

Board in Public – 05 February 2026

Questions received.

Question from Member of the Public				
	From	Question	Assigned to:	Response:
1.	Mr. R. Miller	<p>In December 2021 the CQC published a report into RSCH maternity services and rated it "Inadequate". Four years later in December 2025 the CQC published a new report rating RSCH maternity services as "Requires Improvement". Does the Board agree that the required improvements and progress are not happening quickly enough to bring maternity services at RSCH up to a good standard of safe care that mothers and babies deserve?</p> <p>In their own communication about the maternity services at RSCH the CQC stated: "Leaders didn't provide staff with up-to-date guidance aligned with legislation and evidence-based best practice. The trust did not use benchmarking performance effectively to ensure consistent, positive outcomes."</p> <p>Why is maternity guidance at RSCH not up to date and aligned with current legislation?</p> <p>Why don't guidelines for maternity services at RSCH incorporate evidence based best practice?</p> <p>Is the Trust and RSCH measuring the appropriate maternity performance indicators to ensure effective benchmarking? Can the</p>	<p>Chief Medical Officer on behalf of the Chief Nurse.</p>	<p><i>The Chief Medical Officer shared that the maternity services at University Hospitals Sussex NHS Foundation Trust, including the Royal Sussex County Hospital (RSCH) have made substantial and rapid improvements since 2021 through delivery of its Maternity and Neonatal Improvement program. Progress has been recognised by the Maternity Safety Support Program, and the CQC and this is evidenced with improved outcomes and UHSussex compliance with the Maternity Incentive Scheme (CNST).</i></p> <p><i>The merger of the guidance following the formation of UHSussex is a large piece of work that is a priority for the service. Aligning with evidence-based practice and legislation is a routine part of this work. The Trust's existing body of 197 items of maternity guidance were risk assessed for NICE compliance and those that required updating were prioritised ensuring all available guidance was evidence based. Therefore, our staff were able to continue existing legacy Trust guidance. Twenty-nine merged and updated maternity guidelines have been approved since the CQC visited last year. The guidance underpinning the 10 standards for CNST has been approved including those required for the Saving Babies Lives Care Bundle. The Trust expects to have approximately 121 guidelines once all are merged.</i></p> <p><i>The Trust monitors maternity performance indicators closely at Trust Board, Divisional and Directorate levels through our maternity dashboard which is shared internally and externally through our Perinatal Quality Oversight Model (PQOM) report. This includes outcome data presented within Statistical Process Control (SPC) Charts benchmarked against MBRRACE data and Maternity Services Data Set (MSDS) 24/25 data, last published in December 2025, and reference to this data could be found within the Trusts Integrated Performance Report available for the meeting today.</i></p>

	<p>Board confirm that poor maternity outcomes are being recorded and measured effectively to identify issues with safety and standards of care?</p> <p>At an MNVP meeting on the 30th January 2026, I was told by the Head of Midwifery that the concerns raised by the CQC with guidance documents in maternity services were based on them not being aligned across the Trust owing to the merger between Brighton and Sussex University Hospitals NHS Trust and Western Sussex Hospitals NHS Foundation Trust nearly five years ago. If this is the case, why has it taken so long to standardise the care and guidance documents across the Trusts maternity services?</p> <p>Is the Board satisfied the Trust is doing everything they can to ensure that maternity service guidelines are regularly reviewed and updated to current legislation and are based on up-to-date evidence-based best practice?</p>		<p><i>Progress with the merging and updating of our maternity guidance is closely overseen at directorate, divisional and organisational level with our Clinical Outcomes and Effectiveness Groups and reporting into the People and Quality Committee. Steady progress is being made, and this is regarded as a clear priority.</i></p> <p><i>Both the Chief Nurse and Chief Medical Officer shared that they would like to extend an offer to meet with any families directly who wish to discuss aspects of their care.</i></p>
--	---	--	--