

Meeting of the Board of Directors

10:00 to 13:15 on Tuesday 31 March 2026

 Washington Suite Boardroom, 2nd Floor, Worthing Hospital, Lyndhurst Road, Worthing, BN11 2DH

AGENDA – MEETING IN PUBLIC

Item:1	Time: 10:00	Welcome and Apologies for Absence <i>Apologies: Jonathan Reid</i>	<i>To note</i>	Verbal	Presenter: Philippa Slinger
		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 held on 5 February 2026	<i>To approve</i>	Enclosure	Presenter: Philippa Slinger
Item:4	10:05	Matters Arising from the Minutes	<i>None</i>	n/a	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	10.20	Patient Story	<i>To note</i>	Presentation on the day	Presenter: Maggie Davies
Item:7	10.45	Report from Chief Executive	<i>To receive and note overview of the Trust's activities</i>	Enclosure	Presenter: Dr. Andy Heeps
<u>STRATEGY and PLANNING</u>					
Item:8	11.00	Values and Behaviours Framework	<i>To discuss</i>	Enclosure / Presentation on the day	Presenter: Roxanne Smith
Item:9	11.45	Multi-year financial planning 2026/27 – 2028/29	<i>To agree</i>	Enclosure	Presenter: Karen Seabridge

Item:10	12.00	One UHSussex Well Led Developmental Review Update	<i>To agree</i>	Enclosure	Presenter: Dr. Andy Heeps & Helen Brown
	12:10	SHORT BREAK			
		<u>PEOPLE</u>			
Item:11	12.15	NHS Staff Survey Results	<i>To receive and discuss actions to be taken</i>	Enclosure	Presenter: Sarah-Jane Taylor
		<u>RISK</u>			
Item:12	12.35	Strategic Risks and Board Assurance Framework Development 2026/27	<i>To receive, discuss and agree</i>	Enclosure	Presenter: Helen Brown
		<u>QUALITY</u>			
Item:13	12.55	Anti-microbial Stewardship Report	<i>To receive</i>	Enclosure	Presenter: Maggie Davies
Item:14	13.05	Maternity Assurance Report	<i>To receive</i>	Enclosure	Presenter: Sebastian Adamson & Frances Barnes
Item:15	13.10	Company Secretary Report including use of the Trust Seal	<i>To receive</i>	Enclosure	Presenter: Glen Palethorpe
Item:16	13.15	<u>OTHER</u>			
Item:17	13.15	Any Other Business To receive any notified urgent business and action	<i>To receive any notified urgent business and action</i>	Verbal	Presenter: Philippa Slinger
		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 14 May 2026.		Verbal	Presenter: Philippa Slinger

Supporting Appendices:

Item:14	ATAIN Quarter 2 Report Transitional Care Quarter 2 Report
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Minutes



University Hospitals Sussex

NHS Foundation Trust

Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 05 February 2026, 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
Mike Driver CB	Non-Executive Director
Professor Jackie Cassell	Non-Executive Director
Dr Andy Heeps	Interim Chief Executive
David Grantham	Chief People Officer
Roxanne Smith	Chief Strategy Officer
Jonathan Reid	Chief Financial Officer
Professor Catherine (Katie) Urch	Chief Medical Officer
Helen Brown	Interim Chief Corporate Affairs Officer

In Attendance:

Tim Taylor	Chief of Service, Women & Children's Division (until Item 7 and during Item 11)
Claire Hunt	Nursing Director, Women & Children's Division (until Item 7)
Hugh Jelley	Operations Director, Women & Children's Division (until item 7)
Huw Edwards	Managing Director, Planned Care & Cancer
Annette Gericke	Deputy Chief Nurse - Workforce and Professional Standards
Sarah-Jane Taylor	Chief People Officer - Designate
Glen Palethorpe	Company Secretary
Tamsin James	Board and Committees Manager (Minutes)
Catherine Bridger	Board and Committees Manager (meeting support)

TB/02/26/1 WELCOME AND APOLOGIES FOR ABSENCE ACTION

- 1.1 The Chair welcomed all those present to the meeting including Helen Brown as the Chief Corporate Affairs Officer and Sarah-Jane Taylor who had joined the Trust to support the People Agenda, and Huw Edwards who was in attendance as Nigel Kee was on leave.
- 1.2 The Chair noted apologies for absence were received from Maggie Davies, and Nigel Kee

TB/02/26/2 DECLARATIONS OF INTERESTS

- 2.1 There were no interests declared.

TB/02/26/3 MINUTES OF THE MEETING HELD ON 04 DECEMBER 2025

- 3.1 The Board received the minutes of the meeting held on 04 December 2025.
- 3.2 The Board **APPROVED** the minutes of the meeting held on 04 December 2025.

TB/02/26/4 MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

- 4.1 There were no matters raised for discussion.

TB/02/26/5 QUESTIONS FROM THE PUBLIC

- 5.1 There was one question 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 engage with the public.
- 5.2 The Chief Medical Officer thanked Mr Miller for their series of questions raised and shared that the maternity services at University Hospitals Sussex NHS Foundation Trust, including the Royal Sussex County Hospital (RSCH) had 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 was evidenced with improved outcomes and UHSussex compliance with the Maternity Incentive Scheme (CNST).
- 5.3 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 safely continue to apply 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.
- 5.4 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.
- 5.5 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.
- 5.6 Lucy Bloem, NED, Chair of Quality Committee and Maternity Champion, supported the CMO's response and stated that the data is regularly reviewed, considered and challenged within the Quality Committee and that she was satisfied with progress to date.
- 5.7 The Chief Medical Officer shared that she and the Chief Nurse who was not able to attend the Board today would like to extend an offer to meet with any families directly who wish to discuss aspects of their care.
- 5.8 The Board question received and the subsequent response can be found here on the UHSussex Trust website:
<https://www.uhsussex.nhs.uk/about/board/board-meetings/>

TB/02/26/6 SERVICE PRESENTATION – PAEDIATRIC SERVICES

- 6.1 The Chair welcomed Tim Taylor, Chief of Service, Claire Hunt, Divisional Director of Nursing, and Hugh Jelley, Divisional Director of Operations to the meeting for their service presentation on Paediatric Services.
- 6.2 Tim Taylor provided an overview of the Children and Young People (CYP) services across the Trust, and set out the:
 - Characteristics and demographics of the paediatric population served by the Trust.
 - The scope of CYP services, detailing the size of the service, patient volumes, and the locations from which services are delivered.
 - Current performance of CYP services, including key outcome metrics and comparative benchmarking of UHSussex's performance at local, regional and national levels.
 - Recent achievements and areas of good practice, drawing on feedback from children, young people and their families, alongside reflections from staff.
 - Strategic priorities being progressed through annual service plans and aligned with the wider Trust strategy.
- 6.3 Tim Taylor presented the latest Sussex population data, noting that an estimated 218,000 children aged 0–17 live across the eight Sussex catchment areas, representing 18.5% of the total population. While Sussex had an ageing demographic, there remained a significant and stable children's population. Brighton & Hove has the highest number of children with this expected to rise by 2030. He also highlighted that the Royal Alexandra Children Hospital (RACH) serves a wider specialist catchment area beyond these local authorities.
- 6.4 Tim presented the paediatric site map, noting that Chichester and Worthing provided general CYP services, with Worthing also hosting a co-located Children's Development Centre supporting children with special needs. The Princess Royal Hospital offers only modest children's services, with small numbers attending ED and outpatients with no inpatient provision. Tim highlighted that the RACH is one of only 12 dedicated CYP hospitals in England, providing a specialist paediatric ED, medical and surgical services, and a wide range of specialties including dental, and respiratory care. Activity levels at the RACH averaged around 3,000 outpatient procedures, 350 day cases, 2,500 emergency attendances (including approximately 250 admissions), and 2,000 imaging examinations per month.
- 6.5 Tim advised that benchmarking against key performance indicators showed strong results, with 95% four-hour performance improving in the CED and RACH, and cancer 28-day performance at 100%. Tim reported that RTT against the 18-week standard is improving, with reductions in waiting times for the youngest patients and an overall improvement in the patient treatment list (PTL). Support from the GIRFT team has contributed to a reduction in 40-week waits, and paediatric medical waits have now reduced to single figures, though further improvement was still required.
- 6.6 Tim provided an overview of the financial position, noting that model hospital data shows around £63m per year was spent on children's services across the Trust, although not all of this sits within Women & Children, with some activity funded through adult medicine and surgery. He confirmed that the Trust is a comparatively strong investor in CYP services. Tim drew attention to the year-to-date paediatric financial summary showed both medical and nursing spend, with approximately two-thirds of medical expenditure incurred at the Alex and one-third across St Richard's and Worthing.

- 6.7 Tim outlined the benchmarking activity across several domains, and that the CQC inspection reports for Worthing and St Richard's were awaited. He added that model hospital data indicated low "did not attend" rates and evidence of service modernisation through increased use of Patient-Initiated Follow-Up and Advice & Guidance, and a range of national audits were underway or recently completed.
- 6.8 Tim added that paediatric diabetes was noted as one of the most common long-term conditions in childhood and a significant cause of serious acute and lifelong complications, and work across sites had focused on reducing unwarranted variation in paediatric diabetes care which has led to improved diabetes control and enhanced quality of life for patients and their families, including fewer sleep and education disruptions from hypoglycaemia, as well as the potential for better long-term health outcomes.
- 6.9 Tim highlighted the top risks and emerging themes from complaints and staff concerns, and common themes from complaints related to delays to treatment, difficulties contacting the appropriate services, communication when things go wrong, safeguarding concerns, workforce pressures, the management of mental health patients and the limited availability of paediatric radiology.
- 6.10 Tim highlighted several key successes across paediatric services both for patients, and the Trust workforce. Looking ahead, Tim outlined ongoing priorities, including improving communication for families in complex or distressing situations, strengthening how children, young people and families contribute to service development, and enhancing transition pathways for those with long-term conditions. Workforce actions focus on addressing paediatric middle-grade and radiology pressures and building on research and digital innovation. In the community, work continues to improve primary care interfaces, reduce non-urgent ED attendances and collaborate on CYP mental health. He also stressed the need for CYP service complexities to be fully reflected in the new Trust Operating Model.
- 6.11 In closing, Tim outlined key strategic questions for the future, including how the Trust can respond to changing patterns of child and adolescent health marked by rising inequality, increasing mental health needs, vaccine-preventable disease, and growing complexity and long-term conditions. He emphasised the interdependence and fragility of maternity, neonatal and paediatric services due to workforce pressures, and the need to secure sustainable, high-quality care. He also asked how the organisation can fully maximise the opportunities and benefits of being one of the few providers with a dedicated Children's Hospital.
- 6.12 The Chair thanked Tim for the presentation and noted the significant mental health issues across all age groups and asked what actions were being taken across the system. Tim reported that a multi-pronged approach was in place, though the current provision was not yet where it needed to be. There had been an increase in children and young people in mental health crisis presenting to the RACH ED, creating substantial operational demand, and whilst the ED would always continue to support emergency mental health cases, work remained underway with the SPFT, who were reviewing crisis support to intervene earlier, aiming to reduce presentations at ED. The Chair mentioned that the new ICB leadership was taking an active interest, and Surrey and Sussex mental health providers were collaborating to share best practice and improve pathways.
- 6.13 The Chair opened the discussion by offering the Board's condolences to Ellame Ford-Dunn's family, who had been at an inquest earlier that month. In

response, Claire Hunt outlined the improvement actions underway, including the strengthened collaboration, shared policies and escalation routes, and a focus on workforce development and training. Katie Urch added that improvements were still needed in communication with patients and families, and highlighted the importance of regular contact, not only during crises, but also the importance of ongoing collaboration with the SPFT and local authorities to ensure children, young people, and their families receive the right support in the right place at the right time.

- 6.14 Jackie Cassell highlighted the importance of transitional care as young people moved from paediatric to adult services and emphasised the need for strong advocacy during this shift, noting that adult services must be prepared to support young people appropriately. Tim Taylor added that a significant area of progress had been identifying advocates within adult services to work more collaboratively on safe and effective handovers, and although progress had been made, further work was required, including the establishment of a project group and longer-term plans to develop specialist nursing roles to strengthen transitional pathways.
- 6.15 Mike Driver thanked the team for the presentation and noted what was shared as a relatively static population but high levels of spend. He asked how much focus was being placed on productivity given the current financial pressures, and whether there were any specific asks of the Board. Tim responded that productivity was a key area of focus and added that while the service's cost delivery performance was lower than the average, future sustainability would rely on addressing these through improved efficiency.
- 6.16 Paul Layzell sought assurance regarding engagement with education providers and also queried workforce sustainability and the areas of greatest risk. Clare confirmed that strong, well-established links existed through the paediatric and CYP multidisciplinary teams, with Clinical Nurse Specialist teams regularly liaising with schools to provide teaching and support on children's healthcare needs. Given the typically short length of paediatric inpatient stays, close coordination with schools remains an integral element of the MDT and ensured ongoing concerns can be effectively managed in the community. Tim then reported continued challenges in staffing paediatric rotas, noting that although consultant recruitment has been successful, there are difficulties attracting doctors with the required paediatric experience. The service was therefore reviewing how inpatient paediatrics was delivered and exploring options to support or reshape the model to ensure long-term resilience.
- 6.17 Gordon Ferns raised concerns about the national shortage in paediatric radiology and asked what actions were being taken locally and asked how the patient journey works for children presenting at PRH given its limited resources and whether they would be routed to Brighton. Tim explained that PRH patients usually go through that ED and were also able to receive remote support from clinicians at the RACH in Brighton, or if appropriate they were transferred to the RACH for their care. He noted that demographic data showed a large paediatric population in West Sussex, making it important to review how the organisation meets their needs. He added that the forthcoming new divisional structure combining the CSS division and Women & Children would help strengthen paediatric radiology provision and influence future development. In support Andy Heeps noted the national shortages of paediatric radiologists, and he emphasised the need to rebuild capability, and by recruiting the right workforce it offered a real opportunity to support specialised treatment and future service development.
- 6.18 Bindesh highlighted nationally the rise in vaccine preventable illnesses and asked whether this was already having an impact on the Trust; Tim explained

that acute providers had not yet been significantly affected, though falling vaccination rates were causing anxiety, and because vaccination sits largely with primary care, acute services had limited influence on decision-making.

- 6.19 Andy Heeps welcomed the update on the service's strong RTT performance and asked Hugh Jelley to outline what enabled improvement across the previously separated legacy East and West areas. Hugh reported that the RTT improvement stemmed from unifying the division in May 2025, moving from site-based, fragmented management to a single leadership structure with clear roles, accountability, and shared clinical leadership. This created the capacity to focus on long-term improvement and to standardise practice across sites. This has enabled strengthened collaboration, referral pathways have improved, and most services have progressed well.
- 6.20 Philip Hogan reflected on the Sussex population he asked what that meant in terms of supporting the long-term investment and the longer-term financial challenges within the NHS. Tim responded by outlining two key elements, the first being Service configuration by ensuring the future of the services were coherent; the second was continued working with the system partners to support the operational demand and workforce impact.
- 6.21 Lucy Bloem queried the relationship between maternity, neonatal and paediatric services across the Trust sites given the differences in operations. Tim explained that from an operational perspective, the Trust sites currently run two different models, one site with a standalone neonatal service with its own dedicated workforce and rota arrangements, and the other sites whereby neonatal and paediatric services are delivered as a combined team.
- 6.22 The Committee discussed the current level of estates spend and could the Trust's legacy PFI arrangement be distorting these costs. Hugh Jelley noted that while the PFI does contribute to higher charges for smaller routine works, the primary cost drivers were broader estate-related factors rather than the PFI contract itself, and that analysis undertaken indicated that the estate was being managed effectively. Jonahatan Reid shared that it might be prudent to provide a clearer view of unit costs and the PFI's relative impact.
- 6.23 The Chair reflected on the update today and stated there was a need for a clear strategic direction for the future of Children and Young People's services; Rox Smith added that the Trust was continuing to develop its understanding of activity, demand and the evolving nature of CYP services, and referenced the geographical site complexity which required further review. Rox advised that this work would be considered through the Strategy & Major Projects Assurance Committee, and that this would include opportunities for research, innovation and service transformation, not solely service consolidation. *[Since the meeting this item has been added to the workplan of the Strategy & Major Projects Committee for continued scrutiny.]*
- 6.24 The Board noted the comprehensive overview and welcomed the clear articulation of performance, service user experience, and future priorities. The Board thanked the team for their work and the continued commitment to improving outcomes for children and young people.

TB/02/26/7 CHIEF EXECUTIVES REPORT

- 7.1 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.

- 7.2 Andy Heeps began by stating that UHSussex is proud to be participating in Race Equality Week, from 3-9 February 2025. Race Equality Week will unite thousands of organisations in action to seriously address race inequality in the workplace.
- 7.3 Andy explained that in January, the maternity teams across RSCH and the Princess Royal Hospital welcomed Baroness Amos and her team as part of a national investigation into maternity and neonatal services, sharing that investigators would also visit Worthing and St Richard's Hospitals soon. The visit included staff focus groups, with further engagement planned with service users through the Maternity and Neonatal Voices Partnership. It was shared that Baroness Amos highlighted that trusts were chosen for diverse reasons such as population, geography, size, and outcomes, with coastal communities being of particular interest. Each, Andy added that he has been informed that the Trust would receive its own report, but the investigation would ultimately produce national recommendations for England. The interim findings were to be expected in February, with the fuller report due in the Spring.
- 7.4 Andy informed the meeting that the inquest into Ellame Ford-Dunn concluded this week, and he acknowledged the profound impact of her death, paying tribute to her family who had shown remarkable dignity throughout the four-year wait for the inquest. Andy also recognised the emotional toll on the Trust workforce who cared for Ellame. It was explained that the inquest delivered a narrative verdict, and a Prevention of Future Deaths notice was issued to NHSE regarding the lack of Tier 4 mental health beds. The Trust reiterated that longstanding issues between organisations cannot be solved by the Trust alone and emphasised its ongoing work with NHSE and system partners to address these challenges.
- 7.5 Andy acknowledged recent media coverage showing patients being cared for in corridors within the RSCH ED, and shared that this was unacceptable even during extreme operational pressure. Andy highlighted that the ED at RSCH was undergoing transformation to improve safety, dignity and flow, but capital improvements alone wouldn't deliver change quickly enough. Andy added that he had recently met with Councillor Sankey to discuss Brighton's particular challenges, including limited local social care capacity, community support, and community beds. Andy outlined plans to accelerate progress and eliminate corridor care by the end of the calendar year which required levels of workforce, operational and system support.
- 7.6 Lucy Bloem welcomed the update around service planning and reflected on the acute floor reconfiguration work, noting the need to close areas to enable the next phase and asked how realistic it was to commit to ending corridor care by the end of the year. Andy confirmed that eliminating corridor care was essential, as given the site reconfiguration there would be no capacity available for corridor care. Andy highlighted that further work was planned for the Spring and Summer to reduce flow, including improving processes and addressing length of stay. The Chair reinforced that much of improving hospital flow was within the Trust's control and stressed the importance of the Finance & Performance Assurance Committee continuing to drive the internal performance actions required.
- 7.7 Bindesh Shah questioned how the Board planned to navigate the significant changes arising from both the ICB and local government reorganisations. Andy provided an overview of the ICB reorganisation and highlighted strong developing relationships with its Chief Executive and Chair who had shown active interest by visiting the Trust services and understanding frontline pressures. Andy described the local government reconfiguration as far more

complex, whilst noting the challenge created by neighbourhood models aligned to multiple district councils.

7.8 The Board **NOTED** the Chief Executive update.

TB/02/26/8 ONE UHSUSSEX

8.1 Andy Heeps advised the Board of the progress made since November 2025 in delivering the Trust's response to the developmental well-led review, focusing on what had materially moved forward over the last three months and where the next phase of work would need to concentrate. He added that this update would always be presented in Public, and that a fuller update on the Niche recommendations would be provided at the next meeting.

8.2 Andy drew attention to the key areas of progress which included:

- the development of a practical Values and Behaviours Framework;
- closure of the consultation on the Trust Operating Model (TOM);
- appointment of a TOM Implementation Director;
- significant progress in the external review of the HR function; and
- tighter alignment between organisational structure, culture and people systems.

8.3 In addition, Andy shared an update on the developing Values and Behaviours Framework which was progressing from aspirational concept to practical delivery, with expectations embedded into day-to-day practice, recruitment, learning and development, and appraisal. Paul Layzell as Chair of the People & Culture Committee outlined the updates on values and behaviours that had been provided during the meetings and supported the framework methodology.

8.4 Andy also shared further detail on the Trust Operating Model (TOM) senior leadership consultation which had now closed, and he paid tribute to the 90 senior leaders involved for their professionalism and impressive engagement during this time. Andy explained that the organisation would be structured around four cross Trust divisions, each led by a Managing Director who would attend Board and oversee around eight Trust-wide directorates.

8.5 Helen Brown advised that an external review of the risk management process has been undertaken and had provided detailed advice on how the approach could be strengthened and the progress of this work would be presented to the Executive Risk and Assurance Group.

8.6 The Chair queried the site leadership clarification issues that had on occasion been highlighted during the TOM consultation. Rox explained that there had often been confusion between roles within the site leadership model, and the new structure clarified this by establishing a nursing lead on each site with responsibility for clinical standards, compliance, safety and operational functionality, alongside a hospital director role that was more corporate in nature. This separation would provide consistency across the Trust. Andy added that the model provided divisional accountability for delivery while ensuring that individuals appointed to site roles had the right skill sets, providing stronger corporate oversight without losing tactical focus at divisional level.

8.7 The Board **NOTED**:

- the progress and the movement from designing frameworks to turning these agreed plans into everyday practice.
- the launch of the Values and Behaviours Framework.

TB/02/26/9 INTEGRATED PERFORMANCE REPORT

- 9.1 Andy Heeps introduced the performance report for University Hospitals Sussex and informed the Board that this report showed the Trust's performance to December 2025 and also sets out the progress being made against the NHS National Oversight Framework and the wider NHS Operating Plan, supported by the reporting aligned to the new Trust Strategy which would continue to be developed further over the next few months with its associated delivery plan.
- 9.2 Andy explained that the new trust strategy has five key ambitions: our patients, our people, our communities, our future, and One UHSussex, and Andy invited the Board to provide an update against each of the ambitions.
- 9.3 In respect of Our Communities, Huw Edwards reported that December 2025 performance was challenged due to winter pressures and industrial action but noted continued progress across almost all areas. In planned care, waiting list numbers had reduced, 78-week waits had been eliminated, and 65-week waits were at their lowest levels. Long waits remained under national scrutiny, and additional support was in place for Quarter-4, with specialties planning to reach zero 65 week waits by the end of March 2026. Huw also highlighted that cancer performance against the faster diagnosis standard remained above the national average; however improvements were also being made in the 62-day standard. Collaborative work with partners is expected to return performance to national levels by the end of March.
- 9.4 Huw added that performance in respect of the 4-hour standard remained challenged, although supporting metrics highlighted improvement; and there had been significant year-on-year gains in ambulance handover times. The UEC improvement programme had been refreshed with a focus on areas including the urgent care model and actions to reduce avoidable admissions, there was also prioritisation regarding timely discharge for patients who no longer meet the criteria to reside.
- 9.5 The Chair questioned the inconsistencies regarding "No Criteria to Reside" (NCTR) and how these matters were being addressed to ensure system-wide recognition of patients occupying Trust beds. Andy reported that the Transfer of Care Hub went live in December 2025 which was now fully operational, and its implementation had provided greater visibility of patients recorded as Pathway zero, many of whom fall within the Trust's remit to progress. The Chair queried whether alternative terminology should be considered for patients whose delays arise due to actions required from other organisations. Andy confirmed that additional support was being received and that metrics had since been refined which had improved understanding of the areas that are within the Trust's control to address.
- 9.6 The Chair sought an update on progress toward standardising the Same Day Emergency Care (SDEC) services across the Trust. Huw reported the progression in this area, he explained that SDEC services had evolved organically over several years and to achieve standardisation remained a core element of the wider UEC improvement programme. Andy highlighted that IV antibiotic use was the second largest contributor to patient length of stay and noted considerable variation in admission pathways. Andy emphasised the importance of establishing an SDEC model across the Trust and confirmed that this forms a key component of the relevant workstream.
- 9.7 Lucy highlighted the significant positive impact the Brighton based Unscheduled Care Navigation Hub was having and asked about plans to extend the model more widely. Andy responded that this work aligned with

what will be the new Emergency Department (ED) Directorate, which intended to bring these services together.

- 9.8 In respect of Quality and Safety, Katie Urch outlined the performance against the Standard Hospital Mortality Index (SHMI), which had improved comparatively over the past three reported months, and has remained within an expected range throughout the year due to a number of positive contributors. Katie added that sustained improvements are contributing to reductions in falls and pressure ulcers with targets consistently being met despite occupancy rates above 90%, this being as a result of improved audits demonstrating clear triangulation between education, training, and clinical outcomes.
- 9.9 Katie provided an overview of the positive incident reporting metrics, with over 97% of reporting incidents being judged as low or no harm, which continues to provide valuable insights and learning opportunities. There is increased focus the introduction of a new category relating to delays in patient care, and these reports are being triangulated with data on long waiters and RTT performance to ensure safer patient care.
- 9.10 Bindesh Shah noted that the Datix recording of bed-base incidents per 1,000 bed days highlighted that physical assaults were continuing to be an area of concern. Katie Urch shared that an increase in incident reporting was reflecting a healthier reporting culture where staff felt able to raise concerns, and that improvements continued throughout the Trust to support staff in recognising acceptable and unacceptable behaviours. David Grantham noted that national staff survey results highlighted increased levels of violence and aggression experienced by staff, which historically were not reflected in incident reporting; this position is now becoming better aligned, demonstrating a more joined-up approach. Andy Heeps also added that the Trust's new Head of Security was progressing a Sussex Police initiative focused on reporting abuse against NHS staff which included the introduction of a victim statement for all court cases that had been positively received by magistrates, as it helps convey the impact of such behaviour.
- 9.11 In respect of Infection, Prevention and Control (IP&C), Helen Borwn outlined the stable winter's IP&C position with levels of Flu and respiratory viruses stabilising early. Katie Urch shared that ward-level IP&C training had contributed to strong performance, with triangulation scores above the national average and incident levels being in the lowest third nationally. The IPC flu campaign performed strongly, delivering a 5% improvement and achieving just over 50% staff vaccination.
- 9.12 In respect of Our People, David Grantham highlighted positive performance against the Trust's appraisal framework, and Statutory and Mandatory Training (STAM). It was noted that sickness absence was above target but improved on the last year and reflected expected seasonal variation. Turnover was higher than planned, and use of bank and temporary staffing remained above trajectory. Staff engagement had been affected by reduced participation in the national pulse surveys following the move to a quarterly cycle, and work is underway to embed a revised approach to ensure more reliable data.
- 9.13 In respect of Our Communities Annette Gericke advised the Board that patient experience had improved to 92.5% in December, exceeding the 90% target, with improvements to ED waiting times and 4-hour performance underway to support further gains in patient experience.
- 9.14 In respect of Our Future Jonathan Reid advised the Board that financial performance was currently behind plan and there remained ongoing risk for the

rest of the financial year, balancing upon the successful delivery of the CIP, RTT performance, efficiency targets, and the planned reduction of bank and agency expenditure.

