annual delivery plan	Achieving the objectives of the Annual Delivery Plan depends on the organisational culture, leadership and governance foundations described in this report.				
Link to BAF (explain which BAF risks this)					

matter impacts on and what the impact is change in score/ change in assurance profile etc						
Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	N/A	N/A	N/A	N/A	N/A	N/A
Other impacts	Equality and Diversity (if yes has HEIA completed)		Environmental	Legal	External Registrations (if yes please indicate which)	
	N/A		N/A	N/A	N/A	



Chief Executive's Report

Although only a relatively short time has passed since our last Board meeting, much has happened at UHSussex and across the wider NHS during that period. I hope this summary of recent developments relevant to the Trust's strategy and performance will provide some useful context for our discussions today.

National policy and regulation

Local government consultation

The Government has opened a consultation on changes to local government structures across East Sussex, Brighton & Hove and West Sussex. The proposals aim to replace the current two-tier system with new single-tier "unitary" authorities.

Several options are being considered, ranging from single or dual unitary authorities in both East and West Sussex to a five-unitary model put forward by Brighton & Hove. The intention is to simplify governance, strengthen financial sustainability and support future devolution arrangements. The consultation runs until 11 January 2026, with any new councils expected to take on full responsibilities from April 2028.

For UHSussex, these reforms would reshape the landscape in which we work. Changes to local authority footprints are likely to directly influence social care, housing, public health and community services, all of which have a material impact on hospital demand.

As a named consultee, we will emphasise the importance of clarity and simplicity across social care pathways, public health programmes and access to housing.

UHSussex will submit a formal response and continue to track the consultation's progress and any future implementation timetable. The transition period, anticipated for 2027–28, may introduce organisational complexity, but it also offers an opportunity to shape strong, stable relationships with any new authorities from the outset. I will continue to update the Board as the proposals develop and their implications for the Trust and the wider system become clearer.

Planning Framework

NHS England also published the Medium-Term Planning Framework and 2026/27–2027/28 allocation tables, which set a tight financial context for Surrey and Sussex and for UHSussex. Surrey and Sussex ICB remains materially above its fair-share target (around 4% in 2025/26, reducing only slightly over the period), and as a result receives some of the lowest recurrent growth nationally, including a negative convergence adjustment in each of the next two years.

This means that improvement and transformation of services will need to come primarily from productivity improvements rather than income growth. For UHSussex, we should therefore assume very limited growth, a firm expectation of a requirement for annual breakeven, and increased scrutiny of our productivity and performance in urgent care, theatres, discharge, coding and outpatients. This was discussed in detail at last week's Finance and Performance Assurance Committee.

Delivery of the Target Operating Model, (covered in my November report), our length of stay reduction work and GIRFT recommendations, is central to our financial sustainability all underpinned by our Excellent Care Everywhere strategy.

We will also play a leading role in driving cross-system efficiency and pathway redesign as part of the Sussex Provider Collaborative.

Industrial action

Resident doctors across the NHS took industrial action during November as part of their ongoing dispute over pay and conditions. We were asked to plan to deliver 95% of planned elective activity during the five days of the strike, a target we exceeded at UHSussex thanks to consultants and other colleagues stepping in to sustain services and maintain safe access to emergency care.

CQC prosecution fine

On November 26, Brighton Magistrates Court fined UHSussex £200k plus costs following our acceptance of a charge of failing to provide safe care and treatment resulting in avoidable harm. The prosecution was brought by the Care Quality Commission (CQC) in regard to the tragic case of 16-year-old Ellame Ford-Dunn, who took her own life after absconding from Worthing Hospital in 2022.

CQC inspections

The CQC is due to publish inspection reports covering maternity and urgent and emergency care services at the Royal Sussex County Hospital (RSCH). These inspections were carried out in February.

Following the Emergency Department visit, colleagues worked with the CQC to develop and implement an action plan to improve safety and address concerns inspectors raised. The CQC confirmed in July it was satisfied with progress made. I'm also confident the maternity report will reflect the improvements colleagues in the service have made in safety, staffing and experience since our last inspection in 2021.

The maternity service at Princess Royal Hospital (PRH) also received a two-day inspection visit during November.

Fire safety compliance – Enforcement Notice update

Following the follow-up visit by West Sussex Fire and Rescue Service on 13 November 2025, we have received confirmation that they are satisfied with the progress being made against the Enforcement Notice at St Richard's Hospital. The notice remains in force until 13 February 2026, and the Trust is on track to achieve full compliance within the required timeframe.

Key highlights:

- Of the 25 actions in the Enforcement Notice Action Plan:
 - 8 actions completed
 - 16 actions ongoing (majority scheduled for completion by December 2025)
 - 1 action not required

- Primary and Secondary Fire Risk Assessments are progressing positively.
- Improvements in fire detection, signage, evacuation planning, fire door management, and staff training are advancing well.
- Enhanced staff communication, fire warden arrangements, and oversight mechanisms are in place, with clear evidence of increased local vigilance.