- 9.15 Jonathan Reid shared an update with the Board on the H2 delivery process with weekly divisional meetings supporting the oversight of expenditure, vacancy management, and progress against performance targets in order to maintain focus on what needs to be delivered by the end of the financial year, thus also providing a solid foundation for improved delivery and financial management into the next year.
- 9.16 In respect of the Trust delivering the efficiency programme in 2025/26, Lucy Bloem emphasised the need to ensure that the Trust maintained an appropriate level of ambition in identifying cost improvement opportunities. Jonathan Reid confirmed that ambition had increased for both the current year and for next year, with 50–60% of the 2026/27 programme already in development. It was shared that the Trust began the year with £19m of non-recurrent savings, which had increased to £29m, which was well understood and had been incorporated into forward planning assumptions. The Board further discussed the importance not just of identifying contingency options, but of ensuring clarity on when these should be activated, as whilst the year ahead would be challenging, the Trust had a systematic process and clear governance routes to ensure the responsible stewardship of public funds.
- 9.17 In respect of Research and Development Katie Urch shared that recruitment to interventional studies continued to improve and was a fraction away from the Trust's target to be in the top 20% for research studies.
- 9.18 In respect of Strategy and Major Projects the key developments were outlined which included the funding for the new cancer centre which had received positive media coverage, constructive progress in the Electronic Patient Record contract negotiations, and confirmed capacity at PRH to support the research model. Whilst affordability remained a challenge for some projects, robust plans were in place to manage those pressures.
- 9.19 Helen Brown advised the Board that the Trust remained in Segment 4 of the National Performance Assessment Framework, with current segmentation based on Quarter 2 data; however it was shared that the Trust had submitted its provider capability assessment, which would inform NHS England's review of whether any organisations should move into Segment 5; the Trust continued to engage with NHS England and the ICB through formal oversight meetings, which provide assurance on delivery of the annual plan.
- 9.20 Andy Heeps shared the significant progress made to the Integrated Performance Report and outlined the need to focus on driving improvement by using our bed base more effectively to accelerate elective care, improve patient experience, reduce harm, and lowering bed occupancy and holding ourselves accountable to deliver measurable improvements.
- 9.21 The Board **NOTED** the Integrated Performance Report.

TB/02/26/10 BOARD ASSURANCE FRAMEWORK

- 10.1 Glen Palethorpe presented the Board Assurance Framework report for quarter 4. It was shared that Executives had reviewed quarter 3 assurances and updated the BAF, providing retrospective and forward-looking summaries to support proposed quarter 4 scores. The Audit Committee in February had confirmed robust processes for executive oversight and BAF updates remained in place. Each allocated oversight Committee had also considered their

element of the BAF agreed with the executives view that the reports and assurance received in quarter 3 supported the view to reduce marginally the scores of three strategic risks, risk 2 (culture), risk 5 (nondigital infrastructure) and risk 6 (performance) which sees these risks achieve their target score of the quarter.

- 10.2 The Board discussed the review undertaken at the respective Committees and **APPROVED** the recommendations of the respective committees that there should be a reduction to the scores of three strategic risks, risk 2, 5 and 6 to each of their respective target scores.
- 10.3 The Board **NOTED** that five of the risks were above their target score and four risks remained significantly scored for the year, these being risk 1 (quality), risk 4 (finance), and risks 8 and 9 (both digital).

TB/02/26/11 MATERNITY ASSURANCE

- 11.1 Emma Chambers drew attention to the reports included within the meeting papers and provided a summary to the Board which drew out the following.
- 11.2 A solution to the access to planned caesarean sections at Princess Royal Hospital was progressing. The Trevor Mann Baby Unit (TMBU) improvements were progressing to facilitate the use of the helipad, and the neonatal team had been working with the Site Leadership Team, and Estates and Facilities to plan the safest way to facilitate this essential work. To minimise the disruption the decision was made to decant and relocate nine of our special care (lowest care requirements) cots to the Louisa Martindale Building and robust plans were in place to maintain the safety of the babies.
- 11.3 Emma acknowledged Andy's earlier update regarding the Maternity Service Investigation by Baroness Amos.
- 11.4 Emma advised that the publication of the CQC Maternity Survey saw an improved ranking from 22nd in 2023, 18th in 2024 to 10th this year, following a response of 260 women; 98% of women said they were treated with kindness and respect, 97% saying they had confidence and trust in staff and 95% saying they were involved enough in decisions about their care.
- 11.5 Emma shared the improved CQC rating for Brighton from Inadequate to Requires Improvement, and that further progress had been made since the inspection in February 2025 including planned caesarean and permanent midwifery and obstetric leadership
- 11.6 It was shared that Perinatal mortality outcomes remained stable and rates remained well below latest available national rates; and the Trust continued to closely monitor outcomes from previously reported findings of the thematic review into suspected brain injury cases.
- 11.7 3 of the 4 sites had 100% FFT recommendations, however, Worthing had a lower score than usual at 81.8%. Sadly, no narrative accompanied these scores, however, a postnatal improvement workstream was focusing on communication and care pathways. Tim Taylor reported that PALS provides helpful breakdowns that prompt useful conversations about complaints. He also noted positive feedback from the advanced communications course, that had demonstrated a strong learning culture.
- 11.8 The Chair noted the positive and consistent results from the maternity survey CQC outcome and the CNST Year 7 submission, highlighting the team's great

work and asked that the Board's thanks and appreciation was shared amongst the team.

- 11.9 The Board **NOTED** the Maternity Assurance report.

TB/02/26/12 REPORT FROM THE RESEARCH INNOVATION & DIGITAL STRATEGY ASSURANCE COMMITTEE FROM THE MEETING HELD ON THE 28 JANUARY 2025

- 12.1 Jackie Cassell as Chair of the Research Innovation & Digital Strategy Assurance Committee highlighted that the Committee had received a comprehensive update on the Digital and Data Strategic Delivery Plan; and endorsed the Data Usage and Access Act and Data Protection Act (DUAA) Change report which highlighted the implications and opportunities involved in launching a structured DUAA 2025 readiness programme to update policies, processes and systems supported by governance and staff training. The Committee also reflected on the findings of the effectiveness survey and identified that with minor changes the Terms of Reference for the Committee remain appropriate and were recommended for approval.

- 12.2 The Board **APPROVED** the Research Innovation & Digital Strategy Assurance Committee Terms of Reference.

TB/02/26/13 REPORT FROM PATIENT & QUALITY ASSURANCE COMMITTEE FROM THE MEETINGS HELD ON THE 16 DECEMBER 2025, AND 27 JANUARY 2026

- 13.1 Lucy Bloem as Chair of the Patient & Quality Assurance Committee outlined the CQC assurances received during the meeting in January whereby it was further agreed to undertake a deep dive into processes and test operational areas such as mental health services following the increase in mental health attendances across the Trust's EDs and to seek further assurance around the ICB programme, and hear how that relationship has developed.

- 13.2 In respect of Quality Impact Assessments Lucy acknowledged that the Committee had received a report on improvements and held a detailed discussion on QIA processes used for investments and service improvements.

- 13.3 Lucy updated the Board on mortuaries, which remained a challenging area for regulatory compliance due to rising standards and estates constraints, but the Board received assurance that Trust-wide plans were underway to mitigate risks through better use of the mortuary estate across the Trust.

- 13.4 The Board **APPROVED** the Patient & Quality Assurance Committee Terms of Reference.

TB/02/26/14 REPORT FROM PEOPLE & CULTURE ASSURANCE COMMITTEE FROM THE MEETINGS HELD ON THE 28 JANUARY 2026

- 14.1 Paul Layzell as Chair of the People & Culture Assurance Committee provided an update that the volunteer services strategy was received which aligned to the NHS 10-year plan, as the Committee had asked that the head of volunteers considered the establishment of a multidisciplinary forum where the deployment and growth of volunteers could be discussed.

- 14.2 The Board **APPROVED** the People & Culture Assurance Committee Terms of Reference.

TB/02/26/15 REPORT FROM FINANCE & PERFORMANCE ASSURANCE COMMITTEE FROM THE MEETINGS HELD ON THE 27 NOVEMBER 2025, AND 29 JANUARY 2026

- 15.1 Paul Layzell as Chair designate of the Finance & Performance Assurance Committee explained that the Committee approved the application for £5.1m Working Capital Cash Support public dividend capital to NHSE in March 2026. The Committee had taken an investment decision in January for Radiotherapy Linac Replacement funds for a 7th Linear Accelerator supporting resilience pending the opening of the new Cancer Centre.
- 15.2 Jonathan Reid updated the Board on the reported cash application that the Trust was taking an alternative approach with the system therefore the application would be deferred to next month.
- 15.3 The Board **APPROVED** the Trust's Emergency Preparedness, Resilience and Response (EPRR) annual report for 01 January 2025 to 31 December 2025 which provided assurance on compliance with EPRR Core Standards, statutory requirements and the work programme undertaken in 2025.
- 15.4 The Board **APPROVED** the Finance & Performance Assurance Committee Terms of Reference.

TB/02/26/16 REPORT FROM STRATEGY & MAJOR PROJECTS ASSURANCE COMMITTEE FROM THE MEETINGS HELD ON THE 29 JANUARY 2026

- 16.1 Paul Layzell as Chair of the Strategy & Major Projects Assurance Committee received specific project reports covering the RSCH Acute Floor Reconfiguration, SRH RAAC remediation and the Trust Electronic Patient Record (EPR) implementation.
- 16.2 The Board reflected on the updates provided which had highlighted the effectiveness of identifying problems and pinpointing where the impacts were being experienced, however the challenge now was to move from insight to demonstrable outcomes.
- 16.3 The Board **APPROVED** the Strategy & Major Projects Assurance Committee Terms of Reference.

TB/02/26/17 REPORT FROM AUDIT COMMITTEE FROM THE MEETING HELD ON THE 3 FEBRUARY 2026

- 17.1 Mike Driver as Chair of the Audit Committee provided a detailed summary of the Committees reflections which highlighted its focus on reports of the BAF, Internal Audit, Counter Fraud, External Audit and data protection which provided a positive assurance position, confirming the Trust continued to practice good data security.
- 17.2 The Committee acknowledged progress on strengthening risk management and the intention to significantly improve the Trust's approach over coming months whilst working through the current challenges such as the volume of risks entries, the quality of risk articulation, and clarity of ownership and mitigations and the meeting reiterated the importance of better aligning risk, performance and financial management. The Committee welcomed a deep-dive update from Katie Urch on the Strategic Risk 1.
- 17.3 In relation to the internal audit reviews, several recommendations remained outstanding, and further work was required, particularly around medical devices, where additional progress still needs to be made.

- 17.4 The Committee had noted that the procurement function continued to perform strongly; however, there remained clear opportunity to strengthen our contract management arrangements. It was also noted that finance had also been assessed positively against the HFMA standards, demonstrating that our infrastructure, systems, and internal controls were operating effectively and providing a solid foundation for financial governance.
- 17.5 The Board **APPROVED** the Audit Committee Terms of Reference.

TB/02/26/18 COMPANY SECRETARIAL REPORT

- 18.1 Glen Palethorpe introduced the Company Secretary Report, which reflected the commencement of our next round of governor elections, the confirmation of the Board and Council of Governors meetings during 2026/27, and the Non-Executive Director recruitment which will be aligned to the values and behaviours framework.
- 18.2 The Board **NOTED** the Company Secretarial Report

TB/02/26/19 OTHER BUSINESS

- 19.1 The Chair announced that Non-Executive Directors Wayne Orr and Kate Steadman had now left the Trust to pursue opportunities abroad, the Board extended their appreciation for their contributions during their tenure and wished them every success in the future. The Board also expressed its thanks to Non-Executive Director Mike Driver, who had joined the Patient & Quality Assurance Committee to support quoracy during the ongoing recruitment process for the new Non-Executive Directors.
- 19.2 The Chair expressed appreciation to the Board Members for their valuable contributions and discussion today, and highlighted the ongoing programme of recovery and renewal, emphasising that the Trust is prioritising the actions that make a meaningful difference.

TB/02/26/20 DATE OF NEXT MEETING

- 20.1 It was noted that the next meeting of the Board of Directors in Public was scheduled to take place at **10.00 on Tuesday 31 March 2026 in Worthing**

**Tamsin James
Board & Committees Manager
February 2026**

Signed as a correct record of the meeting.

..... Chair

..... Date

Agenda Item:	7.	Meeting:	Trust Board in Public	Meeting Date:	31 March 2026	
Report Title:	Chief Executive's Report					
Sponsoring Executive Director:	Dr Andy Heeps, Chief Executive					
Author(s):	Dr Andy Heeps, 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 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>	This report provides the Board with an overview of key national, regional and local developments affecting UHSussex. It highlights the Trust's inclusion in the National Provider Improvement Programme, positive NHS Staff Survey results, recent CQC reports, the opening of our major trauma centre helipad, new funding for clinical research, and progress in a major digitisation programme across our EDs.					
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	Culture
	Yes	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 – March 2026

Although only a relatively short time has passed since our last Board meeting, this has been another busy period for University Hospitals Sussex. This report highlights its key developments at national, regional and Trust level, which will provide useful context for our discussions today.

National Policy and Regulation

National Provider Improvement Programme

At the beginning of March, NHS England (NHSE) informed us that UHSussex will join the new National Provider Improvement Programme (NPIP), which helps the most challenged trusts ensure they have the right conditions in place to achieve sustained performance improvement. These are: an effective board and wider organisational leadership; effective and insightful governance arrangements; engaged staff; and a shared improvement approach.

UHSussex's inclusion in the programme reflects our position in segment 4 of the National Oversight Framework and recent red capability rating. Participation in the NPIP typically lasts 6-9 months. During this time, an NPIP Assignment Team will review our performance and capability; assess against best practice how we are set up to provide safe, high quality, sustainable and efficient care; and ensure our improvement and delivery plans are appropriate for our needs. We may also be offered additional support to address any gaps in capacity or capability. The offer does not bring any funding support and oversight will be coordinated by the NHSE South East Region.

I have met with Mark Brassington, Director of NHSE Operational Improvement, and Anne Eden (NHSE Regional Director for the South East) to discuss our improvement approach, NPIP's priorities and where its support can help us most. I will of course update the Board on developments as we progress.

NHS Staff Survey results

NHS Staff Survey results published this month are the best UHSussex has achieved and show important improvements in morale, teamwork and engagement. Our scores improved across all key themes and against each element of the NHS People Promise – eight out of nine of them significantly. We also saw no significant decline on any of the 99 questions comparable with the 2024 edition. The results show we are moving forward with purpose, but I am not complacent. I am listening to what colleagues say and recognise how much further we have to go in providing Excellent Care for our People.

I'm therefore grateful to the 8,783 colleagues who took part in the survey (46% of our workforce) not just for highlighting what we are doing better but also for telling us very clearly where we must do more again: on the compassion and consistency of our culture; speaking

up; keeping frontline colleagues safe and supported; and strengthening pride in UHSussex as a place to work and be treated. These priorities align with the findings of the Big Conversation that steered our strategy's development and will be a focus for us over the next 12 months.

CQC report: Worthing maternity services

Maternity services at Worthing Hospital have been rated as Good by the Care Quality Commission (CQC). This is an upgrade from Requires Improvement and recognises the many positive changes colleagues have made in recent years. Our maternity teams work extremely hard to give people safe, compassionate care and this recognition of their efforts is well deserved.

CQC inspectors praised the Worthing maternity team for ensuring families feel involved in decisions about their care and highlighted a more positive culture than they had seen previously, upgrading the service to Good in the Well-led domain. Areas identified for improvement – and on which we are now working – included ensuring clinical guidance and policies are up to date, strengthening risk management and audit processes, and expanding obstetric theatre capacity.

National Maternity and Neonatal Investigation

The CQC report was published soon after the interim findings of the National Maternity and Neonatal Investigation led by Baroness Amos, of which UHSussex is part. The investigation's interim report does not single out individual trusts or hospitals but presents a wide range of systemic failings that make difficult reading for the NHS as a whole. The review team received evidence of families being disregarded and unheard; structural racism and inequality of outcomes; unsafe environments; workforce shortages and capacity issues; and failures in leadership, culture and accountability.

The interim report did not make any recommendations as evidence gathering remains ongoing – the review team visited St Richard's just the day before it was published, for example – and further themes may still emerge.

Children's audiology service review

UHSussex children's audiology services have received the highest possible rating in a national NHS England review. The inspection spent more than a year examining clinical practice, governance, facilities and data quality across the country, as well as observing clinicians as they carried out appointments.

The UHSussex service, which is based at the Royal Alexandra Children's Hospital in Brighton and treats around 250 patients from across the county each month, has now been given the top Good rating at the conclusion of the review. This is a great tribute to the skill and compassion of all its members, who were praised for their warm, family-centred approach and strong teamwork. It also reflects the success of recent investment in children's audiology that has increased staff numbers and moved the service into new, larger facilities that are more child-friendly and enable closer collaboration with the wider paediatrics service.

New National NHS Cancer Plan

The new National NHS Cancer Plan published since we last met aims to deliver significant improvements in treatment and outcomes over the next 10 years, saving 320,000 lives, raising five-year survival rates to 75% of people diagnosed, and bringing performance in England up to the level of the world's best.

The plan prioritises early diagnosis, digital innovation, community-centred care and leadership in research and innovation. Its ambitions will be reflected in the development of our new Sussex Cancer Centre over the next three years, which will play a major role in delivering better care and improved outcomes for our community.

Care in escalation areas

Similar to many hospitals nationwide, capacity issues and high demand for acute services mean the use of non-clinical areas remains a significant challenge that we are determined to address.

NHS England has shared with us new national actions being taken to support this work and key among these is the development of a new Urgent and Emergency Care (UEC) Strategy. This will sit alongside ongoing work to reduce the need for mental health patients to endure prolonged stays in Emergency Departments (EDs). Other forthcoming measures include the publication of a "Getting It Right First Time" escalation area improvement guide; support for trusts in implementing current guidance on improving UEC; a review of national campaigns promoting alternatives to A&E; and support for staff having to provide care in non-clinical spaces.

NHSE has also agreed a single definition of 'corridor care' to be used across the NHS to bring more transparency to the issue. This means that a patient will now be considered to have experienced corridor care if they have spent at least 45 minutes in a clinically inappropriate area of an emergency department or general or acute ward. The aim is to revise this down to 30 minutes in 2027/28. We are now reporting performance against this measure and will be implementing the new national directives.

Agenda for Change pay review

The government has accepted the independent NHS pay review body recommendation of a 3.3% salary increase for NHS staff employed in Agenda for Change (AfC) pay bands. This covers our entire workforce bar doctors and senior leaders, who await a recommendation from their own reviews. The AfC decision has come early enough in the year for us to be able to implement the increase in April's salary payments.

Regional and ICB update

A&E attendance avoidance

Sussex Partnership NHS Foundation Trust has reported that its mental health support provision for emergency services prevented 6,391 A&E attendances across the county during the second half of 2025. The Blue Light Line rapid response service provides 24-hour mental health advice and guidance to frontline responders, either on-scene or via telephone. Hospital emergency departments and non-specialist wards are not the right place for people experiencing a mental health crisis, so I welcome all initiatives to identify and access appropriate alternatives for them.

University Hospitals Sussex

Performance

In light of the new NHS-wide definition of corridor care (see above), I thought it would be helpful for the Board to understand our current performance on this measure. Across our four EDs, the number of patients spending at least 45 minutes being cared for in a non-clinical area was 24% lower between April 2025 and February 2026 than it was in the same period of 2024-25, a reduction of 6,778 overall. At Worthing, the figure was down 58% year on year, with reductions of 41%, 34% and 9% achieved at St Richard's, Princess Royal and the Royal Sussex County (RSCH) respectively.

Despite those improvements, corridor care remains a major issue for us, particularly in Brighton, which accounts for more than two thirds of all instances at UHSussex. Levels of corridor care correlate closely with occupied bed pressure and have been volatile over the winter period. As well as welcoming forthcoming national actions (see above), we continue to develop our own initiatives to improve flow and prevent inappropriate attendance. At RSCH, for example, we are strengthening engagement in corridor management through a new multidisciplinary flow and oversight forum, while the trust-wide HALO admission avoidance programme continues to expand with new rapid x-ray and respiratory pathways.

Annual plan

We have now submitted our annual plan for delivering on our Excellent Care Everywhere strategy during 2026-27 in the face of significant financial, operational and workforce pressures. The plan is realistic about the challenges we face in our underlying deficit, non-compliant RTT performance, rising demand in UEC, and our need to significantly reduce our workforce. However, it also sets out the opportunity available to us as we redesign care, improve productivity, modernise our estate and infrastructure, and accelerate digital transformation. Whilst it will be challenging, I believe it provides a coherent, credible and strategically aligned basis for improving care today while laying the foundations of our future as a sustainable, modern healthcare organisation.

Major trauma centre helipad

The rooftop helipad at RSCH became operational at the beginning of the month in a landmark moment for emergency and major trauma care in Sussex. Enabling air ambulances to land on site dramatically reduces transfer times for severely injured and critically ill patients, ensuring they get specialist care as quickly as possible. Reaching this point has been complex and challenging, and made possible only by the collaboration of multidisciplinary teams from across the Trust, alongside our partners and charities. The development has been supported by a £1.9 million donation from the HELP Appeal, the only charity in the country dedicated to funding hospital helipads.

Emergency care digitisation

Our journey from analogue to digital reached an important milestone this month as we completed the digitisation of emergency care at the Princess Royal Hospital (PRH). We have already moved from paper-based observation and medication charts in most inpatient areas, but the pace and complexity of the ED environment means much more planning has been needed to make the same change there. For ED staff, going digital means clearer oversight, fewer risks associated with paper charts and better communication across medical, nursing and pharmacy teams. For patients, it means safer, more timely and more coordinated care. Following the successful go-live at PRH, we will be standardising digital prescribing and observation across our three other EDs over the rest of 2026.

Acute Medical Unit opening

We held the official opening of the new Acute Medical Unit (AMU) at RSCH at the end of February, when we were able to show guests including local MPs, councillors and healthcare partners its state-of-the-art facilities in action. These include a Medical Same Day Emergency Care unit, which for the first time extends 24-hour access to specialist care for patients who do not need an overnight stay. Opening the AMU also allows us to start renovating the main RSCH ED. This will be a challenging period for the department and I have to be clear that patients, their families and the colleagues caring for them will face cramped and difficult conditions while work goes on. Unfortunately, this is the only way we can deliver the excellent facilities they deserve, so I thank them for their patience and understanding as we do so.

Sussex Cancer Centre funding

Since I last reported to the Board, the Government's New Hospitals Programme has confirmed the £250 million in funding that will enable us to build a new regional centre of excellence for cancer care. The Sussex Cancer Centre will open in 2029 and be transformative for patients and their families. It has taken years of hard work and the determination of our teams and partners to secure this investment, and I would like to thank everyone who has contributed along the way.

New funding for clinical research

The Trust has also secured a £1.3 million investment from the National Institute of Health and Care Research to expand clinical research in our hospitals and across Sussex. This funding will give us new, bigger and better research facilities close to emergency and specialist services in Brighton, and new research bases in Worthing and Haywards Heath. Strengthening our infrastructure in this way will enable us to undertake more research, develop new life sciences partnerships, and widen patient access to clinical trials of new treatments.

Motor Neurone Disease service expansion

Motor Neurone Disease (MND) patients at UHSussex are already gaining access to a broader range of clinical trials – as well as better care – through the recent expansion of our MND service. This has created our first dedicated MND roles, including a research nurse funded by the MND Association, and accompanies the Sussex Motor Neurone Disease Network's move from the Brighton and Sussex Medical School to be closer to patients and clinical teams.

Patient information boards

My Charity has funded the rollout of new patient information boards across UHSussex wards as part of our efforts to reduce length of stay. Colleagues looking at this issue identified a need to better manage patients' and their families' expectations around their recovery and discharge. The new boards help in that by including discharge planning information and support better, more personalised care by naming the patient's responsible clinician as well as recording clearly their individual needs.

International Care Collective Podcast

The UHSussex team behind the International Care Collective podcast, which tells the stories of NHS staff from around the world, marked NHS Overseas Workers Day this month by announcing the show has been commissioned for a second series. Colleagues from around the world make an incredible difference to UHSussex patients' lives. Hearing their stories underlines the sacrifices they have made to help people in our community and shows how much we all have in common, regardless of where we are from.

International Women's Day

UHSussex marked International Women's Day with a series of inspiring webinars aimed at bringing colleagues together to learn, connect and support one another. These events were hosted by internal and external speakers, including local MP Dr Beccy Cooper.

Chief People Officer

Our Chief People Officer, David Grantham, is leaving us for a new national role in NHS workforce management. I would like to thank David for the pivotal role he has played in bringing our two predecessor organisations together and shaping the Trust-wide people and education functions that will underpin One UHSussex. While we recruit David's successor, I am very pleased that Sarah-Jane Taylor has joined us from the Home Office in an interim role.

Baroness Audrey Emerton

And finally, I would like to pay tribute to nursing leader and patient advocate Baroness Audrey Emerton, who died this month at the age of 90. Baroness Emerton was Chair of the Brighton Health Care NHS Trust – the predecessor of Brighton and Sussex University Hospitals NHS Trust – from 1994-2000. The Audrey Emerton Building at RSCH was named after her when it opened in 2005 and will remain a fitting reminder of her contribution to our hospitals and to health care in the city.

Dr Andy Heeps
Chief Executive
March 2026

Agenda Item:	8.	Meeting:	Trust Board in Public	Meeting Date:	31 March 2026
Report Title:	Values and Behaviours				
Sponsoring Executive Director:	Rox Smith, Chief Strategy Officer				
Author(s):	Martyn Clark, Director of Integrated Education, SRO Culture				
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only	
	N/A	Yes	Yes	N/A	
Reason for not being taken in public <i>(indicate as appropriate)</i>	Commercial confidentiality	Staff confidentiality	Patient confidentiality	Other exceptional circumstances (please detail)	
	N/A	N/A	N/A	N/A	
Regulatory Reporting Requirement					
<p>Summary of the report describing</p> <p>What <i>(summary of current position / issue & why it matters and evidence to support that position etc)</i></p> <p>So What <i>(provide meaningful analysis drawing out as appropriate implications against Trust Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)</i></p> <p>What Next <i>(summary of intended action and benefits supporting the choices and recommendation(s) being made)</i></p>					
<p>Purpose - to update the Board on progress made in establishing the foundations for Trust-wide behavioural change and to seek endorsement for the next phase of activation from April 2026.</p> <p>The presentation summarises the work undertaken between January and March 2026 to prepare the organisation for the introduction of the UHSx Behavioural Compass and associated leadership framework. This has been a focused period of building the standards, tools and staff engagement required to support consistent, values-based behaviours across the Trust. This work directly responds to the Trust’s developmental well-led review findings, and are high priority deliverables set out in the Trust’s ‘Excellent Care Everywhere’ strategy.</p> <p>Key progress includes:</p> <ul style="list-style-type: none"> • Leadership expectations established: all senior leaders (ESM/VSM) have been assessed against the Behavioural Compass, ensuring a clear and consistent standard for leadership behaviour. • Support for managers strengthened: a co-designed Manager’s Toolkit and a trained group of staff “Experimenteers” will provide practical support for embedding the Compass in day-to-day work. • Alignment of people processes underway: work has begun to ensure recruitment, induction, appraisal and key policies reflect the values and behaviours. • Staff-led improvement activated: Experimenteers are prepared to run Try, Learn, Share cycles from April, enabling teams to test and share practical improvements. <p>The presentation also sets out the cultural transition the Trust aims to achieve over time. This includes moving from a culture that can feel internally focused or constrained by past experience towards one that is more collaborative, outward-looking, consistent and confident. This framework provides the long-term direction for the programme.</p> <p>This work directly supports the Trust’s strategic aims for high-quality care, a positive staff experience and effective leadership. The programme provides a structured approach to:</p> <ul style="list-style-type: none"> • strengthening leadership visibility and consistency • improving team climate and psychological safety • reducing variation in behaviours across sites and services 					

	<ul style="list-style-type: none"> aligning people systems to a single behavioural standard enabling staff-led improvement and shared learning <p>The approach also supports the Trust’s wider improvement journey by helping to build a more cohesive, confident and collaborative culture – working as One UHSx.</p> <p>The recommended approach is to continue with the phased delivery plan, ensuring changes are introduced in a manageable and sustainable way. The intention is to create a cultural movement across the organisation, where we create the conditions, climate and support colleagues to develop the skills we all need to strengthen our culture.</p> <p>Between April and October 2026, the programme will move into full implementation:</p> <ul style="list-style-type: none"> Official launch of the Behavioural Compass (April) Leadership behavioural reflection and Try, Learn, Share goals (May) Experimenteers run four Try, Learn, Share cycles (April–May) Monthly Compass Clinics for managers Three-month sprint to update priority people policies Rollout of the updated induction process Pulse survey and qualitative data collection to assess early impact <p>Expected benefits include greater consistency in leadership behaviour, increased staff confidence in using the Compass to guide themselves and others, improved team conversations, more examples of people feeling safe to challenge and having their voice heard, and early evidence of cultural shifts we are aiming to achieve. We expect to see these changes reflected in continued and sustained improvement in our staff survey results, alongside improvement in the delivery of our services.</p>					
Recommendation <i>(linked to What Next section)</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the progress made in establishing the foundations for behavioural change. Endorse the next-phase activation plan from April 2026. Support continued prioritisation of system hardwiring and leadership role-modelling to mitigate cultural and regulatory risks 					
Assurance / Scrutiny route already undertaken <i>(please explain where matter previously considered, and assurance provided)</i>	<p>This work has been reviewed through the Trust’s established governance processes. The People & Culture Committee considered the programme in January and February 2026, and the Trust Management Committee received updates in February and March 2026. Feedback from these committees has informed the approach now presented to the Board.</p>					
Link to Trust Strategy (note which theme)	Care	People	Future	Communities	One UHSussex	Culture
	N/A	Yes	Yes	N/A	Yes	Yes
Link to annual delivery plan						
Link to BAF (explain which BAF risks this matter impacts on and what the impact is change in score/						



change in assurance profile etc						
Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	Yes	N/A	Yes	Yes	Yes	N/A
Other impacts	Equality and Diversity (if yes has HEIA completed)		Environmental	Legal	External Registrations (if yes please indicate which)	
	N/A (Yes / No)		N/A	N/A	N/A	



Agenda Item:	9.	Meeting:	Trust Board in Public	Meeting Date:	31 March 2026
Report Title:	Multi-year Financial planning 2026/27 – 2028/29				
Sponsoring Executive Director:	Jonathan Reid Chief Financial Officer				
Author(s):	Karen Seabridge – Director of Strategic Finance				
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only	
	Yes / N/A	Yes / N/A	Yes / N/A	Yes	
Reason for not being taken in public <i>(indicate as appropriate)</i>	Commercial confidentiality	Staff confidentiality	Patient confidentiality	Other exceptional circumstances <i>(review at appropriate subcommittee which is not public)</i>	
	N/A	N/A	N/A	N/A	
Regulatory Reporting Requirement	National Multi-year Planning				
Summary of the report describing	<p>This report reflects the planning submission for multi-year plans covering the financial years 2026/27 - 2028/29. The report reflects the Trusts' response to National guidance to support submission of a balanced plan and ongoing work to enable Operational sign off at a Divisional level.</p>				
What <i>(summary of current position / issue & why it matters and evidence to support that position etc)</i>	<p>Following Board and Finance and Performance discussions, multi -year plans for 2026/27-2028/29 have been developed and aligned with the Trust Strategy.</p>				
So What <i>(provide meaningful analysis drawing out as appropriate implications against Trust Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)</i>	<p>The plans underpinning this report have been developed with contributions from a number of colleagues meeting weekly at planning and delivery group meetings with each SRO taking corporate leadership for their disciplines in developing multi-year plans and liaising with Clinical and Operational colleagues to implement realistic budgets for finance, work force and performance, in line with the overarching submitted plan.</p>				
What Next <i>(summary of intended action and benefits supporting the choices and recommendation(s) being made)</i>	<p>The plan incorporates the themes of the Trust strategy and ensures these considerations are evident within the financial, capital, workforce and activity plans that have been developed over the multi-year period. The Trust planning process is in line with ICS partners and in accordance with NHSE guidance to deliver a cohesive plan to mandated National timescales.</p>				
Recommendation <i>(linked to What Next section)</i>	<p>1. The Board is asked to APPROVE the 2026/27 – 2028/29 medium term plan and the actions required to deliver the individual components of the plans.</p>				
Assurance / Scrutiny route already undertaken <i>(please explain where matter previously considered, and assurance provided)</i>	<p>The Planning Delivery Group consists of senior leadership from within the Trust with extensive experience of planning.</p>				
	Care	People	Future	Communities	One UHSussex
					Culture

Link to Trust Strategy (note which theme)	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A
Link to annual delivery plan	<i>This paper is the culmination of the construction of the annual plan for 2026/27 in detail, with high level development of a medium-term final plan to encompass 2027/28 & 2028/29.</i>					
Link to BAF (explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc)	<i>BAF Risk 2.1 Delivery of financial plan – Current Score 20 This paper won't impact score or assurance profile.</i>					
Link to CQC domain	Safe Yes / N/A	Caring Yes / N/A	Effective Yes / N/A	Responsive Yes / N/A	Well-led Yes	Use of Resources Yes
Other impacts	Equality and Diversity (if yes has HEIA completed) Yes / N/A (Yes / No)		Environmental Yes / N/A	Legal Yes / N/A	External Registrations (if yes please indicate which: NHS Provider licence) Yes	



University Hospitals Sussex
NHS Foundation Trust

Multi-year Plan

Jonathan Reid, CFO

Karen Seabridge DoF (Strategic)

31 March 2026



Planning Approach

A new approach to planning was implemented by NHS England to achieve delivery of the 10-Year Health Plan.

Hospital Trusts submitted final medium-term plans, in March, which cover the next 3 financial years (2026/27 - 2028/29).

These plans have been constructed in line with the Trust Strategy, Excellent Care Everywhere, and meet the changing and growing needs of our patients, colleagues and communities.

The plan focuses on accelerating recovery and performance improvement, meeting constitutional standards, reducing long waits, strengthening urgent and emergency care pathways and improving flow and length of stay through coordinated system and partnership working.



Key Messages from NHSE Planning Guidance

The premise of the medium-term plan is to focus on Three “shifts”, which are central to this longer-term strategic planning:

Acute Hospital setting → Community services: A move to deliver more care closer to home or in neighbourhood settings, reducing reliance on acute hospitals;

Analogue → Digital: Greater use of digital tools, single patient records, AI, genomics, automation to improve efficiency, reduce administrative burden, and improve access;

Sickness → Prevention: Focus on upstream interventions, early detection, public health, tackling determinants of health to avoid illness rather than primarily treating it.

All ICBs and NHS trusts are required to maintain a breakeven financial position as an organisation in each financial year.

Key Responses to NHSE Planning Guidance

Our transformation programme is central to achieving these ambitions over. It includes clinical and operational changes such as urgent and emergency care reconfiguration, expansion of elective capacity, Centres of Excellence, significant capital schemes including the new Cancer Centre and expanded diagnostics. Alongside this, the Trust will modernise our digital infrastructure, including the procurement and deployment of an Electronic Patient Record.

The Workforce Plan sets out how we will reshape and modernise the workforce by strengthening culture, improving core processes, reducing reliance on contingent staffing, and driving productivity through clearer roles, strengthened rostering and enhanced job planning.

The Trust's multi-year financial plan provides a realistic response to a highly constrained financial environment. It strengthens medium term financial discipline, shifts the organisational focus from annualised savings to sustained transformational change, and reinforces our commitment to delivering recurrent financial improvement supported by rigorous Governance and Board level oversight.



Risks

Efficiency Programme Delivery:

The £140m programme requires further work to reach full maturity and the plan has been phased to anticipate a higher level of delivery in Q3 and Q4 to allow time for plan development. Whilst this profile is reflective of current maturity assessments, this does place additional risk on delivery.

System strategic change capability :

The ICB are anticipating SPOA (Single point of Access) will reduce admissions and contribution to waiting list reductions, supporting the “left shift” and enabling more care to take place in Community settings than within Acute hospitals. These initiatives are intended to support delivery of National Performance Targets

Agreement of Income Allocations:

Work is in progress between the Trust and Sussex ICB to get to a point of having signed contracts in line with National expectations. There are a range of issues which need to be worked through to get to a point of alignment, set a reasonable baseline and understand any key issues to get a sensible and pragmatic contract and plan agreed for next year.

Cash:

Cashflow has been challenged at times during 2025/26 and with the level of financial efficiency included within the plan will require tight management. The Trust has a fully operational weekly cash committee to determine supplier cash payments, including a specific focus on small and local suppliers within an executive approved supplier prioritisation framework. A detailed cash report, which includes a rolling cashflow, is presented on a monthly basis to the non-executive led Finance and Performance Committee, which provides oversight and challenge to the organisation over cash.

Plan Summary

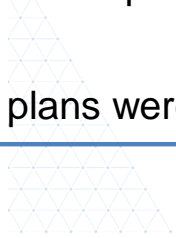
The Trust submitted a plan to NHSE in March reflecting delivery of financial breakeven for all 3 financial years.

The Trust is planning a £140m efficiency programme in 26/27, which decreases to £90m in 27/28 and £58m in 28/29. The efficiencies will support the pace of transformational service change required to delivery recurrent financial sustainability.

The Elective plan reflects the level of capacity available to deliver further improvements on Referral to Treatment waiting times.

The plans submitted meet National Cancer targets (28-day Faster diagnosis Standard, 31 days and 62 days), UEC 4-hour A&E performance targets and Diagnostic standards.

Workforce plans were resubmitted in line with the financial plan.



Next Steps

The Trust has submitted a more ambitious plan for 2026/27 than the draft February 2026 submission. This supports the submission of a compliant financial plan but requires a much more significant level of financial control and grip from April.

The efficiency plan requires additional development and maturity of a number of schemes, oversight of development of these schemes will continue through Financial Recovery Delivery Board and assurance of plan maturity will be provided to the Finance and Performance Committee on a monthly basis.

The Trust will continue with work with Commissioners and the Regional team to develop a robust and shared delivery plan for the coming year and aim to sign contracts within April.

Individual Budgets will continue to be signed off with Corporate and Operational Leadership teams over the next few weeks.



Recommendation

- The Trust Board is asked to approve the breakeven plan for all 3 financial years.
- The Trust Board is asked to note the risks and any potential mitigations in the plan.
- The Trust Board is asked to note the actions that will be put in place to support delivery of the plan and the component parts within.



Agenda Item:	10.	Meeting:	Trust Board in Public	Meeting Date:	31 March 2026
Report Title:	Building One UHSussex – our response to the 2025 developmental well-led review – Progress Update				
Sponsoring Executive Director:	Andy Heeps, Chief Executive				
Author(s):	Helen Brown, Interim CCAO				
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 <i>(review at appropriate subcommittee which is not public)</i>	
	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	
Regulatory Reporting Requirement					
<p>Summary of the report describing</p> <p>What <i>(summary of current position / issue & why it matters and evidence to support that position etc)</i></p> <p>So What <i>(provide meaningful analysis drawing out as appropriate implications against Trust Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)</i></p> <p>What Next <i>(summary of intended action and benefits supporting the choices and recommendation(s) being made)</i></p>					
<p>Recommendation <i>(linked to What Next section)</i></p> <p>For information / noting.</p>					
<p>Assurance / Scrutiny route already undertaken <i>(please</i></p>					

<i>explain where matter previously considered, and assurance provided)</i>						
Link to Trust Strategy (note which theme)	Care	People	Future	Communities	One UHSussex	Culture
	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A
Link to annual delivery plan						
Link to BAF (explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc						
Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A
Other impacts	Equality and Diversity (if yes has HEIA completed)		Environmental	Legal	External Registrations (if yes please indicate which: NHS Provider licence)	
	Yes / N/A (Yes / No)		Yes / N/A	Yes / N/A	Yes / N/A	



Building One UHSussex – our response to the 2025 developmental well-led review

Progress Update – March 2026

1. Purpose of this update

This paper summarises progress since February 2026 in delivering the Trust’s response to the developmental well-led review. It focuses on what has materially moved forward over the last 4-6 weeks and where the next phase of work will need to concentrate.

Key areas of progress include:

- 6 month roll out plan for Values and Behaviours Framework approved and commenced;
- Selection process for senior roles in the TOM completed, external recruitment in progress for key roles, with internal appointments confirmed to the majority of key posts within the structure;
- Significant progress with ‘go-live readiness’ to enable transition to the new 4 x Divisional structure from 1st April.
- Draft report has been received from Dearden on the Trust’s HR function.

Overall, the Trust has moved from design to implementation. The next phase will focus on developing clear delivery plans and strengthening programme management to ensure momentum is built and maintained and that the work translates into tangible impact, consistently across the whole organisation.

A six month update against all 22 NICHE recommendations is provided as an appendix to this paper.

2. Values and behaviours

Since November, the Values and Behaviours Framework has been developed into a more practical and explicit set of expectations for how people work and lead at UHSussex.

Vision, values and behaviours
Finding our way together

Whether it's your first day on the ward or your second year in the boardroom, every one of us is finding our way to be our best for our patients and each other.

Find out how we travel together...

Our vision:
Excellent Care Everywhere

Our strategic pillars:
Excellent Care....
For our patients For our people For our communities The future As one UHSussex

Our values
Our values ground us and shape our route

- Compassionate
- Inclusive
- Respectful

Our Behavioural Compass
Our Compass is there to guide us all especially when the path is unclear or difficult

Our five commitments:

- We act with kindness and care
- We include and involve
- We work as one UHSussex
- We learn, improve and speak up
- We take responsibility and follow through

Leadership Framework
As responsibility grows, so does responsibility for guiding others well.
The Behavioural Compass is applied across four levels:
Leading within my team, leading a team, leading multiple teams and leading UHSussex

Employee Lifecycle
The Behavioural Compass guides us at various points on the route. Whether that's...

- recruitment where the journey starts
- orientation at induction
- checkpoints at appraisals
- or the guardrails in our people policies.

Excellent Care Everywhere

Approximately 45 'experimenteers' have been recruited to participate in 'try, learn, share' experiments to test the new values in practice over the next 3 months. Trust wide communications launching the V&B and 'experimenteers' have elicited a positive response from colleagues and a good level of interest.

The V&B framework has been used in the selection process for senior leadership roles within the new TOM and work continues to embed the new values into core HR&OD policies and processes.

3. Trust Operating Model (TOM)

Work to implement the TOM has progressed at pace over the past 6 weeks. Colleagues have participated in a values-based selection process to align senior leaders into new roles within the TOM.

External recruitment is underway for 4 x Managing Directors, Deputy Chief Delivery Officer and Director of Integrated Clinical Governance.

It is anticipated that successful candidates will be confirmed in role this week, enabling 'go live' of new structure from 1st April. Unsuccessful internal candidates are being offered support to explore personal development needs, career aspirations and next steps. The Trust redeployment process will be used to identify suitable alternative roles within the organisation / at other tiers within the new structure.

Good progress has been made on underpinning changes required to support the new TOM (e.g. mapping of services, budget codes and aligning reporting to the new structure). Corporate Services are due to confirm business partnering arrangements for the new structure this week, with further work to confirm then substantive enhanced corporate support offer to Divisions over the early part of next year.

A 30-day stabilisation plan has also been developed and further workstreams are in place to continue to build and embed the new operating model.

In addition to work undertaken to enhance the Trust's overall leadership and OD offer (as per February Board update) proposals for a bespoke leadership and OD offer to our newly appointed Divisional and Corporate Leadership teams have been developed.

The intention is for this to be externally commissioned; final decision making is subject to confirmation of resource allocation as the financial plan for 2026/2027 is finalised.

5. People systems – external review

The external review of the Trust's HR function is now well advanced, with a draft report received from Dearden this week.

6. Strategy, Governance and Risk.

Strategy Delivery planning / Integrated Improvement Plan (NPIP & Undertakings):

A draft set of revised Undertakings has been issued by the NHS England Regional Team. The majority of the previous of Undertakings issued in 2024 have been closed following UHSx evidence submission in December 2026.

However, revised Undertakings related to access (both planned care / RTT and Urgent and Emergency Care standards) and overall Board effectiveness / Governance and NICHE Well Led review recommendations have been issued. The Undertakings relate to the same drivers that have led to the Trust being placed into the National Provider Improvement Programme (NPIP) following the publication of the latest National Oversight Framework (NOF) ratings and the Trust's 'amber/red' rated provider capability self-assessment submitted in December 2025.

The Trust has been asked to develop an 'Integrated Improvement Plan' that addresses the revised Undertakings and factors leading to the Trust entering NPIP.

The Trust's 5-year strategy 'Excellent Care Everywhere' and underpinning strategy delivery plan (SDP), approved by the Strategy and Major Projects Board Assurance Committee in November 2025 addresses all the key elements of both the Undertakings and NPIP.

In this context, the Integrated Improvement Plan will be developed using the SDP as its start point, with a review to ensure that absolute priority is being given to continuing to improve Trust governance, culture and the delivery of NHS access constitutional standards, with enhanced resourcing and clear actions to drive this work forward.

The Improvement Plan will also align to the revised Board Assurance Framework that is currently in development. The intent is to set out a clear set of improvement actions to ensure maximum progress in 2026/2027 against the priority focus areas.

Governance: A separate paper has been provided to the Board on progress with updating the Board Assurance Framework (BAF) for 2026/2027. This work is progressing well and a fully refreshed BAF will be presented to the Board for review and approval in May 2026.

Wider 'sub-Board' level Governance arrangements are currently being reviewed to align to the new Target Operating Model, clarify assurance flows, devolve decision making and strengthen support and accountability at Divisional level.

Effective Board Writing skills training has been commissioned from NHS Providers for c. 90 senior leaders in May/June and September 2026. The aim of this training is to enhance the quality and effectiveness of reports provided to the Board and its assurance committees.

Risk: Expert advisory support to work alongside the Trust's internal risk management team to deliver a 'risk improvement sprint' across the first six months of the next financial year is currently being commissioned. The aim is to mobilise this work in April 2026, with focused work through June to September to review all current risks on the Trust's Operational Risk Register.

7. Next steps

Over the next two months, priorities are to:

- Implement the new TOM and ensure new clinical Divisions are effectively supported. The TOM represents a major change in how the organisation works and will take time to fully embed, but this represents a key step forward in organisational effectiveness and the Trust's ambition to deliver consistent, high quality care to all its communities, across all Hospital sites.
- Embed Values and Behaviours into the 'way we work here' and make them feel real to all UHSx teams and colleagues.
- Continue to progress work on governance and risk management.

8. Key risks

Three principal risks remain:

- pressure on leaders and teams during a period of high operational demand and organisational change;
- uneven adoption of behavioural expectations across the organisation;
- the need to act on the external review findings at pace while maintaining stability.

These risks are being managed through programme governance, executive oversight and phased implementation.

9. Conclusion

The coming months will be critical in setting clear accountabilities, supporting leaders and ensuring that the Trust Operating Model, leadership expectations and people systems are aligned and experienced consistently across UHSussex.

Dr Andy Heeps
Chief Executive
March 2026

NICHE WELL LED Recommendations – March 2026 update.

Rec	Strategy Ambition	NICHE recommendation	Action	Update	Status
1	OneUHSx	Prioritise and expedite the work to embed the Trust values and build these into all people processes (such as recruitment, development, appraisal, job planning and raising concerns processes). Make explicit how behaviours not in line with the Trust values will be dealt with, regardless of seniority or role	Values and Behaviours Framework to be developed and launched across the whole organisation, and embedded in recruitment, appraisal and recognition	Major programme of work to co-design Values & Behaviours framework October to January, supported by Kin & Co. 6 month 'roll out' plan initiated in February. (Separate detailed update provided).	In progress
2	OneUHSx	Clarify the timescale and process for updating supporting plans to align these to the new strategy. This includes: the Delivery Plan, all underpinning strategic plans (including clinical, estates, workforce), and the process for ensuring that these will be coherent and mutually supportive of each other.	Develop strategy delivery plan with clear milestones and deliverables mapped to all of the priority areas in the strategy	Strategy Delivery Plan in place, with oversight via S&MP Board Assurance Committee. Supporting strategies, where required, will align to the 5 pillars of the Strategy, with S&MP steering group ensuring alignment.	Complete
3	OneUHSx	Review the draft Strategy in light of the findings of this report and its recommendations, to identify any areas where remedial work may be required and how the strategy can support this	Ensure the Strategy reflects Niche findings	Response to NICHE findings fully embedded in the Strategy and SDP.	Complete
4	OneUHSx	Agree as a Board how assurance will be sought about the organisation's culture, and particularly in light of these findings within this report. Consider:	Staff stories, culture heat maps and composite measure reported to Board	Board Development sessions have provided space to reflect on NICHE findings and a specific session on 'culture / problem sensing' Board was held in November 2025 and March 2026.	In progress.
		• Introducing staff stories at Board meetings.		Plan for bi-annual staff stories commencing May 2026 agreed.	
		• How existing intelligence (such as the culture heat maps) can be used to better affect to improve Board insight.		New Boardmembers (executive and non-executive) are being recruited in line with the new behavioural framework Board members will participate in the Behavioural Compass OD work - including using the personal reflection tool to support development and using the compass to support collective reflections about the effectiveness of Board meetings.	
		• How to drive a 'problem-sensing' approach to culture within the Board environment.		A measurement framework is in development	
		• How the Board will continuously review its role in setting the tone at the top of the organisation.			
5	OneUHSx	Introduce 360 feedback into Board member appraisal processes. Where relevant, this should include feedback external to the Board, including from stakeholders and senior leaders. The process should align to the refreshed vision and values.	360 feedback in place for Board and execs, aligned to V&B	2025/2026 appraisal cycle to be undertaken in Q1, to include 360 feedback.	In progress.
6	OneUHSx	Agree how relationships will be developed between the executive (and wider board) and the Top 70 Trust leaders, with a focus on building mutual trust, and balancing challenge and support in performance conversations. As part of this, discuss explicitly the perceptions around paternalism in the Trust's culture.	Leadership programme with clear expectations for senior leaders	L&D leadership offer mapped & additional targeted programmes commenced (e.g. ops managers, specialty doctors). Suite of e-learning leadership / line management modules developed & to be launched February.	In progress.
				Leadership & OD offer to senior leaders in Divisions and Corporate teams planned for 2026/2027.	
7	OneUHSx	Agree how learning from good practice and excellence in the Trust can be adopted. For example, appreciative enquiry into how changes in maternity were able to be made, and how this can be adapted into challenged parts of the organisation.	Spread learning from areas with proven success	Good practice & Innovation shared via Trust Leadership Forum. UHSx Community of Practice to be launched in Q1, led by Education and Improvement teams.	In progress.
8	OneUHSx	The risks of clinical leadership accountability models are potentially high and all aspects of this must be considered through a proper evaluative process. Ensuring the right people with the right training are fulfilling the most appropriate roles is key.	Review of clinical leadership model to strengthen authority and nursing voice.	New TOM was developed supported by Tricordant and with extensive engagement of key leaders across the organisation. The design seeks to strengthen multi-disciplinary clinical engagement and leadership at Directorate and Divisional level. Triumvirate model with Medical, NMAHP and operational leadership. CDs will be the overall lead at Directorate level. New MD role established to lead Divisions – profession agnostic. Recruitment in progress following National advert, with strong field.	Complete.
9	Excellent Care for our People	Benchmark the Trust's People directorate (to include HR and OD) to understand how its resourcing compares to trusts of a similar scale and complexity. The recent merger during the pandemic needs to be factored into decision-making arising from this process.	HR and OD benchmarking	Draft report received in March 2026. Executive currently considering findings & actions in response.	In progress.
10	OneUHSx	Use a forthcoming Board development session to reflect on the findings within this report in relation to discrimination, and initiate discussions about the Board's role in leading a more visible campaign to tackle this across the Trust.	Board discussion and visible campaign on discrimination and respect	See also recommendation 4.	In progress
				Inclusion / EDI key component of new V&B framework inclusion and respect are two of the values underpinning the framework. Board development session with specific focus on EDI to be scheduled in 2026/2027.	

NICHE WELL LED Recommendations – March 2026 update.