The Fire Service expressed confidence in our remedial programmes and governance structure, noting our proactive engagement and commitment to compliance. Scheduled follow-up engagements will continue, but current progress is considered very positive. Actions will continue to be overseen by the Health and Safety Committee.

Regional and ICB update

ICB staffing reductions

The Secretary of State this month confirmed that a planned 50% reduction in Integrated Care Board (ICB) headcounts will go ahead as part of a Government commitment to reducing their running costs. Although the funding arrangements now agreed with the Treasury have yet to be published at the time of writing this report, the Secretary of State confirmed redundancy costs will be met from within the existing NHS funding settlement. However, he also reiterated that this will not lead to any reduction in frontline service investment.

Winter vaccination campaign

ICB partners including UHSussex continue to promote take-up of vaccinations against flu and COVID-19. Flu cases are already three times higher than at this time last year, and we are seeing an increase in admissions and sickness absence across our hospitals as a result.

Vaccination rates among healthcare workers are in decline and in 2024 only 35% of UHSussex colleagues got a flu jab. I'm therefore pleased to report that just over halfway through this year's programme of staff vaccination clinics we have already reached 34%. I would like that number to be much higher as it's vital that as many colleagues as possible are protected going into what will be another challenging winter. We will therefore continue to encourage people to get their jab.

Mental health support

Sussex Partnership NHS Foundation Trust has increased social media activity to raise awareness of the Staying Well mental health crisis support services it runs with voluntary organisations in our region. There are five of these centres across Sussex, which offer walk-in services during the evening for people experiencing a self-defined mental health crisis.

The difficulties of caring for people with acute mental illnesses in our EDs continue to present a major challenge for us, and so all efforts to ensure appropriate care settings for these patients, very often at their most vulnerable and distressed, are crucial.

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HSJ Awards recognition

Our Patient Experience team was recognised for the success of its outstanding Welcome Standards programme when it was highly commended as runner-up in the Health Service Journal Awards' Data-Driven Transformation category.

The programme has introduced a customer service approach to the way in which we welcome patients into our hospitals and has had a huge impact on their experience of our care. In the first year of Welcome Standards' roll-out, positive comments increased their share of patient feedback about our receptions from 65% to 92%. Congratulations to everyone involved – Welcome Standards are a great example of our Trust values in action.

Direct streaming and winter resilience

Since the Board last met, we have introduced a new pilot pathway to support winter resilience by getting patients to the care they need more quickly. Direct streaming is used to refer patients of agreed criteria directly to specialty teams from ED triage and its absence has been recognised as a critical gap in emergency care nationally. Introducing it to our emergency departments at RSCH and PRH should improve patient experience, reduce waiting times, avoid unnecessary delays and duplication of work, and ensure more timely and focused treatment in the correct environment by the right specialist.

Southlands Community Diagnostic Centre

The Community Diagnostic Centre (CDC) at Southlands Hospital celebrated its first full year of operation in November, having provided more than 140,000 vital tests and scans for people from across Sussex.

This milestone represents a significant step forward in improving access to care and speeding up diagnoses. For example, waiting times for heart ultrasound appointments have come down from eight weeks to three, and those for heart rate and rhythm monitoring have fallen from 10-12 weeks to four. The CDC has also reintroduced lung function testing, an essential service many GP practices were forced to halt during the pandemic. As a result, waiting times have reduced from several months to just a few weeks, enabling earlier diagnosis and better management of respiratory conditions without the need for an initial hospital referral.

Trust Strategy events

I promised the Big Conversation that led the development of our new Trust Strategy would not end with its publication, and we have made good on that intention by holding a series of events to talk about its priorities and ambitions.

At these meetings, I spoke about recent investments and the opportunities for us to work more cohesively as one organisation, Chief Medical Officer Katie Urch shared how the strategy's benefits can be felt in real time, Chief Nurse Dr Maggie Davies reiterated the importance of the new Nursing and Midwifery Plan, and there were lively Q&As with colleagues who attended.

Five a day at work

Finally, November saw the launch of another small but important staff wellbeing scheme as Five a Day Greengrocers began selling fruit and vegetables to colleagues, patients and visitors across our hospitals. A wide range of fresh and healthy produce is now available to

buy in reception at St Richard’s on Mondays, PRH on Wednesdays, RSCH on Wednesdays and Thursdays, and Worthing on Mondays and Tuesdays.

Dr Andy Heeps
Interim Chief Executive
December 2025





University Hospitals Sussex
NHS Foundation Trust

Hospital Alternative Oversight Programme

Public Board Presentation | 4th December 2025

Mark Edwards, HALO SRO

Mae Sullivan, HALO Programme Lead

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The Case For Change

A 2024 GIRFT review identified opportunities to reduce avoidable admissions through earlier intervention and stronger community partnerships. With sustained acute pressure and increasingly complex patient needs, extending care coordination beyond hospital walls was essential.

In October 2024, the Medicine Division launched HALO to:

- ▶ **Intervene earlier** – right care, right setting, avoiding unnecessary attendance
- ▶ **Strengthen system flow** – improving continuity across organisational boundaries
- ▶ **Embed person-centred care** – keeping patients at the heart of pathway design

In collaboration with our local provider partners, HALO supports the NHS 10 Year Plan ambition to shift care closer to home.

It also aligns with our new Trust strategy, **Excellent Care Everywhere** — improving outcomes for patients, enabling our people to thrive, and supporting healthier communities.



The Challenge We Addressed

Fragmented Working

Clinical decision-making not yet joined up across organisations

Fragmented care transitions between acute and community

Information gaps at handover contributing to avoidable admissions

Care Homes without a **direct hospital contact point**

Limited Pathways

Only **0.5%** of ambulance conveyances diverted from **ED**

No direct ambulance pathways into specialty Same Day Emergency Care

Virtual Ward capacity underutilised whilst acute beds remained full (<80% occupancy)

Limited alternatives for higher acuity patients outside hospital

Reactive Care

Crisis response rather than early intervention

Extended hospital stays (21-day average) for frail patients

Proactive care home support not yet in place

Deconditioning risk from prolonged admission

Strategic Context and Partners



Impact to Date

Spotlight on Three Initiatives

Brighton Unscheduled Care Navigation Hub



NHS
South East Coast
Ambulance Service
NHS Foundation Trust

NHS
University Hospitals Sussex
NHS Foundation Trust

UHSx Clinical Lead
Dr Steve Barden

Intervention

Phase 1 – Pilot (December 2024)

Operating Model:

- Consultant and APP based at Falmer
- Monday to Friday, 08:00–18:00
- Multi-specialty team

Clinical Pathway:

Real-time triage leading to virtual assessment and alternatives offered

Options include: SDEC, Roving GP, UCR, GVW, Blue Light Line, on-scene discharge or GP follow-up

Phase 2 – Enhanced Model (Sept 2025)

Expanded Offer:

Co-located Acute Medicine MDT delivering Urgent Professional Support to SECamb crews and all community partners

Impact

Phase 1 – Pilot (5 Months)

1,122 interventions | 77% ED avoidance
2,911 bed days saved

Response Times:

Cat 1: reduced by 1m 13s
Cat 2: reduced by 5.5m

Quality:

- Zero patient safety incidents
- 83% SECamb staff satisfaction

Phase 2 – Enhanced Model

October Snapshot:

345 interventions | 15 per day | 93% avoided ED

Patient Outcomes:

49% managed at home | 31% direct to SDEC
13% to AMU or speciality | 7% to ED

Referral Mix:

50% GPs | 45% SECamb | 5% other

Care Home / Hospital Link and The Red Bag



Intervention

Top 11 | December 2024

Multi-agency workshop for co-design with Care Homes, Community Matrons, PCNs, Acute Colleagues

Model

- Geriatrician outreach to high-demand homes
- Integrated MDT (CH Matrons, CHIRT, pharmacists, PCN frailty team)
- Direct ward manager contact for real-time communication
- Continuous learning feedback loop

Quality Oversight: BGS & GIRFT mentorship

Red Bag Project | April 2025

Evidence Base: Sutton Vanguard

Delivery: 60 Red Bags (charity funded)

Co-designed standardised transfer package:

Checklist | SBARD | This is Me | Medications | DNACPR/RESPECT
PAS integration with live daily reporting

Impact

Headline:

1,748 bed days saved

30% reduction in overnight bed days (Jan–Oct 2025)

60% improvement in patient flow (APD 12) vs 2024

APD 6 and APD 12 have **dramatically improved** since Jan 2025 with variance consistently **below 2024 levels indicating:**

- Faster decision-making
- Shorter waits
- Lower congestion in ED
- Less harm for frail patients

Enablers:

Direct clinician-to-clinician access
Red Bag information sharing smoothing the patient journey
Strengthened cross-provider relationships

Virtual Wards



UHSx Clinical Leads
Dr Joanna Connor
Dr Wayomi Perera

NHS
University Hospitals Sussex
NHS Foundation Trust

Intervention

Clinical Model:

- Condition-specific pathways for higher acuity patients
- Co-designed through multi-partner workshop series

System Integration:

- Direct links to UCNH, SDEC and HALO
- Urgent professional support access
- Enhanced acute-community escalation protocols to reduce ED step-up