11	OneUHSx	As part of the annual reviews of committee effectiveness and terms of reference, consider the feedback relating to each Board committee in Chapter 7 of this report. All committees need to ensure that reports submitted clearly identify the material issues, areas of key risk, and action requested from the committee.	Committee terms of reference updated through governance review.	Committee TOR all reviewed and updated. Committee effectiveness regularly reviewed. Effective Board Writing training commissioned from NHS Providers for H1 next year - c.90 senior leaders to participate in the programme. New 'Alert, Advise, Assure' assurance reports to flow through streamlined governance structure in 2026/2027.	In Progress.
12	OneUHSx	Any redesign of the COM needs to be coproduced with those involved in implementing it successfully. The review underway needs to have a key focus on the behaviours, attitudes and operating principles required to make the new model work. See also Recommendation 6.	Tricordant design group and digital twin in place	New TOM was developed supported by Tricordant and with extensive engagement of key leaders across the organisation. The design seeks to strengthen multi-disciplinary clinical engagement and leadership at Directorate and Divisional level. Triumvirate model with Medical, NMAHP and operational leadership. Leaders are being recruited to the new structure in line with the behavioural and leadership frameworks that have been developed to support the new operating model, 2/3 of selection process is based on leadership, values and behaviours	Complete.
13	OneUHSx	As part of the review of the COM, evaluate the efforts to standardised approaches to divisional governance meetings after six months.	Divisional governance alignment underway	Refreshed Trust wide Governance Framework in development for implementation in April 2026, with six month review in Q3.	In progress.
14	Excellent Care for our Patients	Further develop the emerging quality impact assessment process to include training and support for divisions, as well as how the Trust will undertake postimplementation reviews of efficiency schemes for any adverse quality/equality impacts.	Further develop the emerging quality impact assessment process to include training and support for divisions, as well as how the Trust will undertake postimplementation reviews of efficiency schemes for any adverse quality/equality impacts	QIA process in place with oversight via P&Q Board Assurance Committee. Further work required to embed post implementation review of material or higher risk efficiency schemes.	In progress.
15	OneUHSx	Refresh the Board Assurance Framework's strategic risks. Ensure that the Board's subcommittees have routine and robust oversight of these, seeking assurance around risk management and reduction where possible.	Refresh of Board Assurance Framework	Updated BAF risks aligned to UHS Strategy 'Excellent Care Everywhere' in development for final approval at March 2026 Board. New BAF template and reporting in development. Draft to be discussed at April Board workshop and finalised for approval at May Board. Risk Improvement 'sprint' planned for H1 to significantly improve operational risk management within the Trust.	In progress
16	Excellent Care for Our Future	Consider whether the Trust has appropriately calibrated its response to how technology will underpin the success of its new strategy. This should include a review of leadership structures, capacity and the Board's line of sight to the management of associated risks.	Develop a digital roadmap for the organisation, aligned with our strategic ambitions	Digital roadmap has been developed and aligns with the Trust strategy. Board oversight strengthened via RI & Digital Assurance Committee (RIDC) which oversees delivery of the Roadmap. The Board had a full workshop session on digital in November 2025, focusing on the Board's role in cyber security, our digital infrastructure and digital transformation agenda - with a particular focus on changes we have implemented and upcoming change through EPR. EPR business case was approved by the Board in Feb 2025.	Complete
17	OneUHSx	Simplify the strategic deployment reviews to focus on: • The mutual review and discussion of key priorities for each division (this should also encompass corporate support functions). • The agreement of next steps and any support required. • The identification of any cross-trust issues requiring executive intervention. See also recommendations relating to shared ways of working.	Divisional Accountability Meetings now in place	SDRs replaced by new Divisional Assurance Meetings, aligned to the new TOM x 4 divisional structure. The new DAM model and performance framework will be further developed and embedded in the next FY, once the TOM is fully live.	In progress.
18	Excellent Care for Our Communities	Service changes implemented as part of the Strategy Delivery Plan must be co-produced with patients, and specific attention given to potential health inequalities.	Develop new co production framework with Healthwatch and patient forums	UHS has worked closely with stakeholders in developing plans to reconfigure Cardiology services between sites to improve safety and sustainability & was commended by the HOSC for an 'exemplary' process. A 'How to guide' for service change is being developed, codifying the approach used for Cardiology and to act as a blueprint for future changes.	Complete.

NICHE WELL LED Recommendations – March 2026 update.

19	Excellent Care for our Communities	<p>Work with partners to plan (together) a series of cross-system strategy sessions in 2025/26 in order to develop longer-term and sustainable care models.</p> <p>These will need:</p> <ul style="list-style-type: none"> • Executive and clinical contribution, • Learning from established and mature systems, and may benefit from external facilitation. 	Bi annual cross system strategy sessions	Full engagement and leadership contribution to the Provider Collaborative work programme, with key role in acute alliance priorities. The Collaborative convenes cross system strategy sessions and provides a forum for ensuring effective system collaboration across all partners.	Complete.
20	OneUHSx	<p>Agree a corporate approach to improvement, which reflects the feedback in this report. The approach taken should be supportive of the culture the Trust is seeking to drive, and build on existing strengths. We would suggest that a model which enables local, grassroots engagement, and feels intuitive to the widest group of staff would be helpful.</p>	Agree a corporate approach to improvement	<p>We have conducted an internal assessment to map against NHS Impact. An internal review of the strengths and opportunities for a new iteration of our improvement model is currently underway. We have clear streams of corporate improvement focused on a cross-Trust roll-out of the Daily Mgt system, Fundamental Standards of Care and a UEC Improvement Board.</p> <p>The cultural work to build a culture of improvement and empower our staff to be problem-solvers is underway as part of cross-Trust values and behaviours programme - this is based on the principle of 'try, learn, share.' The programme will run until the autumn to embed across the organisation.</p>	In progress.
21	Excellent Care for our Patients	<p>Review the safety culture of the Trust in full in light of the findings in this report in relation to psychological safety and wider organisational culture.</p>	Shared definition of safety including psychological safety	<p>Various strands of work address this recommendation including PSIRF, V&B and FTSUP. A new module on Psychological Safety has been added to the Trust's e-learning programme and was launched in February 2026.</p>	In progress.
22	Excellent Care for the Future	<p>Agree and re-confirm, as a Board, the level of organisational commitment to the Green Plan (and wider Green agenda), the realistic goals aligned to this, and how they will be monitored. Re-confirm this to staff and clarify how they can contribute to these goals.</p>	Refresh Green Plan in line with national approach	<p>Green Plan review / update in progress. To be presented to S&MPAC in June for review / approval.</p>	In progress.

Helen Brown

Interim Chief Corporate Affairs Officer

23/03/26

Agenda Item:	11.	Meeting:	Trust Board in Public	Meeting Date:	31 March 2026
Report Title:	NHS Staff Survey Results 2025				
Sponsoring Executive Director:	Sarah-Jane Taylor, Interim Chief People Officer				
Author(s):	Nick Groves, Associate Director, Leadership, OD & Engagement Elea Bond, Inclusion Manager & Data Analyst Faye Heffernan, Health, Wellbeing & Engagement Programme Manager				
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		N/A			
<p>Summary of the report describing</p> <p>What <i>(summary of current position / issue & why it matters and evidence to support that position etc)</i></p> <p>So What <i>(provide meaningful analysis drawing out as appropriate implications against Trust Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)</i></p> <p>What Next <i>(summary of intended action and benefits supporting the choices and recommendation(s) being made)</i></p>	<p>What (current position and why it matters)</p> <p>1. The NHS Staff Survey is one of the world's largest workforce surveys and represents the Trust's most comprehensive annual measure of staff experience. It enables year-on-year and longer-term tracking of key metrics since Trust merger in 2021; benchmarking against peer organisations locally and nationally; and use of staff insight to inform organisational priorities and decision-making.</p> <p>2. This paper presents the Trust's nationally benchmarked 2025 NHS Staff Survey results, covering substantive staff. The analysis includes the national question set plus a number of local Trust questions. Freetext staff survey comments are expected w/c 23rd March, so are not included in this analysis – but will be added to the presentation to People & Culture Committee in May 2026.</p> <p>Headline position</p> <p>3. Overall the 2025 NHS Staff Survey represents a positive set of results for the Trust – particularly against a declining or flat national position – with a clear agenda for further targeted support leadership, team and cultural support in 2026/27.</p> <p>4. Key points to note:</p> <ul style="list-style-type: none"> The national survey response rate fell by 1.19% points to 47.4% in 2025. While the Trust's response rate also declined slightly (down 0.53% points to 46.5%), it broadly maintained its position relative to the national average. This represents the Trust's largest survey to date (8,358 individual responses). Bank-only staff participation increased to 14%, up from 12% in 2024. This also remains slightly below the IQVIA comparator average (15%), however the gap is closing. For substantive staff, overall 83% of question scores improved compared with 2024, with no statistically significant deterioration. 47% of questions now score above the NHS average, with the Trust closing the gap in ~73% of areas where scores remain below average. All nine NHS People Promise / Theme scores improved, with eight of nine showing statistically significant improvement. By contrast, comparator Trusts showed flat or declining performance compared to 2024. 				

- Engagement and Morale Theme scores are broadly in line with the NHS average, with stronger performance in Involvement and Morale indicators (including reduced intention to leave), although advocacy (of the Trust) and work pressure remain comparatively weaker.
- There are notable variations across Divisions and staff groups, which provides a clear agenda for targeted support and further improvement in 2026/27.

Key areas of movement

5. Key points to note:

- The largest improvements were seen in teamworking, development and learning, flexible working, wellbeing, line management support, and equality and inclusion, with several of these now performing above the NHS average.
- Development, learning, flexible working and work-life balance all score above the NHS average, in contrast to national trends where these areas have declined.
- Teamworking improved across nine of 11 measures, with most scores now above NHS average.
- Morale indicators improved, including reductions in staff considering leaving and improvements in stress-related measures, now better than NHS average across all three related questions.
- Engagement items show consistent improvement, particularly in staff involvement, although advocacy remains below NHS average.

Safety, dignity and conduct

6. Safety and dignity at work are recognised as significant issues for the NHS. For example:

- NHSE Action Letters on Sexual Safety in 2025 included a range of measures, following the Royal College of Surgeons report (2023).
- The Worker Protection Act (amendment of Equality Act 2010) came into force in October 2024; this changed the duty on employers to require proactive steps to *prevent* sexual harassment.
- Within the Trust, the Niche Well-Led Developmental Review (July 2025) highlighted concerns where more progress is needed – for example in tackling some poor behaviour, addressing unacceptable gender dynamics, and boosting confidence so people can feel confident to speak up about concerns.

7. Key points to note from the 2025 Staff Survey results:

- Personal experience of discrimination and perceptions of fairness improved, with several measures now better than NHS average.
- Bullying, harassment and unwanted sexual behaviour from colleagues reduced, but remain above NHS average. Bullying, harassment and abuse from managers increased slightly (by 0.16% points) to 10.1%. This is now above the NHS average, which fell in 2025.
- Speaking up measures improved but remain below NHS average, including: confidence to speak up; confidence that concerns will be acted on. Two new local questions on Freedom to Speak Up Guardians (FSUG) highlighted that overall awareness of the independent service is relatively strong (72.2%). The FSUG programme of in-reach to teams with lowest awareness scores will continue in 2026/27.

- Safety culture improved (10/12 measures), including raising clinical concerns and feedback following incidents, but all remain below NHS benchmark levels.
- Harassment, abuse, violence and discrimination from patients and the public increased, consistent with national trends but remaining higher locally than benchmark averages.

Variation

8. There is notable variation between Divisions and staff groups, including:
- Variation across People Promise themes (including flexibility and safety), with differences of over 1-2 points on 10-point theme scores between highest- and lowest-performing Divisions.
 - Large differences in engagement scores (motivation, involvement and advocacy), with gaps of up to ~30-40% points on individual engagement questions between Divisions.
 - Lower scores across several themes for specific staff groups (including Medical & Dental and Healthcare Scientists), where results are consistently below Trust averages across multiple domains.
9. This level of variation suggests uneven local leadership and team climate, and provides a clear basis for targeted intervention and leadership support.

So What (analysis and implications)

Strategic significance

10. Key points to note:
- The pattern of improvement across all nine People Promises indicates broad progress in staff experience rather than isolated gains or random variations
 - Improvements in work pressure, appraisal, flexible working, development and wellbeing align with established drivers of retention, productivity and patient safety.
 - Reduced intention to leave and improved morale support workforce stability and delivery of Trust strategy.

Risk and assurance considerations

11. Despite overall improvement, safety, dignity and conduct risks remain notable, particularly:
- violence, harassment and abuse from patients and the public (increasing);
 - consistent deficits in speaking-up confidence and belief that concerns will be acted on; and
 - behavioural standards, including early signs of increased bullying, harassment and abuse (from managers) – although accompanied by a steady year-on-year increase in rate of reporting since 2021.
12. Analysis will be strengthened through incorporation of freetext data and more granular local datasets. A CompassBI tool provides staff and managers with the capability to analyse local results, identify variation, and prioritise targeted actions.

Target Operating Model (TOM)

13. The TOM consultation and restructure introduces a short-term risk to staff experience through potential disruption to team stability, line management relationships and established ways of working. Research on organisational

change indicates that periods of uncertainty and role or supervisory change can increase perceived work demands, reduce psychological safety and engagement, and temporarily distract from improvement activity if not actively supported.

14. At the same time, the TOM implementation presents an opportunity to embed Staff Survey insights into the formation of new teams and working practices (eg. expectations around civility, speaking up, workload management and supportive supervision), consistent with evidence that participative use of survey data strengthens the translation of feedback into sustained improvement. (A small additional cost is anticipated to re-cut Staff Survey data to align with the new TOM Divisional/cost centre structure.

What Next (intended actions and benefits)

15. Following limited sharing of the initial data with senior managers in line with embargo requirements, and release of the full results.

Phase	Timing	Purpose
Extended analysis	From February 2026	Access to full national benchmarking, local question results and cost-centre-level data to support deeper understanding.
Organisation-wide rollout	March 2026 (following national embargo)	Trust-wide communication following lifting of the national embargo, supporting staff confidence and engagement.
Divisional review and planning	April to May 2026	Divisional and team review of local results. Development of bespoke action priorities, supported by HR Business Partners and other SMEs (Subject Matter Experts).
Governance oversight	Ongoing	Continued People & Culture Committee oversight of priority risks, including safety, civility, speaking up and divisional variation

Recommendation
(linked to What Next section)

Recommendation

The Trust Board of Directors is invited to:

- I. Note and take assurance from the NHS Staff Survey results.
- II. Acknowledge the positive direction of travel, alongside the risks identified.
- III. Receive further assurance and initial plans for supportive actions following the presentation to the People & Culture Committee in May 2026, which will include further, more granular analysis.

Assurance / Scrutiny route already undertaken *(please explain where matter previously considered, and assurance provided)*

The initial, local (IQVIA) benchmarked results were presented to People & Culture Committee on 27th January 2026, ahead of the lifting of the National Embargo on 12th March 2026. These final results will be presented to People & Culture Committee for further discussion on 5th May 2026.

Link to Trust Strategy *(note which theme)*

Care	People	Future	Communities	One UHSussex	Culture
Yes	Yes	Yes	Yes	Yes	Yes

Link to annual delivery plan

Yes



<p>Link to BAF (explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc</p>	<p>The Staff Survey results materially inform several BAF risks, particularly Workforce sustainability and capacity, Quality and patient safety, and Leadership, culture and organisational effectiveness.</p> <p>The 2025 results indicate improvement across a range of staff experience and engagement measures, which contribute to the assurance position in relation to workforce, culture and retention. At the same time, the results highlight areas requiring continued focus, including safety culture and speaking up, behavioural experience, and reports of violence and abuse from patients and the public.</p> <p>Overall, the results provide additional evidence to inform the Trust's assurance position, with a mixed profile across the relevant strategic risks.</p>					
<p>Link to CQC domain</p>	<p>Safe Yes</p>	<p>Caring Yes</p>	<p>Effective Yes</p>	<p>Responsive Yes</p>	<p>Well-led Yes</p>	<p>Use of Resources Yes</p>
<p>Other impacts</p>	<p>Equality and Diversity (if yes has HEIA completed) N/A</p>		<p>Environmental N/A</p>	<p>Legal N/A</p>	<p>External Registrations (if yes please indicate which) N/A</p>	





University Hospitals Sussex
NHS Foundation Trust



We each have
**a voice that
counts**

NHS staff survey results 2025

Excellent Care Everywhere
UHSussex Strategy
2025-2030

NHS Annual staff Survey

- The NHS Staff Survey is one of the world's largest workforce surveys, nationally over 760,000 NHS substantive staff took part in 2025. Bank staff are also invited to complete a bespoke version of the annual survey with an average of 25,000 Bank only staff participating each year.
- At UHSussex, the results are used as part of our continuous staff feedback loop to help shape Trust priorities. The results are also used at a system, regional and national level by NHS central teams.
- The questions in the NHS Staff Survey are aligned to the [NHS People Promise](#) as well as two themes; Staff Engagement and Morale. The People Promise, aligned to the new NHS 10 year plan, sets out, in the words of NHS staff, the things that would most improve their working experience and is made up of seven elements and twenty-one sub-elements:

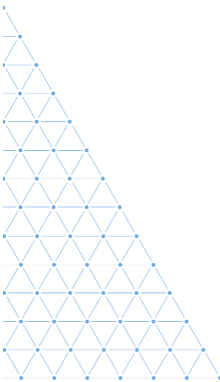


NHS Annual Staff Survey: Themes

- The NHS Staff Survey comprises seven People Promise Elements and two Themes, with 23 sub-scores.
- For reference, the table below shows how questions are mapped to sub-scores and Themes/Promises.
- Survey documentation is available on the national NHS Staff Survey website: <https://www.nhsstaffsurveys.com/survey-documents/>

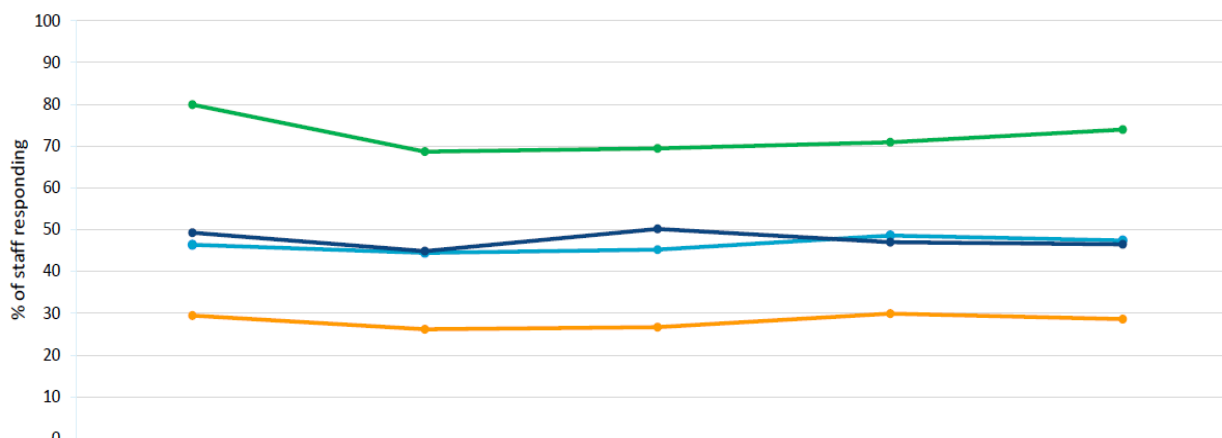
People Promise elements, themes and sub-scores		Survey Coordination Centre	NHS
People Promise elements	Sub-scores	Questions	
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d	
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i	
	Diversity and equality	Q15*, Q16a, Q16b, Q21 *Due to changes in the Q15 question wording in 2025, Q15 is not included in the score calculation for this theme or sub-score.	
We are recognised and rewarded	Inclusion	Q7h, Q7i, Q8b, Q8c	
	No sub-score	Q4a, Q4b, Q4c, Q8b, Q9e	
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q3g, Q5b	
	Raising concerns	Q20a, Q20b, Q25e, Q25f	
We are safe and healthy	Health and safety climate	Q1g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d	
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g	
	Negative experiences	Q11b**, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c **Due to changes in the Q11b question wording in 2025, Q11b is not included in the score calculation for this theme or sub-score.	
We are always learning	Other questions [Not scored]	Q17a***, Q17b***, Q22*** ***Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.	
	Development	Q24a, Q24b, Q24c, Q24d, Q24e	
We work flexibly	Appraisals	Q23a****, Q23b, Q23c, Q23d ****Q23a is a filter question and therefore influences the sub-score without being a directly scored question.	
	Support for work-life balance	Q6b, Q6c, Q6d	
We are a team	Flexible working	Q4d	
	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a	
	Line management	Q9a, Q9b, Q9c, Q9d	
Themes	Sub-scores	Questions	
Staff Engagement	Motivation	Q2a, Q2b, Q2c	
	Involvement	Q3c, Q3d, Q3f	
	Advocacy	Q25a, Q25c, Q25d	
Morale	Thinking about leaving	Q26a, Q26b, Q26c	
	Work pressure	Q1g, Q3h, Q3i	
	Stressors	Q3a, Q3b, Q3a, Q5b, Q5c, Q7c, Q9a	
Questions not linked to the People Promise elements or Themes			

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q24f, Q26d, Q31b



Participation – Substantive Staff

- ▶ 8,358 (46.5%) UHSussex staff took part in the 2025 Staff Survey – the **largest number** of individual responses in any year since the Trust was established in 2021.
- ▶ Although the Trust response rate **fell slightly** from 2024 (47.0%) and is **slightly below** the national 2025 benchmark average (47.4%), the Trust largely **maintained its position** in contrast to the fall in the national response rate



	2021	2022	2023	2024	2025
Your org	49.29%	44.87%	50.18%	47.01%	46.48%
Highest	79.95%	68.69%	69.45%	70.92%	73.97%
Average	46.38%	44.46%	45.23%	48.61%	47.42%
Lowest	29.47%	26.17%	26.65%	29.91%	28.60%
Responses	8076	7388	8453	8191	8358

Executive summary – substantive staff

What's going well

- ▶ All 9 People Promises/Themes improved vs 2024, statistically significant improvement in 8 out of 9, while comparator Trust scores (121 Acute and Acute & Community Trusts) declined.
- ▶ 83% of questions improved (over one-third significantly), with many now above or closing the gap to comparator averages.
- ▶ Engagement questions improved, now broadly close to or matching comparator average, Despite significant improvement, the sub theme of Advocacy remains slightly weaker than our comparator average.
- ▶ Strong improvement across core drivers of staff experience and retention, including workload demands, staffing levels and access to equipment, appraisals, flexible working, learning & development, teamworking, advocacy and morale.

Opportunities for improvement

- ▶ Confidence in raising concerns and feeling confident action will be taken remains below comparator averages.
- ▶ Safety, dignity and conduct issues persist, especially from patients/public.
- ▶ Large divisional variation continues across engagement, safety and flexible working scores.

Of 99 comparable questions between 2024 and 2025:

- ▶ 83% of questions improved (26% significantly)
- ▶ 18% worsened vs 2024, but none significantly

Of 111 comparable questions between Trust and national benchmark sector average score 2025:

- ▶ 47% are better (7% substantially)
- ▶ 53% are worse (6% substantially)

People Promise Scores – Statistical Significance Testing

- Significance testing carried out a national level shows we have increased significantly in 8 out of 9 of the People Promises and Themes since 2024.

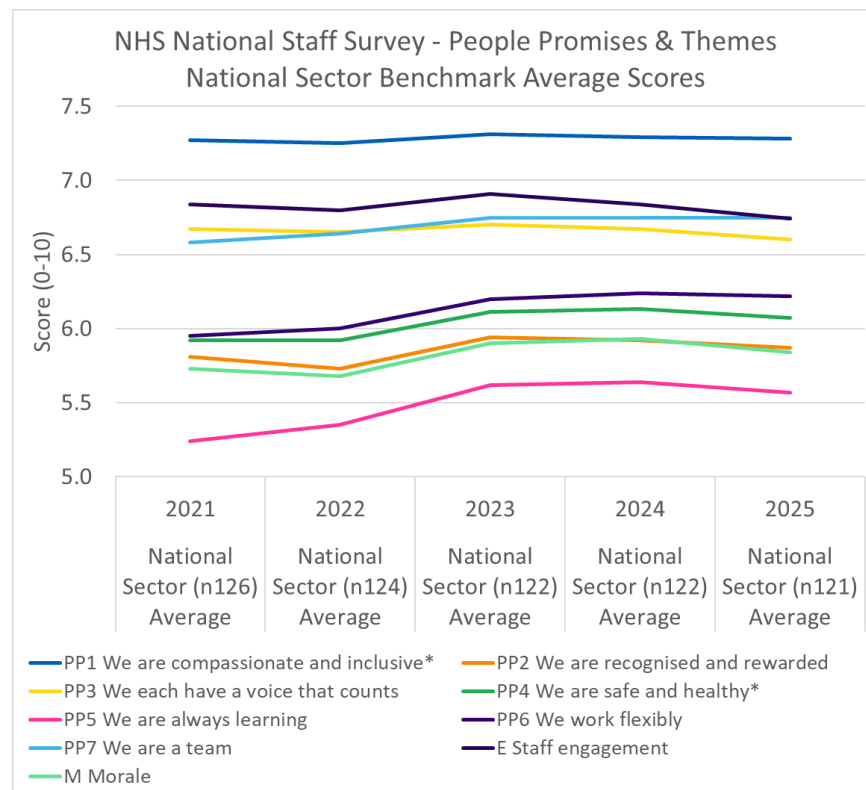
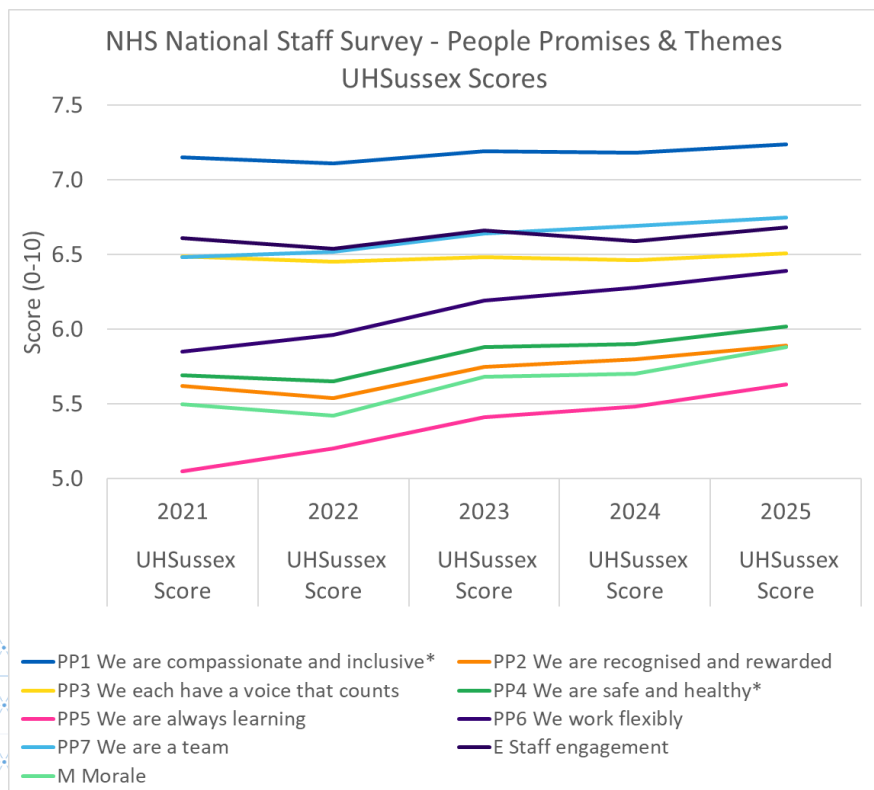
People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.18	8131	7.24	8257	Significantly higher
We are recognised and rewarded	5.80	8136	5.89	8272	Significantly higher
We each have a voice that counts	6.46	8005	6.51	8138	Not statistically significant
We are safe and healthy	5.90	8071	6.02	8156	Significantly higher
We are always learning	5.48	7729	5.63	7844	Significantly higher
We work flexibly	6.28	8072	6.39	8199	Significantly higher
We are a team	6.69	8107	6.75	8245	Significantly higher
Themes					
Staff Engagement	6.59	8142	6.68	8276	Significantly higher
Morale	5.70	8143	5.88	8283	Significantly higher

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Scores out of 10

People Promises and Themes Trend Charts

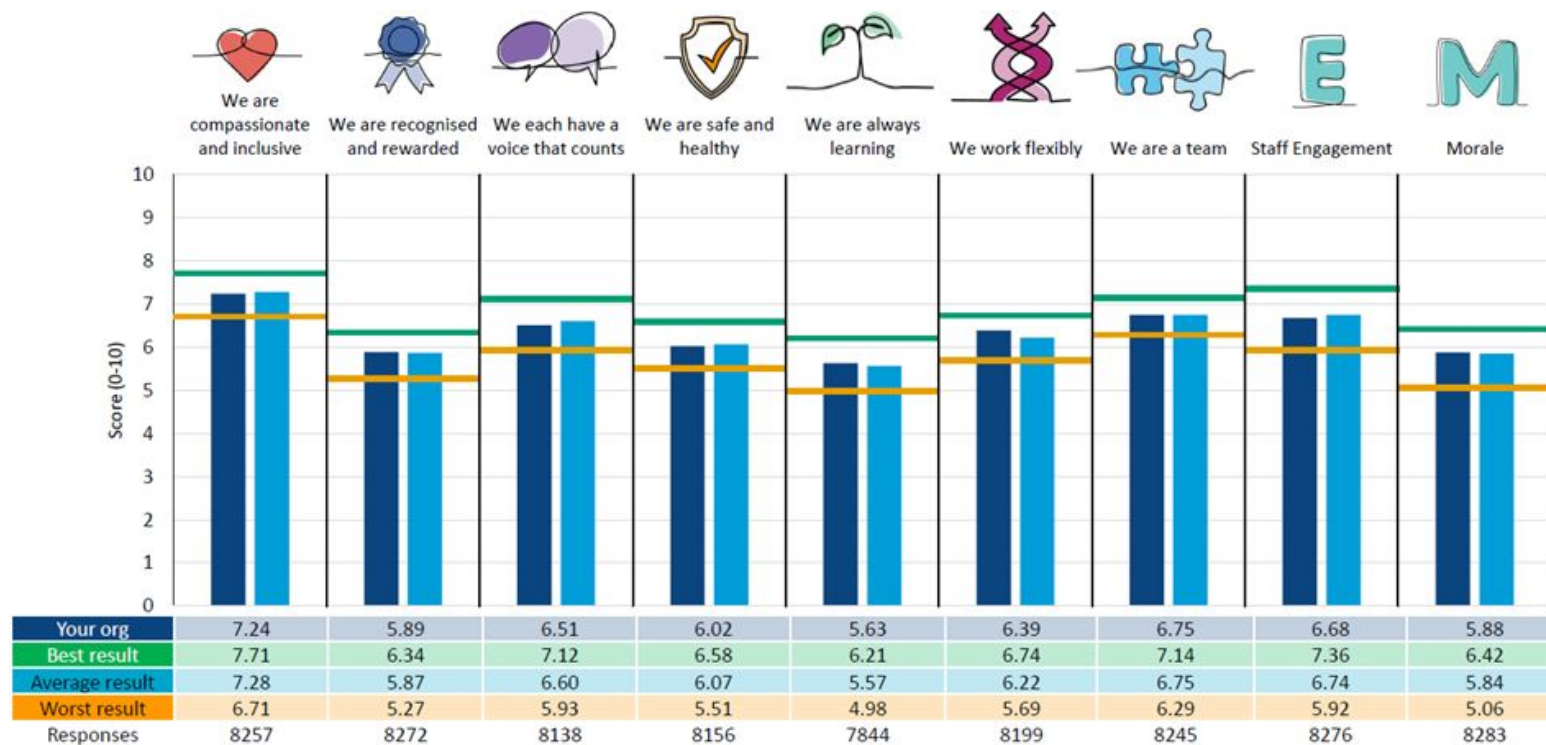
- UHSussex has seen a positive upward trajectory since merger in 2021 across all People Promise and Themes.
- In contrast our comparator Trust average has declined or flatlined over the last three years



Scores out of 10

People Promises & Theme Summary

- The Trust improved scores in 2025 for all of the People Promises/Themes. Nationally, our comparator group marginally declined in 8 out of 9 and remained the same in 1.
- UHSussex is better on 4, the same on 1 and below on 4 versus the national average score for Trusts in our benchmark group for 2025. This is a significant improvement from 2024 (8 out of 9 were below our comparator)



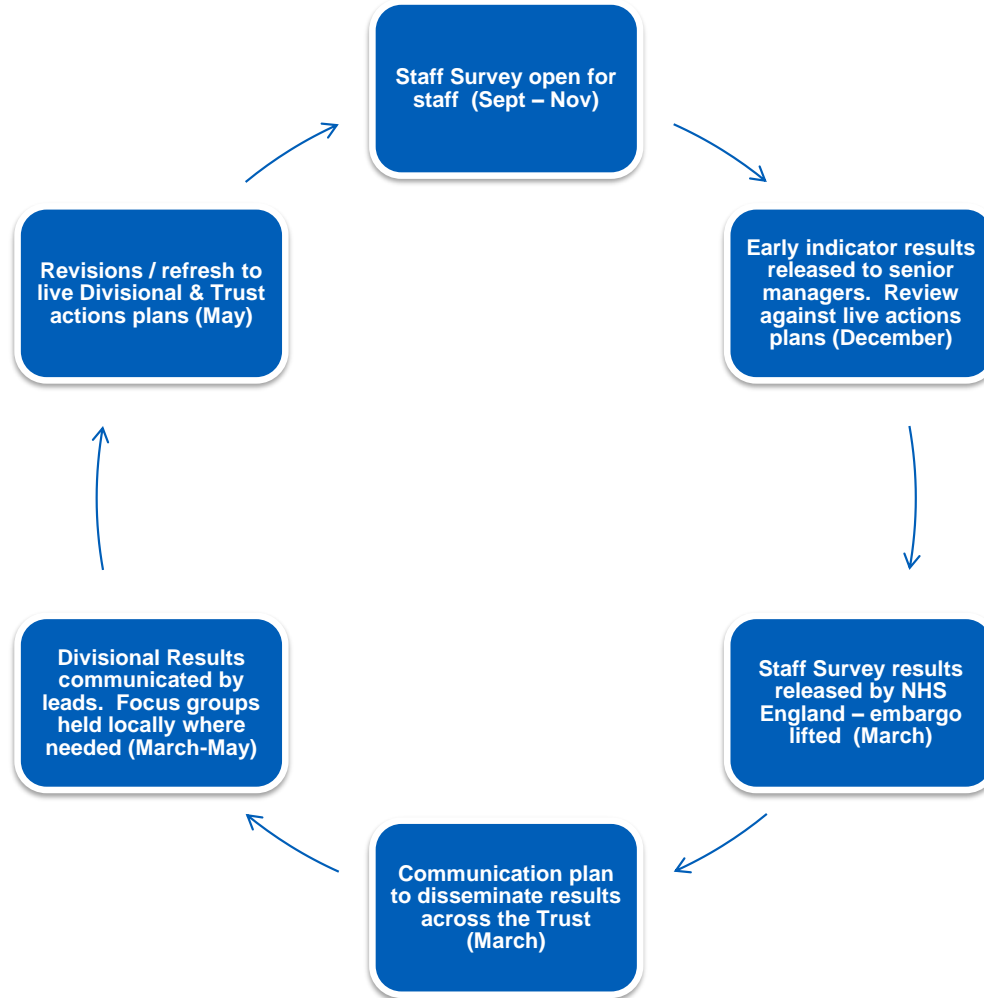
Scores out of 10

People Promises and Themes Sub-Score Heatmap

People Promises & Themes Subscores	UHSussex Variance (Movement) 2024 vs 2025	National Comparator Average Variance (Movement) 2024 vs 2025	Gap UHSussex vs. National Comparator 2025
Flexible working	0.10	-0.02	0.22
Development	0.07	-0.11	0.14
Support for work-life balance	0.13	-0.02	0.14
Thinking about leaving	0.17	-0.04	0.11
Inclusion	0.04	-0.01	0.09
Teamworking	0.06	-0.03	0.03
Autonomy and control	0.05	-0.04	0.02
Involvement	0.06	-0.06	0.01
Stressors	0.05	-0.03	0.01
Compassionate leadership	0.06	0.01	0.00
Burnout	0.13	-0.07	0.00
Line management	0.06	0.00	0.00
Motivation	0.06	-0.11	0.00
Work pressure	0.31	-0.16	-0.04
Health and safety climate	0.21	-0.10	-0.05
Diversity and equality	0.02	-0.02	-0.06
Appraisals	0.24	0.03	-0.07
Negative experiences	0.03	0.00	-0.10
Raising concerns	0.07	-0.08	-0.21
Compassionate culture	0.11	-0.08	-0.22
Advocacy	0.14	-0.07	-0.25

- The Trust **improved in all sub-scores** versus 2024.
- UHSussex **exceeded or matched the NHS average for 13/21 sub-scores** 'Flexible Working', 'Development' and 'Support for work-life balance' show the largest positive variance to the national average score for our sector.
- **The Trust remains significantly below the sector average on 4/21 sub-scores;** 'Negative experiences', 'Raising concerns', 'Compassionate culture' and 'Advocacy'.
- Our comparator average score marginally improved or stayed the same in 4/21 versus 2024, meaning **UHSussex has closed the gap in all areas**

Continuous Feedback Loop & Next Steps



Agenda Item:	12.	Meeting:	Trust Board in Public	Meeting Date:	31 March 2026
Report Title:	Draft revised Strategic Risks and proposed approach to developing an updated BAF for 2026/2027				
Sponsoring Executive Director:	Helen Brown, Interim CCAO				
Author(s):	Helen Brown, Interim CCAO				
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only	
	Yes	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 <i>(review at appropriate subcommittee which is not public)</i>	
	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	
Regulatory Reporting Requirement					
<p>Summary of the report describing</p> <p>What <i>(summary of current position / issue & why it matters and evidence to support that position etc)</i></p> <p>Work is in progress to develop a new Board Assurance Framework for 2026/2027. This paper provides a brief overview of work to date and next steps to enable a fully updated BAF to be presented to the Board for approval in May 2026.</p> <p>So What <i>(provide meaningful analysis drawing out as appropriate implications against Trust Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)</i></p> <p>What Next <i>(summary of intended action and benefits supporting the choices and recommendation(s) being made)</i></p> <p>The Board is asked to review and approve the proposed risks for 2026/2027 and the proposed mapping to lead Assurance Committees.</p>					
<p>Recommendation <i>(linked to What Next section)</i></p> <p>The Board is asked to NOTE the proposed approach to updating the BAF for approval at its May 2026 Board of Directors meeting and to APPROVE the draft Strategic Risks attached as an Appendix to this paper.</p>					

Assurance / Scrutiny route already undertaken (<i>please explain where matter previously considered, and assurance provided</i>)						
Link to Trust Strategy (note which theme)	Care	People	Future	Communities	One UHSussex	Culture
	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A
Link to annual delivery plan						
Link to BAF (explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc)						
Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A
Other impacts	Equality and Diversity (<i>if yes has HEIA completed</i>)		Environmental	Legal	External Registrations (<i>if yes please indicate which: NHS Provider licence</i>)	
	Yes / N/A (Yes / No)		Yes / N/A	Yes / N/A	Yes / N/A	

Board Assurance Framework (BAF)

Draft revised Strategic Risks and proposed approach to developing an updated BAF for 2026/2027.

March 2026.

1. Work is in progress to develop a new Board Assurance Framework for 2026/2027. This paper provides a brief overview of work to date and next steps to enable a fully updated BAF to be presented to the Board for approval in May 2026.

Strategic Risks

2. A revised set of 12 strategic risks (SRs) are attached, aligned to the Trust's Excellent Care Everywhere Strategy.
3. These have been reviewed and approved by lead Executive Directors and via the Executive Risk and Governance Group (ERAGG).
4. Each of the 12 Strategic Risks is 'owned' by a lead Executive Director and mapped to a lead Board Assurance Committee.
5. Many of the risks set out are in practice closely interrelated (e.g. planned care and UEC risks closely link to overall quality and safety risk, and to financial and workforce risks). As the BAF is fully developed and populated, the aim is to minimise duplication in how risks and actions are documented, whilst recognising this complexity.
6. The Board will maintain overall oversight, with Assurance Committees ensuring detailed scrutiny and assurance of individual risks relevant to the scope of the Committee. Assurance Committees have the ability to cross refer to risks led by other Assurance Committees in fulfilling their overall responsibilities. The Audit Committee provides oversight of the effective functioning of the Trust's approach to risk management, including both the BAF and operational risk management processes.
- 7. The Board is asked to review and approve the proposed risks for 2026/2027 and the proposed mapping to lead Assurance Committees.**

Next Steps

8. A revised template for documenting key risks to delivery of the objectives, controls, assurances, gaps in controls and assurances and key actions to reduce the overall risk score for each risk domain has been developed and is currently being completed for review through the committee structure, prior to Board review and approval at the May 2026 Board of Directors meeting.

9. Lead Directors and the Trust Executive team will propose initial current risk scores for each risk, target risk scores for March 2027 (reflecting the expected impact of actions to address gaps in controls and assurance) and proposed risk appetite scores for each risk. Risk appetite scores will draw on the work done by the Board earlier this year. However, it is more straightforward to directly link risk appetite score to each Strategic Risk than to have a 'competing' set of risk appetite scores linked to cross cutting themes such as quality, compliance or reputation.
10. The new template also asks risk leads to identify relevant 'risk indicators' for each Strategic Risk, to provide triangulation of the impact that actions are having on the overall risk profile. Where relevant this will pull in key metrics already reported to the Board via the Integrated Performance Report. Where this is not applicable, relevant other metrics will be identified where possible.
11. A 'risk improvement sprint' is planned for H1 of 2026/2027. The sprint aims to:
 - a. update the Trust's Risk management policy, provide clear, practical guidance to staff on effective risk management and update training materials.
 - b. work alongside Divisions and Corporate teams to review and update risk entries in the Trust's operational risk register (Datix) with a view to reducing duplication, ensuring greater consistency in scoring and appropriate focus on reducing risk through targeted actions to strengthen controls and assurance.
 - c. A suite of risk effectiveness metrics will be developed to enable assurance to be provided to the Audit committee and via Board Assurance Committees that the Trust's risk management system is operating effectively / improving.
12. The revised policy to be developed as part of the risk sprint will introduce a new tier of risk that sits between the 12 BAF strategic risks and the c. 1200 risks currently captured on the operational risk register. This intermediate tier will represent the 'Trust-wide' risk register.
13. From Q3 of next year (ie following the completion of the 'risk improvement sprint') BAF risk templates will provide a summary of the highest scoring related Trust-wide and operational risks mapped to the Strategic Risk and of the overall underpinning risk profile.
14. A first draft BAF, including current and proposed (March 2027) target risk scores will be presented for discussion at the Board Development workshop scheduled for 16th April 2026.

15. A final version of each Strategic Risk template will be developed for review via lead Assurance Committees prior to the full redrafted BAF being presented to the Board for review and approval at the May Board meeting.

- 16. The Board is asked to NOTE the proposed approach to updating the BAF for approval at its May 2026 Board of Directors meeting and to APPROVE the draft Strategic Risks attached as an Appendix to this paper.**

Helen Brown
Interim Chief Corporate Affairs Officer.
21/03/26.

March 2026 – Draft revised BAF Strategic Risks.

	Risk title		if	then	resulting in	lead committee	lead Exec
Excellent Care for our Patients	Delivering timely care for planned treatment and cancer care	SR1	If we do not transform our diagnostic and planned care pathways and improve utilisation of our key assets (e.g. theatres)	then we will not be able to provide timely care and treatment for our patients	resulting in poor patient experience and potential harm to our patients, under delivery of our activity & finance plan, reputational damage and regulatory intervention.	F&P	CDO
	Urgent and Emergency Care - improving access, quality, safety and environments	SR2	If we do not transform urgent and emergency care pathways, reduce avoidable admissions and improve flow through our hospitals	then patients needing inpatient care will wait too long for a bed, leading to overcrowding in our emergency departments and very high bed occupancy levels	resulting in poor patient experience, avoidable harm to our patients, excess costs and poor value care, reputational damage and regulatory action.	F&P	CDO
	Improving safety and experience	SR3	If we fail to have have robust quality governance systems and processes, use our data intelligently, and develop a strong safety culture that supports learning	then we will not know how safe, effective and high-quality care our care is or fail to identify and address key risks and issues	resulting in potential avoidable harm, adverse outcomes, poor patient experience, excess costs, reputational damage and regulatory action.	P&Q	CNO
	Improving equality of access and outcomes	SR4	If we do not pursue a more strategic and systematic approach to tackling health inequalities in collaboration with our local partners	then we will fail to play our part in improving the health and well-being of our local population	resulting in less equitable access to care and poorer outcomes and contractual / regulatory non-compliance.	S&MP	CSO
Excellent Care for our People	Ensuring our workforce is happy, healthy and supported	SR5	If we do not retain, support, develop, engage and transform our workforce for the future	then our people will not thrive, we will encounter workforce shortages, increase our reliance on temporary staff and / or have skills and capability gaps in our teams	resulting in lower staff engagement and experience, lower quality and less efficient services for patients, and higher staffing costs	P&C	CPO

March 2026 – Draft revised BAF Strategic Risks.

	Risk title		if	then	resulting in	lead committee	lead Exec
Excellent Care for Communities	Collaborating to improve the health and well-being of our communities	SR6	if we do not work build stronger partnerships with primary, community, mental health, social care and other partners and fail to develop new care pathways with system partners	then we will continue to over rely on hospital based and specialist care	resulting in more disjointed, less accessible and lower value care	S&MP	CCAO
Excellent Care for the Future	Analogue to digital: using technology to improve care and communication	SR7	If we do not support data culture and digital adoption skills and do not build a robust digital infrastructure...	then we will not deliver new and innovative models of care, research or support staff to work more efficiently, nor deliver cyber resilience	resulting in poorer patient outcomes, less efficient services, risk for patient data and staff disengagement.	D,R&D	CSO
	Better, more sustainable buildings and equipment	SR8	If we do not effectively maintain and improve our estate infrastructure and implement our Green Plan	then we may experience increased disruption to service delivery, be unable to provide the capacity needed to deliver clinical services and fail to reduce our carbon footprint	resulting in increased risk to patient and staff safety and to the safe and sustainable delivery of clinical services.	F&P	CFO
	Widening access to research and innovation	SR9	If we do not create the right culture, infrastructure and partnerships	then we will not become a thriving centre for research and innovation and not attract sufficient research funding	resulting in poorer health outcomes for patients, and challenges in attracting and retaining high calibre staff	D,R&D	CMO
	Improving value and financial sustainability	SR10	If we do not manage costs effectively, optimise productivity, and ensure our activities are effective...	then we will not return to financial balance	resulting in lower value care / the poor use of public funds and unsustainable services for patients.	F&P	CFO

March 2026 – Draft revised BAF Strategic Risks.

	Risk title		if	then	resulting in	lead committee	lead Exec
Excellent Care Together	Living our values in everything we do	SR11	If we do not develop our organisational culture to make UHS a more inclusive place to work that celebrates our diversity and tackles discrimination	then our staff will not feel valued, empowered or psychologically secure	resulting in lower staff engagement, poorer staff wellbeing, challenges with recruitment and retention, and lower quality of care to patients.	P&C	CSO
	Right people, right skills working towards common goals	SR12	if we do not implement an effective operating model, with excellent leaders who are empowered and supported to drive improvement, with devolved decision making and accountability	then we will not be able to deliver our OneUHS vision of consistent, high quality, efficient care across all our hospitals and services	resulting in poorer quality of care for patients, poorer staff experience and engagement and lower value care.	P&C	CSO

Agenda Item:	13.	Meeting:	Trust Board in Public	Meeting Date:	31 March 2026
Report Title:	Antimicrobial Stewardship at UHSussex – A Call to Action				
Sponsoring Executive Director:	Maggie Davies, Chief Nurse				
Author(s):	The Antimicrobial Stewardship Group				
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only	
	Yes	Yes	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)	
	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	
Regulatory Reporting Requirement					
<p>Summary of the report describing</p> <p>What <i>(summary of current position / issue & why it matters and evidence to support that position etc)</i></p> <p>So What <i>(provide meaningful analysis drawing out as appropriate implications against Trust Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)</i></p> <p>What Next <i>(summary of intended action and benefits supporting the choices and recommendation(s) being made)</i></p>					
<p>In November 2025 NHSE issued a call to action, for trusts to review their current performance against the National Action Plan for Antimicrobial Resistance. The letter requested a presentation be given to Trust Board and identification of areas for improvement with measurable objectives and ongoing reporting.</p> <p>This report quantifies the trusts current performance against the requirements of the Standard Contract, National Action Plan, the Start Smart Then Focus Toolkit and NICE guidance for stewardship and draws some recommendations for areas of focus, leadership support needed and potential KPIs.</p> <p>Failure to address antimicrobial resistance through the appropriate stewardship of antimicrobials will result in rising local resistance rates with corresponding risks impacting morbidity & mortality for our patients and wider community. AMR increases length of stay, has financial impacts of longer/more expensive treatments and risks future health innovations if effective antimicrobials are unavailable to treat secondary infection due to surgery or cancer therapies. This issue directly links to the Trust Strategy core ambitions of Excellent care for our Communities and Excellent care for the Future.</p> <p>The recommended areas for improvement are:</p> <ol style="list-style-type: none"> 1. Enforce Start Smart and Focus Toolkit; Optimise IV to oral switch (IVOS) activity to reduce use of watch and reserve antimicrobials and embed IVOS in the Daily Management System Change 2. Data and digital prioritisation to enable identification of antimicrobial prescribing trends, trends in antimicrobial resistance and understanding of local performance and progress 3. Establishing Consultant Champions to provide AMS leadership within the divisions embedding AMS into all clinical areas 					
<p>Recommendation <i>(linked to What Next section)</i></p> <p>The Committee is asked to note that this report will ultimately be presented to the Trust Board, to request the support of the Trust Board to meet the suggested objectives and agree KPIs and reporting timelines for each to measure impact and assurance.</p>					
<p>Assurance / Scrutiny route already undertaken <i>(please explain where matter)</i></p> <p>QGSG – 16.3.26 Patient & Quality Committee Meeting – 24.3.26</p>					

<i>previously considered, and assurance provided</i>						
Link to Trust Strategy (note which theme)	Patients	People	Future	Communities	One UHSussex	Culture
	Yes / N/A	Yes / N/A	Yes	Yes	Yes / N/A	Yes / N/A
Link to annual delivery plan						
Link to BAF (explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc						
Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	Yes	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A
Other impacts	Equality and Diversity (if yes has HEIA completed)		Environmental	Legal	External Registrations (if yes please indicate which)	
	Yes / N/A (Yes / No)		Yes / N/A	Yes / N/A	Yes / N/A	

Antimicrobial Stewardship at UHSussex

A Call to Action

Executive Summary

In November 2025 NHSE issued a call to action, urging senior NHS leaders to commit to working with prescribers and clinical leads to drive the changes needed to meet the ambitious targets outlined in the national action plan to reduce the growing threat of antimicrobial resistance¹. Antimicrobial resistance (AMR) is recognised as one of the top global public health and development threats, and AMR is listed on the UK government's National Risk Register.

In the NHS over prescribing of antibiotics is the key driver of AMR and while primary care has achieved significant reductions in overuse through applications of toolkits such as TARGET², secondary care antibiotic use is now above pre-pandemic levels and higher than in most other European countries.

The request from NHSE is that:

- there is Board level review and executive oversight of the progress with a formal annual review.
- that the trust undertakes appropriate risk assessments
- that 3 priority areas are defined, agreed and published, with measurable objectives, executive level accountability and established reporting mechanisms.

This paper is the work of Antimicrobial Stewardship (AMS) team in collaboration with Infection Prevention (IPC) and Epidemiology.

As per the directive, the paper will outline current performance at UHSussex against national AMR targets, demonstrate where good practice is being achieved and highlight areas where national directives are not being met. This paper presents specifications to optimise antimicrobial use across the trust, providing the assurance that UHSussex can proactively manage the threat of AMR for the protection of our patients, staff and communities.

The priority areas for improvement identified include:

- Enforce Start Smart and Focus Toolkit; Optimise IV to oral switch (IVOS) activity to reduce use of watch and reserve antimicrobials and embed IVOS in the Daily Management System Change
- Data and digital prioritisation to enable identification of antimicrobial prescribing trends, trends in antimicrobial resistance and understanding of local performance and progress
- Establishing Consultant Champions to provide AMS leadership within the divisions embedding AMS into all clinical areas

1. Why action is urgent

The use of antimicrobials underpins modern medicine. Without effective antibiotics, even minor surgery and routine operations could become high-risk procedures if serious infections cannot be treated³.

In the UK, AMR is associated with twice as many deaths annually as breast cancer. It makes infections harder or sometimes impossible to treat, prolonging illness and increasing the risk of harm or death. AMR drives up healthcare costs and threatens the delivery of safe and effective care across the NHS.

Antimicrobial resistance is captured as a chronic risk on the UK National Risk Register. A review by the National Audit Office into the national response to AMR highlighted *"huge foreseeable consequences for the world, including UK citizens if humanity fails to address increasing resistance"*⁴. This review concluded there had been no sustained reduction in AMR-related human infections the government tracks.

In 2025 a patient admitted to UHSussex was diagnosed with a pan-resistant infection with no available antimicrobial treatments. Whilst such cases have been historically few in our trust, the rates of resistance to common antimicrobials such as co-amoxiclav, which have ordinarily been used first line at UHSussex, are growing year on year, driven by antimicrobial usage. Resistance to such antibiotics is now so common that we are already having to use alternatives which often have more side effects and can be less effective. Antibiotic resistance is not a problem for the future or somewhere else. It impacts on our patients, now. It is the time to halt this through active stewardship and IPC actions in all divisions to ensure such isolates do not become endemic in our hospitals and communities.

2. Trust AMS current performance

The NHS standard contract incorporates specific aims to tackle AMR in accordance with the requirements of the National Action Plan for Antimicrobial Resistance. The AMS team monitors performance against these national targets and compliance with governance recommendations. Specifically,

1. To have regard to the Antimicrobial Stewardship Toolkit for English Hospitals – Start Smart then Focus⁵
2. Achieve National Action Plan Targets for 2024-2029⁶
3. To have regard to NICE guideline NG15⁷ (Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use)

The Antimicrobial Stewardship Toolkit for English Hospitals – Start Smart then Focus

The Start Smart Then Focus (SSTF) toolkit updated in 2023 provides evidence-based guidance designed to reduce the risk of AMR. This document has formed the cornerstone of antimicrobial stewardship teaching and guideline development at UHSussex and legacy organisations since its introduction in 2011.