Workforce and Governance:

- Cross-site Virtual Ward Champions
- Acute specialist CNSs supporting community training
- Monthly joint UHSx/SCFT clinical governance and peer review

Digital Infrastructure:

- Sussex Virtual Ward dashboard
- UHSx QI dashboard

Impact

Headline:

Occupancy now **consistently above 80%**

Acute referrals up 20% (33 → 40 per week)

Virtual Ward admissions **grew 25%** (Aug–Oct)

Referral times reduced from up to 1 hour to 4–7 minutes

Enablers:

Direct clinical links across acute and community

Respiratory and Frailty pathways co-created through workshops to support higher acuity patients on GVW

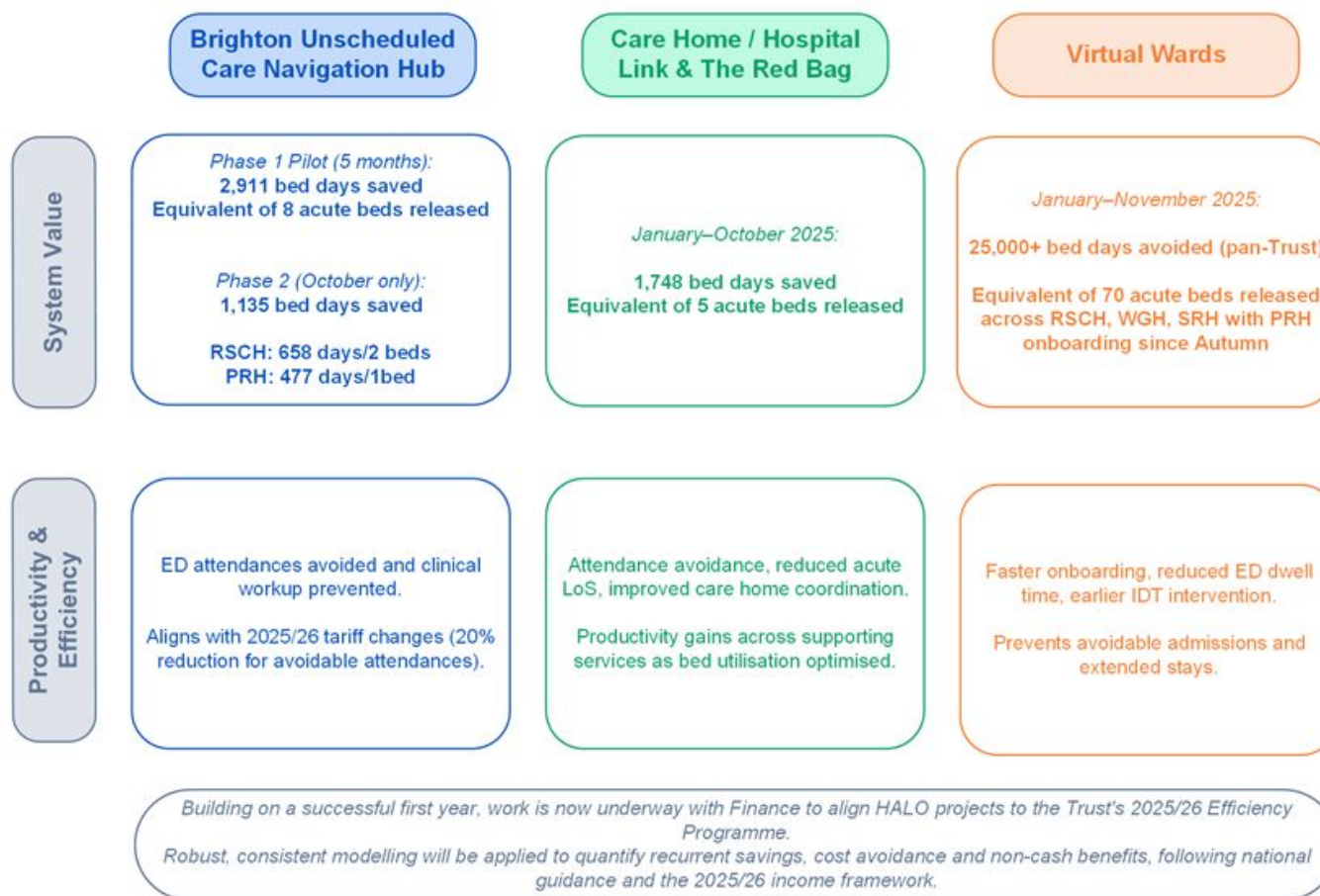
Streamlined referral process following acute feedback

Strengthened **relationships** through co-design



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Value and Sustainability



HALO 2025

10



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Thank You | Questions



Red Bag



General Virtual Ward



Care Home Link



Unscheduled Care
Navigation Hub