Achieving good compliance with Start Smart then Focus is central to hospital antibiotic stewardship because it

- 1) Safely supports prompt empiric prescribing of antibiotics to unwell patients in hospital while diagnostic information is gathered
- 2) Allows prescribers to switch appropriately to oral therapy thus reducing the costs and harms of intravenous treatment (IVOS)
- 3) Allows prescribers to switch to targeted therapy with “access drugs”.
- 4) Allows prescribers to stop antibiotics sooner, reducing total antibiotic use

The outstanding recommendations not currently being achieved include

SSTF principles and ‘components of best practice’

- Consider using the Antibiotic Review Kit (ARK) decision aids to categorise prescribing to support timely review
- Comply with local antimicrobial prescribing guidance informed by local resistance patterns

Antimicrobial stewardship programmes

- Recommendations for a comprehensive AMS Committee
- That Consultants and other senior members of the healthcare team should assume a leadership role for quality improvement of antimicrobial prescribing in their specialist areas, in collaboration with AMS teams
- Ensure regular auditing of the guidelines, AMS practice and quality assurance measures and identify actions to address non-compliance with local guidelines, general AMS issues and other prescribing issues

Intravenous to oral switching (IVOS)

The National IV to Oral switch criteria for adults was published in 2022 and subsequently for paediatric patients^{9&10}. Switching treatment from IV to oral when clinically appropriate has many advantages and there is an increasing body of evidence to support a safe early oral switch in specific patient cohorts with appropriate antimicrobials. IVOS has been a core ASG workstream for three years. The Trust participated in national CQUINs to measure and improve timeliness of IVOS decision-making (see Appendix A), and the AMS team is committed to continue to promote this essential stewardship aim.

National Action Plan 2024–2029 targets

The 2024-2029 human health targets were developed through lessons learned from the 2019-2024 NAP and supports the UK 20-year vision for antimicrobial resistance.

The WHO developed the Access, Watch and Reserve (AWaRe) classification of antibiotics in 2017. The UK-AWaRe classification (see Appendix B) has been adapted to support UK antimicrobial stewardship activities.

The 2024-2029 NAP antimicrobial targets

- *Target 4a:* Reduce total antibiotic use by 5% from the 2019 baseline by 2029
- *Target 4b:* Achieve 70% of total antibiotic use from the Access category by 2029

UHSussex has made progress against both parameters in the last 12 months but has not yet met either target (see Appendix C). Whilst not an outlier, comparable organisations are performing better demonstrating opportunity for further progress.

- *Target 2a:* Aim to increase healthcare professionals' knowledge on AMR by 10% from 2019 baselines by 2029

There is currently no UHSussex baseline data for healthcare professionals on AMR.

NICE NG15 compliance⁵ — A recent review assessed combined organisational compliance at 87% with 39 of 45 recommendations having been met. The UHSussex AMS action plan (see Appendix D) details relevant essential actions required to achieve the outstanding recommendations specifically:

- Systems to support antibiotic review in line with Start Smart Then Focus
- Setting up reporting mechanisms to allow monitoring and evaluating antimicrobial prescribing and how these relate to local resistance patterns
- Providing education and training to all practitioners on AMS resistance
- Providing regular feedback to individual prescribers in all care settings

3. Identified Risks

Compliance with Start Smart and Focus Toolkit: Supporting IVOS

Enforcing SSFT will allow UHSussex to achieve the key performance metrics of reducing total antimicrobial use, reduce 'Watch' antimicrobial usage and deliver on targets for IVOS.

The AMS team recognises that improving timeliness of review of IV antibiotics contributes to minimising AMR through early rationalisation of antibiotic treatment choice, reducing broad-spectrum antimicrobial exposure as well as reducing incidences of catheter related infections, decreased length of hospital stays, and consequently reduced risk of health care acquired infections (HCAI). Evidence suggests it also improves patient experience, frees up nursing time, reduces adverse events, reduces dosing errors and reduces carbon footprint.⁴

Despite investment in promotion of IVOS via the pharmacy team, performance has deteriorated over the last year and UHSussex continues to report a higher proportion of IV use compared to peer trusts (see Appendix E). To this end two pharmacists have been recruited to spearhead IVOS improvements due to commence in April '26.

Educational resources to support IVOS such as the ARK Toolkit are not prioritised across the organisation despite being developed in UHSussex, in either post-graduate programmes or mandatory training. In addition, due to the limitations of CMM EPMA systems ARK decision aids and review prompts were halted at RSCH/PRH in 2023 and were not rolled out to the rest of the trust.

Data and digital infrastructure.

Prescribing and resistance data exist but require significant manual manipulation and considerable system and epidemiological expertise to produce usable outputs. At present UHSussex hosts different versions of the laboratory IT system (LIMS) Winpath at the Brighton (RSCH) laboratory and the St Richards (SRH) laboratory and independent EPMA systems across RSCH/PRH and Worthing/SRH. The current LIMS do not support the pooling of data from EPMA and Winpath into accessible dashboards, with a split between the process of data extraction between RSCH and PRH on one side, and WH and SRH on the other. This poses restrictions on the trusts ability to set up robust trust wide reporting systems for both antimicrobial resistance, reporting on key pathogens and easily accessible prescribing data. Within the past year data manipulation tools have been developed locally which have provided local resistance patterns, but these requests demand resource and cannot at present be captured directly from either Winpath system.

In addition, the ongoing limitations of the LIMS at RSCH continues to result in delayed reporting and accessibility of results to prescribers hence fundamentally delaying timely stewardship activities and reduced user confidence in laboratory reporting.

Limited engagement of all prescribers in all care settings.

AMS is defined as ‘an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness⁵’ and that ‘It is not the responsibility of specialists alone to champion AMS efforts within an organisation’.

The core AMS team (see Appendix F) supports stewardship through guideline reviews, audits of antimicrobials, MDT participation and clinical rounds, with focus on high-risk inpatient areas and patients on reserve antimicrobials (e.g. carbapenems). This however covers only a small portion of the **1.45 million defined daily doses** supplied at UHSussex annually. To achieve meaningful progress towards achieving our prescribing targets and promote excellent practices everywhere requires AMS education and engagement of all prescribers in all care settings and senior leadership.

The AMS team has been a key advocate of cross site working throughout the organisations history through the early merger of antibiotic prescribing guidelines and promoting a One UHSussex approach at quarterly Antimicrobial Stewardship Group (ASG) meetings. However, it recognises the significant challenges and limitations of its own reach against each divisions own internal demands. SSFT recommends a core AMS committee which also includes wider divisional representatives such as an acute care physician, a surgeon, an anaesthetist, a primary care representation and the Director of Infection and Prevention Control (DIPC). However, despite efforts to harness wider consultant support at specialist and divisional level, ASG engagement has been limited and fractioned. Mechanisms to feedback, showcase good practice and highlight areas for improvement to clinical teams require co-ordination and accountability.

4. Our Call to Action

a. Enforce Start Smart and Focus

- Accelerate IVOS improvement by integration of IVOS into the Daily Management System on wards with support from the Trust Improvement Team.
- Embed ARK into EPMA systems and prioritise training of ARK toolkit
- Ensure AMR is made part of mandatory training for all levels of medical and non-medical prescribers

b. Build the data and digital tools

- Prioritise the Trust LIMS update and develop a system to pool data from EPMA, Winpath and other sources into clinical-area and Trust-level dashboards covering rates of prescribing, resistance, IVOS, AWaRE and specified IPC targets for HCAI. This will support divisional stewardship activities and provide data for executive level annual reviews.
- Support work with our Secure Data Environmental partners in Kent, Medway and Sussex, to develop whole system interventions to minimise the development of AMR in our local community.

c. Embed AMS across all clinical areas

- Appoint named Consultant Antimicrobial Champions from each directorate to form the AMS committee, as part of the infrastructure of the new clinical operating model.
- Task leaders to support ASG activity and call to account clinical teams within each directorate with PA allocation for job planning.
- Champion stewardship activities in their specialist areas, support guideline review and compliance in conjunction with AMS team, champion local audits, as directed by AMS audit programme and promote IVOS activity within their directorates with structured reporting to ASG.

5. Our ask of the Trust board

1. Enforce Start Smart and Focus Toolkit

- Support request to embed IVOS in the Daily Management System, maximising the impact of the new pharmacy investment
- Support request to engage the Trust Improvement Team to this aim working closely with IVOS pharmacists in clinical areas to promote engagement
- Support to implement ARK toolkit in EPMA updates with training support for prescribers to maximise impact
- Approval of AMR mandatory training for all medical and non-medical prescribers

2. Data and digital prioritisation

- Prioritisation of the Trust LIMS update
- Resource development for linked dashboards (prescribing, AMR, IVOS, AWaRe, IPC HCAIs) and a system to track resistance and prescribing trends from multiple IT sources.
- Chief Information Officer support in working towards a data-sharing agreement with the NHSE funded Secure Data Environment, allowing in time, for semi-automated bug-drug analysis and intelligent prescribing

3. Clinical area engagement and Consultant Champions

- Mandate named consultant champions accountable for appropriate prescribing from every directorate,
- Support request for PA allocation appropriately job-planned
- ASG administrative support to facilitate increased workload and enhanced communications with consultant champions, IVOS pharmacists and clinical teams within each directorate.

Suggested KPIs for discussion

KPI 1 — Start Smart and Focus

- Support from the Improvement Team to develop IVOS as a Daily Management System workstream for QI in clinical areas
- Mandatory training on AMR and the ARK review support tool for all prescribing and administering staff, starting with new doctor induction in August 2026
- ARK embedded into EPMA systems by 'go live' of single install (September 2026)

KPI 2 — Data and digital tools

- Development of clinical-area dashboards covering total antimicrobial prescribing, IVOS and HCAI infection rates
- Development of a cross-system data pipeline to track resistance and prescribing trends and support early identification of evolving AMR risks
- Development of Trust AMR dashboard collating infection rates, resistance to key antimicrobials, rates of total antimicrobial and AWaRe prescribing, IVOS and key HCAIs.
- Apply for NHSE SDE DAFNAE (Data Accelerator Fund for Novel and Emerging Assets (DAFNEA) funding

KPI 3 — Consultant Champions

- Establish accountable Consultant Antimicrobial Champions for all directorates
- Champions to establish and report quarterly stewardship activities (audits, guideline reviews, IVOS progress) to the ASG
- ASG to collate divisional activities and report annually to Trust Board

References

Available on request.

1. NHSE Letter to Trusts. Act now: protect our present, secure our future. Nov 2025
2. TARGET Toolkit [Course: TARGET antibiotics toolkit hub | RCGP Learning](#)
3. DHSC, DEFRA & DOH. [Policy paper: Confronting antimicrobial resistance 2024 to 2029](#). 8th May 2024
4. National Audit Office. [Investigation into how government is addressing antimicrobial resistance](#). 26th Feb 2025
5. UKHSA. [Guidance Start Smart Then Focus: antimicrobial stewardship toolkit for inpatient care settings](#). Version 3. 12th September 2023
6. National Action Plan 2024-2029. Appendix B [Confronting antimicrobial resistance 2024 to 2029 - GOV.UK](#) 8th May 2024
7. NICE. [Guideline NG15. Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use](#). 18th August 2015
8. [UK Access, Watch, Reserve, and Other classification for antibiotics \(UK-AWaRe antibiotic classification\) - GOV.UK](#) 29th January 2025
9. UKHSA. [National antimicrobial intravenous-to-oral switch \(IVOS\) criteria for prompt switch for adults](#). 25th October 2024
10. UKHSA. [Antimicrobial IOVS decision aid for paediatrics: text alternative](#). 25th October 2024

Agenda Item:	14.	Meeting:	Trust Board in Public	Meeting Date:	31 March 2026
Report Title:	Maternity Summary of Papers				
Sponsoring Executive Director:	Maggie Davies, Chief Nurse				
Author(s):	Stephanie White, Divisional Head of Quality & Safety for Women and Children				
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only	
	Yes / N/A	Yes / N/A	Yes / N/A	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)	
	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	
Regulatory Reporting Requirement					
Summary of the report describing 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>	ATAIN – reporting Q2 data <u>What:</u> The ATAIN programme (Avoiding Term Admissions Into Neonatal units) is a national patient safety initiative whose primary purpose is to reduce avoidable admissions of term babies (≥ 37 weeks) to neonatal units by identifying and addressing preventable causes of harm, and by promoting safer maternity and newborn care (including keeping mothers and babies together wherever possible). <u>So What:</u> <ul style="list-style-type: none"> Overall, 88.54% (85) of admissions across all four sites were considered unavoidable with appropriate management and 11.45% (11) considered potentially avoidable. The majority reason for all admissions this quarter across all four sites was again due to respiratory support. The potentially avoidable cases when reviewed thematically across all sites were due to a mixture of factors including failure to follow the respiratory pathway, NG feeding issues related to BAPM compliant transitional care, provision of steroids, lack of BAPM compliant transitional care, hypoglycaemia, and lack of enhanced monitoring on the postnatal ward. <u>What Next:</u> <ul style="list-style-type: none"> There is an ATAIN/Transitional Care Steering Group as a part of CNST working groups chaired by Neonatology leadership. In consideration of the newly appointed Leads across the Premature Birth service in Obstetrics/Maternity and Neonatology in January and February, there will be a review of the approach to this audit over Q1 & 2 26/27 to build more value into the learning. 				
	Transitional Care – reporting Q2 data <u>What:</u> To provide assurance that the neonatal pathway into Transitional Care is fully implemented within the neonatal and maternity teams. <u>So What:</u> <ul style="list-style-type: none"> The audit reviewed 102 infant care pathways across all four sites; most were term neonates with some late preterm; the average of cases reviewed for the previous four quarters is 100.25 cases reviewed. The audit identified some variation in application of daily reviews, completion of neonatal observations on one site, and, when stepping babies down from special care, lack of documented SBARs. 				
	<u>What Next:</u>				

	<ul style="list-style-type: none"> Implementation of Postnatal Theme of the Month. This will be like the new Maternity theme of the week, but focus on issues on the Postnatal ward, and will be discussed at safety huddles each day throughout the month to ensure all staff are aware. <ul style="list-style-type: none"> The first two themes will be around escalating concerns and the use of SBAR handovers for babies transferring between wards. This still needs to be implemented. QI project across all four sites focussing on neonatal care with a focus on hypoglycaemia, feeding and SBAR Continue to review and align neonatal guidance across all four hospital sites. Review of current data to inform further improvements for timeliness of reviews, completion of observations, and, where appropriate, escalations are made. Work undergoing to review this current TC audit to align, support and monitor the development of BAPM TC currently undergoing across all 4 sites and to inform the TC working group.
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Recommendation <i>(linked to What Next section)</i>	<i>For the Board to NOTE the quarterly reports.</i>
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Assurance / Scrutiny route already undertaken <i>(please explain where matter previously considered, and assurance provided)</i>	QGSG – March 2026 Patient & Quality Committee – March 2026.					
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Link to Trust Strategy <i>(note which theme)</i>	Patients	People	Future	Communities	One UHSussex	Culture
	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A

Link to annual delivery plan	
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Link to BAF <i>(explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc)</i>	
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Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A	Yes / N/A

Other impacts	Equality and Diversity <i>(if yes has HEIA completed)</i>	Environmental	Legal	External Registrations <i>(if yes please indicate which)</i>
	Yes / N/A (Yes / No)	Yes / N/A	Yes / N/A	Yes / N/A



Agenda Item:	15.	Meeting:	Trust Board in Public	Meeting Date:	31 March 2026
Report Title:	Company Secretary Report				
Author(s):	Glen Palethorpe – Company Secretary				
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only	
		Yes		Yes	
Reason for not being taken in public <i>(indicate as appropriate)</i>	Commercial confidentiality	Staff confidentiality	Patient confidentiality	Other exceptional circumstances (please detail)	
Regulatory Reporting Requirement					
<p>The following is a summary update of matters not covered elsewhere within the agenda</p> <p>Governor Elections</p> <p>We have now commenced our next round of governor elections, nominations opened on 12 March 2026 with the deadline for nominations to be made by 13 April 2026. Following the receipt of nominations the formal election process will open on 6 May with elections concluding on the 1 June 2026.</p> <p>The positions open for election are Public Governors for Brighton and Hove, Chichester, Mid Sussex and Worthing.</p> <p>We have scheduled a series of online sessions where those interested can gain an understanding of the role and ask questions, these sessions include Civica our independent partner for the elections who explain how to make a nomination. The first of these sessions took place on the 23 March and was attended by five interested members, which included both public and staff members.</p> <p>The undertaking of these elections will ensure that the Council of Governors has sufficient elected governors to function.</p> <p>NED recruitment</p> <p>We have commenced the recruitment to our vacant NED positions; our recruitment partner is working to support us in securing a diverse and credible field of candidates.</p> <p>We are looking to undertake the interviews of shortlisted candidates in latter week of April.</p> <p>Whilst the Board has a number of NED vacancies through the redistribution of Committee membership each Committee can still operate within its quoracy rules and the number of NEDs remaining also allows the Board to operate within its own quoracy rules.</p> <p>Use of the Trust Seal</p> <p>In accordance with the Trust standing orders we are required to report annually on the use of the Trust seal. The Trust maintains a register of sealing and the Trust</p>					

	<p>seal is affixed in the presence of two senior employees (executive directors) duly authorised by the Chief Executive.</p> <p>The Trust Seal was used a total of xx times during the period April 2025 to March 2026. The details of its use are included in an appendix to this report.</p>					
Recommendation (linked to What Next section)	<p>The Board is asked to NOTE</p> <ul style="list-style-type: none"> - The progress with the Governor elections - The progress with the recruitment to our NED vacancies - The use of the Trust's seal in 2025/26 in compliance with the Trust Standing Orders 					
Assurance / Scrutiny route already undertaken (please explain where matter previously considered, and assurance provided)	Not applicable					
Link to Trust Strategy (note which theme)	Patients Yes	People Yes	Future Yes	Communities Yes	One UHSussex Yes	Culture Yes
Link to annual delivery plan	Not directly					
Link to BAF (explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc)	Not directly					
Link to CQC domain	Safe N/A	Caring N/A	Effective N/A	Responsive N/A	Well-led Yes	Use of Resources 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	Yes	<p>The Trust is required to have an effective Board and Council of Governors as part of its provider licence and therefore there is a need to both recruit to fill our vacant NED positions and to hold elections to maintain sufficient elected governors to operate effectively.</p>	

Appendix 1

Use of the Trust Seal in 2025/26

Number	Date of Sealing	Details	Signatories
1	04/04/2025	Delivery Agreement for the SRH Munro SDEC Project	Jonathan Reid / David Grantham
2	21/05/2025	UHSussex and Royal Voluntary Services - lease relating to various locations within the Royal Sussex County Hospital Site	Jonathan Reid / Nigel Kee
3	29/05/2025	Delivery Agreement for the Worthing Hospital RAAC Project	Jonathan Reid / Nigel Kee
4	26/06/2025	UHSussex and Laing O'Rourke Delivery Ltd - third deed of variation relating to phase 4 works of 3Ts project	Jonathan Reid / Nigel Kee
5	13/08/2025	Deed for Lease of Land at North Tennis Courts St Mary's Hall, Brighton Engrossment	Andy Heeps / Nigel Kee
6	11/09/2025	Lease for Renaissance House Rowlands Way Worthing (1 copy)	Jonathan Reid / Maggie Davies
7	11/09/2025	Lease for part of Crawley Hospital Red Wing (with NHSP) CANCELLED see below	Jonathan Reid / Maggie Davies
8	26/09/2025	REPLACEMENT Lease for part of Crawley Hospital Red Wing (with NHSP)	David Grantham / Maggie Davies
9	01/10/2025	UHSussex and B&H City Council - RSCH Second Deed of Variation s106 Planning	Jonathan Reid / Roxanne Smith
10	15/10/2025	Deed of variation and release to a transfer dated 09 May 1997 relating to land at Hurst Farm, Haywards Heath, West Sussex	Jonathan Reid / Nigel Kee
11	29/10/2025	Shoreham Port Authority & UHSussex - Rent Deposit Deed relating to land at Fishergate terminal south	Jonathan Reid / David Grantham
12	29/10/2025	Shoreham Port Authority & UHSussex - Lease relating to land at Fishergate terminal south	Jonathan Reid / David Grantham
13	20/11/2025	Vital Energi Utilities Ltd - Worthing Heat Network Design and Build Contract	Jonathan Reid / Andy Heeps
14	20/11/2025	Vital Energi Utilities Ltd - Worthing Heat Network Design and Build Contract (x2 copy)	Jonathan Reid / Andy Heeps
15	26/11/2025	HM Land Registry, Transfer of part of registered titles - The Pump House, Hurstwood Lane, Haywards Heath, W.Sussex, RH17 7QZ (Sussex Vale Gospel Hall Trust) DECLARED VOID – REVISED DOCUMENT ISSUED BELOW AT 17	Jonathan Reid / Roxanne Smith
16	27/11/2025	Delivery Agreement for the early works at SRH Acute Stroke Centre - Morgan Sindell and UHSussex	Jonathan Reid / David Grantham
17	02/12/2025	2 x same copies of HM Land Registry, Transfer of part of registered titles - The Pump House, Hurstwood Lane, Haywards Heath, W.Sussex, RH17 7QZ (Sussex Vale Gospel Hall Trust)	Jonathan Reid / Nigel Kee (1st copy) Jonathan Reid / Catherine Urch (2nd copy)
18	09/12/2025	Engrossments for the sale of part of St Mary's Hall: Transfer Deed TP1	Jonathan Reid / Nigel Kee


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19	09/12/2025	UHSussex and Brighton College License to Use Route over land	Jonathan Reid / Nigel Kee
20	09/12/2025	Engrossments for the sale of part of St Mary's Hall: Elliot House Lease	Jonathan Reid / Nigel Kee
21	09/12/2025	Engrossments for the sale of part of St Mary's Hall: Deed of Variation relating to land at north of tennis courts	Jonathan Reid / Nigel Kee
22	09/12/2025	Deed of Extension to Contract for the provision of Integrated Sexual Health Services - B&HCC and UHSx NHS Foundation Trust	Jonathan Reid / Nigel Kee
23	16/12/2025	UHSussex and Laing O'Rourke Delivery Ltd - fourth deed of variation relating to phase 4 works of 3Ts project	Jonathan Reid / David Grantham
24	16/12/2025	Laing O'Rourke PLC & UHSussex Deed of Variation relating to parent company guarantee in relation to phase 4 works under the procure 21 framework for regional teaching centre for 3Ts	Jonathan Reid / David Grantham
25	18/12/2025	Lease with Brighton Swimming Centre for St Mary's Hall Swimming Pool	Jonathan Reid / David Grantham
26	24/02/2026	UHSussex & League of Friends of PRH, Deed of Rectification relating to lease dated 26 January 2022 PRH Lewes Road HH.	Jonathan Reid / Roxanne Smith
27	24/02/2026	UHSussex & League of Friends of PRH, Lease relating to League of Friends Coffee Shop, PRH, Lewes Road, HH, RH16 4EX	Jonathan Reid / Roxanne Smith
28	02/03/2026	UHSussex and Dowds Electrical (holdings) Ltd parent guarantee relating to provision of PV panels (design, supply, installation, commissioning and M&V	Jonathan Reid / Roxanne Smith
29	02/03/2026	UHSussex and JF & H Dowds Ltd - provision of PV panels (design, supply, installation, commissioning and M&V	Jonathan Reid / Roxanne Smith



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**University Hospitals Sussex
NHS Foundation Trust
ATAIN Quarterly Report
Quarter: 2
Date: July - Sept 2025**

The ATAIN Programme: Background

In 2017, NHS England identified that over 20% of admissions of full-term babies into neonatal units could have been avoided. By providing services and staffing models that keep birthing people and their babies together, we can reduce the harm caused by separation.

Maternity and neonatal services need to work together to identify babies whose separation could be avoided, and to promote understanding of the importance of keeping birthing people and their babies together when it is clinically safe to do so.

Why is this so important?

There is overwhelming evidence that separation of birthing people and their babies so soon after birth interrupts the normal bonding process, which can have a profound and lasting effect on mental health, breastfeeding/chest feeding and long-term morbidity for the birthing person and child.

This makes preventing separation, except for compelling medical reasons, an essential practice in maternity services and an ethical responsibility for healthcare professionals.



The ATAIN Programme

The ATAIN programme was widely introduced in 2018 and forms part of what is now known as the Maternity and Neonatal Safety Improvement Programme (MatNeoSIP). The focus is on babies who are admitted for four key reasons, as these are areas that NHS England believe can have the most impact:

- Respiratory conditions
- Hypoglycaemia
- Jaundice
- Asphyxia (perinatal hypoxic-ischaemia)

Data is collected and reviewed on a weekly basis by a multidisciplinary team which includes:

- Midwifery staff
- Obstetric staff
- Neonatal/Paediatric staff
- Neonatal Nursing staff

Often there is useful incidental learning identified when cases are reviewed, but the focus of the programme is to:

- Identify quality improvement work that could reduce causes of harm that can lead to term babies needing to be admitted to a neonatal unit
- Provide evidence to support the development of services that keep birthing people and their babies together when it is safe to do so

Term Admission Data – UH Sussex Summary

Term Admission Rate (Target <5%)

UHSussex	JULY	AUGUST	SEPT
PRH	5.67%	5.26%	3.90%
RSCH	5.67%	4.68%	3.90%
SRH	4.1%	2.53%	5.21%
WH	2.72%	4.94%	1.97%



Categorised Admissions to NNU for UHSussex



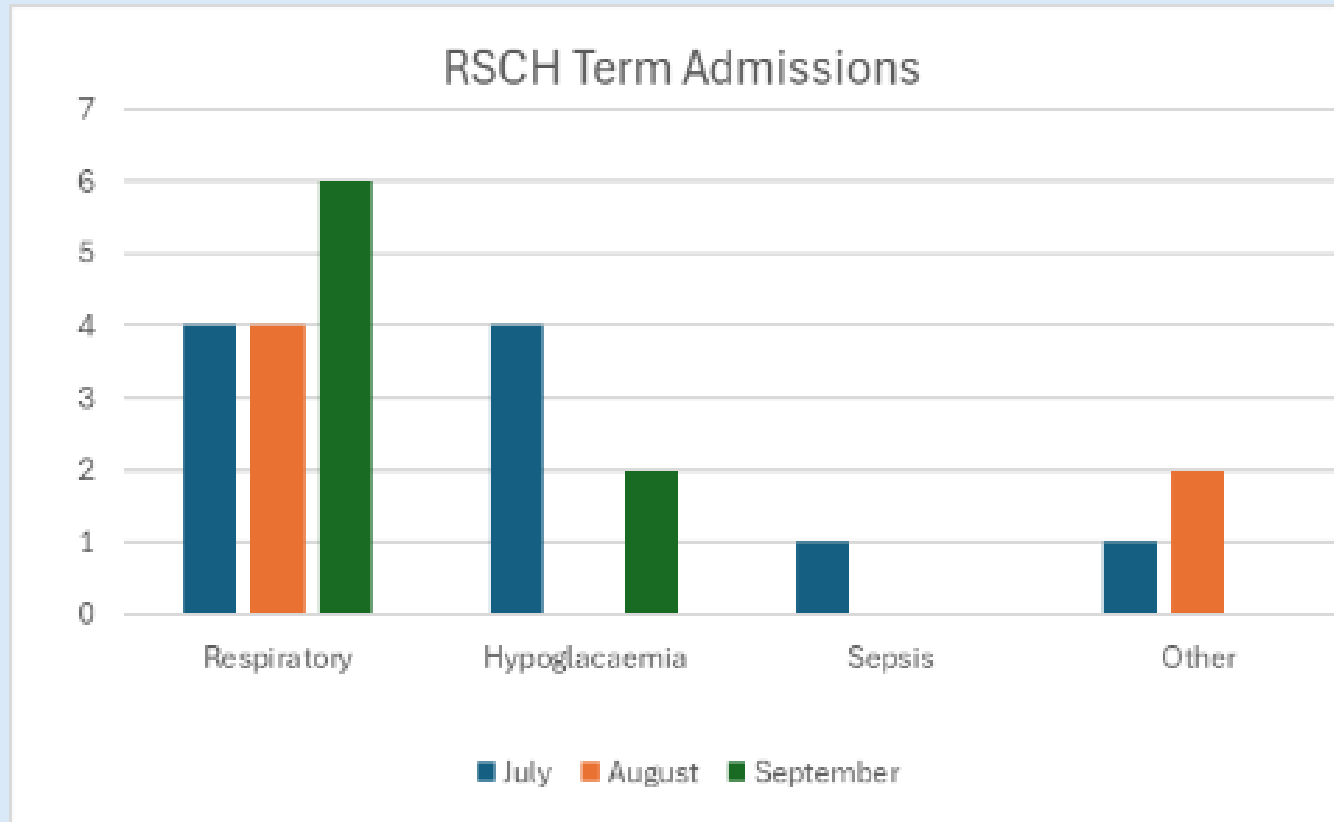


Royal Sussex County Hospital (RSCH) ATAIN Progress Report





Categorised Admissions to NNU



RSCH – Learning from the review of term admissions to NNU

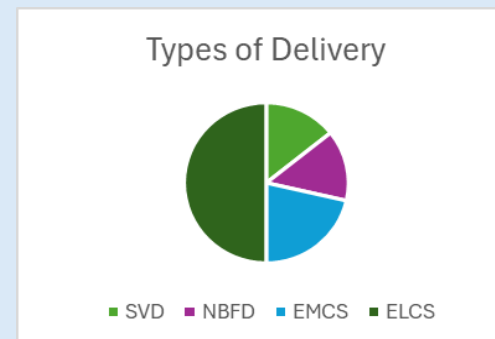
Respiratory Symptoms

Number of admissions = 14

What type of respiratory symptoms:

- Low sats
- RDS
- Grunting

Type of delivery they were: 2 SVD, 2 NBFD, 3 EMCS, 7 ELCS



Learning extracted

13 babies were admitted from delivery suite & only **1** from postnatal ward.

4 of the admissions to the NNU for respiratory reasons were deemed as **avoidable**. This was due to the respiratory care pathway not being followed. The 4 avoidable were all ELCS, 3 were >37/40 but <39/40, no documentation regarding discussions around antenatal steroids.

RSCH – Learning from the review of term admissions to NNU

Hypoglycaemia
<p>Number of admissions = 6</p> <p>Maternal/Neonatal risk factors:</p> <ul style="list-style-type: none">•Maternal beta blockers•IUGR <p>No babies admitted were born to diabetic mothers.</p>
Learning extracted
<p>It was identified that 1 admissions was <u>avoidable</u>.</p> <p>Baby required NG feeds and feeding support-suitable for BAPM TC facility.</p>

RSCH – Learning from the review of term admissions to NNU

Asphyxia (perinatal hypoxic-ischaemia) / Sepsis

0 Admissions with suspected HIE.

1 admission for sepsis

Learning extracted

Low risk-homebirth. No risk factors. Transferred in at 5hrs of age with respiratory distress. Ongoing tachypnoea and poor feeding admitted for IV abs and NG feeds.

RSCH – Learning from the review of term admissions to NNU

Other
<p>Number of admissions = 3</p> <p>Reasons for admission:</p> <ul style="list-style-type: none">• 1 surgical admission - 1 bilious vomiting• 2 excluded as had antenatal plans for admission – renal<ul style="list-style-type: none">– TAR syndrome (Thrombocytopenia-absent radius)
Learning extracted

RSCH Avoidable Admissions

Total number of avoidable admissions: 5

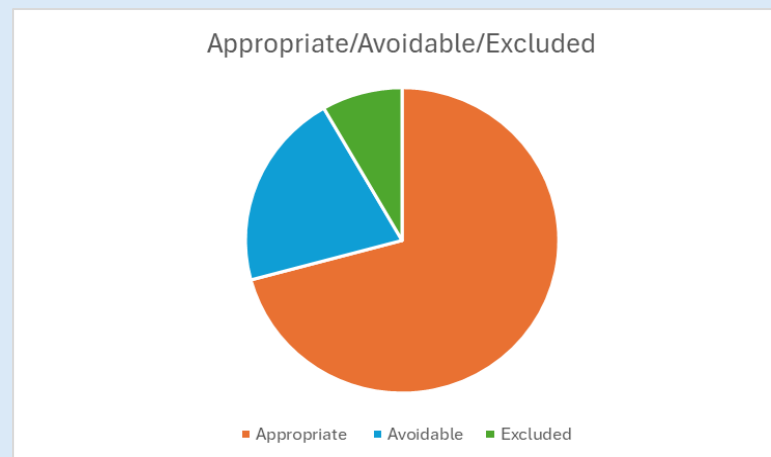
17 appropriate

5 avoidable

2 excluded

Avoidable themes:

- 3 cases - Respiratory pathway not being followed
- 1 case – BAPM TC facility – NG feeding
- 1 cases – no documentation risk/benefits of antenatal Steroids



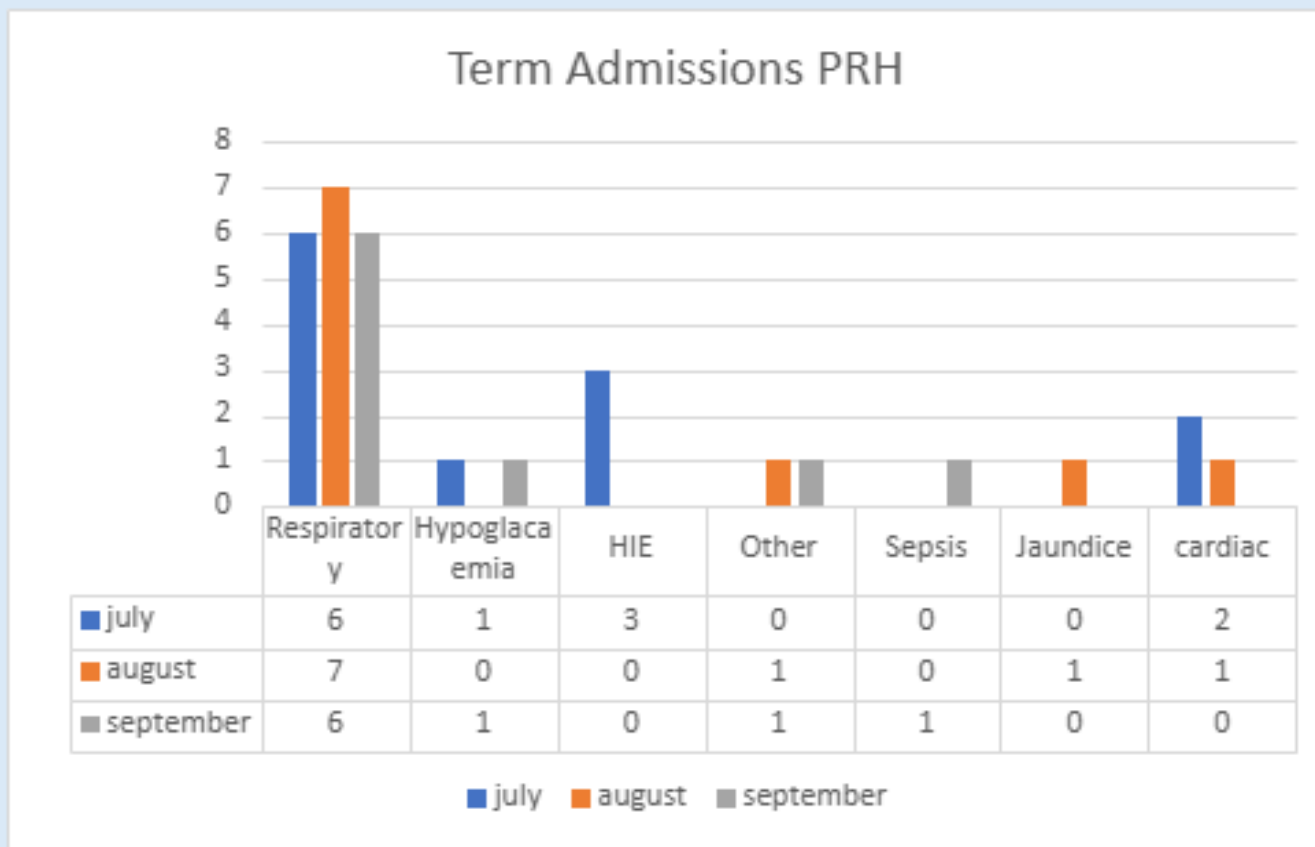


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Princess Royal Hospital (PRH) ATAIN Progress Report



Categorised Admissions to NNU



PRH – Learning from the review of term admissions to NNU

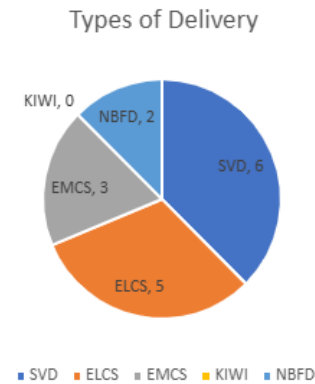
Respiratory Symptoms

Number of admissions: 16 this quarter a slight increase from Q1 where we had 13 admissions

Risk Factors found:

- Mec
- IUGR
- GBS+

Type of delivery: 6 SVD, 2 Nbfd, 5 ELCS, 3 EMCS



Learning extracted

11 babies transferred to the NNU directly from delivery suite, **5** from Postnatal ward. All given appropriate time to adjust to extra uterine life (>30mins) with additional respiratory support by means of facial O2, prone positioning

Avoidable admission this quarter was **2** as this was felt not to have needed admission if the decision tool was followed. 1 was due to lack of documentation on if the respiratory bundle was followed. 1 was due to the admission under 1 hour.

All babies required Optiflow

PRH – Learning from the review of term admissions to NNU

Hypoglycaemia

Number of admissions = 2.
 Type of delivery they were: 1 EMCS, 1 SVD

Risk Factors

- Labetalol

Learning extracted

1 baby had delivered by EMCS had normal cord gases and found at the NIPE at 11hrs to be Jittery BM 1.7 hypo pathway management followed admitted for IV Fluids

1 baby maternal hypertension on labetalol, lactate on cord gases was 6, neurology assessment at 2 hrs with repeat bloods lactate 3.2 but bm 1.7 admitted for IV fluids

Both babies needed support with feeding

PRH – Learning from the review of term admissions to NNU

Asphyxia (perinatal hypoxic-ischaemia) /sepsis

3 HIE case requiring Cooling

1 Sepsis

Learning extracted

HSIB commented on a few learning points one action point was regarding the Lack of out of hours Neonatal consultant cover at PRH which continues to be reviewed. To minimise delays we now have consultant neonatology contacts on our whiteboards.

1 sepsis case picked up at 9hrs of life following failed Sats, required intubation and had a soft diagnosis of Meningitis and IVABS for 14 days

PRH – Learning from the review of term admissions to NNU



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Other

7 babies admitted under Other:

2 cardiac

1 cardiovascular

1 feeding

1 jaundice

2 Other

Learning extracted

Cardiovascular = admitted for petechial rash, bloods taken and raised haematocrit was found saline bolus and IV Fluids

Cardiology = 1 admitted for ectopic beats 12 lead ecg showed premature Atrial Contractions, admitted to Royal Alex, another baby also admitted with ectopic beats and also found be septic commenced on IVABS and continuous cardiac monitoring

1 jaundice = DAT+ triple phototherapy required as above exchange line.

1 feeding = 12.7% weight loss, hypernatraemia. Support with feeding and felt to be an Avoidable admission

1 admission for hyperkalaemia and required IV fluids for 48hrs

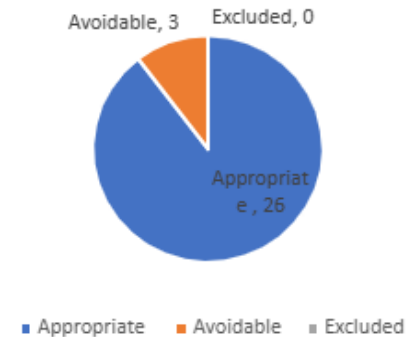
1 admission Petechiae Rash to shoulders, back and Groin that became pustular and commenced on Acyclovir

PRH Avoidable Admissions

PRH Avoidable Admissions

26 cases felt to be Appropriate
3 case were deemed as avoidable
0 cases were excluded from this audit

Avoidable/Appropriate/Excluded



All cases felt to have been avoidable as incorrect process were followed and if a BAPM TC may have meant babies could remain with mum.

Themes

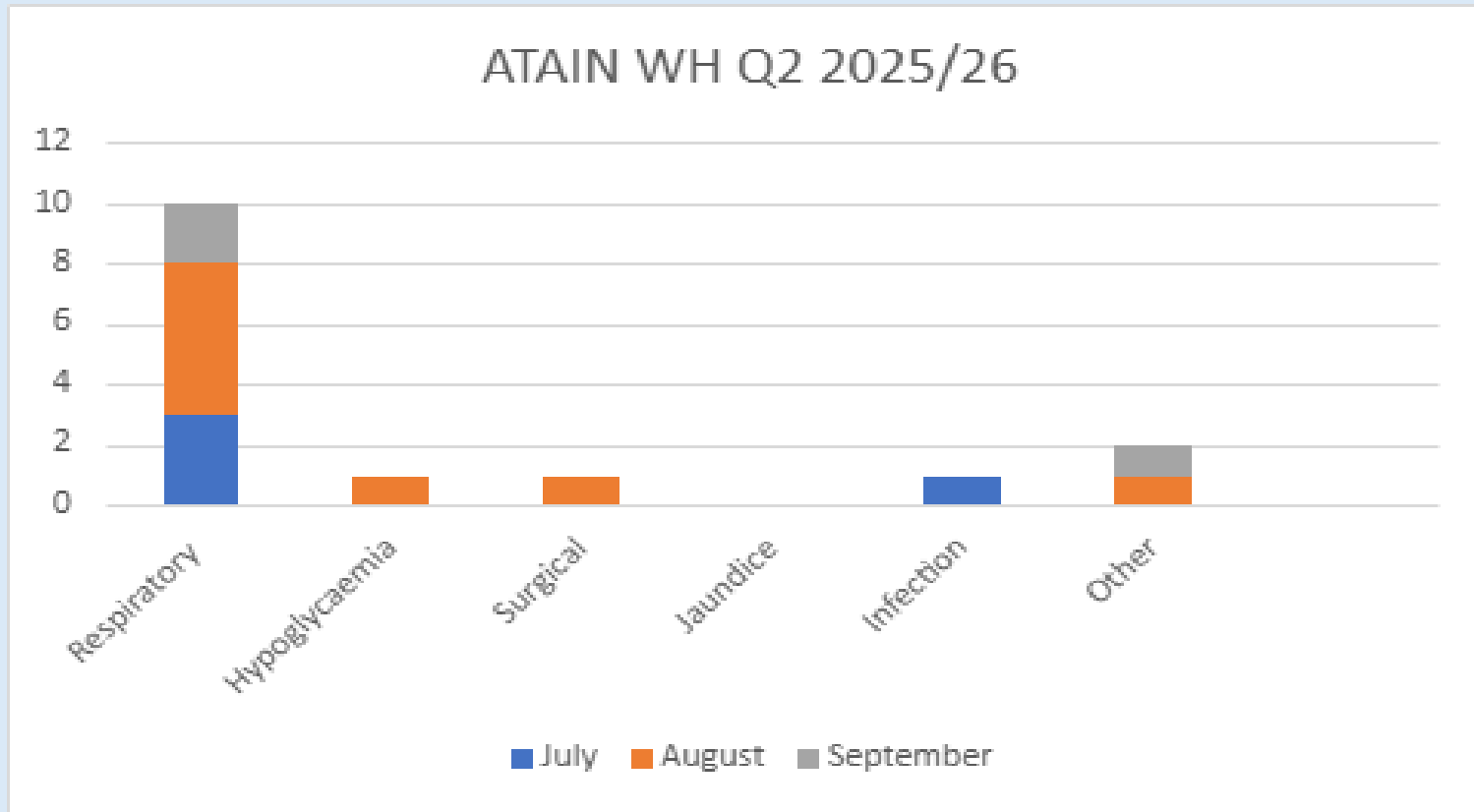
- Implement BAPM TC facility, A business case is ongoing
- Neonatal team presence in staff huddles has improved giving a more robust MDT approach to care
- Infant feeding support



Worthing Hospital (WH) ATAIN Progress Report



WH Categorised Admissions to NNU



WH – Learning from the review of term admissions to NNU



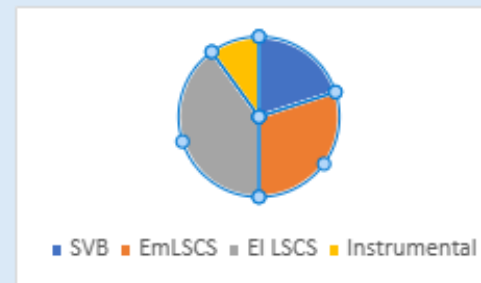
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Respiratory Symptoms

Number of admissions = 10

What type of respiratory symptoms:

- Subcostal recession/ Nasal flaring (increased WOB)
- Grunting
- Low saturations



Types of delivery: 2 SVB, 1 Instrumental, 3 Emergency LSCS and 4 x Elective LSCS, 3 performed at 37 weeks, 1 due to gestational diabetes and prev Bandl's ring (37+2), 1 due to IDDM (37) and 1 for low lying placenta. All 3 cases had steroids discussed but declined.

Learning extracted

1 admissions to the NNU for respiratory reasons was potentially deemed as **unavoidable**. was The eLCS performed at 37+2 for GDM and prev Bandl's ring could have been delayed until 39 weeks.

All babies received were commencing on optiflow for respiratory support once on SCBU.

7 babies were directly admitted from Delivery Suite / Theatre.

3 babies were admitted from PN ward.

All babies treated with prophylactic IV antibiotics

WH – Learning from the review of term admissions to NNU



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Hypoglycaemia
<p>There was 1 admission to NNU for hypoglycaemia. This was considered avoidable.</p> <p>This mother was a T2DM, on nifedipine, HIV +ve, BMI 53, on quetiapine and sertraline. IOL @ 37 weeks for PET. Had an ARM with thick mec and then CTG pathological. Cat 2 em LSCS and offensive liquor noted in theatre. Difficult delivery due to placental location and high head so turned to transverse position and delivered breech.</p> <p>Baby admitted to Beeding on day1 with hypoglycaemia, jaundice and labile temperatures. Required NAS scoring</p>
Learning extracted
<p>This admission was considered potentially avoidable as could have been managed with a good transitional care set up.</p>

Jaundice & Asphyxia (perinatal hypoxic-ischaemia)
<p>0 Admissions to NNU for jaundice or asphyxia</p>
Learning extracted
<p>N/A</p>

WH – Learning from the review of term admissions to NNU

Other
<p>Number of admissions = 2</p> <p>1. Low risk P0, planning homebirth. Attended at 6cms as wanted an epidural, CTG pathological so cat 1 em LSCS.</p> <p>Reasons for admission:</p> <ul style="list-style-type: none"> Hb noted to be 44 on blood gas. Transferred to Beeding for transfusion. <p>2. Referred to Fetal medicine with 2 vessel cord, IOL at 37+0 for EFW<5%. No steroids given. CTG abnormal after SRM, cat 1 em LSCS. BW 1950g (0.4 -2%)</p> <p>Reason for admission: Low sats O2 and tachypnoea, started optiflow. Chest X ray showed NG tube coiled – Oesophageal Atresia confirmed. Referred to tertiary centre.</p> <p>USS reviewed and reports that fetal stomach appears normal so there was no sign of oesophageal atresia.</p>
Learning extracted
<p><u>Both</u> admissions were <u>unavoidable</u></p>

WH Avoidable Admissions

WH Avoidable Admissions

There were 1 admissions that was considered **avoidable** following review

Themes Identified throughout review:

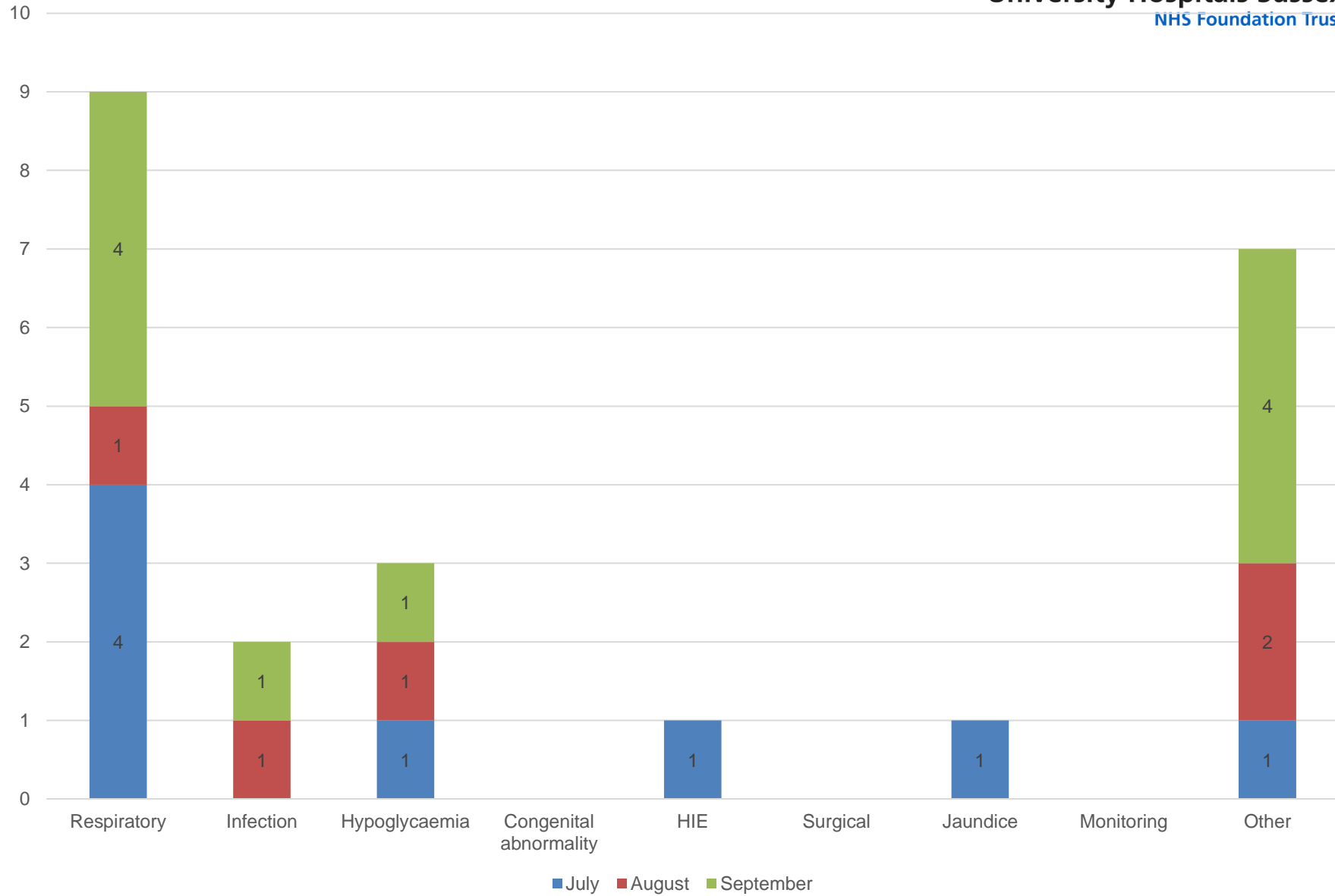
- Worthing have consistently low rates of admission to NNU in comparison to all other sites – this needs to be explored further.



St Richards Hospital (SRH) ATAIN Progress Report



SRH Categorised Admissions to NNU



SRH – Learning from the review of term admissions to NNU



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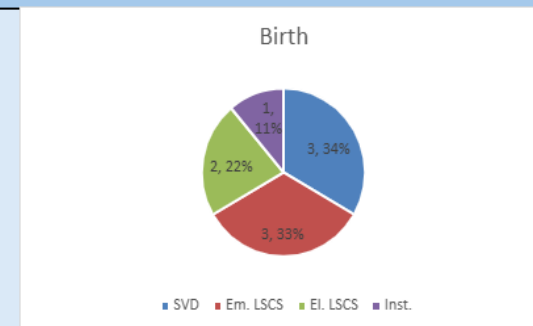
Respiratory Symptoms

Number of admissions = 9

Types of delivery: 3 x SVB, 3 x Em CS, 2 x EI LSCS and 1 x Instrumental

What type of respiratory symptoms:

- Low saturations with inability to maintain saturations without additional oxygen
- Chest recession
- Grunting/nasal flaring
- Increased work of breathing
- Dusky episodes
- Diagnoses' include Respiratory Distress Syndrome (RDS) and Transient Tachypnoea of the Newborn (TTN)



Learning extracted

Of the 9 babies transferred (8 from labour ward, 0 from the birth centre, 1 from postnatal ward) 7 of the 9 admitted directly from labour ward had supportive positive end-expiratory pressure (PEEP) for at least 30 minutes to help facilitate the clearance of fluid from the lungs; therefore improving oxygenation by increasing lung volume and reducing alveolar collapse in an attempt to reduce likelihood of admission. 2 babies required intubation.

All babies required additional oxygen in order to maintain saturations above 90% necessitating admission to NNU for respiratory support with optiflow in 8 cases and high flow nasal oxygen in 1. 1 baby was intubated at birth, 1 was intubated on NNU.

1 baby was transferred to a tertiary unit with RDS and an enlarged cardiac shadow and returned to SRH 5 days later.

SRH – Learning from the review of term admissions to NNU



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Hypoglycaemia

Number of admissions = 3

Type of delivery: 1 Em. LSCS, 1 El. LSCS and 1 instrumental

1 baby was admitted with low blood sugars and diagnosed with transient hyperinsulinism, born to a well-controlled T1DM
 1 baby was admitted from the PN ward with persistent low blood sugars, raised bilirubin, low temp. and incidentally found low sodium. Persistent low blood sugars despite glucoboost and supported feeds so NG feeds commenced. Phototherapy commenced. Raised CRP so diagnosis of sepsis and IV abx. commenced.
 1 baby was born via emergency LSCS in poor condition with low apgars. Baby was found to have a significant low blood sugar of 0.7.

Learning extracted

None of these admissions were deemed avoidable

SRH – Learning from the review of term admissions to NNU

Observation
Number of admissions = 0 Type of delivery they were: Reasons for admission:
Learning extracted

SRH – Learning from the review of term admissions to NNU

Infection

Number of admissions = 2

Type of delivery they were: 2 x SVB

Reasons for admission:

- 2 babies were admitted with signs of infection
1 x requiring PEEP and oxygen, stepped down quickly and monitored on NNU for a further 3 hours then returned to mum on the postnatal ward on mec obs.
- 1 baby was transferred to NNU from home with poor feeding and persistent tachypnoea and was treated with 5/7 antibiotics due to a raised CRP

Learning extracted

- Appropriate escalation to paediatric team noted.
- Consideration of enhanced transitional care/increased skill set. Could have been assessed for sepsis on NNU and returned to mother.

SRH – Learning from the review of term admissions to NNU



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Other

Number of admissions = 9

Type of delivery they were: 5 SVB, 1 Em CS, 1 EI CS and 2 instrumental births

Reasons for admission:

- 1 baby was admitted with feeding concerns requiring enhanced monitoring and support
- 1 baby was admitted with birth trauma (subgaleal haematoma from ventouse (4 pulls) and forceps)
- 2 babies admitted (1 HIE and 1 poor condition at birth) are subjects of MNSI cases
- 1 baby was admitted with convulsions and decision for CFAM was made
- 1 baby was admitted in cardiovascular distress and later diagnosed with an atrial septal defect
- 1 baby was admitted and referred with an undiagnosed cardiac issue
- 2 babies were born in poor condition and unable to maintain SATS. 1 of these babies was intubated and ventilated for 2.5 hours and then remained on optiflow for 12 hours

Learning extracted

- Appropriate escalation to paediatric team noted.
- Consideration of enhanced transitional care/increased skill set on PN ward and earlier recognition/escalation of feeding concerns could have kept baby with mother.

SRH Avoidable Admissions

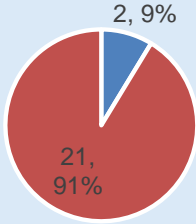
SRH Avoidable Admissions

Total number of avoidable admissions: **2 of the 23** admissions were deemed **avoidable** (37.5%)

Themes identified throughout review:

- Enhanced monitoring facilities and increased skillset on the PN ward may allow babies to remain with their mothers, for example supporting NG feeding and enhanced monitoring

NUU Admissions



Category	Count	Percentage
Avoidable	2	9%
Unavoidable	21	91%

■ Avoidable ■ Unavoidable



Acknowledgement

With the review of these cases, it must be acknowledged that each review is completed in isolation with known limitations. The acuity at the time of each birth is not reviewed, therefore it is not known what other clinical activity there is across all departments, what the staffing level is and if there are any other factors that may influence a decision to admit a baby to NNU. An addition to this review to help inform the Q2 work into ATAIN would be to do a deeper dive into the time each baby spends on NNU to determine if there is any opportunity to return babies back to their mother/birthing person sooner under transitional care and if there is anything that hinders this process.

Summary

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Transitional Care

Quarter 2 (July, August, September 2025)

PRH, RSCH, SRH, WH

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Background

Neonatal Transitional Care (NTC) is defined as care additional to normal infant care, provided in a postnatal clinical environment by the mother or an alternative resident carer, supported by appropriately trained healthcare professionals.

Keeping mothers and babies together should be the cornerstone of newborn care. NTC supports resident mothers as primary care providers for their babies with care requirements more than normal newborn care, but who do not require care in NNU.

Implementation of NTC has the potential to prevent thousands of admissions annually to UK neonatal units, and to provide additional support for small and/or late preterm babies and their families. NTC also helps to ensure a smooth transition to discharge home from the neonatal unit for sick or preterm babies who have spent time in a neonatal unit, often at some considerable distance from home.

NTC is multidisciplinary and should be flexible and responsive to mother and baby's physical and emotional needs as well as the rest of the family. A recent systematic review concluded that "transitional care benefits the health outcomes of moderately compromised infants and mothers in terms of de-medicalising care, improving mother and baby attachments, avoiding separation, developing parenting skills for dependent infants and raising the potential for shorter length of hospitalisation". *British Association of Perinatal Medicine (BAPM) Neonatal Transitional Care - A Framework for Practice (2017). A BAPM Framework for Practice.* Potential benefits of transitional care:

For mother and baby:

- Optimised attachment process.
- Maximal opportunities for skin-to-skin contact.
- Facilitation of baby-led feeding and establishment of breast feeding.
- Access to 24-hour practical support with feeding and /or prompt medical review if required– helping to build self-efficacy and thus confidence in parenting.
- Immediate access to skilled midwifery support for routine postnatal care.
- Family-friendly environment.
- Potentially reduced risk of hospital-acquired infection.

For maternity and neonatal services:

- Reduced length of neonatal stay.
- Improved team working within maternity and neonatal services.
- Greater parental confidence, with reduced rates of re-admission.
- Increased breast-feeding rates.
- Improved neonatal patient flow with potential for more efficient use of NNU cots.
- Additional professional opportunities for midwives.

Criteria for Neonatal Transitional Care

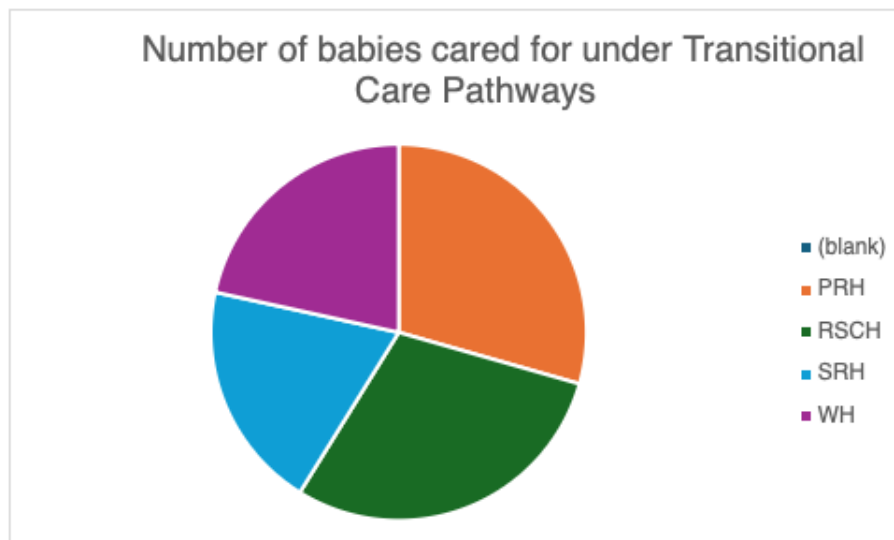
- Gestation 35-36+6 weeks at birth who do not fulfil criteria for intensive or high dependency care.
- Risk factors for sepsis requiring IV antibiotics, but clinically stable and/or stable baby who has developed (or been identified as having) risk factors for sepsis, requiring IV antibiotics
- At risk of haemolytic disease requiring immediate phototherapy or requiring phototherapy following identification on the ward or in community.
- Excessive weight loss.

Objective

To provide assurance that the neonatal pathway into Transitional Care is fully implemented within the neonatal and maternity teams.

Data collection

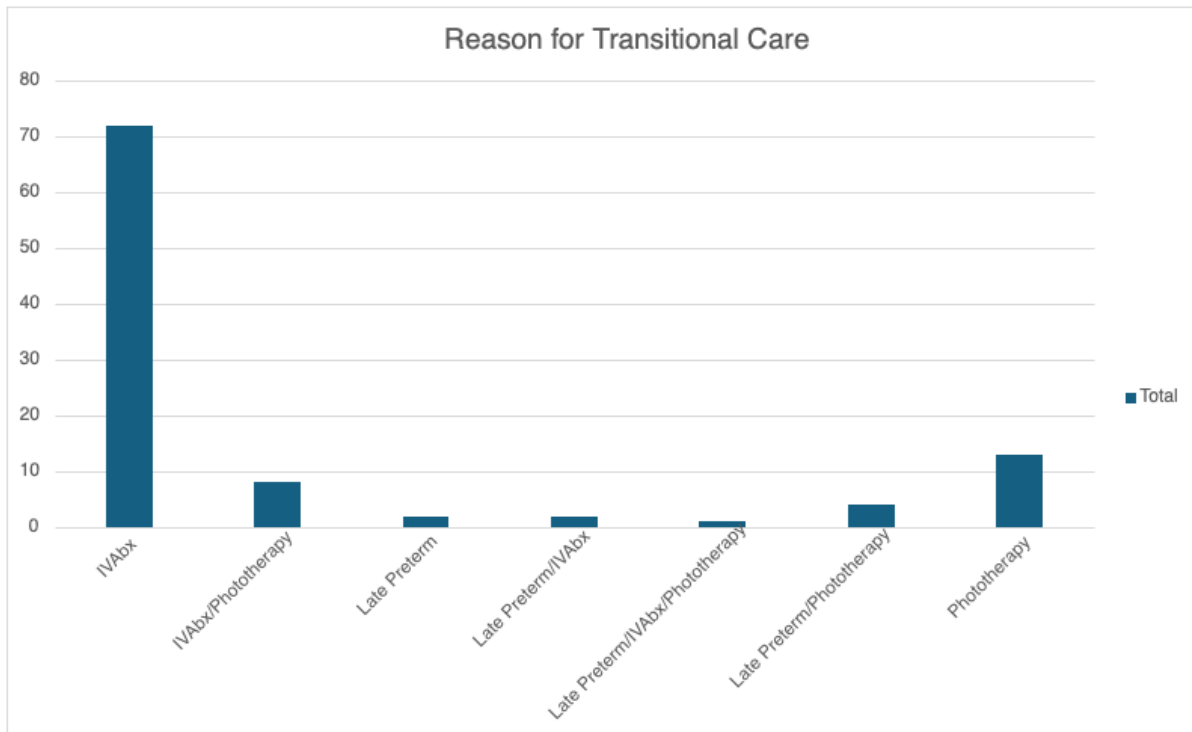
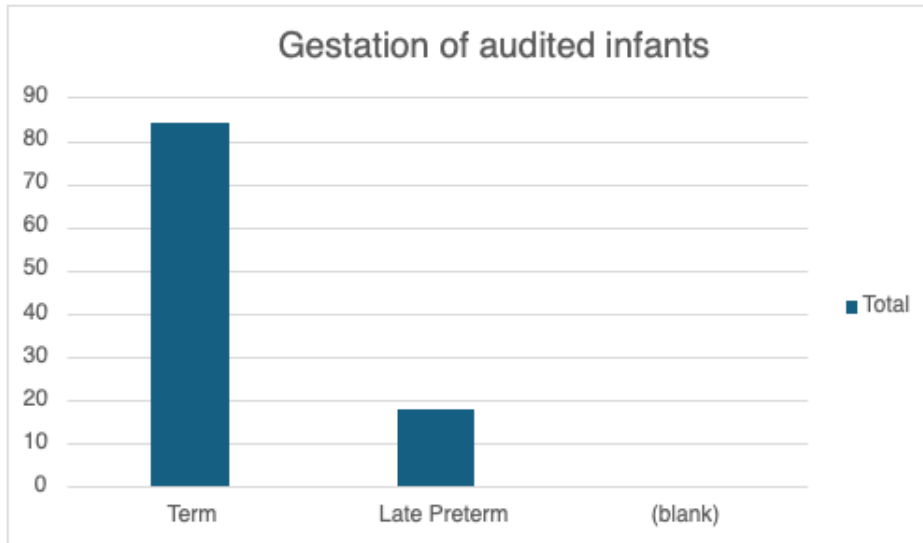
A sample of neonatal medical records of babies who met the criteria for Neonatal Transitional Care were audited between a 3-month period of July to September 2025.



Infant's care pathways, via their neonatal medical records on Badgernet were audited: PRH 30 sets, RSCH 30 sets, SRH 20 sets and WH 22 sets.

Results

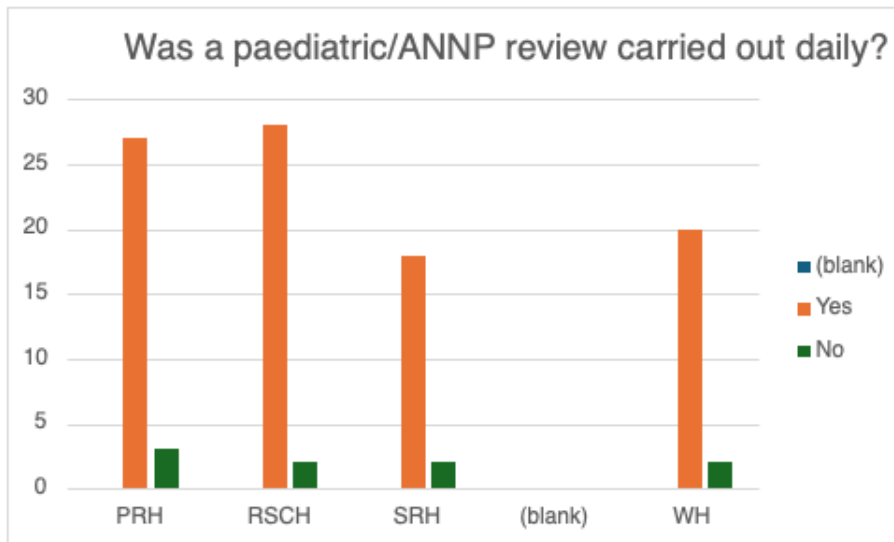
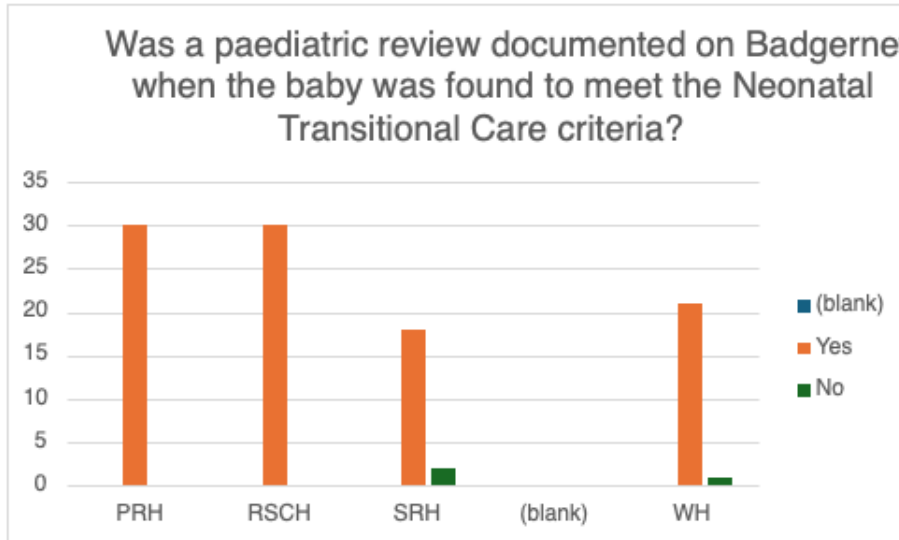
Most of the cases audited across all sites were term gestation neonates.



Most babies under Transitional Care, as shown in the graph above, were found in the category of receiving intravenous antibiotics for suspected sepsis. Other babies had a combination of treatments during their admission.

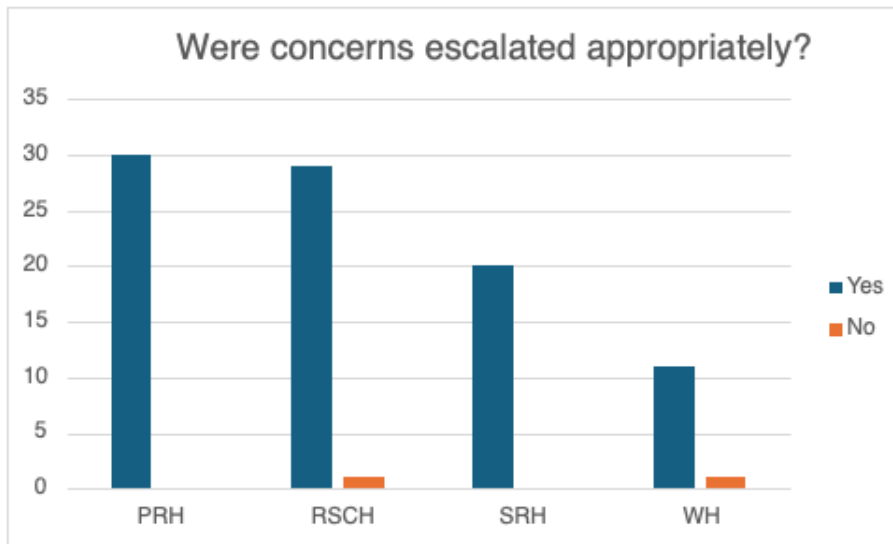
Record of Neonatal Medical Involvement

Neonatal teams should be involved in the decision making and planning of care for all babies in transitional care and should have a review each day they are under Transitional Care. Reviews should be documented within the Badgernet record.

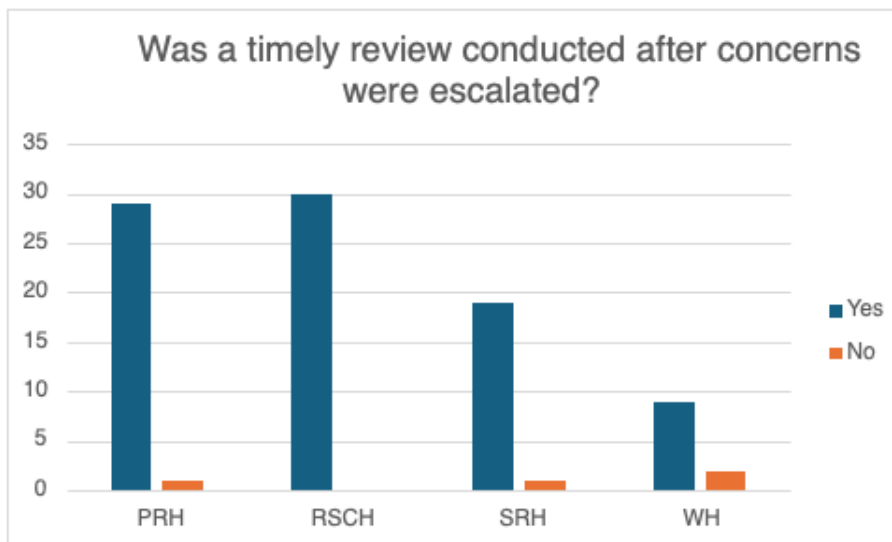


All babies at PRH cases were appropriately reviewed when found to meet the Neonatal Transitional Care criteria. However, documentation of Initial Neonatal/Paediatric reviews were not completed on 3 babies at PRH and 2 babies at each of the other sites. In total, 9 babies in total did not receive daily reviews

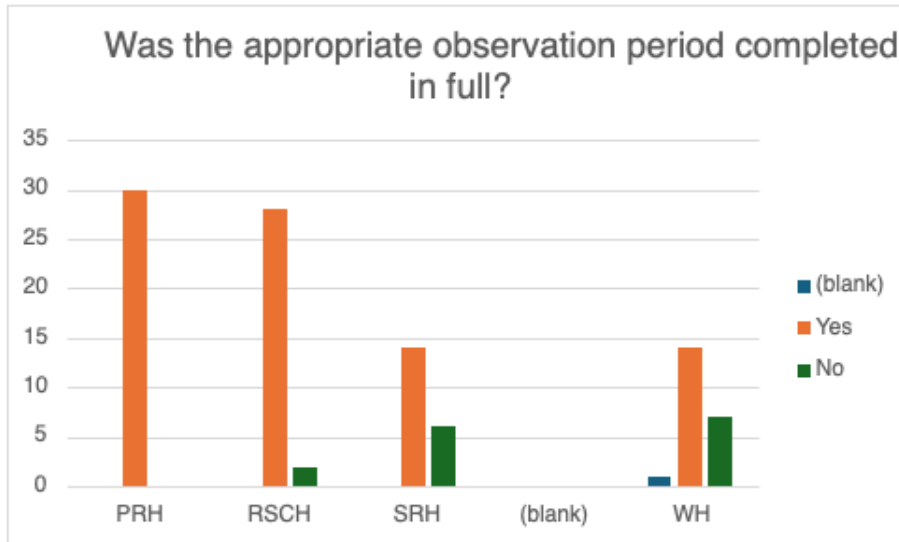
This aspect of care had been improving, so it may be necessary to have a deeper dive if this persists. It has however, already been identified that the ANNP availability for the postnatal ward can be difficult in periods of high acuity, particularly at PRH.



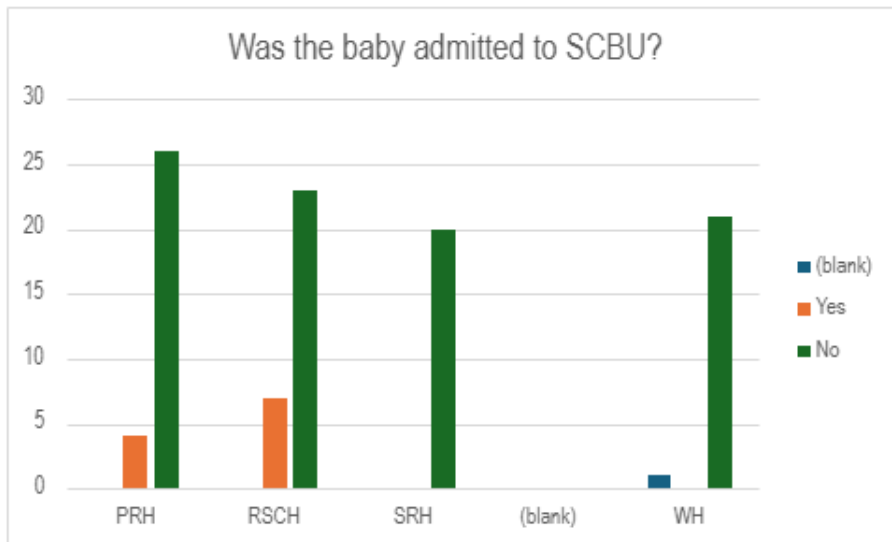
All cases reviewed at PRH and SRH were escalated appropriately. However, at RSCH and WH there was 1 case where concerns were not escalated appropriately.



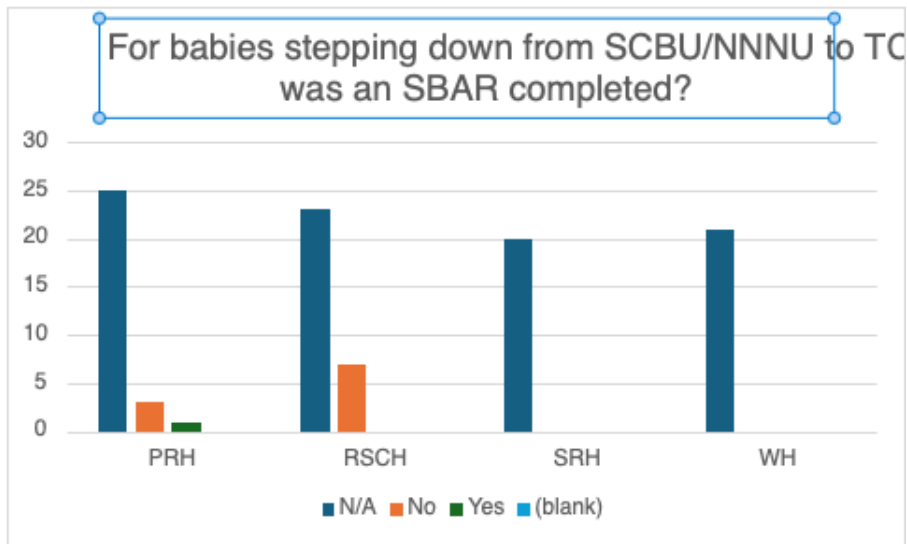
There were 2 babies at WH that did not receive a timely review from the neonatal team when this was escalated to them. There was also 1 baby at PRH and SRH that did not receive a timely review from the neonatal team when this was escalated to them.



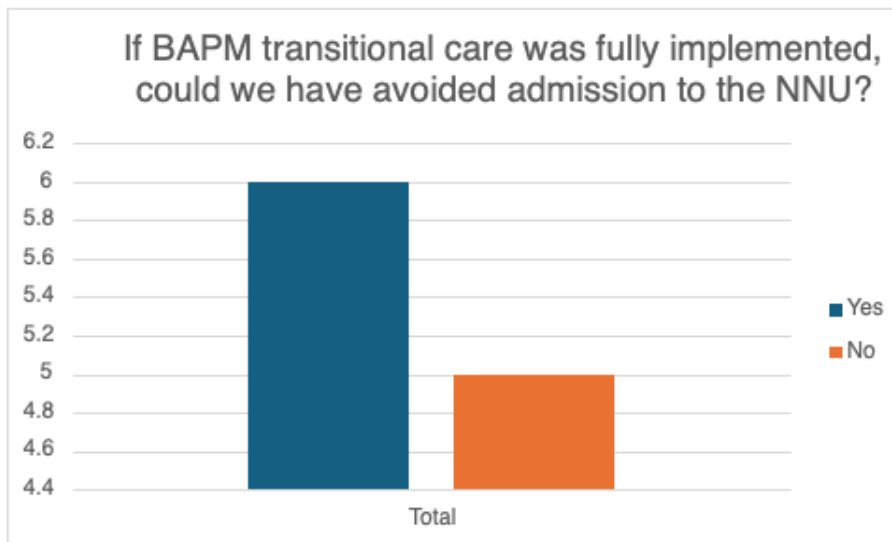
PRH were compliant with regards to completing observations in full with the exception of RSCH, SRH and WH where 15 cases observations were not completed in full. This will require a more in depth look into why this occurs.



In total 12 babies were admitted to NNU across all 4 sites. With the main reason for admission being respiratory support.



Of all the babies that were readmitted to the postnatal wards after a special care it is identified that there remain ongoing issues with an SBAR being completed. Ongoing work in the form of a QI project is underway to improve upon SBAR being completed for each baby stepping down from SCBU/NNU to TC.



6 babies in total across all 4 sites could have remained on the postnatal ward if TC was BAPM compliant.

Themes

This audit has identified areas for improvement. Maintaining good practice is essential and in cases where escalation is required this should be undertaken through a timely Neonatal/Paediatric review. Daily Neonatal/Paediatric review should be ensured for TC babies.

Across the audit several themes were identified:

- Treatment with IV antibiotics was the main course of treatment across site.
- Daily neonatal reviews not being completed has risen again at PRH. PN Leads to identify what issues have led to an increase.
- Ensure all staff aware of escalation process at RSCH
- Poorer completion of neonatal observations at WH.
- Lack of documented SBARs continues to be a theme when babies are stepping down from special care.

Recommendations

The results of this audit are shared with the Maternity, Neonatal and Board Level Safety Champions, and used to inform QI work as part of the Transitional Care & ATAIN UHSx Steering group. Actions are tracked through the ATAIN and TC action tracker.

- Implementation of Postnatal Theme of the Month. This will be like the new Maternity theme of the week, but focus on issues on the Postnatal ward, and will be discussed at safety huddles each day throughout the month to ensure all staff are aware. The first two themes will be around escalating concerns and the use of SBAR handovers for babies transferring between wards. This still needs to be implemented.
- PN Leads to look at issues that have been identified for their areas.
- QI project across all four sites focussing on neonatal care with a focus on hypoglycaemia, feeding and SBAR
- Review and align neonatal guidance across all four hospital sites.
- Review and increase neonatal staffing capacity at PRH.
- Review of current data collection to have more in depth understanding of why observations are not completed in full, reviews are not timely, and escalations do not occur so that this can inform future practice & learning
- Work undergoing to review this current TC audit to align, support and monitor the development of BAPM TC currently undergoing across all 4 sites and to inform the TC working group.